

Child Protection Training

Welcome

Welcome to 4myschools Child Protection Training.

Children deserve the opportunity to achieve their full potential. Most do so when brought up by parents or carers who provide warmth and love as well as clear boundaries to behaviour.

Children who suffer abuse or neglect may not reach their full potential. Identifying and protecting those children is a shared responsibility. Safeguarding is everyone's business.

Aims of this training

- Understand signs and symptoms of child abuse
- Be aware of the inquiries and legislation underpinning child protection
- Know what to do if abuse is suspected
- Develop some useful assessment skills
- Be clear about sharing information with others
- Understand child protection systems
- Link with Common Induction Standards
- Transfer knowledge from this programme to the workplace

Why it is Important to get Safeguarding Children right

4 year old Daniel Pelka's life was one of extreme cruelty in the run up to his death. Daniel's parents regularly beat him, denied him food, force-fed salt and held him under water in a bath until he was unconscious. He was imprisoned in a box-room and died alone in the dark from a head injury in March 2012.

The agencies involved with Daniel failed to piece together the evidence each of them had and the Serious Case Review into his death concluded that Daniel was 'invisible'.

Why it is Important to get Safeguarding Children right

The Impact of Abuse and Neglect on Children

The abuse or neglect of any child or young person, either physically, emotionally or sexually, can have a major long-term effect on all aspects of their health, development and well-being. Everyone involved in the care and education of children has a duty to:

- Prevent abuse and neglect
- Identify those children at risk
- Promote children's welfare, health and development
- Act to prevent them from harm

Safeguarding Children is every individual's and every organisation's responsibility.

Why it is Important to get Safeguarding Children right

In 2008, Khya Ishaq was 7 years old and weighed only 3 stones when she died from starvation after 5 months of cruelty and living in squalor.

Khrya was regularly starved as a punishment.

Staff were denied access to her even though serious concerns were being raised by local schools.

The resulting Serious Case Review revealed:

- Missed opportunities by Children's Social Care and Health Services
- Various agencies failed to communicate and co-ordinate responses to concerns
- Practitioners lost sight of Khrya after she was taken out of school

Children Act (2004)

The Children Act (2004) defined the national vision for all children and young people. There were five key outcomes from this vision:

- Be healthy
- Stay safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Wellbeing

Safeguarding Children in Schools and Colleges

School and college staff are particularly important in safeguarding children.

They are in a position to identify child protection concerns early, provide help for children and prevent concerns from escalating.

Department for Education ['Keeping Children Safe in Education 2019'](#) offers very useful guidance in this respect

Each school will have a Designated Safeguarding Lead who will support staff to safeguard children and liaise with other multi-agency services; for example, Children's Social Care.

Why it is Important to get Safeguarding Children right

The DoE Guidance Part One states 'All school and college staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance, staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment.'

It is important for all staff to recognise that in terms of child abuse 'It could happen here'. All Education staff should therefore be knowledgeable about the signs and symptoms of all forms of abuse and what to do if they are concerned about a child in such circumstances.

Working Together to Safeguard Children (2018)

The revised Government guidance [Working Together to Safeguard Children \(2018\)](#) continues to promote a child centered approach to safeguarding based on 2 key principles:

- ❑ Safeguarding is everyone's responsibility with each professional and organisation playing their full part
- ❑ Effective services are based on a clear understanding of the needs and views of children

Working Together to Safeguard Children (2018)

Working Together (2018) included;

- The referral of allegations against those who work with children
- Notifiable incidents involving the care of a child
- The definition of 'serious harm' for the purposes of serious case reviews

Working Together (2018) still focuses on;

- Helping all agencies to know what the law says they, and others, must do in order to provide a coordinated approach to safeguarding and promoting the welfare of children.

Safeguarding Children in the New National Health Service

Safeguarding Vulnerable People in the Reformed NHS (2013) has been published alongside the statutory guidance Working Together to Safeguard Children (2013) to support the reformed NHS in fulfilling its statutory duties.

It sets out the roles and responsibilities of each part of the NHS safeguarding system including the NHS Commissioning Board (now known as NHS England), Clinical Commissioning Groups, NHS and independent sector providers, and Quality Surveillance Groups.

Roles and Competences for Healthcare Staff

All healthcare staff must have competences necessary to recognise child maltreatment and neglect and take action appropriate to their role.

Staff must understand the responsibilities required of their particular role and must be supported in fulfilling these by the organisation which employs them.

Safeguarding Children and Young People: Roles and Competences for Healthcare Staff 2014 sets out the standards and requirements expected.

Chief Executive Officers and independent contractors such as GP's are responsible for ensuring that all their staff have the appropriate Safeguarding Children knowledge and skills.

Keeping Children Safe in Education 2019

Section 47-48 of Keeping Children Safe in Education 2019 identifies specific safeguarding issues for Education staff (and other professionals) to be aware of:

- Child sexual exploitation (CSE)
- Bullying including cyber bullying
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and Youth Violence
- Gender based violence
- Mental Health
- Private Fostering
- Preventing radicalisation
- Sexting
- Teenage relationship abuse
- Trafficking

Facts and Figures

The NSPCC Report 'How safe are our children?' 2015 exposes many disturbing figures which highlight the ongoing need to tackle child abuse. For example:

- ❑ 570,800 children were referred to Social Services in England in 2013/2014
- ❑ The number of children in the Child Protection System has grown by 80% since 2002
- ❑ Neglect is the most commonly reported form of abuse. The number of contacts to the NSPCC about neglect has risen from 5363 in 2009/10 to 17,602 in 2014/15
- ❑ In 2013/14, 445,000 violent offences were experienced by children aged 10-15

Facts and Figures

Child sexual exploitation (CSE) is a major form of abuse being uncovered across the country.

