



Group 3  
Child protection training

# Outcomes

- Communication from young people about abuse and neglect is always taken seriously
- An awareness and understanding of maltreatment, identifying patterns and indicators and assessing risk of abuse and neglect
- What to do next, both internally and within a multi-agency network
- An ability to document concerns and an understanding of the information sharing protocol
- An understanding of the Devon Safeguarding Children Board (DSCB) and other agencies role and functions, particularly how these apply to individual cases

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# Starting points for the course

- Time keeping
- Confidentiality
- Respect
- One person to talk at a time
- Mobiles off
- We model partnership behaviours
- Share knowledge and expertise
- Challenge jargon that stops us understanding each other

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# the big quiz

...

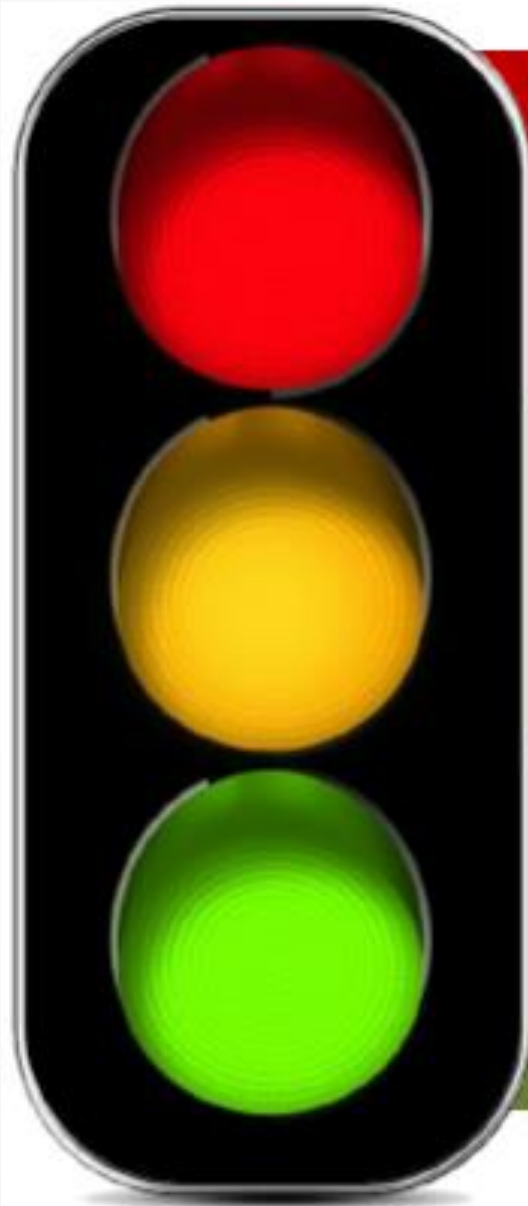
pairs exercise

# some safeguarding **issues**...?

- safeguarding vs child protection
- safeguarding secrecy
- a need to make judgements
- anxiety after Ofsted
- systems and not letting go
- your thoughts?



# how worried are **you**...?



You're worried a child is at risk of **abuse** or **neglect**.  
Stop any immediate risk.  
Phone the safeguarding team.  
Record an **Incident** and flag for action.

Something **significant** has happened, it's getting worse or you're **unsure** whether they're at risk.  
Record an **Incident** and flag for action.

A child isn't doing as well as they should.  
Record your concerns in a **daily diary log**.  
Discuss with the team and in **supervision**.

safeguarding  
team

your  
responsibility

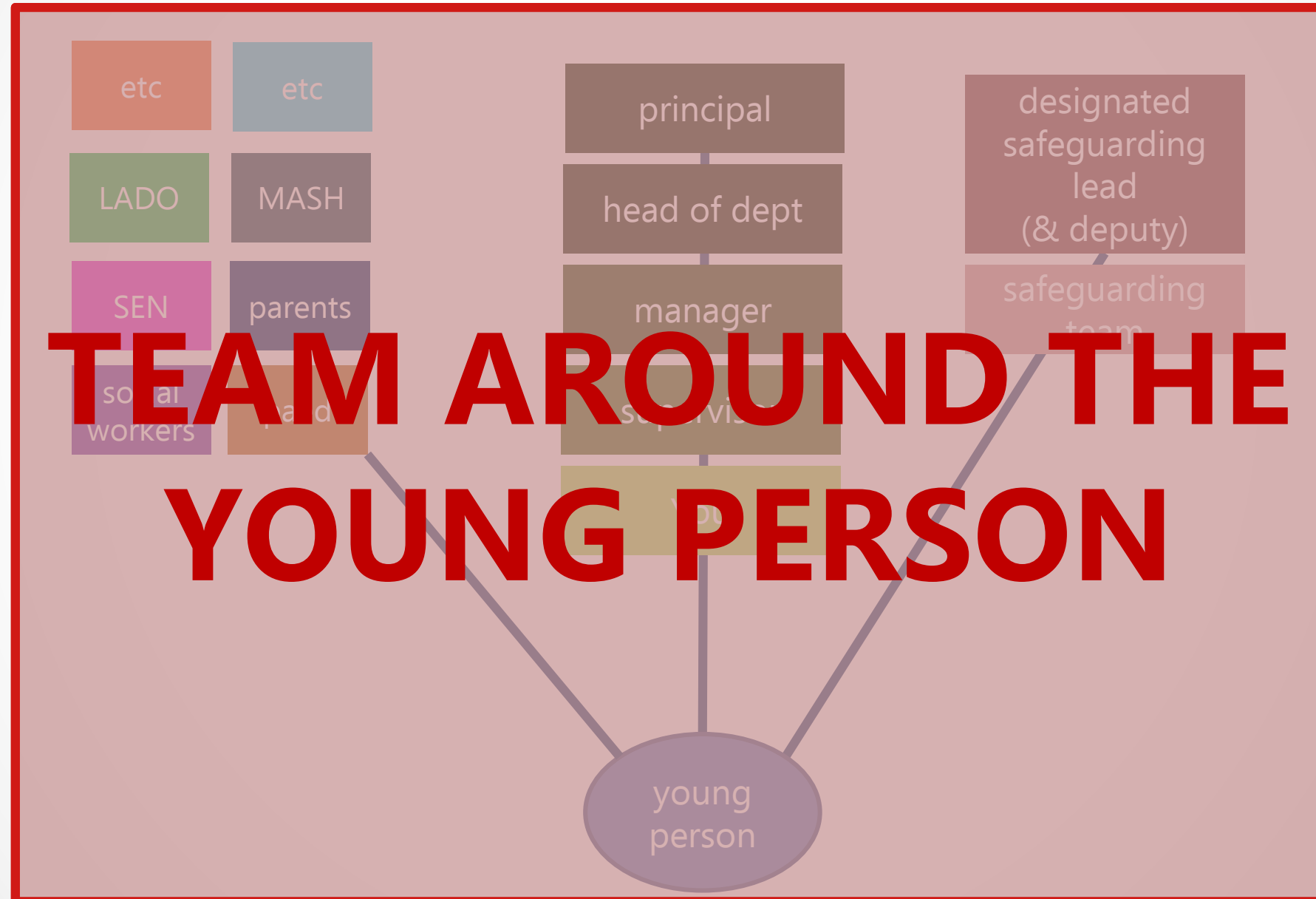
# analysis, analysis, analysis...

- what do we **know**?
- what do we **think**?
- what should we **do**?

(then make sure it happens!)

