

excellence

NHS

Gloucestershire

**Safeguarding Children
Training**

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Why do I need this training?

“All health professionals working directly with children and young people should ensure that safeguarding and promoting their welfare forms an integral part of all elements of the care they offer.”

Working Together to Safeguard Children (HM Government 2010).

Everyone's responsibility

- Safeguarding and promoting the welfare of children.....depends on effective joint working between agencies and professionals that have different roles and expertise
- Working Together to Safeguard Children DoE 2010

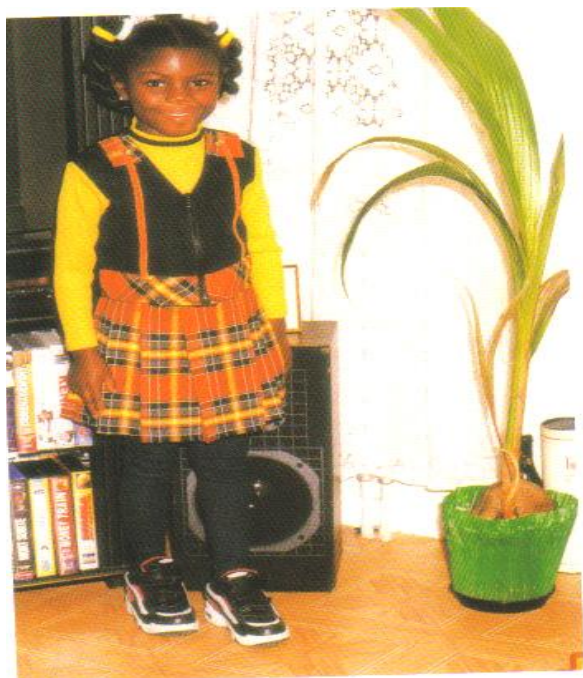
Learning Outcomes

- An understanding of different types of child abuse
- An understanding of the potential indicators of abuse and neglect
- Knowledge of how to respond to concerns and what action to take in line with local procedures
- An awareness of your own role and that of other agencies, and the need to work together to protect children

Principles of Safeguarding *Gloucestershire*

- The protection and welfare of the child must be the paramount consideration in every decision
- All professionals in contact with children should be aware of the possibility of child abuse and neglect and the need to maintain vigilance at all times
- Procedures must be followed to ensure prompt and effective help to children and their families

Victoria Climbié 2000 Baby P 2007



Peter Connolly *Gloucestershire*

- Positive observations of parenting
- Co-operation with professional visits & appointments
- Positive response to offers of help
- Frequent initiation of communications with professionals,
- often relaying information between them.
- Openness of manner.

Haringey Serious Case Review November 2008

Peter Connolly *Gloucestershire*

- Limited efforts made by professionals to involve Peter's father early on.
- Pervasive belief that injuries were caused by lack of supervision and own behaviour.
- Lack of knowledge of mother's relationship with males in household and the extent of their involvement with family
- 'Rule of Optimism'

Haringey Serious Case Review November 2008

- The Children Act 1989 and 2004 DOH
- The Victoria Climbié Inquiry 2003 Lord Laming (www.victoria-climbié-inquiry.org.uk)
- What to Do If |You're Worried a Child is Being Abused 2006 DOH ([www.doh.gov.uk/safeguarding children/index/htm](http://www.doh.gov.uk/safeguarding_children/index/htm))
- Every Child Matters 2003 DOH (www.everychildmatters.gov.uk)
- When to suspect child maltreatment. 2009 NICE clinical guideline 89
- The Protection of Children in England: A Progress Report March 2009. Lord Laming
- Working Together to Safeguard Children 2010 DOH

Every Child Matters



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Five Outcomes:

- Stay safe
- Enjoy and achieve
- Be healthy
- Make a positive contribution
- Achieve economic well- being

Working Together to Safeguard Children DOH 2010

- Statutory and non statutory guidance
- Sets out each agency's roles and responsibilities
- Emphasis on child focused practice
- Child Death Reviews
- Allegations Management
- Serious Case Reviews

Munro

Report by Professor Eileen Munro:

“What helps a professional make the best judgements they can to protect a vulnerable child”

- The value of the knowledge and expertise of professionals
- Being able to admit to and learn from mistakes
- Avoiding a “tick-box” mentality
- Earlier intervention
- Responsibility shared between agencies/professionals
- Timescales to be reconsidered to allow for better quality assessments

Gloucestershire Local Safeguarding Children Board (GSCB)