CSE in Rotherham, Derby, Rochdale and Oxford has resulted in court cases in which gangs of men have been prosecuted for the sexual abuse and exploitation of large numbers of children.

This may be the 'tip of the iceberg' as many more girls and boys may be being sexually exploited by men and women in other urban and rural areas of the country.

There has also been a large increase in reported cases of online CSE.

A Child's Basic Rights

Based on the United Nations Convention on The Rights of The Child a child's basic rights include:

- Protection against all forms of discrimination and punishment
- Survival and development
- Protection from abuse and neglect
- Education, housing, healthcare and all forms of mental and physical well-being

What is Child Abuse?

Definitions of child abuse vary across time, culture and geography

- We know more about child abuse now – there are no reliable figures from previous generations to compare with today's numbers
- Although child rearing practices may vary, all children are protected by the law of this country against abuse
- Child abuse is the range of ways in which people harm children significantly

Significant Harm has been defined as the threshold that justifies compulsory intervention in family life in the best interests of children.

What is Child Abuse?

Child abuse is:

- The exploitation and manipulation of power by either:
 - People in a position of authority
 - Peers
- Not restricted to any socio-economic group, gender or culture
- Caused by somebody inflicting harm, or by failing to act to prevent harm
- Damaging to a child's health, educational attainment and emotional well-being

Child abuse is NOT the child's fault.

Categories of Abuse

The main forms of child abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Physical Abuse

Physical abuse may involve:

- Hitting, shaking or throwing
- Poisoning
- Burning or scalding
- Drowning
- Suffocating
- Female genital mutilation

Or otherwise causing physical harm to a child.

Physical abuse includes harm caused by parents or carers fabricating, or inducing, illness in a child.

Accidental Injuries

Bruises are likely to be:

- Few and with no pattern to bruising
- The same colour and age

Consider the age and activity of the child – are they learning to walk?

Burns, scalds and other injuries are likely to be:

- Treated
- Isolated and easily explained

Fractures are likely to be:

- Of arms and legs and seldom of ribs
- Rare in very young children

Genital area:

- Injury may be accidental, (seek expert opinion)
- Soreness may be irritation, a rash or constipation



Non-Accidental Injuries

Bruises are likely to be:

- Frequent and patterned, such as finger marks
- Different colours and ages and in unusual places

Burns and scalds are likely to have:

- A clear outline or splash marks around the burn
- Indicative shapes such as cigarette burns

Injuries are suspicious if they are:

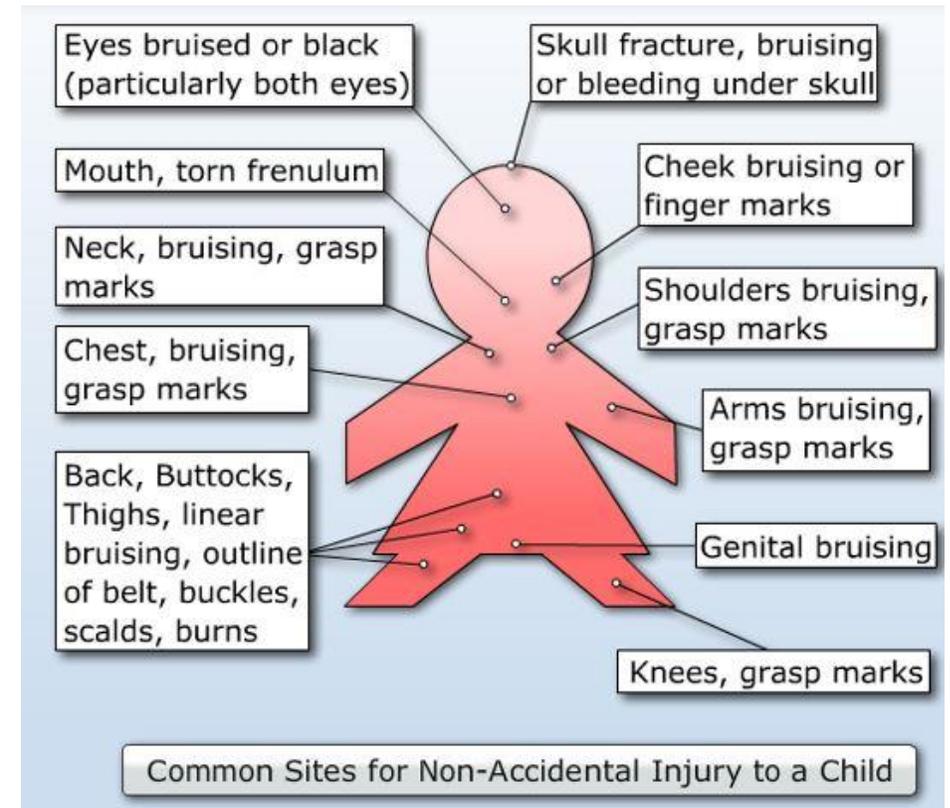
- Deep cuts or scratches, bite or fingernail marks

Fractures are likely to be:

- Numerous and healed at different times

Sexual abuse may result in:

- Soreness, bleeding or injury to genitals or anus
- Sexually transmitted diseases



Indicators of Physical Abuse

The following signs may indicate physical abuse:

- Injuries that the child cannot explain, explains unconvincingly, or which have not been treated
- Bruising to immobile infants
- Bite marks or cigarette burns
- Sore or damaged eyes
- Bruising resembling hand or finger prints
- Blunt instrument marks or iron burns
- Broken limbs, (particularly in children under 12)
- Immersion burns or scald marks

Indicators of Physical Abuse

Behaviour that may indicate physical abuse:

