



SAFEGUARDING CHILDREN

LEVEL 1 and 2 (Foundation)

Learning Guide

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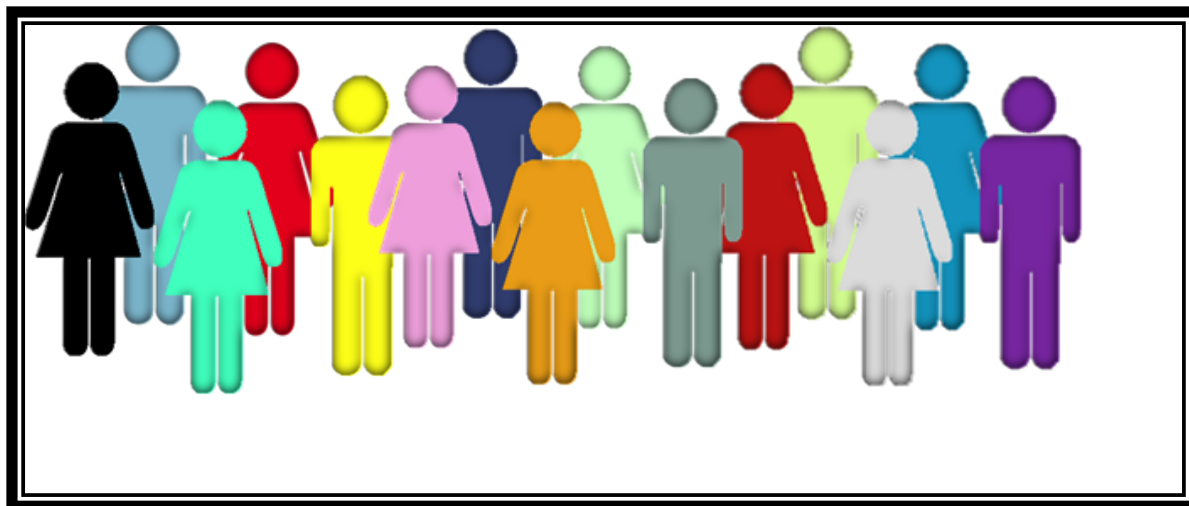
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Learning Outcomes

1. To be able to understand what constitutes child maltreatment and be able to identify any signs of child abuse or neglect.
2. To be able to act as an effective advocate for the child or young person.
3. To be able to demonstrate an understanding of the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk.
4. To be able to identify your role, responsibilities, and professional boundaries and those of your colleagues in a multidisciplinary team and in multi-agency setting.
5. To know how and when to refer to social care if you have identified a safeguarding/child protection concern.
6. To be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately.
7. To know how to maintain appropriate records including being able to differentiate between fact and opinion.
8. To be able to identify the appropriate and relevant information and how to share it with other teams.
9. Practice will be informed by an understanding of key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act.
10. To be aware of the risk of Female Genital Mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support
11. To be aware of the risk factors for radicalisation and will know who to contact regarding preventive action and supporting those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity.
12. To be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation.

Introduction

Whose responsibility is it?



Safeguarding children is everyone's responsibility

Who is this training aimed for?

This training is intended for **ALL STAFF** working within London North West University Health Care Trust.

There is a final assessment at the end. You need to score 80% or above to pass this module.

This E-learning module should take approximately 2 hours to complete.

Who Is A Child?

A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people.

The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her entitlement to services or Protection under the Children Act 1989.

Working Together to Safeguard Children (2018)

What is safeguarding?

The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.

What is child protection?

The process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

Child Abuse Is:

A form of maltreatment of a child. A child may be abused or neglected:

- by inflicting harm, or
- by failing to act to prevent harm.
- in a family or in an institutional or community setting
- by those known to them, or
- by others (e.g. via the internet)
- They may be abused by an adult or adults, or another child or children.

What increases a child's risk of being abused?

All children are vulnerable to abuse because they are children, however there are indicators that make some children more vulnerable to abuse than others

Family Stressors

- ***Parental substance misuse***
- ***Domestic abuse/violence***
- ***Parental Mental – illness***
- Parents with disabilities or learning difficulties
- Parental illness or bereavement
- Families with chaotic, unsettled or transient lifestyles
- Poverty



Often go hand-in-hand
Trilogy of abuse

Looked After Children

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child (LAC). Also often referred to as children in care.

