

Safeguarding Children Level 1

Non Clinical Staff

Level 1 – Annually

- Avoid printing this document if possible
- **Please ensure you complete and sign the declaration form once completed**

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Safeguarding is everyone's responsibility



Learning Outcomes

After completing the workbook you will be able to:

- Understand some of the most commonly used terminology in safeguarding children.
- Know the types of child maltreatment and definitions under the Children Act 1989
- Have an awareness of what is 'Contextual Safeguarding'.
- Know the risks associated with the internet and online social networking.
- Know the importance of sharing safeguarding information.
- Understand the impact parental/carers issues can have on the well-being of their child/children.
- Know where to find the trust safeguarding children policy including local procedures and policies.
- Understand the importance of professionals trying to capture the voice of a child.
- Have an understanding of the importance children's rights and knowledge of relevant legislation.
- Know how to raise safeguarding concerns.

1.2 Introduction

In your role there may be an occasion when you are concerned about child or young person. Therefore to protect children and young people from harm, it is essential all trust staff and volunteers receive mandatory training. You may be in a position of working in areas where the adults who are parents concern you. The information you hold may have relevance on their ability to parent or may impact on their ability to maintain safety of their children.

Local Authorities working with partner agencies including health have specific duties to safeguard and promote the welfare of children and young people. Guidance applies to all children up to age of 18 years old.

This includes children who become pregnant. A child with a disability or a child that is under the care of the Local Authority (Looked After Child) can continue to be a looked after child until they are 21 years old[Working together to safeguard children 2018, Children acts 1989 and 2004].

The United Nations on the rights of the child includes the requirement that children live in a safe environment and be protected from harm [Intercollegiate document 2014].

Unfortunately, many children in the UK do not grow up with ideal conditions. Some children and their families need extra help and support from local and government agencies and/or the voluntary sector.

There are some children who are suspected, likely to suffer or are suffering from abuse or neglect. In these cases the local authority [children's social care] must initiate enquiries to find out what is happening to the child and whether protective action is required.

Whilst the local authorities play a key role, everyone who comes into contact with children and families has a role to play [Working Together to Safeguard Children 2018]. Safeguarding children is everyone's responsibility.

1.3 Where to find the Safeguarding Children and Young People Policy

The Airedale NHS Foundation Trust Hospital Safeguarding Children and Young Person Policy is available for all trust staff to access via the hospital intranet on Airoshare. This policy sets out clear sets of procedures to help the trust staff protect and promote the welfare of children. [LINK](#)

As a trust we also have interagency procedures and guidance provided by the local Bradford Safeguarding Children Board which also has a website which you can visit.

<http://bradfordscb.org.uk/>



1.4 The Children Acts 1989 and 2004

These acts state that the welfare of children is paramount and that they are best looked after by their families, with their parents playing a full part in their lives, unless compulsory intervention on family life is necessary.

2. RECOGNISING THE SIGNS OF ABUSE AND NEGLECT

2.1 Key Definitions:

Safeguarding and promoting the welfare of children is defined from statutory guidance 'Working together to safeguard Children 2018' as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Child Protection is part of safeguarding and promoting welfare which refers to the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm.

Definition of abuse and neglect of a child

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

2.2 The 4 categories of child abuse and neglect under the Children Act 1989.

2.2.1 Physical abuse

A form of abuse which 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.

Signs of physical abuse

- Unexplained bruising, poisoning, burns, fractures or other injuries
- Aggressive behaviour or withdrawn
- Untreated injuries or sores

2.2.2 Emotional abuse

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs of emotional abuse

- Distant or withdrawn behaviour
- Running away
- Aggression or violent behaviour

2.2.3 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 (for example, 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, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, 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.

Facts re sexual abuse:

- *1 in 3 children sexually abused by an adult did not tell anyone*
- *1 in 20 children in the UK have been sexually abused*
- *Over 90% of sexually abused children were abused by someone they knew*

(NSPCC website 2016)

Signs of sexual abuse

- Changes in behaviour or dress
- Displays sexually inappropriate behaviour for age
- Fear of certain adults or reluctance to socialise with certain individuals
- Genital or anal soreness, sexually transmitted infections or pregnancy.
- Mental Health issues.