- Anxiety about you asking parents about the injuries
- Fear of the parent approaching, or afraid to go home
- Unnatural compliance to parents
- Reluctance to change clothes or covering of limbs even in hot weather
- Flinching when touched or approached
- Out of character depression or mood swings
- Aggression toward others

Female Genital Mutilation (FGM)

FGM:

- It is a procedure where external female genital organs are fully or partially removed for nonmedical reasons
- Is a deeply rooted tradition, widely practiced among specific ethnic populations in Africa and parts of the Middle East and Asia. FGM serves as a complex form of social control of women's sexual and reproductive rights
- In the UK constitutes child abuse – FGM causes physical, psychological and sexual harm
- Is illegal and parents/carers may be prosecuted if they send or take a child to another country for this purpose

Female Genital Mutilation (FGM)

According to Bedfordshire Police, 20,000 girls under the age of 15 are at risk of FGM each year in this country.

There is likely to be an uneven distribution of cases of FGM around the country, with more occurring in those areas with larger communities from FGM practicing countries in Africa or Asia

Professionals in all agencies, including Education staff, need to be alert to girls being at risk of Female Genital Mutilation, especially in communities which practice FGM.

In addition to the use of Emergency Protection Orders to protect girls in imminent danger, FGM Protection Orders can be used to protect victims and potential victims, for example by preventing them from being taken abroad.

Parental Punishment

Caring for children can be challenging. A vital part of parenting is setting and enforcing boundaries of reasonable behaviour for children, for example by reinforcing positive behaviour. The NSPCC says that 'talking, listening, explaining, negotiating and setting limits are always better than hitting'.

If smacking is part of a family culture, growing up with such a level of violence can make children insecure and fearful from an early age. Physical punishment is particularly serious where:

- It causes injury or leaves a mark on the child – this is illegal
- A cane, stick, belt or other implement is used to administer the punishment
- The child is hit on the head
- Ritual or humiliation is part of the punishment

Emotional Abuse

Emotional abuse is ill-treating a child causing severe and persistent adverse effects on their emotional development including:

- Telling them that they are worthless or unloved
- Telling a child that they are evil or a demon
- Constantly shaming, humiliating, terrorising, verbally bullying, frightening or rejecting the child; especially where aggravated by race, gender or disability
- Age or developmentally inappropriate expectations being imposed on children
- Exploitation or corruption of children including child trafficking or forced marriage

Indicators of Emotional Abuse

The following physical signs may indicate emotional abuse:

- A failure to grow or thrive
- Sudden speech disorders
- Delayed development, physical or emotional
- Stress related illness
- Over-reaction to mistakes
- Continually putting themselves down
- Fear of new situations

Indicators of Emotional Abuse

The following behavioural signs may indicate emotional abuse:

- The child seeing themselves as unworthy of love and affection
- Excessive lack of confidence (not just shyness), or low self-esteem
- Compulsive nervous behaviour
- Self-harming
- Wetting or soiling
- Excessive need for approval, attention or affection

Indicators of Emotional Abuse

Emotional abuse is the most difficult form of child maltreatment to identify and stop. In some instances an emotionally abused child will show no signs of abuse, or this will only manifest itself in adolescence or adulthood in:

- Insecurity, poor self-esteem, withdrawal, difficulty forming relationships or suicide
- Destructive behaviour and angry acts such as setting fires or cruelty to animals
- Alcohol or drug abuse

Sexual Abuse

Sexual abuse involves forcing, or enticing, a child or young person to take part in sexual activities, whether or not they are aware of what is happening. It includes child sexual exploitation, (the child receives something in exchange for sexual activity).

Sexual abuse may involve physical contact; for example, rape, oral sex, masturbation, kissing, rubbing or touching over clothing. It also includes non-contact activity such as:

- Involving a child in looking at, or in the production of, sexual images or activity.
- Encouraging inappropriate sexualised behavior
- Grooming a child in preparation for abuse, including on the internet

Sexual abuse can be perpetrated by women and other children as well as by men.

Indicators of Sexual Abuse

The following physical signs may indicate sexual abuse:

- Pain, itching, bruising or bleeding to genital or anal areas
- Sexually transmitted infections, recurrent genital discharges or urinary tract infections without apparent cause
- Stomach pains or discomfort when the child is walking or sitting
- Unexpected pregnancy, especially in very young girls

Indicators of Sexual Abuse

The following behavioural signs may indicate sexual abuse:

- Sexual knowledge inappropriate for age
- Sexualised behaviour in young children
- Sexually provocative behaviour or promiscuity
- Sudden or unexplained changes in behavior
- Nightmare, bedwetting, eating disorders, hysteria attacks, self-harming or suicide attempts
- Reluctance to change clothes for sports
- Sexual bullying of other children

Child Sexual Exploitation (CSE)

Several of the following signs occurring together could indicate children being groomed and sexually exploited:

- Missing from home or care, including overnight
- Being picked up in taxis or strange cars
- Being tired/dirty/hungry/ or conversely being clean and well fed on coming home
- Being secretive, distressed or anxious and refusing to say why
- Being secretive about time spent on-line
- Having images on their computer which they won't show parents/carers
- Having unknown contacts on their phone
- Receiving phone calls late at night
- Being trafficked both into and around the UK

Child Sexual Exploitation (CSE)

- Pregnancy or sexually transmitted disease
- Having bruises, burns or other injuries
- Using alcohol or drugs
- Becoming disengaged from and missing school
- Talking about travelling to new places
- Dressing differently
- Being seen at places of concern or with other children at risk including sex workers
- Having new or multiple phones/sim cards
- Strangers answering a missing child's phone
- Talking about adults not known to parent/carers

School and College staff have a vital role to play in recognising potential signs and symptoms of CSE among their pupils and involving other agencies in preventing it.