- living with foster parents
- living in a residential children's home
- living in residential settings like schools or secure units

Reasons why children and young people enter care

- The child's parents might have agreed to this – for example, if they are too unwell to look after their child or if their child has a disability and needs respite care
- The child could be an unaccompanied asylum seeker, with no responsible adult to care for them
- Children's services may have intervened because they felt the child was at significant risk of harm. If this is the case the child is usually the subject of a court-made legal order.

Impact of Abuse and Neglect

Affects ⅓ of Looked After Children:

- Separation from family/negative life experiences
- Long term impact on health and development
- Health Inequalities arising from poverty e.g. missed immunisations, developmental checks, incomplete health records
- Emotional trauma
- Difficulties in forming peer relationships
- Difficulties with trusting adult relationships
- Compounded by frequent moves in care and placement breakdown
- Going missing

Whereas it may be considered that taking a child or young person away from an abusive home puts an end to the abuse, many young people in care continue to be vulnerable to further abuse such as Child Sexual Exploitation, child trafficking and Gang activity.

Private Fostering

- ▶ **Definition** - A child under 16 (and 18 if disabled) who is cared for and accommodated by someone other than a parent, other person with parental responsibility or relative.
- ▶ Relative = grandparent, brother, sister, an aunt or uncle and a step parent by marriage or civil partnership.
- ▶ More than 28 days

Children with disabilities

Disabled children are:

- 3.8 times more likely to be neglected;
- 3.8 times more likely to be physically abused;
- 3.1 times more likely to be sexually abused.
- 3.9 times more likely to be emotionally abused

Safeguarding disabled children: Practice guidance – DCSF (2009)

Increased vulnerability – some disabled children may:

- Have fewer outside contacts than other children
- Receive intimate personal care, possibly from a number of carers
- Have an impaired capacity to resist or avoid abuse
- Have communication difficulties that may make it difficult to 'tell' others what is happening
- Be inhibited about complaining because of a fear of losing services
- Be especially vulnerable to bullying and intimidation and/or be more vulnerable than other children to abuse by their peers.
- Force feeding
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification (Deprivation of liquid, medication, food or clothing)
- Misuse of medication, sedation, tranquillisation

Legal Guidance and procedures

How we protect children is clearly defined in legislation **Children Act 1989/2004** and procedures which sets out our roles and responsibilities as an individual, an agency and working together with other agencies such as education, police and the local authority.

Working Together to Safeguarding Children 2018; London Child Protection Procedures 2018



Legal Frame work- Children Act 1989 and 2004

The **Children's Act 1989** Key points

- The child's welfare is paramount
- Parental responsibility and children's rights
- Children should be with their own family whenever possible
- 'Children in need', need services (section 17)
- Partnership with parents
- Children should be protected if in danger (section 47)
- High quality substitute care

The **Children act 2004** Places statutory responsibility on agencies to ensure that they have robust systems in place to minimise the risk of harm to children and young people in the execution of their roles

Child protection Rights of the child The UN convention 1991

The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights.

Children have a right to:

- Life
- A nationality
- To be listened to
- Education and play
- Protected from involvement of drugs
- A name
- Protected against abuse
- Not to be separated from their parents unless a competent authority decides

Categories of Abuse/ Maltreatment

- **Physical**
- **Neglect**
- **Emotional**
- **Sexual**

Always consider the age of the child and there developmental ability

A child that is below 1 year old with injuries should always be viewed very carefully and any injury should fit the explanation

Physical Abuse

Physical abuse may involve hitting, shaking, throwing poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. This is called fabricated illness or induced illness.

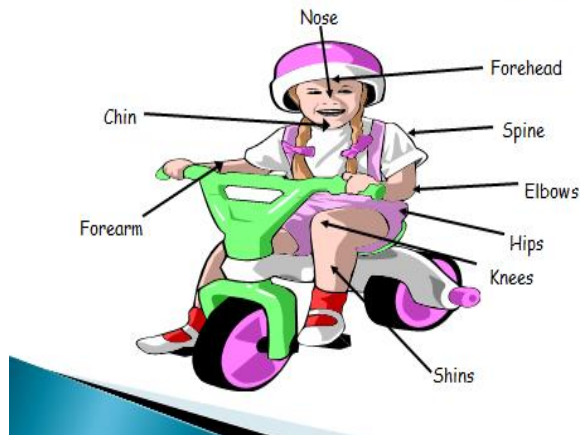
Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of their parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