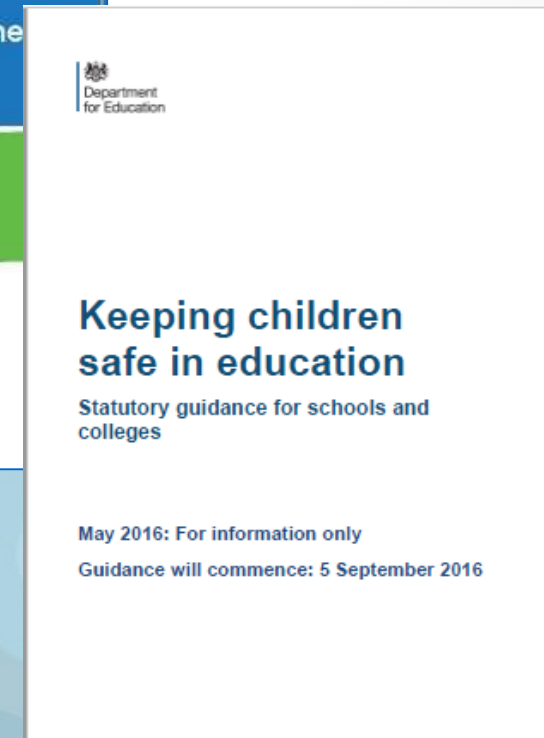
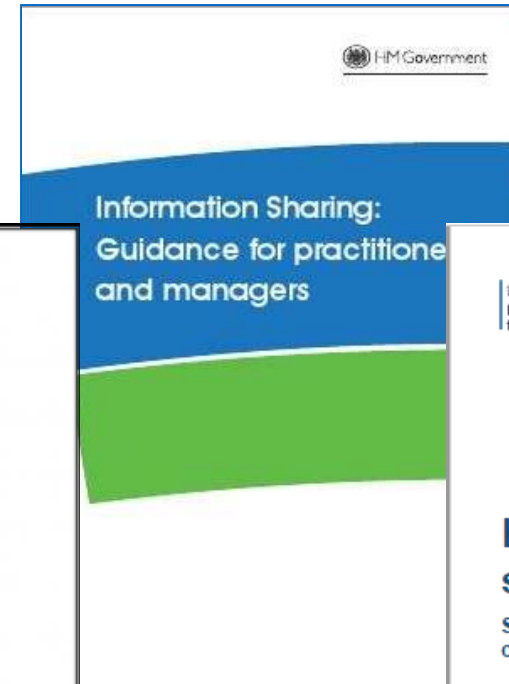
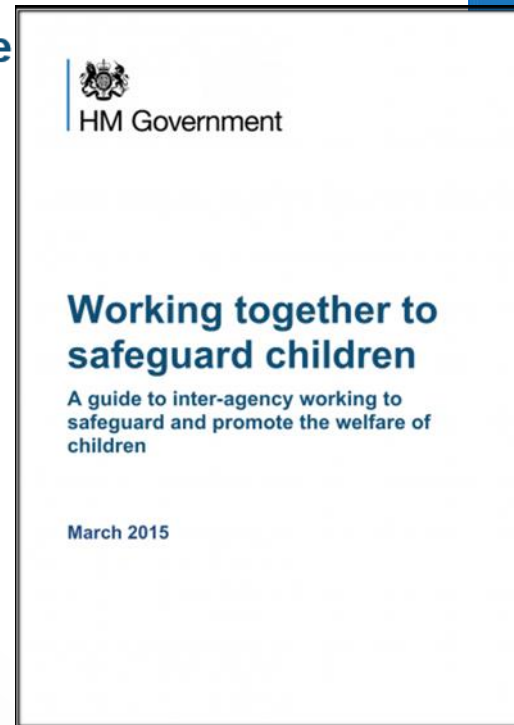


working together





# Legislation and Guidance



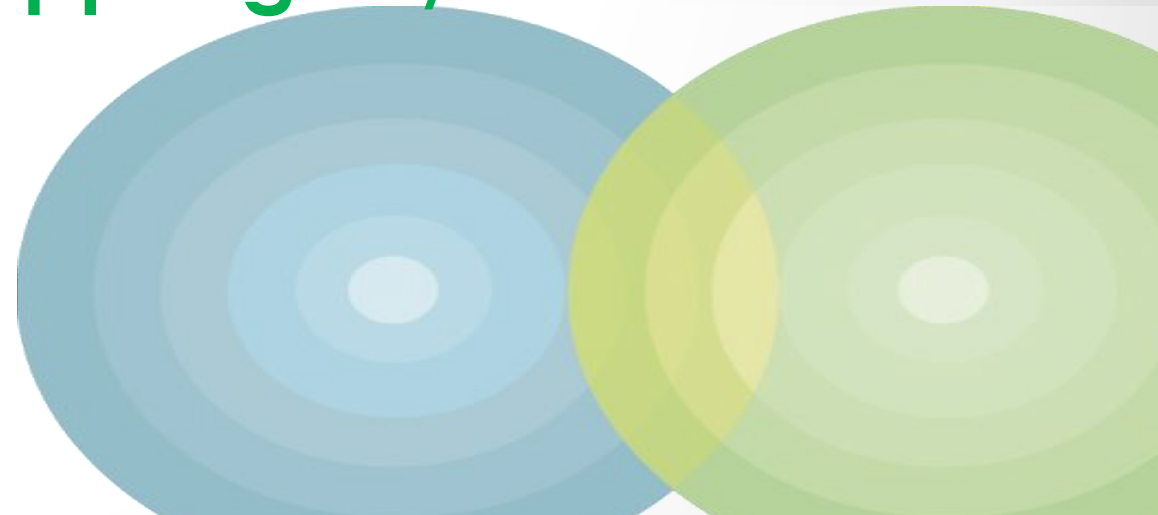
# Legislation and Guidance

- Children Act 1989
- Children Act 2004
- Education Act 2002
- UN Rights of the Child

South West Safeguarding and Child Protection



ip <http://www.swcpp.org.uk/>



# Legal Landscape

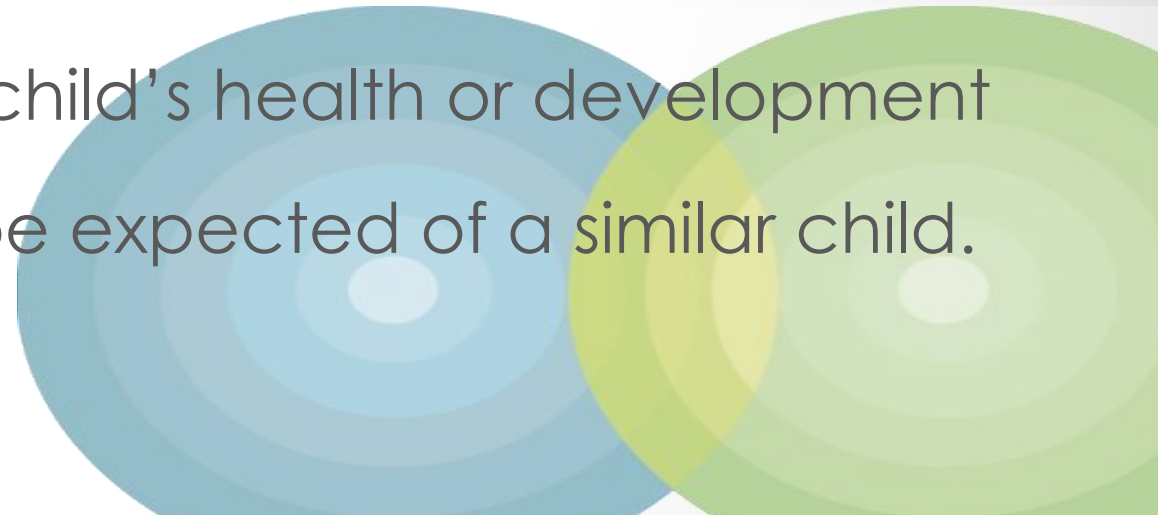
- CCA1989 – Section 47 Duty to investigate
- Significant harm:

‘the threshold that justifies compulsory intervention in family life in the best interests of the child.’



# Legal Landscape

- [Section 47 of the Children Act 1989](#) places the local authority under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.
- No absolute criteria
- It is determined by comparing the child's health or development with that which could reasonably be expected of a similar child.



# Legal Landscape

- Determined through assessment.
- Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning.
- Can be a compilation of significant events – chronic, long term neglect.

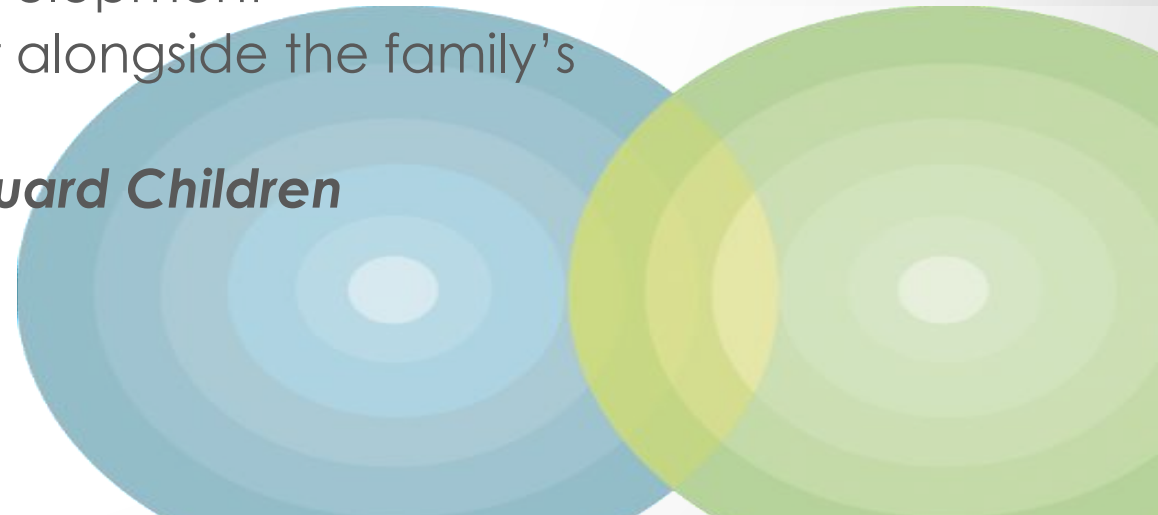


# Significant Harm

Need to consider:

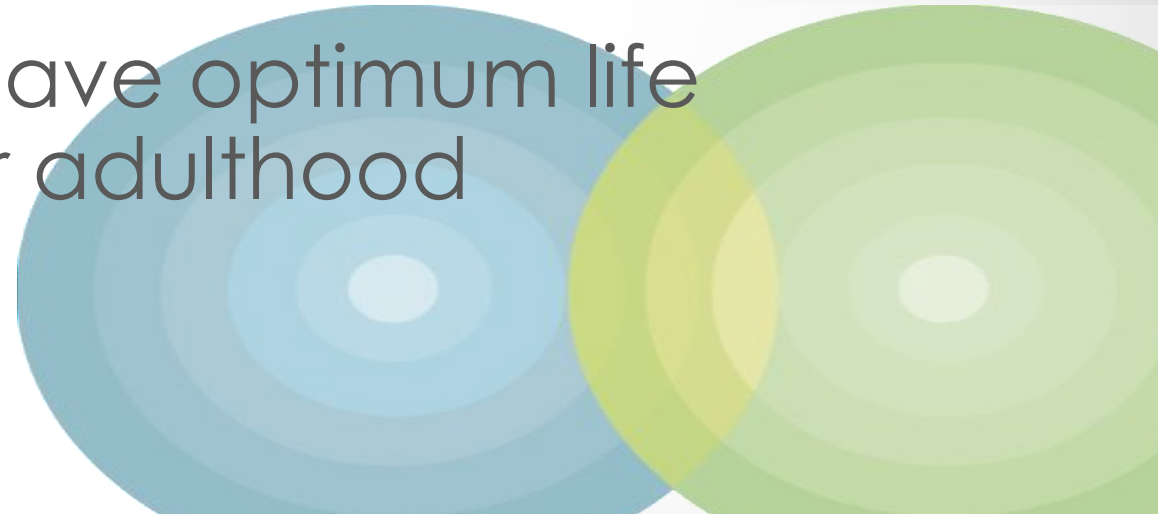
- degree and extent of physical harm
- duration and frequency of abuse
- extent of premeditation
- presence of threat, coercion, sadism, bizarre or unusual elements
- a single traumatic event may be significant e.g. a violent assault, poisoning
- often is a compilation of events which damage the child's physical and psychological development
- need to consider maltreatment alongside the family's strengths and supports

Source: ***Working Together to Safeguard Children***



# Safeguarding and Promoting the Welfare of Children

- Protecting children from mistreatment
- Preventing impairment of children's health or development
- Ensuring children grow up with the provision of safe and effective care
- Enabling children to have optimum life chances and to enter adulthood successfully



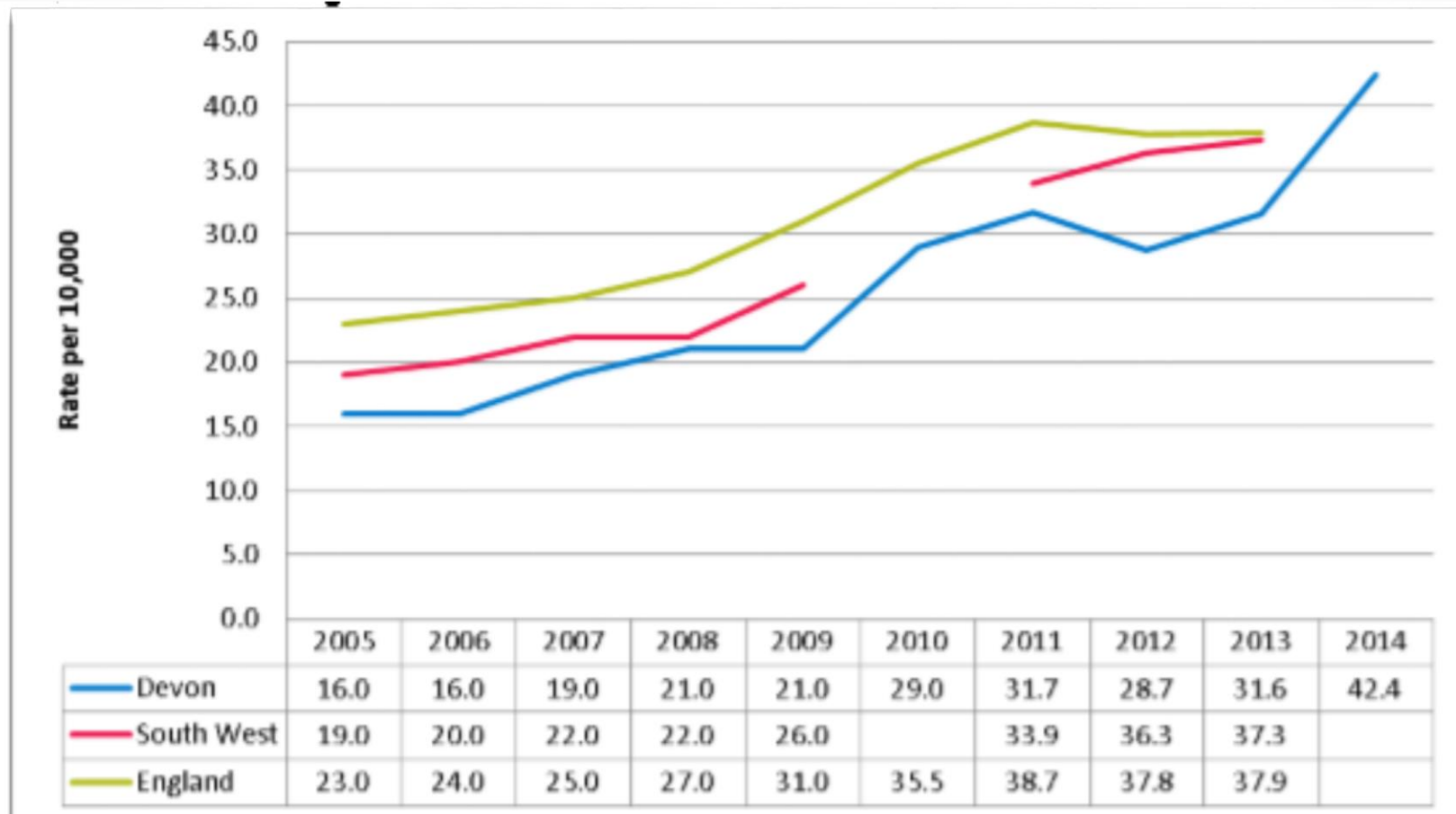


# Child Protection

Child protection is a part of safeguarding and promoting the welfare of children. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.



# Devon Child Protection Statistics



Source: DfE Looked After Children data collections

# Definition of Abuse

“Child abuse consists of anything which individuals, institutions or processes do, or fail to do, which directly or indirectly harms children or damages their prospects of safe and healthy development into adulthood.”