Gloucestershire

- Multi Agency
- Forum for agreeing how services should co-operate to promote welfare and safeguarding children
- Safeguarding Children Service
- Produce Child Protection procedures
- Chair Child Protection Conferences
- Training (www.gscb.org.uk)

Safeguarding Children

- Gloucestershire Safeguarding Children Board Procedures (GSCB)
www.gscb.org.uk
- GSCB www.gscb.org.uk/alerts
- GSCB Training www.gscb.org.training
- GSCB E-Learning

Quiz

**How many children every week in
England and Wales will die as result of
cruelty ?**

Less than 1

1 – 2

More than 2

Deaths of children by their natural parent are committed.....

a. Mostly by fathers

b. Mostly by mother

c. In roughly equal proportions

What % of child homicides are committed by a birth parent?

30%

66%

75%

ANECDOTALLY, IN WHAT % OF CHILDREN WHO ARE SUBJECT TO CP PLANS IS THERE DOMESTIC ABUSE WITHIN THE HOME ?

10%

25%

50%

75%

Studies into the maltreatment of children with disabilities (in the US) have found these children are how many times more likely to experience abuse and neglect?

Twice

Three

Five

Seven

Increased risks for children with disabilities

- Power imbalance
- Little choice and control over life
- Social isolation
- Communication
- Intimate personal care
- Lack of sexual knowledge
- Abuse through omission

How many times more likely are children living in homes where drug use is taking place, to self initiate substance misuse?

Twice

Three

Four

Five

2. How many children are subject to child protection plans in Gloucestershire.

(Figures from GSCB July 2010)

400

350

800

**How many Looked After Children are
there in Gloucestershire?
(NHS Gloucestershire
30.09.2011)**

495

595

712

Defining Abuse *Gloucestershire*

A person may abuse or neglect a child by inflicting harm, or failing to prevent harm.

Children and young people may be abused in the family or in an institutional or community setting by those known to them or, more rarely by a stranger.

They may be abused by an adult or adults or another child or children.

Child Protection Plans

Categories:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

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.

It is now a criminal offence if a child is assaulted and it leaves a mark, or causes mental cruelty.

Common Sites for Accidental Injury

knees

shins

bony spine

nose

elbows

chin

forearms



forehead

Common sites for non-accidental injury



Common sites for non-accidental injury



Clues which might raise suspicion regarding an injury

- Delay in seeking medical help
- Story is vague, lacking in detail or varies with each telling. Account of accident not compatible with injury observed
- Consider the site in the body
- Recurrent injuries or **any injury to a child that is not mobile**
- Parents preoccupied with own problems, keen to leave or hostile
- Child's interaction with parents abnormal ~ sad, withdrawn or frightened 'frozen watchfulness'
- The child may disclose something.

Neglect

- Persistent failure to meet basic physical and/or psychological needs e.g.
- May occur during pregnancy as a result of maternal substance misuse
- A lack of adequate shelter, food, clothing
- Failure to protect child from physical harm or danger
- Failure to ensure access to appropriate medical care or treatment

Emotional Abuse

- Persistent emotional ill-treatment causing severe and persistent adverse effects on the child's emotional development.
- Inappropriate expectations imposed on child
- Overprotection
- Witnessing physical/emotional violence.
- Bullying including cyber bullying

Signs of Emotional Abuse



Gloucestershire

- Failure to thrive
- General developmental delay
- Attachment Disorders: anxious, avoidant
- Lack of social responsiveness
- Indiscriminate friendly behaviour
- Low self esteem

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 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males.

Women can also commit acts of sexual abuse, as can other children.

Perpetrators of sexual abuse



Gloucestershire

- Perpetrators of child sexual abuse are predominantly male
- Less than 5% of sex offences by women
- The majority sexually assault children known to them
- Adolescents account for 1/3 of all sex crime against children.
- Approx 50% of adult offenders coming before court began sexual deviancy in adolescence
- 80% of offences take place in the home of the offender or victim

(Grubin 1998; Royal College of Psychiatrists 1994)

Indicators of increased risk in children

- Pre-maturity or low birth weight/ Post delivery separation from mother
- Children under 2 years
- Wrong gender
- Born in time of crisis/ child of a failed relationship or affair
- Illness, physical or learning disability
- Constant crying/hard to feed/hard to cuddle
- Hyperactive/sleep problems/ behaviour difficulties
- Children/siblings previously on register/plan

Indicators of increased risk in parents



Gloucestershire

- Young, immature emotionally/ socially isolated or unsupported
- Substitute parents
- Socio-economic factors
- Emotional or mental health problems / substance misuse
- History of domestic violence
- Abused or neglected as a child
- Inappropriate expectations of the child

Safeguarding Children



Gloucestershire

How to respond to Child Protection Allegations and Concerns

Reporting Concerns

- All individuals working with children and families have a duty and responsibility to report any allegations or concerns of a child protection nature that come to their attention. When such a concern is raised the individual should:
- Consult with their supervisor/line manager/designated teacher or named professional
- Share information and liaise with other professionals working with the family.
- Keep a written record of the nature of the concern and your action taken.