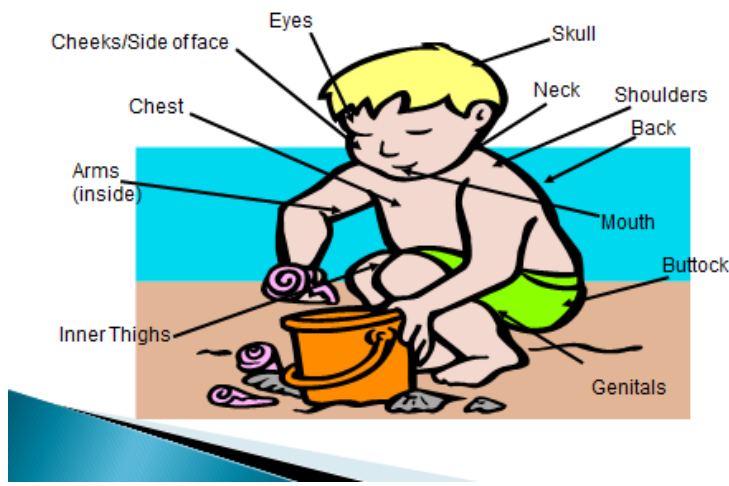
Consider the possibility of physical abuse when the parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as 'evil', or in some other very negative way
- The parental explanation is beyond a child's developmental capability.
- Uses harsh physical discipline with the child.

Common Sites of Accidental Injury



Common Sites for Non-Accidental Injury



Neglect

Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.

Working Together to Safeguard Children 2018.

Consider the possibility of neglect when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunisation's, or glasses
- Is consistently dirty and has severe body odour
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs

Consider the possibility of neglect when the parent or other adult caregiver:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally.
- Substance or alcohol misuse known

Emotional Abuse

This is the persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development. It may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse.
- Serious bullying, causing children frequently to feel frightened or in danger.
- Exploiting and corrupting children

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Cyber bullying

- The rapid development of, and widespread access to, technology has provided a new medium for 'virtual' bullying, which can occur in or outside school.
- Range of media
- Can happen at all times of day
- Can reach a larger audience

Consider the possibility of Emotional abuse when the child exhibits:

- Behaviour problems
- Low mood or Depression
- Eating disorders
- Deliberate Self-harm
- Poor school performance
- Wetting/soiling
- Withdrawal/low self-esteem
- Sudden speech disorder
- Development delay

Consider the possibility of Emotional abuse when the parent or other adult caregiver:

- Shows little concern for the child
- Denies the existence of, or blames the child for, the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or as an inconvenience
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for their own care, attention, and satisfaction of emotional needs
- Uses harsh abusive language to the child.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse.

Sexual abuse can take place on line, and technology can be used to facilitate offline abuse.

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Working Together to Safeguard Children 2018

Consider the possibility of Sexual abuse when the child:

- Suddenly refuses to change for gym or participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior for their age
- Becomes pregnant or contracts a sexually transmitted infection, particularly if under age 14
- Runs away
- Stay away from certain people or avoid being alone with them
- Seem frightened of a person or reluctant to socialise with them
- Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of Sexual abuse when the parent or other adult caregiver:

- Is unduly protective of the child or severely limits the child's contact with other children
- Is secretive and isolated
- Is jealous or controlling with family members

Child Sexual Exploitation

Sexual exploitation is a particularly disturbing form of child abuse.

There is no distinction between:

Sex, Age groups, Background and Place of residence.

Sexual exploitation of children and young people (CSE) under-18 is defined as:

'Exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes,

affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.'

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; (e.g. being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain).

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. If you have concerns a child is being exploited speak to your manager.

- It can take many forms ranging from the seemingly 'consensual' relationship, to serious organised crime by gangs and groups.
- What marks out exploitation is an imbalance of power in the relationship.
- It involves varying degrees of coercion, intimidation or enticement and may include:
 - unwanted pressure from peers to have sex
 - Sexual bullying
 - Cyberbullying
 - grooming

Child sexual exploitation warning signs

Sexual health and behaviour

Absent from school or repeatedly running away

Familial abuse and/or problems at home

Emootional and physical condition

Gangs, older age groups and involvement in crime

Use of technology and sexual bullying

Alcohol and drug misuse

Receipt of unexplained gifts or money

Distrust of authority figures

Other Forms of Child Abuse

Domestic abuse

"Any incident or pattern of incidents, of controlling, coercive or threatening behaviour, violence or abuse, between those aged 16 years or over who are or have been intimate

partners or family members regardless of gender or sexuality, can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse DH 2016

NB: Main characteristic of domestic abuse is that the behaviour is intentional or is calculated to exercise power and control within a relationship

Children witnessing domestic abuse often feel angry and confused. Their world is an unsafe place and may well feel ambivalent towards both the abuser and their non-abusing parent.