Source: ***National commission of enquiry into the prevention of child abuse***

A child is anyone between the ages of 0 and 18 years



# Signs and Symptoms

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

## ACTIVITY

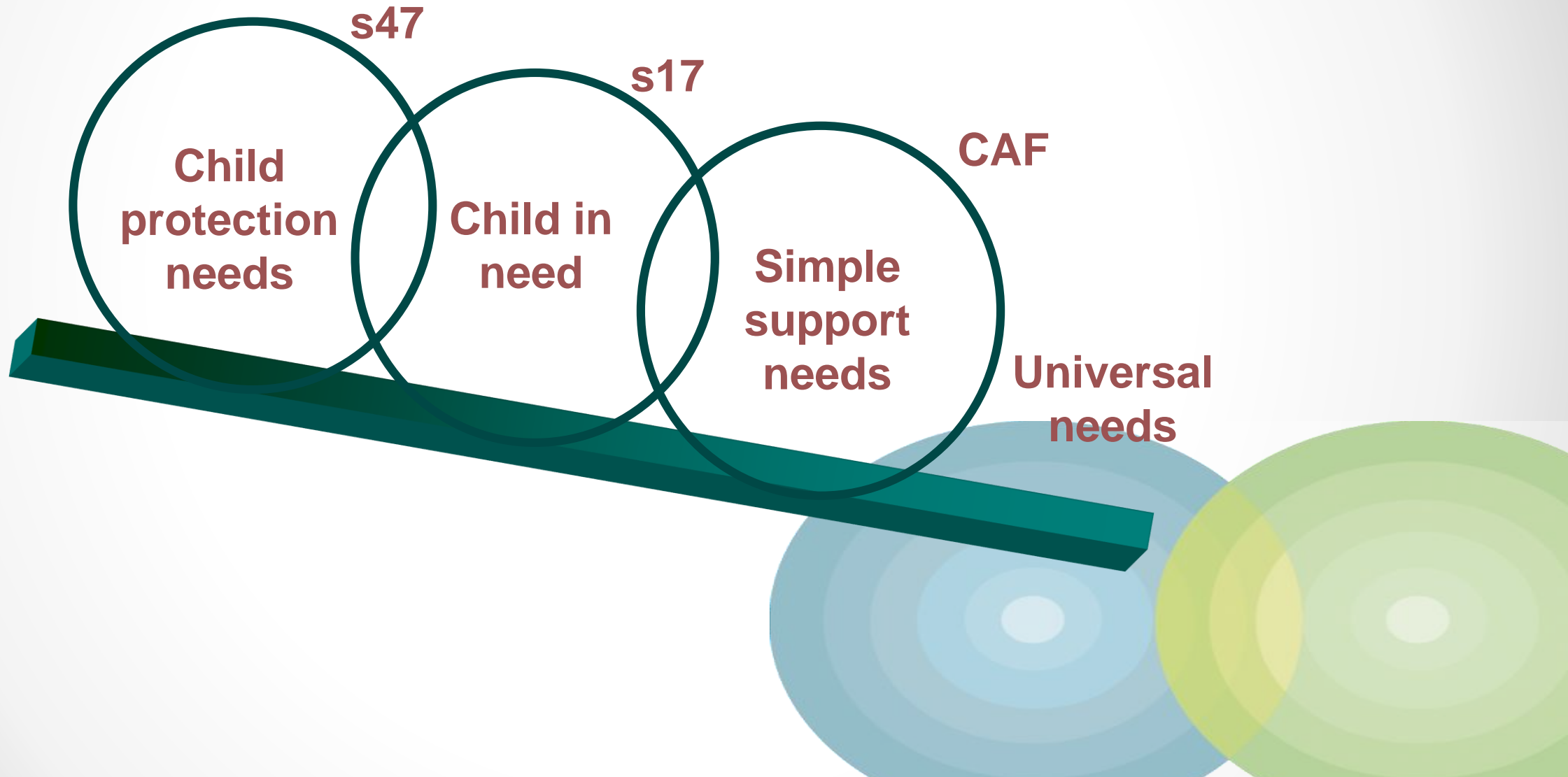
What signs and symptoms might you observe in a residential setting?

# Values and Attitudes

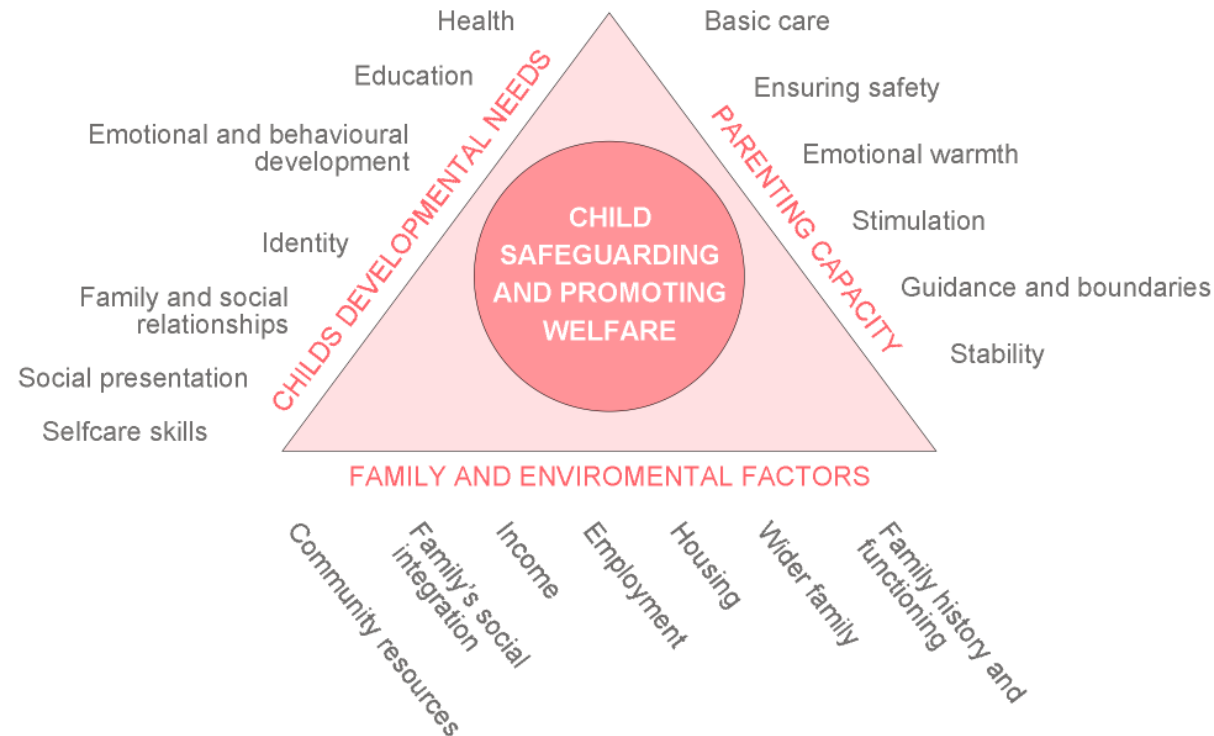
## Activity

In your groups rank the scenarios provided according to level of concern.

# Thresholds - Continuum of Need



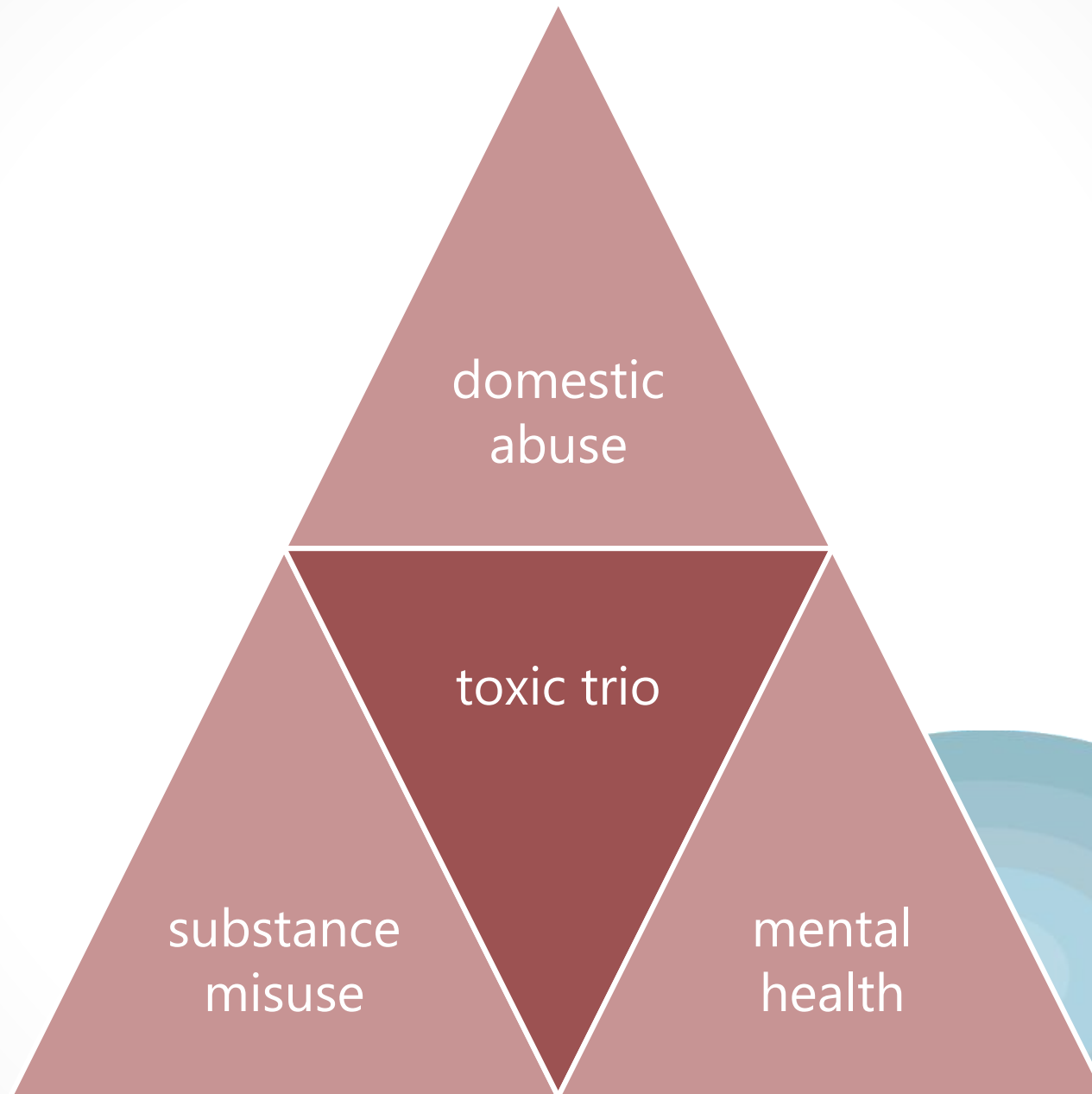
# Assessment Framework Triangle



Department of Health, Department for Education and Employment and Home Office (2000)  
*Framework for the Assessment of Children in Need and their Families*. The Stationery Office, London.

