



Lambeth
Safeguarding
Children
Partnership

Introduction to Safeguarding Children

(Level One)

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Learning outcomes:

Define the different **types of abuse**.

Explain what **you should do** if you have concerns about children, those who are suffering, or at risk of suffering, significant harm.

Describe what **you should do** if you have concerns about a member of staff or volunteers.

State **will happen** once you have informed someone about those concerns.



Importance of Safeguarding Children Training



- Nothing is more important than **children's welfare** (Children Act 1989)
- Children who need help and protection deserve high quality and effective support **as soon as a need is identified**
- Safeguarding children and promoting their welfare is **everyone's responsibility**
- **Everyone** who comes into contact with children and families has a role to play.
- Important to consider needs of the **whole family**
= Think Family



What is safeguarding?

Protecting children from **maltreatment**

Inc Physical / Sexual /
Emotional Abuse and
Neglect

Preventing impairment of children's **health or development**

E.g. Are children
registered with GP &
dentist, able to see HV,
School Nurse? Are they
meeting development
milestones?

Ensuring that children are growing up
with **safe and effective care**

Taking action to enable all children to
have the **best outcomes**

E.g. Are children
supported to be Safe /
Healthy / Able to Enjoy
& Achieve? Able to
make a positive
contribution?



Culture and Diversity

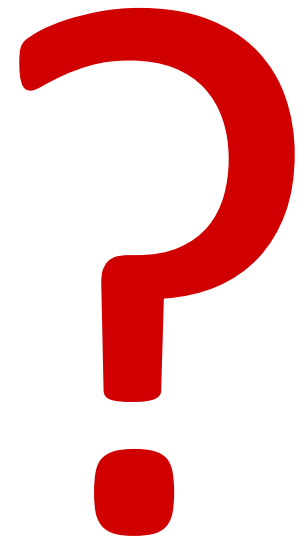
- Child abuse is present through all society and in all cultures
- Child abuse is not acceptable in any culture
- Harmful child-rearing practices must be challenged and reported e.g. beating a child, FGM
- Consider other forms of child / domestic / adult abuse e.g. forced marriage and so-called 'honour-based' violence

Are there other harmful practices you are aware of?



Key question

What are the signs and indicators of the four main categories of 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.

Head injuries tend to involve the parietal bone, occiput or forehead

Forehead

Nose

Chin

Palm of hand

Elbows

Common
accidental
injuries

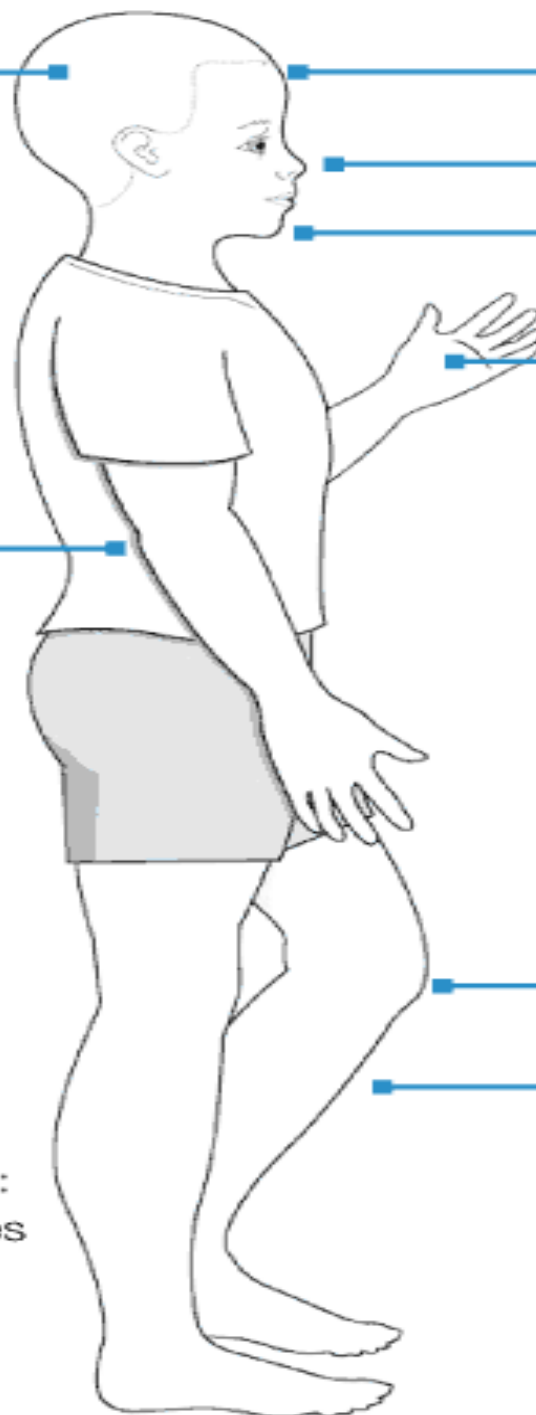
Knees

Shins

REMEMBER

Accidental injuries typically:

- involve bony prominences
- match the history
- are in keeping with the development of the child



Ears – especially pinch marks involving both sides of the ear

The “triangle of safety” (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

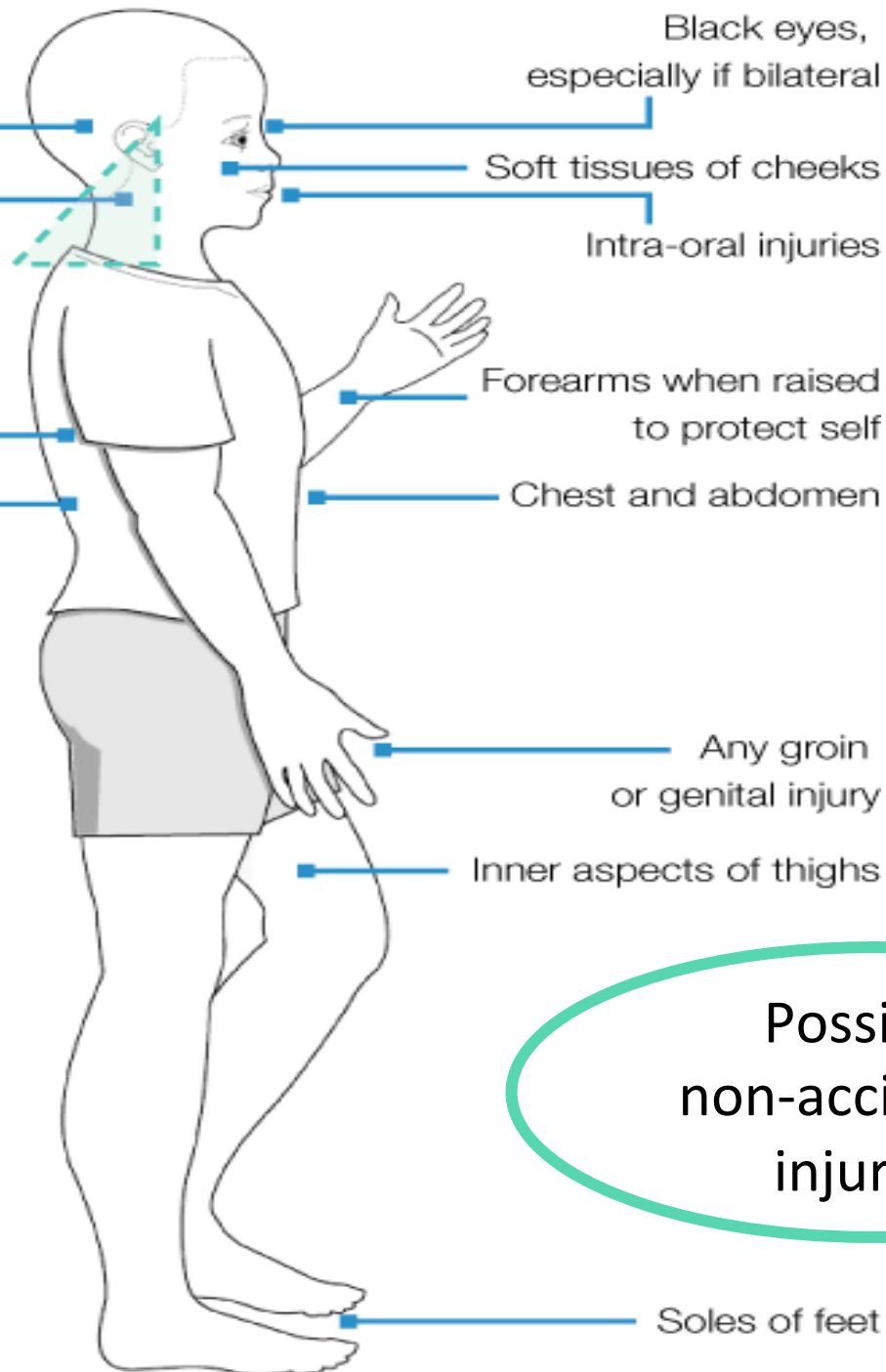
Inner aspects of arms

Back and side of trunk, except directly over the bony spine

REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries



Possible
non-accidental
injuries



Sexual abuse

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

The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.



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.

A parent/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.