They are at risk of significant harm of physical and emotional abuse as well as possible neglect,

Children can be the direct victim of domestic abuse.

Domestic abuse – the facts

- ▶ 62% of children in households where domestic violence is happening are also directly harmed (SafeLives, 2015)
- ▶ Two women are killed every week in England and Wales in the context of DVA (Office of National Statistics – 2015)
- ▶ In Brent, Harrow and Ealing July 2016 – June 2017 there were 14,484 reported incidents of domestic abuse to the police. That is approximately 40 incidents a day. (For the whole of London this increased to 146,355 which is more than 402 each day. (The Mayor's office for policing and crime)

Controlling and coercive behavior

A new offence of controlling and coercive behavior in an intimate or family relationship was brought into law under the Serious Crime Act (2015).

It is a form of domestic abuse where perpetrators subject spouses, partners, children and young people and other family members to serious psychological and emotional torment but stop short of violence.

Examples include:

- Threats
- Humiliation and intimidation
- Stopping someone from socializing
- Controlling their social media accounts
- Surveillance through 'apps' (applications)
- Dictating what someone wears

Signs include:

- Short temper
- Extreme anger

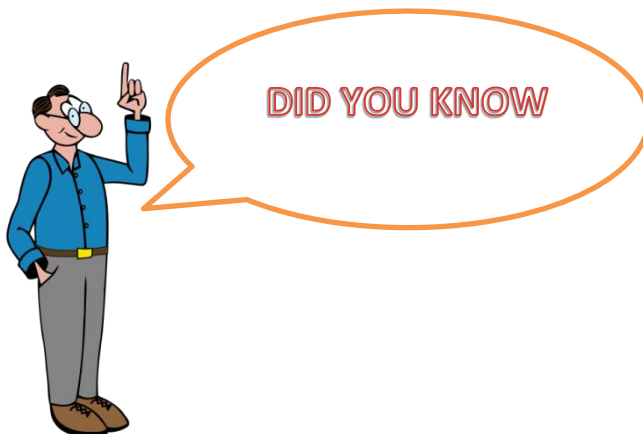
- Extreme jealousy
- Any behavior that is manipulative or stops the other person doing what they want to do
- Name calling
- Checking up on whereabouts all the time
- Intense messages of affection
- 'Mind games'

Risks associated with domestic abuse

- Is aged 16–24 (women) or 16–19 (men)
- Has a long-term illness or disability – this almost doubles the risk
- Has a mental health problem
- Has substance misuse issues
- Is a woman who is separated – there is an elevated risk of abuse around the time of separation
- Pregnant or has recently given birth
- A strong correlation between postnatal depression and domestic violence and abuse.
- **Please note: Anyone could be a victim**

WWW.safelives.org.uk for more information

National Domestic Violence Helpline: 0808 2000 247



Ealing and Northwick Park hospitals have an onsite Independent Domestic Violence Advocate for advice and support

Ealing Hospital – IDVA Tel 07471 030 134

NPH IDVA – Tel 07804 479 383

Honour based Violence

- ▶ Honour based violence is the term used to describe murders in the name of so-called honour, sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

- ▶ The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may been committed to protect or defend the honour of the family and/or community'.

(London Child Protection Procedures – 5th ed. 2017)

Forced Marriage

Forced marriage and arranged marriage are two very different situations.

Arranged marriage involves the families of those marrying taking a leading role in arranging the marriage, but the prospective spouses still choose whether to accept the arrangement.

Forced marriage takes place without the consent of one or both individuals involved. It usually involves children and young people being taken abroad and forced to marry overseas.

Usually consent is 'forced' through:

- Actual or threatened violence
- Physical abuse
- Psychological or emotional abuse

If you are worried someone under 18 is involved in forced marriage arrangements, contact Children's Social Care or the police. The Anti-social Behavior, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. fmua@fco.gov.uk for more information

Female Genital Mutilation

The World Health Organization (WHO) defines female genital mutilation (FGM) as:

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (2018)

It is estimated that over 20,000 girls and young women under the age of 15 are at risk from this hidden form of abuse in the UK every year.

It is carried out on girls of any age but most commonly before they reach puberty.