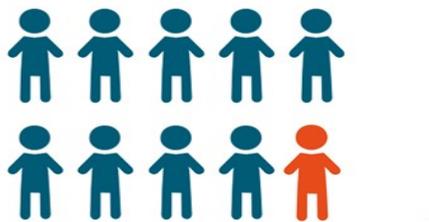
2.2.4 Neglect

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 abuse. Once a child is born, neglect may involve a parent or carer 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

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child neglect is the most common form of child abuse, but it isn't always easy to identify.



1 in 10 children have experienced neglect

Source: [Child protection register and plan statistics for all UK nations for 2016]

Signs of neglect:

- Unkempt appearance
- Weight loss, undernourished
- Pale, lethargic
- Withdrawn or attention seeking behaviours
- Theft – food, clothes etc.
- Missed appointments

2.3 Contextual safeguarding

Child abuse and neglect presents in many forms as well as threats from within families, children may be vulnerable to abuse or exploitation from outside families .

These are known as extra familial threats and can arise from school, peers wider community online or any other establishment. These threats can be multiple; the following are some examples of these threats.

2.4 Online abuse

Increasingly offenders are using the Internet to interact with children for sexual purposes. Today, children are often coerced to produce new sexual images of themselves without ever meeting their abuser. And in some cases, their abuse is being live streamed to paying customers over the Internet.

Online abuse can be misunderstood by the child and others as being consensual, occurring without the child's immediate recognition or understanding of abusive or exploitative conduct emphasised that no child under the age of 18 can consent to being abused or exploited. Online child sexual abuse includes, but is not limited to the grooming of children for sexual purposes, including sexual acts online, and the production, distribution or possession of indecent images of children. Online child sexual abuse takes different forms and can lead to or be preceded by contact abuse. Financial gain can be a feature of online child sexual abuse and it can involve serious organised crime.

These are some examples of the risks children are being exposed to, what they may come across online.



Inappropriate content



Sexting



Online grooming



Cyberbullying



Radicalisation



Online Pornography



self harm

2.5 County lines

There are threats from criminal gangs and organised criminal networks involved in exporting illegal drugs. They are known to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Other forms of child abuse: child trafficking, radicalisation, forced marriage, female genital mutilation, child sexual exploitation and domestic abuse.

2.6 Domestic abuse

Witnessing domestic abuse is really distressing and scary for a child, and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. Children and young people witnessing domestic abuse

They might:

- see the abuse
- hear the abuse from another room
- see a parent's injuries or distress afterwards
- be hurt by being nearby or trying to stop the abuse



Around 1 in 5 children have been exposed to domestic abuse

Source: Radford, L. et al (2011) [Child abuse and neglect in the UK today](#).

2.7 Risk Factors

It has been identified that there are some key risk factors that may make a child more vulnerable to maltreatment. These include, but are not limited to:-

- Domestic abuse - a child doesn't have to see or even hear domestic abuse to be affected by it. It can often begin or escalate during pregnancy. Affects same sex couples and can be female perpetrated.
- Drug and alcohol misuse.
- Parental mental health issues.
- High stress – low income families, poor housing, homeless families.
- Parental disability.
- Disabled children.
- Children under the age of 5 years – they do not have to access any services so can be isolated.
- Children under the age of 1 year – fully dependant on care givers, demanding!
- Children that are already in the 'care system' Looked after Children.
- There are many more risk factors that you could consider.

3 An Overview

3.1 Why children don't tell

Children often don't tell others about the abuse because they are frightened about what may happen to them or they feel they may not be believed. Although they want the abuse to stop they may love the abuser and don't want him or her punished for the abuse. Other reasons include:

- direct threats,
- fear of punishment, guilt and shame
- Limited/poor communication skills/speech and language; child may have additional complex needs
- No-one listening
- Implications of telling someone
- Abuse being experienced considered to be a normal response
- Lack of trust
- The child may not understand that they are a victim of abuse for example in sexual abuse or child sexual exploitation
- In some cases and dependant on a child's age a child will not realise that they are indeed being abused.

3.2 What are the effects of child abuse and /or neglect?

The effects of abuse are wide ranging and usually long lasting, and can include:

- Low self-esteem,
- Problematic behaviours,
- Educational problems, e.g. slow to develop speech
- relationship difficulties,
- mental health problems,
- substance (drug and alcohol) abuse,
- self-harm including actual or attempted suicide ,
- difficulty in parenting their own children,
- permanent disability
- Death as a result of the abuse (particularly if physical abuse or neglect)
- Outcomes for children could include a failure to thrive and achieve the best of their ability.