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



Emotional abuse

- The persistent **emotional maltreatment** of a child
- Making a child feel worthless, unloved or inadequate
- Overprotection: preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another
- Serious bullying
- Causing children frequently to feel frightened or in danger
- Exploitation or corruption of children



Other forms of harm to consider

- Child sexual / criminal exploitation
- Missing Children
- Radicalisation
- Child trafficking
- Online abuse
- Gangs
- Parental substance abuse



Private Fostering

A child/young person is privately fostered if s/he meets both of the following criteria:

- is aged under 16 (or 18 if he/she has a disability)
- is cared for by and living with someone for more than 28 days who is not his/her parent, does not have parental responsibility or is not a close relative

But a child or young person is **not** privately fostered if:

- S/he is looked after under the Children Act 1989 (i.e. in the care of the local authority)
- The person caring for him/her has done so for less than 28 days and does not intend to do so for longer than that

Please note: ALL instances of private fostering must be referred to Children's Services Front Door and if you are unsure, consult.

Common situations in which children are privately fostered include:



- Children with parents or families overseas
- Children with parents working or studying in the UK
- Asylum seekers and refugees
- Trafficked children
- Local children living apart from their families
- Adolescents and teenagers
- Children attending language schools
- Children at independent boarding schools who do not return home for holidays
- Children brought in from abroad with a view to adoption

Watch and consider: Why refer?



Link

<https://youtu.be/dYnLzSUQc6U>



What is your responsibility?

Talk to your manager and other professionals: always share your concerns, and **discuss** any differences of opinion.

Record full information about the child at first point of contact, all concerns, discussions about the child, decisions made, and the reasons for those decisions.

Concerns may lead to a criminal investigation, so **don't jeopardise a police investigation**, such as asking a child 'leading questions'.

Always follow up discussions to other professionals **in writing** and ensure your message is clear.



Information Sharing

General Data Protection Regulation (GDPR) – public duty and legal requirement to share information when concerned about a child.

Share accurate and up-to-date information, only with those people who need to know it, and share securely.

Record the reasons for your decision – whether it is to share information or not.

Remember the child's safety is paramount – please do not delay referring.

Link:

[Information Sharing: A Guide for Safeguarding Practitioners](#)



Obstacles to making a referral

- Fear you may be wrong
- Doubting the child's story
- Anger and distress
- Child trying to bind you into secrecy
- Uncertainty about procedures
- Unresolved feelings
- Not wanting to interfere
- People might not take you seriously
- Thinking nothing will change
- Getting someone into trouble
- Stigma
- Fear of lack of control



What to do when a child discloses to you

DO

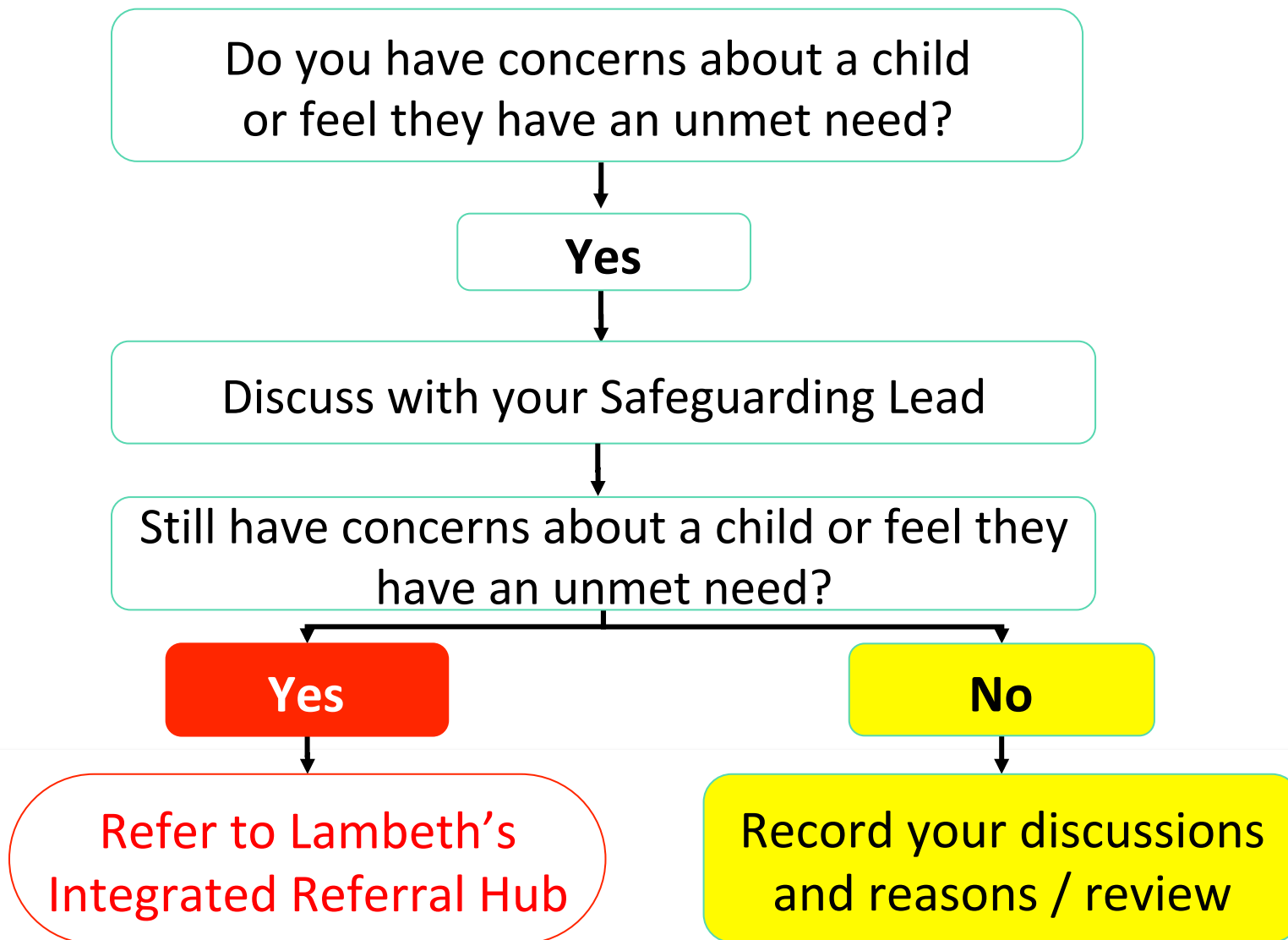
- ✓ Stay calm
- ✓ Listen and be aware of non-verbal messages
- ✓ Allow the child to talk freely- in their narrative
- ✓ Take it seriously
- ✓ Reassure them they have done the right thing
- ✓ Explain what will happen next
- ✓ Record verbatim- sign and date