Female Genital Mutilation Risk Factors

- The parents come from a community, ethnic group that practise FGM

- They come from a country of high prevalence
- They live with extended family
- Parents indicate taking the child away for a prolonged period often before school ends
- Frequent trips to country of origin
- The mother and/or older sibling has undergone FGM
- The family is not fully integrated - language, contacts

Female Genital Mutilation Signs and Symptoms

The NSPCC notes that a girl or woman who has had FGM may:

- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear

It is now mandatory for Health, Social Care and Education to report known cases of FGM in under 18's to the Police by ringing 101

Recommendations for tackling FGM in the UK (2013)

- ▶ Treat it as Child Abuse
 - FGM is a severe form of violence against women and girls
 - Document and collect information
 - The NHS should document and collect information of FGM and its associated complications in a consistent and rigorous way
 - Share that information systematically
 - National protocols for sharing information
 - A Datix form needs to be completed in all identified cases of FGM
 - All cases of children under 18, who are at risk or suspected of having had FGM, must be referred to Children's Social care
 - Empower frontline professionals
 - Knowledge, awareness, and care for women and girls who suffer complications of FGM

Radicalisation

What is Radicalisation?

Radicalization can be described as the process by which people come to support terrorism and violent extremism and, in some cases, then join terrorist groups.

How can children and young people get exposed to messages of extremist groups?

- Through the influence of family members or friends
- Direct contact with extremist groups and organizations
- Through the internet

What are the risks associated with radicalisation?

- Radicalization can put a young person at risk of being drawn into criminal activity. It has the potential to cause significant harm and is therefore a safeguarding matter.
- Risk from radicalization may be combined with other vulnerabilities, or may be the only risk identified.

What are the indicators that a child is at risk?

- Use of inappropriate language
- Possession of violent extremist literature
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology
- The expression of negative views of the police or authority

What should I do if a child is at risk?

- If you work for a public body, such as the NHS, the Counter-terrorism and Security Act 2015 means you have a duty to have 'due regard to the need to prevent people from being drawn into terrorism'.
- The risk of radicalization is the product of a number of factors. Identifying this risk requires that professionals exercise their professional judgment and seek advice, if necessary, from Children's Social Care.

PLEASE ENSURE YOU COMPLETE YOUR PREVENT TRAINING

Gang Related Violence

Risk to children in relation to involvement in gang related activity can include:

–street gang

–peer group

–or organised crime.

Young people who are involved in gangs are more like to suffer harm themselves, through retaliatory violence, displaced retaliation, territorial violence with other gangs or other harm suffered whilst committing a crime. In addition children may experience violence as part of an initiation or hazing practices.

Child Trafficking

Child trafficking is a crime involving the movement of children for the purpose of their exploitation. Children are bought and sold for sexual exploitation, forced labour, street crime, domestic servitude or even the sale of organs. Children can be trafficked within their own countries and across international borders.

Signs that a child is the victim of trafficking...

Children:

- Appear generally physically and emotionally neglected
- Move location frequently
- Are not registered with a GP, nursery or school
- Look malnourished
- Have old or serious untreated injuries
- Have vague/inconsistent explanation of where they live or their immigration status
- May appear very withdrawn
- Appear unrelated to those presenting as their carer's
- May have very poor living conditions
- Have strange interactions with people they are with – watch for non-verbal communication and body language

What to do if you suspect a child is a victim of trafficking...

- Always maintain a child-centred approach
- Make a note of everything you hear between the child and the adult with them
- Contact the police as a matter of urgency.

Your Responsibilities

How to respond to Safeguarding Concerns

- Be alert and open to the possibility of abuse
- Never delay emergency action to protect a child from significant harm
- Be available and prepared to listen
- Do not keep things to yourself or promise to keep secrets.
- Ask questions for clarification only.
- Reassure and offer information.
- Discuss concerns with your manager,
- Named Nurse or designated health professional for Safeguarding Children.