Neglect

Neglect is failing to exercise the minimum degree of care required in meeting a child's basic needs to the extent that his or her well-being and/or development are severely harmed. For example:

- Failing to make adequate provision for food, clothing or shelter
- Failing to ensure that a child receives a suitable education by regularly attending school
- Failing to seek appropriate medical care or advice
- Lack of protection, lack of boundaries or exposure to danger, including moral danger
- Lack of, or inappropriate, supervision

Neglect

- Ill fitting, dirty or inappropriate clothing
- Poor personal hygiene causing ridicule and exclusion by friends
- An overcrowded, dirty or dangerous home environment
- Lack of parental support and supervision leading to:
 - poor behaviour
 - lack of boundaries
- Contact with unsafe and inappropriate adults
- Problems at school; for example,
 - tiredness or lack of concentration
 - late arrival, pick up from, or missing school
- Untreated medical conditions, (including teeth and eyesight)
- Low warmth and high criticism from parents or carers

Underlying Factors

Underlying factors that may cause a high degree of stress for parents or carers are:

- Alcohol or drug misuse
- Disorganised or anti-social families
- Social isolation
- Domestic violence and abuse
- Disability
- Mental health issues or learning disabilities

Underlying Factors

- Family history
- A risk that abused children will themselves become abusers
- Cultural or religious factors
- Financial problems
- Overcrowded or precariously housed families
- Addictive behavior

Whatever the reason for stress, it is not an excuse for parents, carers or professionals abusing children.

Domestic Violence and Abuse

- ❑ The Department of Health estimates that, in England and Wales, 750,000 children live with domestic violence and abuse.
- ❑ In almost 90% of families where domestic violence and abuse takes place, children are present in the same, or adjacent, room whilst violence is happening.
- ❑ In one London Borough, over a six month period, 65% of the families of children subject to a Child Protection Plan had a history of domestic violence and abuse.

Children are more likely to be at risk of physical, sexual or emotional abuse from perpetrators of domestic violence and abuse. Perpetrators may abuse the child as part of their violence against partners.

Multiple Factors

An analysis of 139 Serious Case Reviews (Brandon et al 2009-11) found that:

- Domestic violence was present in 63% of families where a child was being abused
- Mental ill health was present in 58% of families
- Substance misuse (alcohol or drugs or both) as present in 42% of the families

The analysis showed that, in many families where children were being abused, the presence of more than one of these factors posed a great risk to the safety of the child/children.

Multiple Factors

There are many underlying factors that may be present in a child's life which need to be part of any judgement of risk. These include factors which may contribute to a family being overwhelmed emotionally, financially or physically such as:

- Disruption in the provision of support services
- Difficulties in accessing services
- Cultural issues including the impact of racism
- Multiple changes of school
- A lack of improvement in the child's circumstances even with the provision of services

Who Abuses Children?

Anyone who has access to children:

- Parents, siblings or other family members
- Family friends or neighbours
- Criminal gangs or paedophile rings
- People or groups who seek to radicalise children
- Other children
- Professionals and volunteers

Radicalisation

Radicalisation of boys and girls includes:

- Encouraging them to undertake violent activities on the grounds of religious belief
- Exposure to messages about terrorism by family or friends, a religious school or group, or through social media and the internet

This creates the risk of children being drawn into criminal activity and of their exposure to significant harm including abuse, injury or death.

There is a cross-Government strategy to stop people becoming terrorists, known as 'Prevent'.

All Local Authorities should have an agreed process in place to safeguard children from violent extremism.

Preventing Radicalisation

The Department of Education 'Keeping Children Safe in Education 2019' Guidance refers Schools and College staff to the Prevent strategy to help counter potential radicalisation.

The Counter Terrorism and Security Act 2015 places a specific duty on Education. Local Authorities and other Child Care services to be aware of people, (including children), being drawn in to temptation.

Children Missing From Education

The 2016 Guidance highlights that 'A child missing from education is a potential indicator of abuse or neglect staff should follow the Schools or Colleges procedures for dealing with children that go missing from education particularly on repeat occasions, to help identify the risk of abuse, including sexual exploitation and prevent the risks of their going missing in the future'.

There is further advice about schools informing Local Authorities of any pupil who is going to be deleted from the Admission Register.

What stops children telling of abuse?

- Loyalty to the family
- Direct threats or fear of punishment
- Manipulation and/or threats by, for example:
 - Gang members involved in grooming and CSE
 - Family involved in FGM practice
 - People seeking to radicalise children
- Fear of being sent away
- Worry that they will break up the family
- Guilt and shame
- Abuse is normal behaviour in the family
- Not appreciating that what is happening is abusive
- Not trusting anyone, or feeling that no-one is listening

How You Might Find Out About Abuse?

A child tells you what has happened or you witness abuse directly

You see injury or behaviour consistent with abuse and which is unlikely to be caused in another way

Abuse is disclosed by friends of the child or other parents

Indications of abuse are seen in artwork, play or creative writing

Anonymous sources tell of abuse

Having focussed on a child's safety and welfare and using your knowledge of the child, his or her family history and functioning, you make a judgement that the child is likely to be experiencing abuse or neglect.

Listening to a Young Person Disclosing Abuse

DO REMEMBER TO

- Be calm and receptive to the child
- Listen carefully and ask open questions to clarify what the child is saying
 - For example: what, how, who, when and where.
- Take the child seriously.
 - For example: “This is very serious, I’m sad that this has happened to you.”
- Reassure the child that they are right to tell you.
 - For example: “I’m glad you told me, that was the right thing to do.”
- Assure them that they should not feel guilty.