DON'T

- ◆ Ask leading questions
- ◆ Make promises you can't keep
- ◆ Jump to conclusions
- ◆ Speculate or accuse



Making a decision about the needs of a child





Integrated Referral Hub

Children's Social Care Front Door

9am – 5pm Monday - Friday: 020 7926 3100

Children's Social Care Out-Of-Hours Service

5pm-9am Monday-Friday, 24 hours at the weekend:
020 7926 5555

Multiagency Referral Form (MARF) Link:

<https://www.lambeth.gov.uk/community-safety-and-anti-social-behaviour/abuse-and-violence/contact-social-services-if-you-are-worried-about-a-child>

Email helpandprotection@lambeth.gov.uk



Guidelines for Safer Practice

- Be careful about forming personal relationships with parents/carers. This could make it difficult to report allegations/suspensions of abuse. Remember your duty of care is to the child/young person.
- Physical contact should be open and initiated by the child's needs, e.g. for a hug when upset. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help.
- Exercise caution about being alone with a child or young person. In situations where this may be needed (for example where a young person wants to speak in private) think about ways of making this seem less secret. For example by telling another worker or volunteer what you are doing and where you are or leaving a door open. Keep a record of your conversation.
- Remember you set an example to children and young people - dress appropriately, use appropriate language and show respect to your colleagues, parents/carers, children and young people at all times.



Guidelines for Safer Practice: what **not to do**

- Never use any kind of physical punishment or chastisement such as smacking or hitting (even if parents/carers have given permission).
- Do not kiss or cuddle children, do not allow children to sit on your lap and do not give them presents.
- Do not invite a young person to your home or arrange to see them outside the set activity times.
- Do not engage in any sexual activity (including using sexualised language) with a young person you meet through your duties or start a personal relationship with them, this would be an abuse of trust, even if they are aged 16 or over.
- Do not add children/young people onto social networking sites e.g. Facebook, Snapchat. Also, be aware of your online profile and check your privacy settings.
- Never let allegations, made by anyone, go unacknowledged, unresolved or not acted upon. Always talk to your Safeguarding Lead or Manager.



Allegations against professionals or volunteers

If you have a concern about the behaviour of a professional or volunteer, speak to your Safeguarding Lead.

Your Safeguarding Lead may then consult / refer to the LADO – Local Authority Designated Officer.

Referrals to LADO **must** happen where a professional or volunteer has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she could pose a risk of harm to children.

Local Authority Designated Officer (LADO)



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Further Resources

Lambeth Local Safeguarding Children Partnership website:

www.lambethsaferchildren.org.uk

Key Statutory Guidance: [Working together to Safeguard Children 2018](#)

[London Child Protection Procedures](#)

[Framework for the Assessment of Children in Need and their Families 2000](#)

[Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers 2018](#)

[What to do if you're worried a child is being abused - Advice for practitioners \(2015\)](#)