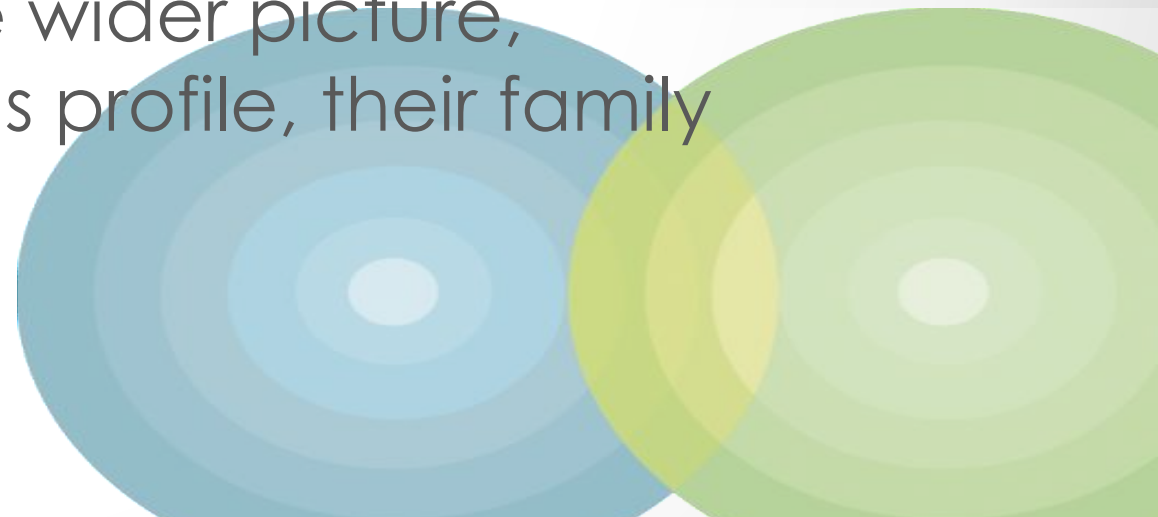


# parenting



# Assessment Framework

- The child's functioning and development are shaped by the balance between harmful and protective factors
- These factors affect a child's vulnerability and resilience
- We need to consider the wider picture, which includes the child's profile, their family and the social context





Devon  
Safeguarding Children  
Board

Keeping children safe is everyone's responsibility

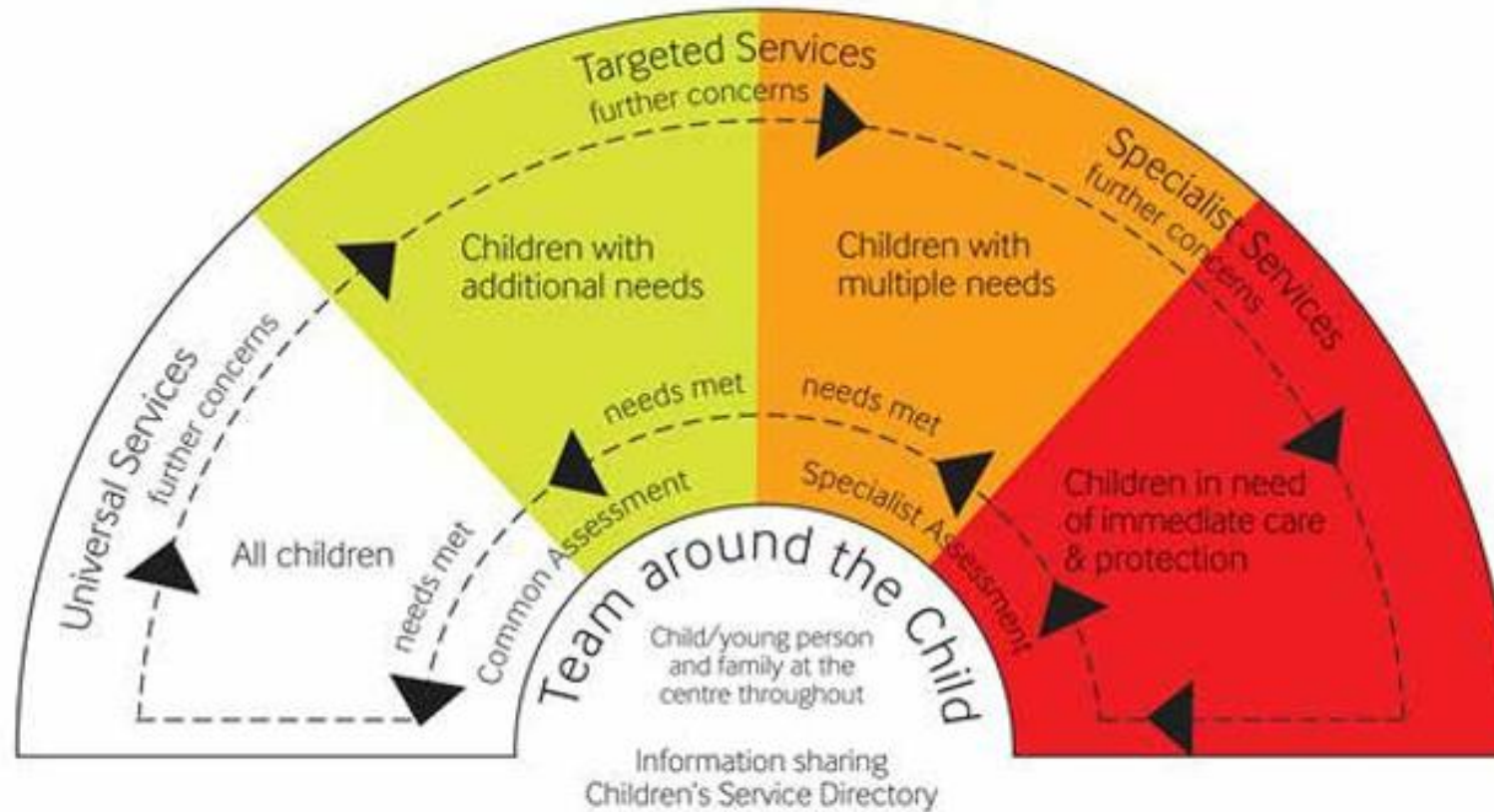
# Threshold Tool

Practice guidance for Improving outcomes for children and young people through the early identification of need and vulnerability

[www.devonsafeguardingchildren.org](http://www.devonsafeguardingchildren.org)

# Threshold

Continuum of needs (commonly known as The Windscreen)



# Threshold Tool

Development of child or young person 2 - Wellbeing		Note: this is an illustrative rather than comprehensive list of indicators		
	Level 1 Requires universal services only	Children & young people who need additional help		
		Level 2	Level 3	Level 4
Emotional & social	<ul style="list-style-type: none"> <li>■ Good quality early attachments</li> <li>■ Feelings and actions demonstrate appropriate responses</li> <li>■ Able to adapt to change</li> <li>■ Able to demonstrate empathy</li> <li>■ Involved in leisure and other social activity</li> </ul>	<ul style="list-style-type: none"> <li>■ Difficulties in relationships with peer group and/or with adults</li> <li>■ Over-friendly or withdrawn with strangers</li> <li>■ Finds coping with change difficult even with support</li> <li>■ Difficulties expressing empathy</li> <li>■ Impulsive/lacks self-control</li> <li>■ Child causing concerns over use of internet and/or social media</li> <li>■ Concerns about possible bullying/ cyberbullying</li> </ul>	<ul style="list-style-type: none"> <li>■ Disordered attachments that have a severe impact</li> <li>■ Relates to strangers indiscriminately without regard for safety or social norms, parents' awareness of risk appears limited</li> <li>■ Reaction to change triggers prolonged inability to cope</li> <li>■ Phobias and other psychological difficulties at a clinically significant level</li> <li>■ Association with delinquent/ substance misusing/ serious risk taking peers</li> <li>■ Suffers from periods of serious depression</li> </ul>	<ul style="list-style-type: none"> <li>■ Endangers own life through self harm/substance misuse/eating disorder</li> <li>■ Child has suffered or may have suffered physical, sexual or emotional abuse or neglect/has been subject to Looked After Children (LAC) proceedings</li> <li>■ Involved in child sexual exploitation or trafficking</li> </ul>
Behaviour	<ul style="list-style-type: none"> <li>■ Appropriate self-control</li> <li>■ Appropriate social behaviour</li> <li>■ Appropriate sexual development and activity</li> </ul>	<ul style="list-style-type: none"> <li>■ Disruptive/challenging behaviour, including in school or early years setting</li> <li>■ Concerns about sexual development and behaviour</li> <li>■ Child suspected of having inappropriate relationship with adult or peers</li> </ul>	<ul style="list-style-type: none"> <li>■ Disruptive/challenging behaviour at school and in neighbourhood and at home</li> <li>■ At risk of permanent exclusion</li> <li>■ Regularly missing from education, employment or training (NEET)</li> <li>■ Young person regularly involved in anti-social criminal activities/violent/ risk taking behaviour</li> <li>■ Young person subject to anti social behaviour order (ASBO) or acceptable behaviour contract (ABC)</li> <li>■ Child suspected to be involved in child sexual exploitation</li> </ul>	<ul style="list-style-type: none"> <li>■ Significant evidence child is involved in child sexual exploitation</li> <li>■ Puts self or others in danger through reckless activity</li> <li>■ Disappears or is missing from home for long periods</li> <li>■ Multiple criminal incidents/ involvement in activities that would constitute arrestable offences/ behaviour that would constitute criminal activity</li> <li>■ Sexual development and behaviour which may be indicative of abuse</li> </ul>