Activity

Referral Process



Gloucestershire

- If you are unsure how to proceed discuss your concern with a Social Worker via Children and Families Help Desk (01452 426565).
- It is the responsibility of the initial professional who suspects abuse to make the referral.
- Messages should not be left, always speak to the Customer Services Officer (01452 426565).
- Follow up in writing within 48 hours.

**Children's Helpdesk, The Contact Centre,
Block 4, 5th Floor, Shire Hall, Westgate
Street, Gloucester, GL1 2TG**

- Where possible inform the family of referral.

Summary of Child Protection Procedures



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Professional has a concern about the welfare of a child

Discuss with Lead GP for Practice/supervisor/line manager/Named Doctor or SNSC

Discuss with parents as appropriate
Contact Children and Families Help Desk to speak with a Social Worker to discuss your concern: 01452 426565 (9-5)
and/or Make a "Request for Services": 01452 426565 (9-5)
01452 614194 (Emergency Duty team)
Record your actions in clinical records and on Chronology of Risk sheet

If "request for services accepted as referral, this leads to an Initial Assessment to be completed within 10 working days by the Children and families team

If child(ren) thought to be at risk of significant harm, a strategy discussion is held to decide to hold a CPCC or take a different approach

If a Child Protection Conference is requested, it is held within 15 working days

Children and Families Team carry out a Core Assessment to be completed within 35 working days

If the Initial Child Protection Conference agrees a Child Protection Plan

The Core Group (multi-agency team) work with the family to progress the Child Protection Plan

Child Protection Plan remains in place until the issues are addressed.
Review CPCCs are held within 3 months of the Initial, and then every 6 months

7 Golden Rules for Information Sharing



Gloucestershire

1. The Data Protection Act is not a barrier to sharing information
2. Be open and honest
3. Seek advice
4. Share with consent where appropriate
5. Consider safety and well-being
6. Necessary, proportionate, relevant, accurate, timely and secure
7. Keep a record

Information Sharing: Guidance for practitioners and managers. (HM Government 2008)

Information sharing

“No inquiry into a child’s death or serious injury has ever questioned why information was shared. It has always asked the opposite”

A solicitor from Lewisham (DfES 2006)

The Children And Young People's Directorate (CYPD)



Gloucestershire

Safeguarding Children Service
Guardians of CP plans, CP Conferences, Training, Sub
Committees
(CYPD, Health, Police, Probation, Voluntary Agencies)