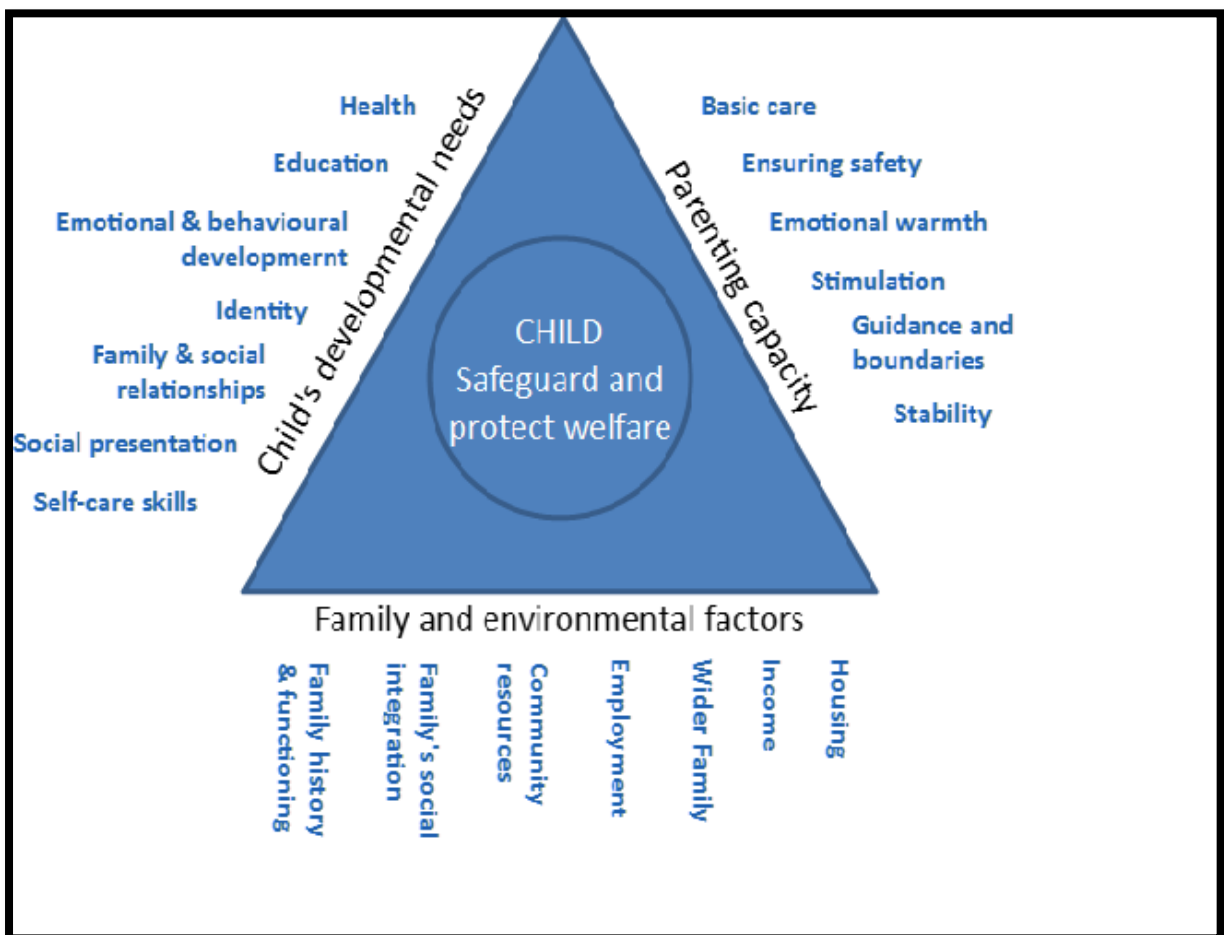
- Follow the safeguarding procedures and make a referral if needed. (See Safeguarding children on the intranet)
- Keep a written record.
- Do not rely on someone else to take action.
- Record, Respond, Refer.

Risk Assessment

The assessment framework is a tool to support the practitioner in providing a holistic assessment for both child and family.

The tool considers the child's developmental needs, parenting capacity and the family and environmental factors, all of which contribute to a comprehensive referral.

Early Intervention is key to promoting the safeguarding and welfare of the child. For more information please see the safeguarding page on the intranet.



Assessment Framework

The Referral Process

What to do if a child/adult discloses abuse

- React calmly
- Be aware of your non-verbal messages
- Keep responses short, simple, slow and gentle
- Don't stop a child or parent who is talking freely about what has happened
- Observe and listen but don't interrogate
- Ask open questions



TED
TELL ME
EXPLAIN TO ME
DESCRIBE TO ME

Information Sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

The seven golden rules to sharing information

- 1.) **Remember that the Data Protection Act 2018 and human rights law are not barriers** to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. **Be open and honest** from the outset, about why, what, how and with whom info will, or could be shared and seek their agreements, unless it is unsafe or inappropriate to do so.
3. **Seek advice** from other practitioners, or your info governance lead, if you are in any doubt about sharing the info concerned, without disclosing the identity of the individual where possible.
4. **Where possible share with consent**, and where possible, response the wishes of those who do not consent to having their info shared.

5. **Consider safety** and well-being: base your info sharing decisions on consideration of the safety and well-being of the individual and others who may be affected by their actions.