Listening to a Young Person Disclosing Abuse

DO's

- Negotiate getting help. Tell the child that you are going to get help for them and their family. Prepare them for the fact you must involve others
- Explain that you cannot personally protect them but will support them in telling the right people to make sure that it does not happen again.
- Immediately report all suspicions and disclosures
- Immediately make careful records of what was said. Use the child's own words and include any questions you have asked.

Listening to a Young Person Disclosing Abuse

DONT'S

- Don't make assumptions or jump to conclusions
- Don't try to make the child disclose abuse. Let the child talk about his or her experience. Ask questions in order to clarify your understanding of what they are trying to say.
- Don't ask leading questions or put words in the child's mouth
- Don't make promises you cannot keep
 - For example: to keep something secret.

If You are Worried a Child is Being Abused

RECORD IT! REPORT IT!

It is your responsibility to ensure that an incident or a concern is reported either to you manager or a designated person for child protection.

Speak to your School or College Designated Safeguarding Lead urgently.

Concerns

If you are concerned a child might be being harmed get advice from

- Your manager
- A named or designated health professional
- A designated member of staff in your workplace

and agree the next steps

Remember:

- Never delay emergency action to protect a child from harm
- Always report any concerns
- Always record any decisions

Co-operation

Good partnership working with parents is essential. Research tells us that positive relationships with parents are necessary to ensure good outcomes for children.

However, some parents will appear co-operative without being willing or able to make the required changes to address concerns. We must continue to:

- Focus on the experience of the children
- Speak with and work directly with the children
- Be clear about what has to change and regularly review progress against these outcomes
- Verify any claims of progress

Where progress against these outcomes is absent, consider the impact on the children and respond accordingly.

Dealing with Hostility

It is not possible to work with parents who continue to share hostile and aggressive behaviour towards practitioners. This behaviour has to be addressed.

Parents who are aggressive in public are very likely to be aggressive in private.

When face with hostility:

- Trust your own experience
- Understand the impact on the children
- Share your experience with your manager or supervisor
- Spell out to parents the implications of their behaviour
- Plan with them ways of addressing the hostility
- Think about your own safety

What Stops Practitioners or Staff Sharing Concerns?

The most common reasons for practitioners not sharing child protection concerns with parents, carers, or other professionals is worrying about

- Getting it wrong
- Political correctness
- Fear of parents' or carers' reactions

Remember these four core essentials

- Trust your professional instincts, you are probably right to be worried
- Always share your concerns with a colleague and seek advice
- Record your concerns, including the date and time
- You have only one responsibility

Are you 100% sure that the CHILD IS SAFE?

Allegations Against Staff

If you receive an allegation about a member of staff, or if you see a member of staff:

- Behave in a way that has, or may have, harmed a child
- Possibly commit a criminal offence against, or related to, a child
- Behave towards a child in a way that indicated that he or she is unsuitable to work with children

You should:

- Record what you have seen or been told
- Report the incident to your designated safeguarding person, or your manager, who should inform the Local Authority Designated Officer

Information Sharing

In general, you can share information with other practitioners if:

Those affected give their consent.

or

The public interest in safeguarding that child's welfare overrides the need to keep the information confidential.

or

Disclosure is required under a court order or other legal obligation.

or

You believe that the child is suffering, or is at risk of suffering 'significant harm'.

Always record the reasons for your decision, whether it is to share information or not

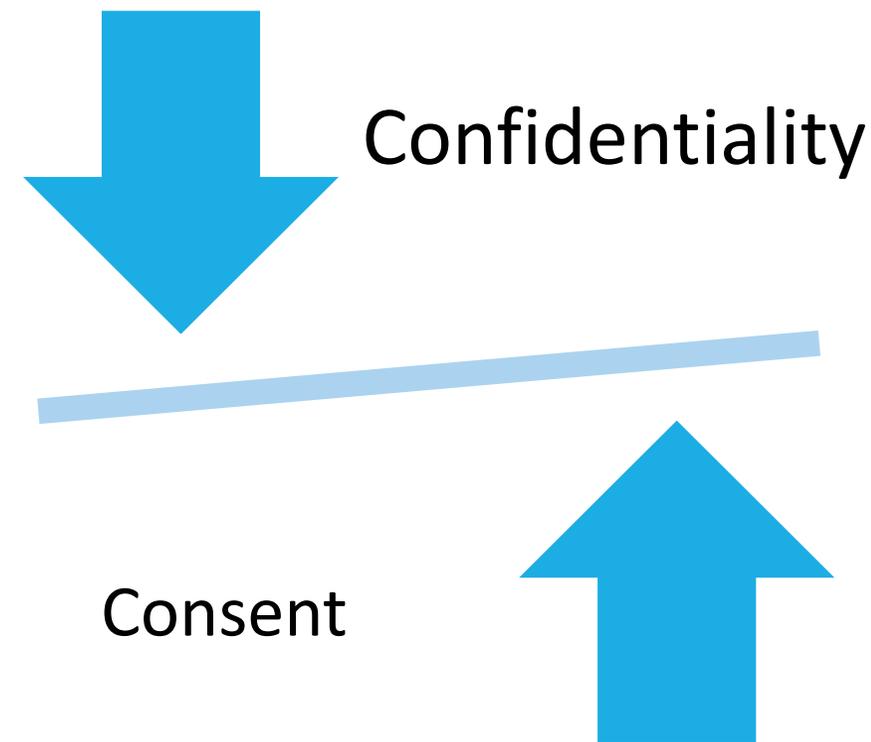
Confidentiality and Consent

Confidential information may be lawfully shared if this can be justified in the public interest.

However, seeking consent to disclose information should be the first option.