3.3 Can we recognise an abuser?

No, abusers may be anyone, adult or child/children. They can be from any social class, culture or faith can be known to the local community as a 'nice' person.

Abusers can be professionals such as teachers, religious leaders, social workers. judges. Many high profile cases in the media have highlighted famous and well respected celebrities who have now been found to have abused children.

3.4 The child's voice

To improve the outcomes for children, professionals have often stressed the need for the voice of the child to be heard in the child protection process (Munro, 2011).

Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. You would not be expected to question a child but if the child chooses to disclose to you it is important that you listen and document their exact words.

The right of a child or young person to be heard is included in the UN convention of rights and the Children Act 2004 emphasises the importance of speaking to the child or young person as part of an assessment.

4 INFORMATION SHARING

4.1 High profile child protection cases

There have been a number of high profile child protection cases in the national media that you may be familiar with

- Victoria Climbié
- Peter Connolly [Baby P]
- Daniel Pelka
- Hamza Khan

These children all died as a result of abuse and neglect inflicted by their parents and/or carers, the people that were supposed to provide love and care. Common themes shown throughout the enquiries into their deaths were that there was a lack of information sharing between agencies and a failure to keep children the main focus and not the adults.

4.2 Myth-busting guide to information sharing

Sharing information enables practitioners and agencies to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing.

Data protection legislation is a barrier to sharing information No – the Data Protection Act 2018 and GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

Consent is always needed to share personal information No – you do not necessarily need consent to share personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk.

Personal information collected by one organisation/agency cannot be disclosed to another No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners.

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information No – this is not the case. In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information. [Working Together to Safeguard Children 2018

5 What to do if you have concerns

It is important that you act on any concerns that you have in regard to the welfare of a child. You may be the only person that has witnessed something worrying and/or it may be that the piece of information that you have may appear to be insignificant until it is added to other information people have provided.

You must always speak your manager or somebody senior to share your concerns and ensure your concerns are documented, act on any advice given and follow the safeguarding children and young people policy.

Worried Emergency	Worried Non-Emergency (but action needed)
Get Help (Anyone nearby who can assist)	Tell Someone Senior Get Advice and Act
Consider any Immediate Risks	Consultant Paediatrician On-call
Call the Police on 999 or Ring Security on 5555	Refer to the Safeguarding Children Policy
Escalate to your Manager	For further advise or support, contact the Airedale safeguarding Children Team via switchboard
Document what you observed and the actions taken.	
Co-operate with any subsequent investigation i.e. complete an AEF, provide a witness statement	
YOUR HOSPITAL <i>Here to care</i>	

Safeguarding Children Team

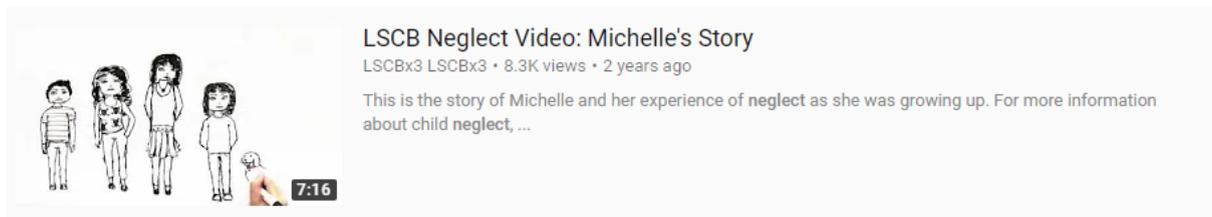
Contact details:

- Named Doctor for Safeguarding Children. Tel: switchboard
- Joanne Newman, Named Nurse for Safeguarding Children. Ex 2389
- Debra Burgess, Clinical Nurse Specialist for Safeguarding Children. Ex 2389
- Rita Horsfall Named Safeguarding Midwife. Ex 2178

Please now view these two short films:

[LSCB Neglect – Michelle's Story](#)

This is the story of Michelle and her experience of neglect as she was growing up.



[Childhood Neglect – Susan Miller's story](#)



You have now finished the Workbook

Please complete and sign the workbook declaration sheet to confirm you have read and understood this workbook.

This must be submitted to: Training.dept2@anhst.nhs.uk



Airedale
NHS Foundation Trust

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