6. **Necessary, proportionate, relevant**, adequate, accurate, timely and secure: ensure info you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. **Keep a record of your decision and the reasons for it** – whether it is to share info or not. If you decide to share, then record what you have shared, with whom and for what purpose.

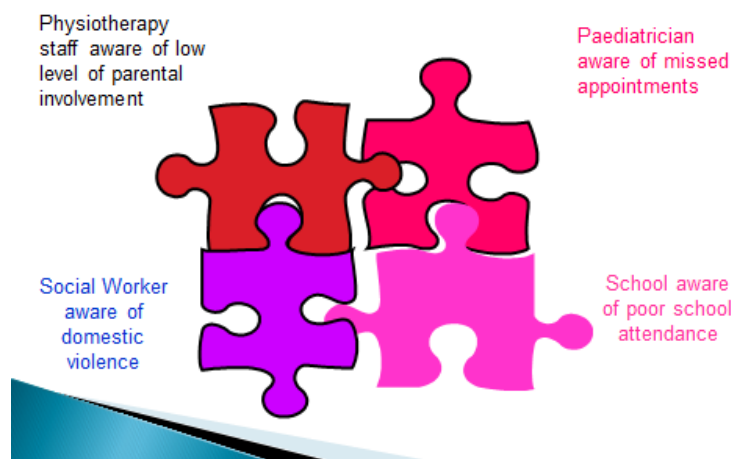
Information sharing, Advice for practitioners providing safeguarding services to children, young people, parents and carers July 2018

Child Protection: Sharing Information

- Keeping children safe from harm requires professionals and others to share information
- Proportionate and relevant information can be disclosed to third parties where there are child protection concerns.
- Any other information can only be disclosed with consent.
- Consent should not be sought if this would place the child at increased risk of significant harm.

Be aware that information may be held by other agencies, that when shared amongst professionals will give a fuller picture of concerns or issues.

Child Protection: Sharing Information



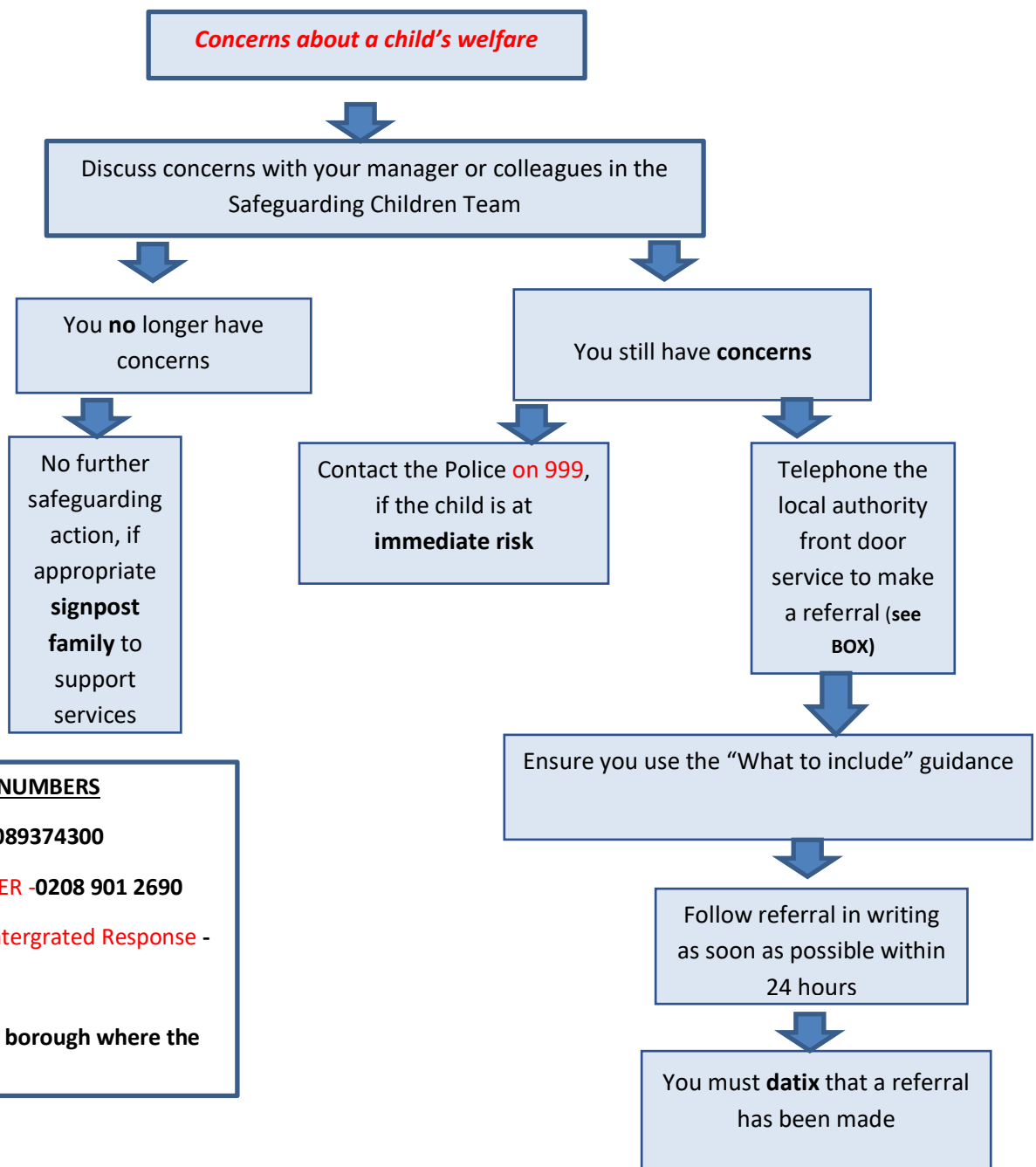
- ▶ Share and forward information securely and only with people who need to be informed.
- ▶ Write clearly and legibly and document your involvement with the child.
- ▶ Ensure that the information is accurate, factual, consistent and up-to date.