# Threshold Tool

Devon Threshold Matrix

Threshold Matrix		Name of child:								Date		
		Level 1	Level 2		Level 3			Level 4				
Development (1: Health)	General Health											
	Physical & Sensory Development											
	Speech, Language and Communication											
Development (2: Wellbeing)	Emotional and Social											
	Behaviour											
	Identity, Self-esteem, Image											
	Family and Social Relationships											
	Self Care Skills and Independence											
Development (Learning)	Understanding, Reasoning & Problem Solving											
	Participation in Education or Work											
	Progress and Achievement in Learning											
	Aspirations											
Parents and Carers	Basic Care / Ensuring Safety and Protection											
	Emotional Warmth and Stability											
	Guidance, Boundaries and Stimulation											
Family & Environmental Factors	Family History, Functioning and Well-being											
	Wider family											
	Housing, Employment and Finances											
	Social and Community Elements											
Vulnerability Assessment		Universal	Low	Med	High	L	M	H	L	M	H	
Level 1: Universal Services		<p>Plot these descriptors on this matrix with a check mark or an x to give a visual representation of the child or young person's level of need. The matrix reflects your professional judgement and informs decision making.</p> <p>You should then follow your agency's procedures for escalating your concerns, for example for Levels 2 and 3 you might refer this to your line manager for further action, whilst Level 4 will go to MASH, either via your line manager or directly.</p>										
Level 2: Children with additional needs												
Level 3: Children with complex additional needs												
Level 4: Children in need of protection												
Any other comments/remarks/issues, for example cultural												



# Activity

Go back to the scenarios which you ranked earlier on and consider where these fit in relation to the threshold levels used. Consider the indicators you are using for this.





# Vulnerability factors

- Children in care
- Children who are privately fostered
- Children missing from education
- Children with disabilities



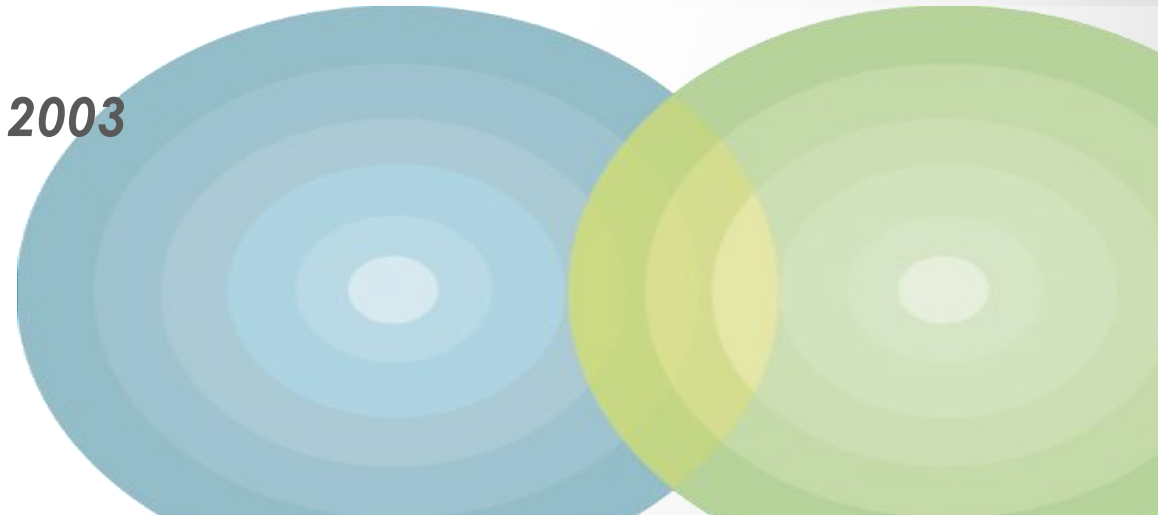
# Disabled Children and Abuse

A study of 40,000 children in an American city (Sullivan and Knutson, 2000) showed that disabled children were:

- **3.8 x more likely to be neglected**
- **3.8 x more likely to be physically abused**
- **3.1 x more likely to be sexually abused**
- **3.9 x more likely to be emotionally abused.**

OVERALL 31% of disabled children had been abused, compared to a prevalence of 9% among the non-disabled child population.

Source: ***NSPCC Child Protection and Disability 2003***



# Risk of abuse

- 45.8% of deaf girls and 42.4% deaf boys exposed to unwanted sexual experiences
- More than twice as often for girls and three times for boys compared to hearing children
- Nearly half reported the abuser was deaf
- Half of abuse took place in special schools
- 49% didn't tell. 11% were not believed

Kvam (2004)



# Bullying

- Every child knew about bullying
- Evoked high levels of feelings
- Most had been bullied
- More than half had bullied others
- Many ideas and suggestions
- Adults should take it seriously

Triangle consultation for NSPCC 2007



# Learning from Serious Case Reviews

- Importance of child focussed practice
- Holistic approach to supporting disabled children and their families
- Consider all children support needs rather than just those related to disability

## Deaf and disabled children: learning from case reviews

Summary of risk factors and learning for improved practice when working with deaf and disabled children

Research shows that disabled children are at an increased risk of being abused compared with their non-disabled peers ([Sullivan and Knutson 2000](#); [Kvam 2004](#); [Spencer et al. 2005](#); [Jones et al. 2012](#)). They are also less likely to receive the protection and support they need when they have been abused ([Ofsted 2009, 2012](#); [Brandon et al. 2012](#); [Taylor et al. 2014](#)).

Published case reviews highlight that professionals often struggle to identify safeguarding concerns when working with deaf and disabled children



# Learning from Serious Case Reviews

- Many of the children and young people involved in the case reviews had been subject to bullying from other children. This had a significant impact on their mental health and emotional wellbeing.
- Some young people were depressed, anxious, angry or embarrassed about their disability. This resulted in a reluctance to engage with support services, refusal to take medication and low self-esteem.
- Some young people had developed ways to hide the disability, which resulted in professionals over-estimating their ability to protect and support themselves.

# Learning from Serious Case Reviews

- Issues around capacity to consent were not always considered by professionals working with sexually active young people with learning difficulties. This was often due to professionals focusing on the young person's chronological, as opposed to developmental, age.
- Young people were sometimes placed in residential care not suitable to their needs which placed them at risk from other residents.

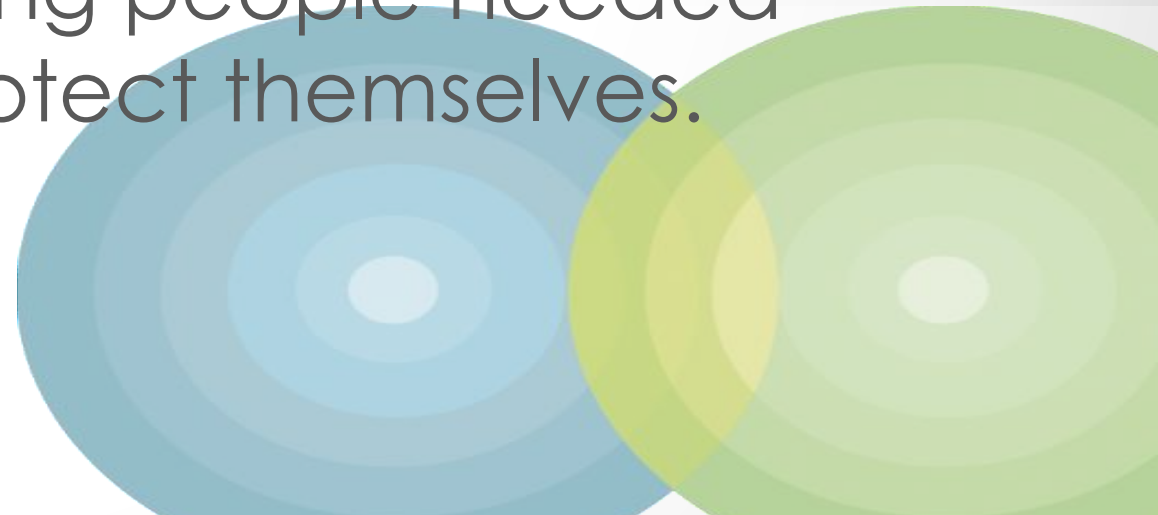
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# Learning from Serious Case Reviews

- Young people who put themselves in risky situations, including those being sexually exploited, were seen as making a lifestyle choice. Professionals sometimes reacted with frustration to what they saw as young people's repeated inability to keep themselves safe. This prevented professionals from recognising risky behaviour as a sign that young people needed further support in order to protect themselves.