Where consent cannot be obtained to the sharing of the information, or is refused, the question of whether there is sufficient public interest must be judged by the practitioner on the facts of each case.

In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on a reasonable adjustment.



Disclosure and Barring Service

The Disclosure and Barring Service (DBS) was launched in December 2012. It merges the functions for the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA)

The primary role of the DBS is to help employers in England and Wales make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

‘Regulated Activity’ is work that a barred person must not do. The Protection of Freedoms Act (2012) has amended the definition of Regulated Activity set out in the Safeguarding Vulnerable Groups Act

Early Help

Early help means providing support as soon as a problem emerges, at any point in a child's life.

Local services are required to work together to provide a range of effective, evidence-based services.

Support should be based on an inter-agency early help assessment such as the Common Assessment Framework (CAF) which should investigate three domains:

1. The child's developmental needs, including whether they are suffering, or likely to suffer, significant harm
2. Parent's or carer's capacity to respond to those needs
3. The impact and influence of wider family community and environmental circumstances.

Early Help

Early help assessments (EHA's) have replaced, or are replacing the Common Assessment Framework in some authorities

EHA principles are the same as CAF but EHA is designed to be:

- Shorter – taking less time to complete
- More straightforward
- Conversational – allowing worker and families to explore issues together
- Strengths based – what the family does well in addition
- Focussed on 'change' – to pinpoint what will make a difference in the family's life

Early Help

Working Together (2018) states that professionals should be especially alert to the potential need for early help and assessment for a child who:

- Is disabled and has specific additional needs
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in family circumstances that are challenging for the child, such as domestic violence and abuse, adult mental ill health, substance abuse
- Is showing early signs of abuse or neglect

Threshold Document

Local Safeguarding Children Boards (LSCBs) must publish a threshold document that explains:

- ❑ The process for early help assessment and the type of services provided

- ❑ The criteria for referral to Children's Social Care for assessment services under the Children's Act (1989):
 - Section 17 - children in need
 - Section 47 - reasonable cause to suspect children are suffering or likely to suffer Significant Harm
 - Section 31 - care orders
 - Section 20 - duty to accommodate a child

The Child in Need Continuum

Generally the levels of need within the continuum are set out as:

Level 1 - Universal

- Children whose needs can be met by universal services

Level 2 - Vulnerable

- Children whose needs can be met by additional services, often via Common Assessment

Level 3 - Complex

- Children with complex needs who are, or may be, at risk of their health and development being significantly impaired without the provision of specialist and/or statutory services.

Level 4 - Acute

- Children with acute needs requiring intensive statutory support, Level 4 includes children who are at risk of, or who have experienced Significant Harm

Common Assessment Framework (CAF)

The CAF helps with:

- Early identification of children's needs
- Planning and providing services to meet those needs
- Supporting children and families, therefore avoiding the need for referrals to Children's Social Care

Assessment can be undertaken or provided by a range of agencies, often organised under locality partnership agreements

Family consent is essential. However, practitioners must consider the impact on children if assessment and services are refused and must make a referral to Children's Social Care if appropriate.

Common Assessment Framework (CAF)

A Common Assessment ,may give rise to greater concerns, especially where parents are experiencing difficulties in meeting their children's needs, due to:

- Domestic violence and abuse
- Substance misuse
- Mental ill health
- Learning difficulties

There would be particular concerns if more than one of these difficulties were present in the family.

In these circumstances a referral to Children's Social Care services should be made.

Concerns With a Childs Safety & Welfare

Children in need of additional services under Section 17 of the Children Act (1989), supplemented by the Children Act (2004), are those who are vulnerable and:

- Unlikely to reach or maintain a satisfactory level of health or development
or
- Their Health and development will be significantly impaired without services being provided

Children in need include children with disabilities.

Significant Harm

Significant Harm is the result of treatment by parents or carers that interrupts, changes or damages the child's physical and psychological development.

This ill treatment can be a single traumatic event, physical or sexual or, more likely, a compilation of significant events, both acute and long-standing.

There is no absolute criterion for Significant Harm. It is a matter of professional judgement that comes through:

- A good understanding of the experience of the child
- Inter-agency working
- The sharing of information

Significant Harm

The concept of Significant Harm comes from the Children's Act (1989).

The concept is:

- The threshold that justifies compulsory intervention by Children's Social Care Services and/or the Police
- Is the threshold at which a Court can make a Care Order or Supervision Order

If the child is referred as being at risk of Significant Harm, the local authority has a duty under Section 47 of the Children Act (1989) to make enquiries and decide what action, if any, is required to safeguard, protect and promote the welfare of Children.

Making Referrals to Children's Social Care

10 Rules

1. Be clear about the nature of your concerns and why you hold them
2. Be clear about your own judgement of the needs of, and risk to, the child
3. Include as much personal information as you can (names, dates of birth, addresses of all family members)
4. Be as accurate as possible
5. Include all relevant information held within your agency, especially information about previous concerns and about how receptive parents and carers have been to previous advice or services
6. Ensure that you discuss your concerns with a qualified social worker
7. Agree how to receive information about the outcome of the referral
8. Follow up a telephone referral in writing within 48 hours. The CAF can form the basis, but its completion is not essential, for making a referral.
9. Be prepared to attend a strategy discussion if required
10. Be prepared to escalate concerns if you do not get a response that meets the needs of the child.

Accepting the Referral

Within one working day of a referral being made, a local authority Social Worker will acknowledge receipt and decide whether:

- The child needs immediate protections.
- The child should be assessed under Section 17 of the Children Act (1989) as a Child in Need.
- The child is suffering or is likely to suffer Significant Harm and should be assessed under Section 47 of the Children Act (1989).
- No further local authority Children's Social Care involvement is required at this stage. Other actions may be needed such as referral for other services or requests for specialists assessments.