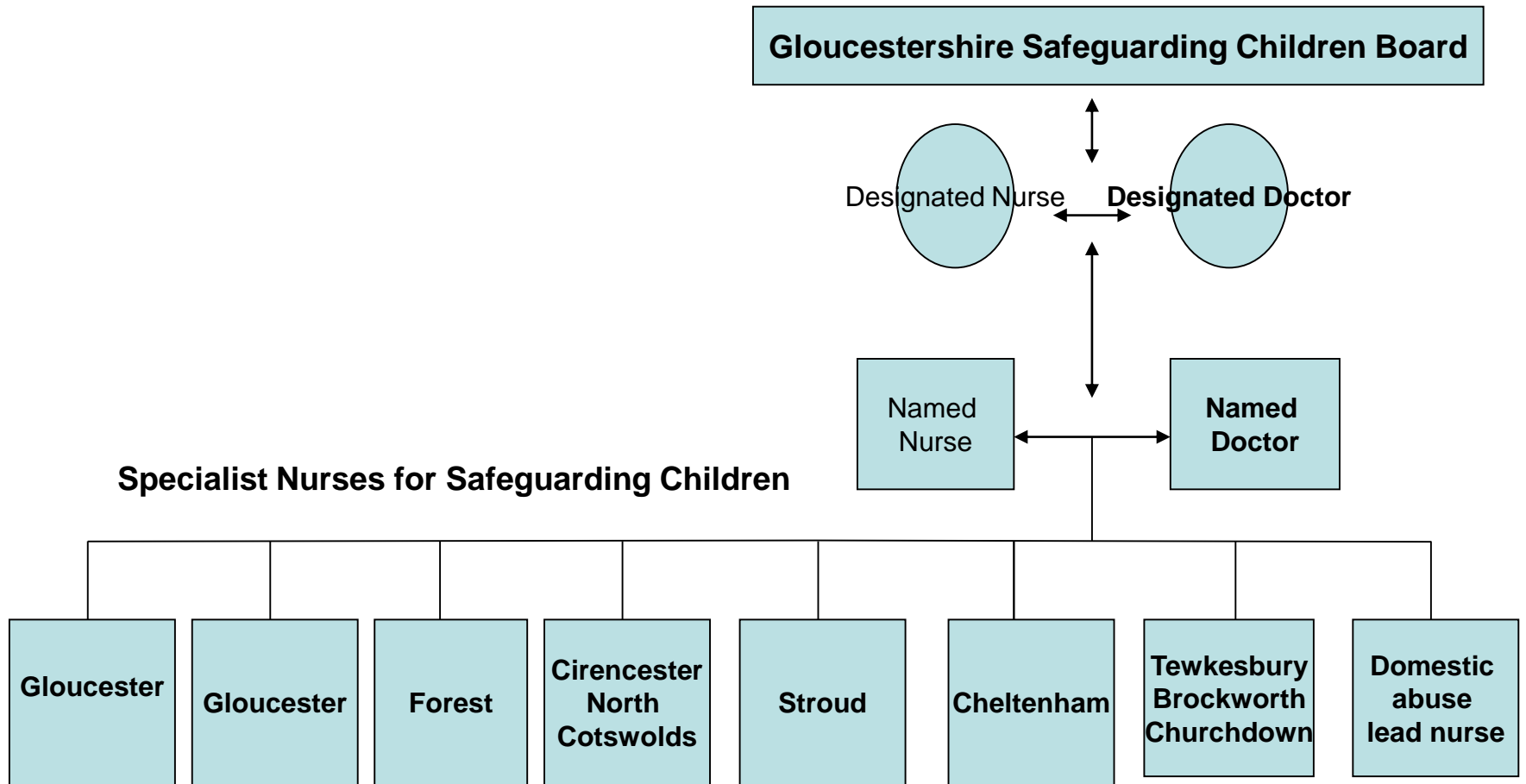
Designated Doctor ~ Imelda Bennett
Designated Nurse ~

NHS Gloucestershire
Named Doctor
Named Nurse
CP Supervisors

Gloucestershire
Hospitals
Foundation Trust
Named Doctor
Named Nurse
Lead Doctors &
Nurses

2gether NHS Foundation Trust
Named Doctor
Named Nurse
CP Link Persons

Safeguarding Children Service **NHS** Gloucestershire



Safeguarding Lead Roles

- | | | |
|---------------------|-----------------------------------|--------------|
| • Dr Imelda Bennett | Designated Doctor | 0300 4225702 |
| • Helen Crystal | Designated Nurse /NHS Lead | 0300 4211607 |
| • Dr Penny West | Named Doctor | 0300 4218527 |
| • Carol Oram | Named Nurse | 07717695156 |

Specialist Nurses for Safeguarding Children:

- Contact Sylvia King on 0300 4218527 for the contact in each locality across county

Safeguarding Children contacts

Contact Numbers:

- Safeguarding Children Service 01452 583636
- Emergency Duty Team 01452 614 194
- Police Control Room 0845 0901234
- Children & Families Helpdesk 01452 426565
- Adult Helpdesk 01452 426868

Safeguarding Children in Pharmacies

- Safeguarding champion within the pharmacy
- Access to Procedures
- Information sharing with other professionals/agencies

- What are the local pathways
- Create your own local pathway
- cascade training via the introduction of a safeguarding Children Champion
- Do you know the Types of abuse and signs and symptoms
- Roles and responsibilities in the Pharmacy where you work
- Create a Safeguarding Folder in your Pharmacy

Learning Outcomes



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Further resources 1

NICE guidelines: “When to Suspect Child Maltreatment”.

<http://www.nice.org.uk/CG89>

- Designed for health professionals who are not specialists in Child Protection
- Guidance on many types of injury and medical conditions

Further resources *Gloucestershire*

- NSPCC www.nspcc.org.uk/inform
- Intercollegiate document on Safeguarding Children and Young People; roles and competencies for health care staff.
Available from www.rcpch.ac.uk