# Experience of Disabled Children

## Activity

There are a number of experiences that disabled children have that non-disabled children do not have. They could be termed 'infringement of human rights'. Take a few minutes in groups to list these...



# Messages from Research

RESEARCH RECOMMENDATIONS: ADDRESSING CHALLENGES AT THE INTERSECTION  
OF DEAF CHILDREN AND PEOPLE-TRAFFICKING

THE UNIVERSITY OF EDINBURGH NSPCC  
child protection  
research centre

RESEARCH REPORT 2020 001

## Deaf and disabled children talking about child protection



This report summarises the findings of original research commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC) carried out by the University of Edinburgh NSPCC Child Protection Research Centre to address a significant gap in current understandings of deaf and disabled children and young people's experiences of the child protection system.

Jill Taylor, Aisling Connolly, Claire Rose Jones, Aislinn Fennell, Kirsten Murray, Deborah Fry

March, 2018



NSPCC

# Messages from Research

- Complexity of disclosure process for deaf and disabled children.
- need for adults to work more proactively to identify potential signs of abuse rather than rely on children's disclosures
- there was an absence of formal support services in some participants' childhoods while available provision was often inadequate and/or inappropriate

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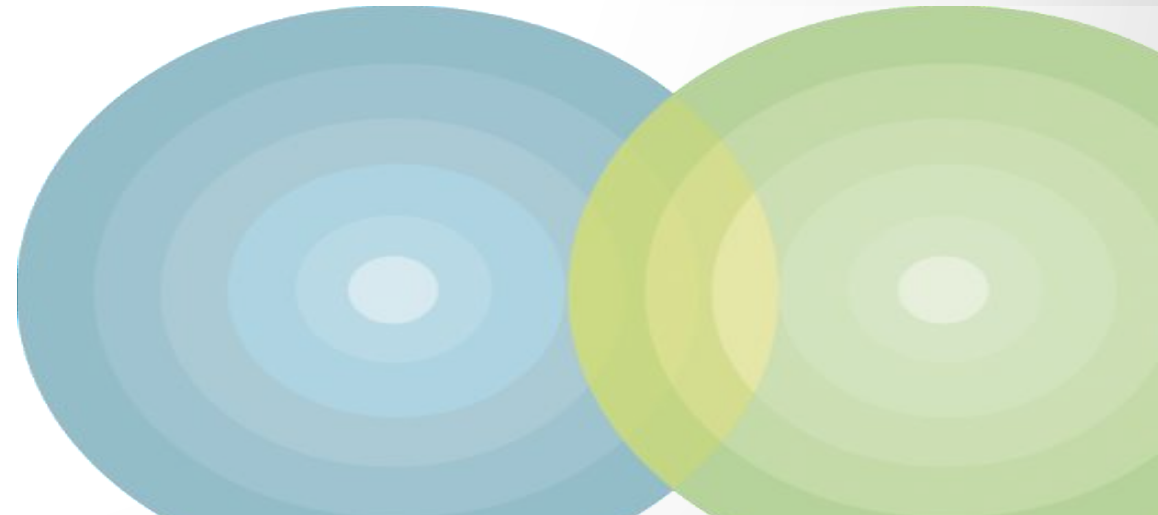
# Messages from Research cont

- social isolation was a dominant feature of their childhoods
- much greater understanding is needed of the consequences of child abuse across all aspects of deaf and disabled people's lives, the self-care and survivorship skills adopted by people and the long-term interventions necessary to respond to child abuse appropriately
- prevention of abuse must be a priority
- 



# Vulnerable Factors: Cultural issues

- Forced marriage
- Honor based violence
- Female genital mutilation
- Trafficking



# What constitutes a good referral?

- Accurate basic information.
- Clarity on what questions asked and detail of information obtained.
- Is it known who has parental responsibility
- Is the child looked after? Are they on a child protection plan
- What have you observed or been told , that raises your concerns .
- What information do you know? Are there any indicators that more information is needed about the specific elements of a child/young persons situation
- Building a picture/part of the jigsaw

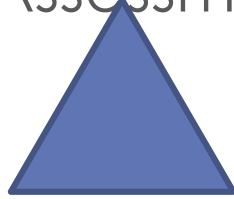




# What constitutes a good referral?

- Remember the

Assessment Framework



- this will help organise your information and formulate the referral,
- help children's services in their initial assessment of threshold and significant harm.
- prevent the need for repetition in gathering information.



**RUH**

# MASH Process

## When to contact the MASH

There are safeguarding concerns about a child or young person that may require children social care involvement...

### Consider

- Can we, or other professionals already involved with the family, provide support to meet the needs?

Use Devon Assessment Framework (DAF)

<http://www.devon.gov.uk/childprotection/mash/parentfactsheet.pdf>

Use Devon Safeguarding Children Board threshold descriptors

<http://www.devonsafeguardingchildren.org.uk/devon>

*Needs can only be met through specialist services*

### Obtain Consent

- Inform parent, carer and/or young person as appropriate

Provide MASH leaflet and Information

<http://www.devon.gov.uk/mash/parentfactsheet.pdf>  
<http://www.devon.gov.uk/mash/parentfactsheet.pdf>

When and whom should give consent

[www.devon.gov.uk/mash/parentfactsheet.pdf](http://www.devon.gov.uk/mash/parentfactsheet.pdf)

*Consent has been obtained, where required*

### Contact MASH

- Make a MASH enquiry

MASH Enquiry Form

<http://www.devon.gov.uk/mash/parentfactsheet.pdf>  
<http://www.devon.gov.uk/mash/parentfactsheet.pdf>  
mashsecure@devon.gcsa.gov.uk

When **urgent action** is needed because a child is in imminent danger or needs urgent accommodation, phone: **0345 155 1071**

complete MASH Enquiry Form within 48 hrs

# MASH Enquiry Form

## Section 5 - Reason for Contact

Please say why you are contacting us, highlighting the main areas of concern. Please include details of any specific incident, and any relevant historic information you may have.

## Child/Young Persons comments

Has an assessment been completed under the Devon Assessment Framework (DAF)?

☐ Yes ☐ No

Has any other action been taken in relation to this referral?

# MASH

## Risk Assessment



### Initial risk assessment

#### High risk - red

- **MASH information package to be completed within four hours and**
- **Police & children's social care assessment team receive immediate notification with research to follow**

Immediate and serious safeguarding concern requiring action to ensure the safety of the child and possible necessity to secure and preserve physical evidence that might otherwise be lost.

#### Medium risk - amber

- **MASH information package by end of next working day**

There are significant concerns but immediate urgent action is not required to safeguard the child; although an investigation under Section 47 of the Children Act 1989 is likely.

#### Low risk - green

- **MASH information package to be completed within three working days or**
- **Immediate referral to ERS (Practice Manager, children's social care, decision)**

The referrer clearly has concerns about a child's wellbeing. The child may be a child in need as defined by Section 17 of the Children Act 1989; however there is no information at this stage to suggest an investigation under Section 47 of the Children Act 1989 would be required.

# Escalation Process

- Child Protection Decisions are multi-agency decisions.
- If in your professional judgement concerns have not been shared or acknowledged other agencies then DSCB has escalation process.
- Initially consult with your supervisor and then look to resolve disagreement at source.
- Escalate if necessary in line with DSCB policy.



# Recording

- Clarity
- Fact
- Clear identification of professional opinion
- State clearly what has been done and why
- State whether parent/carer has been informed. If not why not.
- Identity of anyone you speak to.
- Date and sign
- 



# Information Sharing

‘A failure to pass on information that might prevent a tragedy could expose you to criticism in the same way as an unjustified disclosure.’

‘...it is only when information from a range of sources is put together that a child can be seen to be in need or a risk of harm.’