Accepting the Referral

The child and family must be informed of the action to be taken

Once a referral is accepted, the Social Worker becomes the Lead Professional

Local authority Children's Social Care should see the child as soon as possible if it is decided that the Referral requires further assessments.

Where requested to do so by Children's Social Care, professionals from other services such as Housing, Health and Education have a duty to cooperate under Section 27 of the Children's Act (1989)

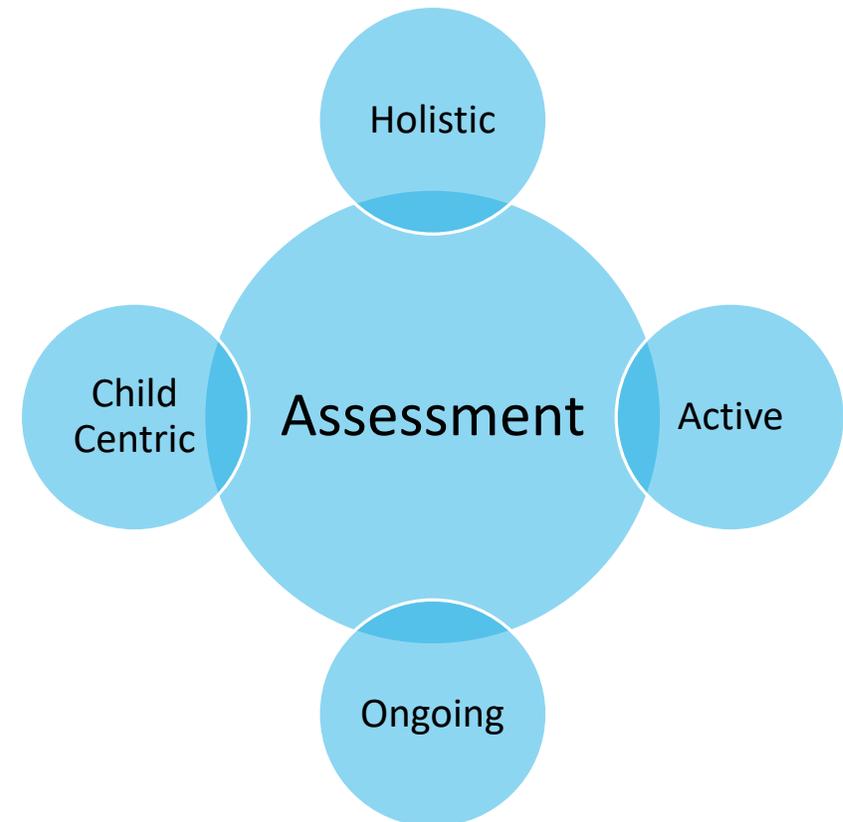
Assessment of Children in Need

There is no longer a requirement for separate initial and core assessments but an assessment must conclude and decide on next steps within 45 working days of referral.

An assessment may need to be done more quickly, depending on the needs of the individual child and the nature and level of any risk of harm.

Every assessment should be child-centred, holistic in approach, focussed on outcomes, active and ongoing.

Local authorities, with their partners, need to develop and publish local protocols for assessment, consistent with the requirements of Working Together (2018).



Purpose of the a Assessment Process

Working Together (2018) states that the purpose of the assessment process is always to

- Gather important information about a child and family
- Analyse their needs and/or the nature and level of any risk and harm suffered by the child
- Decide whether the child is a child in need (Section 17) and/or is suffering or likely to suffer Significant Harm (Section 47)
- Provide support to address those needs in order to improve the child's outcomes and to make them safe.

The Strategy Discussion

Whenever there is a reasonable cause to suspect that a child is suffering, or is likely to suffer, Significant Harm there should be a Strategy Discussion involving Local Authority Children's Social Care, the Police, Health, Education and other bodies such as the referring agency.

If necessary, arrangements for the immediate protection of a child should be agreed. A Strategy Discussion can take place following a referral or at any other time including during the assessment process.

The discussion might take the form of a multi-agency meeting or phone calls and more than one may be necessary.

The Strategy Discussion

The purpose of the meeting is to:

- Share information, Decide what to share with the child and family. Information is not shared if this might jeopardise a police investigation or place the child at risk of Significant Harm
- Agree on the management of any criminal investigation
- Decide whether there are grounds for a Section 47 enquiry. If so decisions should be made about:
 - Further information needed
 - Immediate and short term actions to support the child
 - Whether legal action is required

Action Following a Strategy Discussion

Enquiries under Section 47 follow local assessment protocol and conclude within 45 working days of the referral.

If concerns are not substantiated, but the child is a child in need, professionals and family agree a plan to ensure the child's future wellbeing.

If concerns are substantiated but the child is thought unlikely to suffer from Significant Harm, agreement is reached about whether to convene a Child Protection Conference.

If concerns are substantiated and the child is considered likely to suffer from Significant Harm, a Child Protection Conference is convened within 15 working days of the last Strategy Discussion.