- ▶ No jargon or abbreviations
- ▶ Accurately date, time and sign the information.

Who To Contact For Advice

- Manager
- Safeguarding lead, Named Nurse, Named doctor or Safeguarding advisors for the Trust Details can be found on the safeguarding children page of the intranet.

What to do If you have Safeguarding concerns about a Child.



CHILDRENS SOCIAL CARE NUMBERS

BRENT- FRONT DOOR -02089374300

HARROW GOLDEN NUMBER -0208 901 2690

EALING Ealing Childrens intergrated Response -
0208 825 8000

Remember to contact the borough where the child resides.



What to include – Guidance

Reason/s why you are worried
Any information and/or evidence to support your concerns

Consider the child/young person holistically taking into account the following:

- child's age
- gender
- culture
- physical, emotional, social (relationships), educational and mental health needs
- impact of family and wider environmental factors

Follow up your referral and be prepared to **challenge & escalate**

Serious Case Reviews

Serious case reviews (SCRs) are undertaken by local safeguarding children boards (LSCBs) for every case where abuse or neglect is known - or suspected - and either: a child dies, a child is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child.

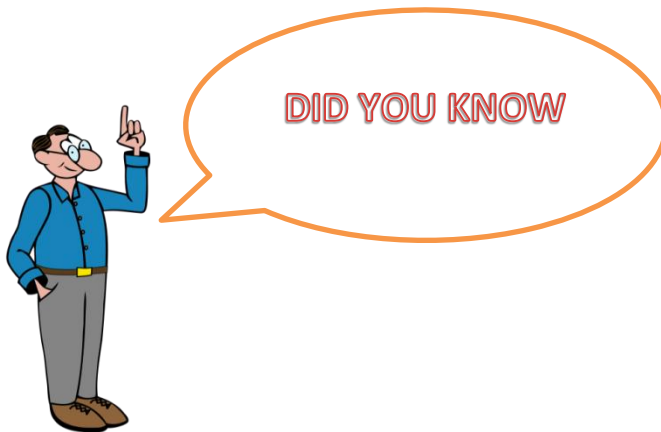
Several high-profile cases have highlighted the tragic consequences which can result when information indicating risk is held by one agency and not appropriately shared with others.

Trends from serious case reviews

- ▶ Health professionals not seeing the bigger picture or having a family focus.
- ▶ Not challenging parents. Being heavily influenced by assertive parents/ carers.
- ▶ Not following up missed appointments.
- ▶ Not identifying and responding to signs of abuse.
- ▶ Sharing information among agencies not robust
- ▶ Not hearing the voice of the child.
- ▶ Lack of working together amongst professional's in Social Care and other agencies.
- ▶ Lack or inadequate Safeguarding Supervision.
- ▶ Poor Assessment of children when treating parents, siblings or carer's.
- ▶ Building relationships with families and being curious

To read further please see the Working Together 2018 guide:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working Together to Safeguard Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)



The Safeguarding Children Page on the intranet has lots of safeguarding children information.

Why not download the NHS Safeguarding App on your phone so you can always access information when you need it.

For National Domestic abuse support and information download the Bright Sky App