Source: ***What To Do If You're Worried A Child Is Being Abused***





# Responding to a disclosure

## Do

- Listen and accept
- Try not to interrupt
- Reassure they have done the right thing by telling you
- Explain what you are going to do next
- Make accurate notes using all the child's words as soon as possible
- Inform your manager or the safeguarding lead



# Responding to a disclosure

- Don't Promise confidentiality
- Don't Investigate
- Don't Use leading questions'
- Don't Ask the child to repeat the disclosure over and over



# Messages from Children

Responses to disclosures made:

One deaf participant who disclosed to her emotionally abusive mother the physical abuse perpetrated by her mother's partner described her experiences of her abuse being minimised and blame being directed at her. She said of her mother:

... she'd turn round and say 'Oh he's only playing and...he doesn't mean anything' or sometimes she would turn round and say 'You deserve it...' Maggie  
10FA

<file:///C:/Users/James/Documents/Work/Dialogue%20Ltd/RDA/deaf-disabled-children-talking-about-child-protection.pdf>

# Messages from Children

Responses to disclosures made:

Another Deaf woman who was sexually abused by her foster father received an unexpected reaction from her foster mother. She said:

I told my foster mother what happened. 'Uncle [name] touched me on the breasts!' She said, 'Don't be stupid!'. I tried to tell her that he did touch me. She just said, 'Don't be stupid!' She was annoyed with me.

Liz 11FA

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# Messages from Children

Responses to disclosures made:

It was apparent from participants' accounts that the disclosure process was very difficult for the child and required a careful response from professionals. One participant said:

**Sara:** It was a teaching assistant, so she...so I had to tell the teacher and then I had to tell this other teacher and then loads of them.

**Researcher:** So how did that feel the fact that you had to tell so many people?

**Sara:** I didn't really want to, the first time I did I thought it'd be like ok and then the fact I had to tell loads of people I thought no I don't want to say it anymore. Sara 1FA

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# Supervision

Supervision should:

- help to ensure that practice is soundly based and consistent with DSCB and organisational procedures;
- ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority;
- help identify the training and development needs of practitioners, so that each has the skills to provide an effective service

# Supervision

Good quality supervision can help to:

- keep a focus on the child;
- avoid drift;
- maintain a degree of objectivity and challenge fixed views;
- test and assess the evidence base for assessment and decisions; and address the emotional impact of work.





# Supervision in Child Protection

- Management Accountability
- Support
- Re-framing
- Professional Development
- Challenge & scrutiny
- Mediation
- Shared and appropriate responsibility
- Accountability
- Performance management
- Workload management / capacity check
- Competency development
- Child-focussed

# Thinking Skills

- **Analytical Skills**
- **Mind-mindedness**
- **Emotional Intelligence**
- **Reflective Practice**
- **Empathy**
- **Wellbeing**



# Allegations of abuse against a member of staff

If an allegation is made (whether involving children in work, leisure or own children):

- Issue reported to divisional manager or in absence senior nurse
- Allegations office informed (in absence named Doctor or Nurse)
- Human resources informed immediately
- Allegations officer informs LADO within one working day of receipt of allegation



# Role of the Devon 'LADO'

(previously Local Authority Designated Officer)

- Management and overview of cases from all partner agencies if allegations meet thresholds
- Providing advice, information and guidance to employers and voluntary organisations
- Monitoring progress of cases to ensure they are dealt with quickly, consistently, fairly and thoroughly
- Maintaining information databases in relation to all allegations
- Providing qualitative and quantitative reports
- Attendance / chairing strategy meetings
- Liaising with the Police and Crown Prosecution Service



# Case Studies

For these case studies please consider:

- What indicators of strength and concern have you identified here?
- What evidence are you drawing on in relation to these indicators?
- What are you going to do next?
- What do you expect other people to do next?

# Case Study 1

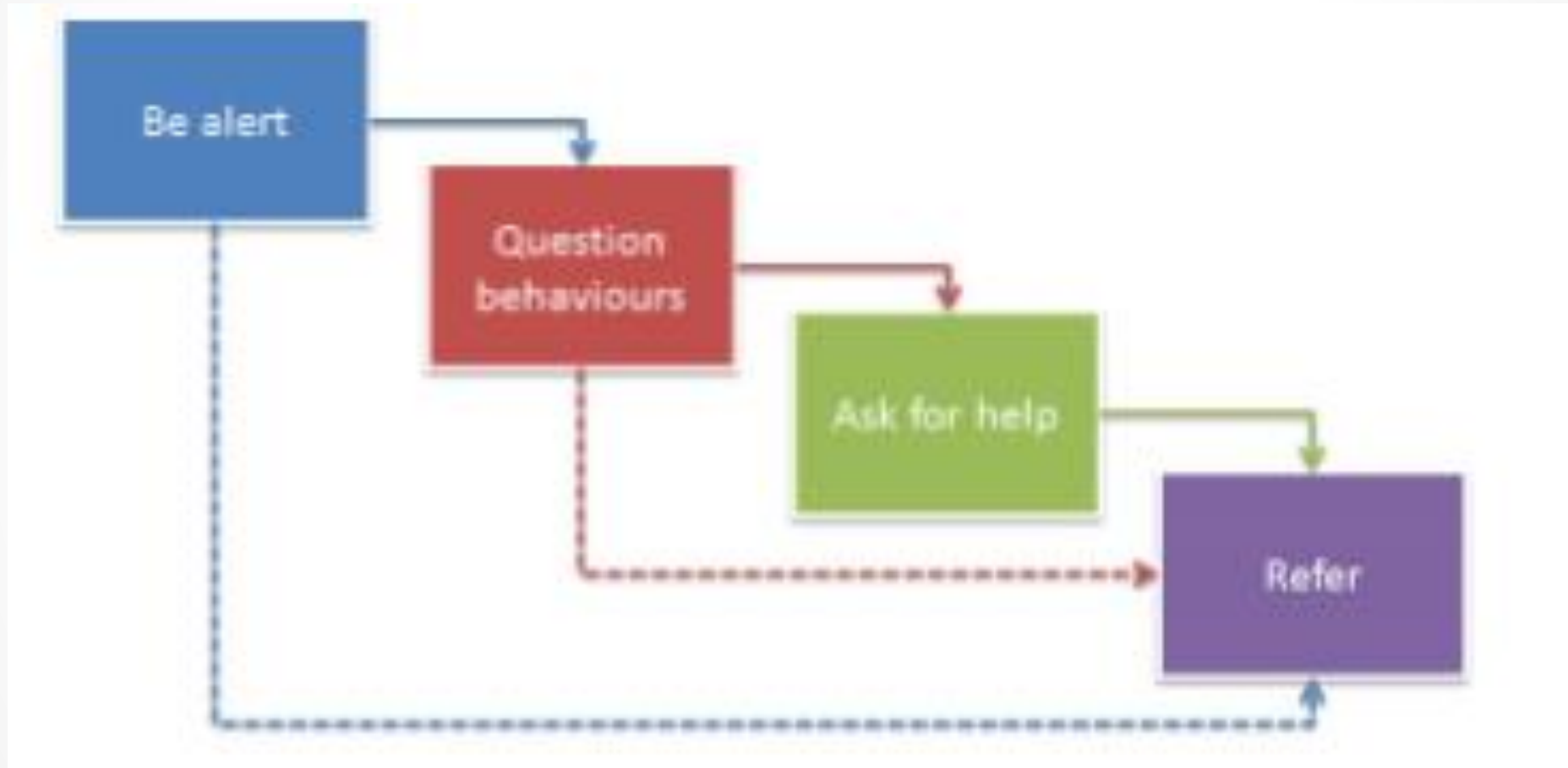
Amir is a 9 year old boy who is deaf. You are aware from his records and care plan that there is a post school age diagnosis of Aspergers but his parents don't accept this, instead attributing any behavioural issues they experience to his deafness. Amir travels to you from over 100 miles away each week to come and stay for his schooling and is home most weekends. He was very upset yesterday morning when you asked him to take a shower and while he was getting dressed he lifted his top to show you a tennis ball sized bruise on his ribs. He told you that his mum knew about it and that it had happened whilst he and his dad were washing up. He said his mum had told him not to worry about it and that these things happen.

## Case Study 2

A group of young people in your unit are coming to you to complain about the behaviour of another young person, Eliza, who is now 15. They feel that this person is being overly aggressive towards them and you have recently been aware that other staff intervened because there was nearly a fight between Eliza and one of her peers. When challenged about what might have caused it most of the young people claim to be at a loss saying that there has been a bit of banter recently and that Eliza might be upset because she has just split up with her boyfriend, Paul, who also is part of your unit. When you speak with Eliza she shows a screen capture on her phone that Paul has posted of a topless photo of her which she says he has shared with “everyone”.



# Summary – A shared Responsibility



# Questions



# Thankyou