Child Protection Conference

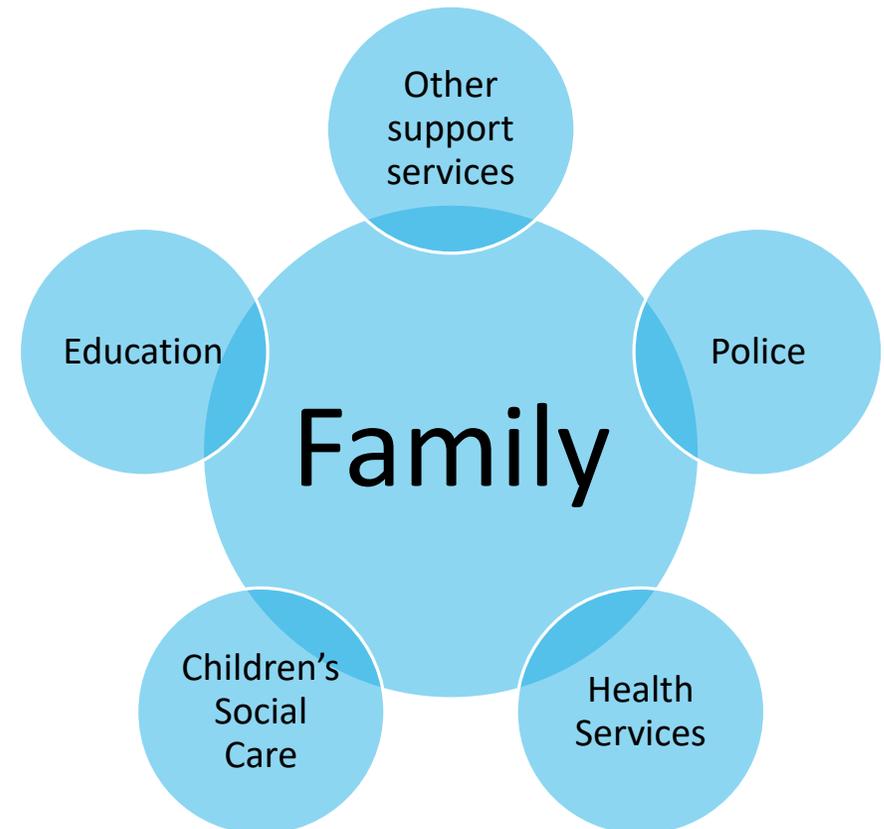
The purpose of the initial Child Protection Conference following Section 47 enquiries is to

Bring together family members, the child (where appropriate), and those professionals most involved with the child and family.

Analyse in this inter-agency setting, all relevant information

If the child is considered unlikely to suffer Significant Harm then decisions are made about ongoing assessment and service provision

If the child is considered likely to suffer Significant Harm then outline Child Protections Plan is agreed



Child Protection Conference

When a child is considered to suffer Significant Harm, the Child Protection Conference will also:

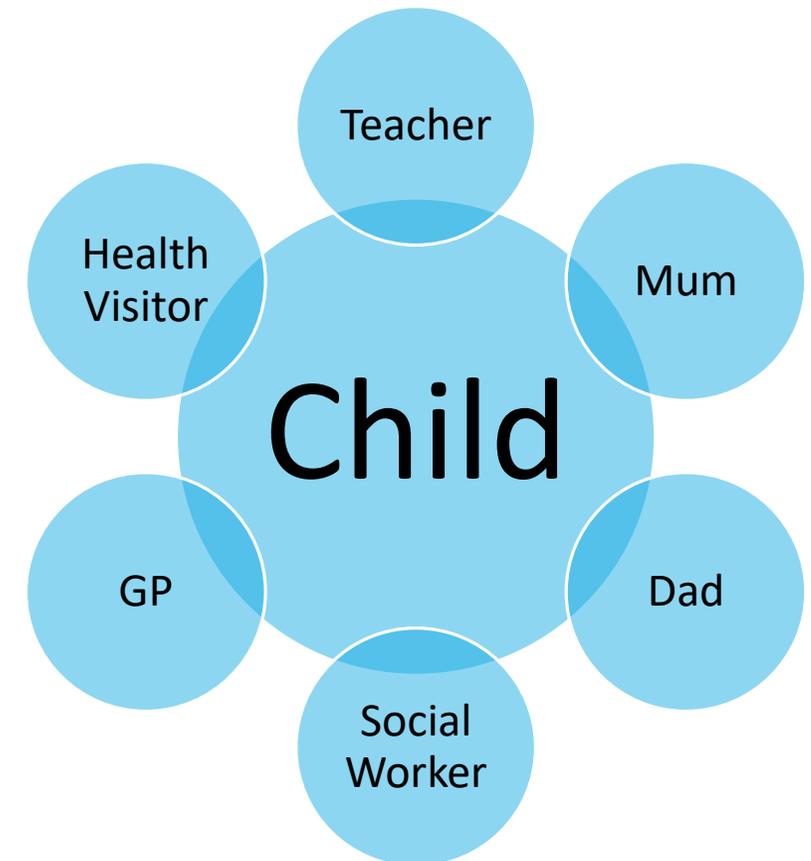
Appoint a qualified and experienced lead Social Worker

Establish a Core Group of professionals and family members to further develop the outline Child Protection Plan and implement it.

Set timescales for Core Group meetings and Review meetings.

The Core Group should meet within 10 working days of the Initial Child Protection Conference

Child Protection Plans must be reviewed within 3 months of the Initial Child Protection Conference, with further reviews at interval of no more that 6 months



Legal Proceedings

The local authority's Children's Services can initiate legal proceedings that can result in the child being removed from home at any times if it is believed that:

- The child is at continued risk of harm
- There are no alternative means to ensure their safety and protection

The local authority will have to satisfy a Court that a Care Order is required to protect the child
Parents or carers will have an opportunity to contest any assertion made by the local authority.

Local Safeguarding Children Boards

Local Safeguarding Children Boards (LSCB's) are the key bodies for scrutinising local safeguarding arrangements and holding partners to account.

Working Together (2018) includes the following duties:

- Overseeing early help arrangements
- Producing a threshold document
- Developing a local framework for learning and development

Working Together (2018) retains a national panel of independent experts to oversee and advise LSCB's on the Serious Case Review process

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