

Autumn 2020

Safeguarding Children for Schools

Online
**Annual Refresher
Training**



Domestics / 'Etiquette'

- Please ensure your **mics are off** at the start of the session
- I do need your **camera to be on** so that I can see you all!
- Any queries or notes you wish to bring to our attention can be done through the group leader you have been assigned – they will ensure they are near enough to the laptop to switch mic on when needed
- Tech check - Can you all see the slides / hear OK?
- Confidentiality / Health check – take care of yourselves



Health Warning

- Today we will be touching on characteristics and indicators of abuse. Working with children means you have a responsibility to safeguard all children, however you may feel affected by what is discussed.
- Considering the number of participants today, there is a chance that someone I am talking to right now has seen or experienced something of a concerning nature such as Domestic Abuse.

Please be kind to yourself and leave this session if needed,
telling your group leader



Health Warning

- You may be accessing this webinar at home so please ensure there are **no children** listening to this presentation. Whilst we will not be playing loud clips of violence, we will be discussing topics which are not suitable for children to listen to.
- You may be working with and for children from your home, your space. Please be mindful of how this impacts on you and your emotional health and wellbeing



Please take note of this new site...

<https://derbyandderbyshireemotionalhealthandwellbeing.uk/>

The screenshot shows a web browser window displaying the NHS Derby & Derbyshire Emotional Health & Wellbeing website. The browser's address bar shows the URL <https://derbyandderbyshireemotionalhealthandwellbeing.uk/>. The website features a green logo of a tree with hands at its base. The main heading is "Derby & Derbyshire Emotional Health & Wellbeing" with the tagline "Transforming Health and Wellbeing for Everyone". A green banner below the header reads: "Please keep visiting this site as new information is posted daily. For Targeted Intervention Community Triage information, please click on the COVID 19 tile below." Below this banner are four white tiles with green borders. The first tile is titled "Covid-19" and describes emotional support for families, children, and young people. The second tile is titled "Professional" and asks which organization the user works for. The third tile is titled "Parent / Carer" and asks if the user is a parent or carer. The fourth tile is titled "Child / Young Person" and asks if the user is a young person or a child. At the bottom of the page, there is a banner with a background image of a cloudy sky. The text on the banner reads: "Welcome to NHS Derby & Derbyshire Emotional Health & Wellbeing toolkit". The Windows taskbar is visible at the bottom of the screenshot, showing various application icons and the system clock indicating 15:13 on 22/06/2020.

Derby & Derbyshire
Emotional Health & Wellbeing
Transforming Health and Wellbeing for Everyone

Please keep visiting this site as new information is posted daily. For Targeted Intervention Community Triage information, please click on the COVID 19 tile below.

Covid-19
Emotional support for families, children and young people

Professional
Which organisation do you work for?

Parent / Carer
Are you a parent or carer?

Child / Young Person
Are you a young person or a child?

Welcome to NHS Derby & Derbyshire Emotional Health & Wellbeing toolkit

Learning Outcomes

- Understand the safeguarding agenda for schools and the framework for safeguarding & child protection
- Understand the different categories of child abuse & specific safeguarding issues
- Understand your role in safeguarding & keeping children safe
- Understand how to respond to child welfare & child protection concerns
- An understanding of a duty of care & safer working practices

Session Flow

- Setting the Scene of Safeguarding
- What does 'it' look like?
 1. Categories of abuse
 2. Characteristics we might see / indicators / signs / types
- Tools of the trade
- What to do if worried
- Bringing it together



Setting the Scene



Keeping Children Safe: Duty to Protect

- Children Act 1989 & 2004 S 10 & 11
- Education Act 2002
S 175 & S157
- Working Together 2018
- Prevent Duty Guidance 2011 (Counter Terrorism & Security Act 2015)
- Information Sharing 2018
- What to do if you are worried a child is being abused: Advice to practitioners 2015
- Keeping Children Safe in Education; Statutory Guidance for Schools and Colleges 2020

All staff must read part 1

Safeguarding and promoting the welfare of children is defined as:

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

Working Together JULY 2018

Lockdown Learning

Schools have been at the forefront of lockdown discussions since March 2020. Schools have provided care for identified vulnerable children throughout this crisis. Other children who may have lived in lower levels of concerning circumstances have also been on school's radar. School staff have made contact with families living with emerging needs. Schools have noted the following as areas of concern;

- Lack of parental engagement with home schooling arrangements
- Children not attending school when they have a place
- Families only engaging via phone calls or emails and not using video calls (lack of visibility)
- Parents new to the school with previous history of social care involvement and some emerging concerns e.g. school attendance.

Lockdown Learning

Going forward there is an expectation that all enrolled children will return to full time education. This may mean school staff see an increase in;

- Disclosures of abuse / increasing home concerns
- Changes in behaviour of children (fear perhaps)
- Changes in social behaviour of children
- Negative impact on child's mental health

If so what can the school do?

- Be curious. Question behaviour and don't make assumptions
- Think about local support and services that can assist the parent/carer and child.
- Give children time

Lockdown Learning

In the event of another lockdown or school / class / bubble lockdown;

- When making contact with the family think about whether you have seen and spoken to the child – if not, why not? What were the barriers to doing so?
- Does the child require in-school solutions and how can you respond to decrease your concerns?
- Think about local support and services that can assist the parent/carer and child.
- Share concerns with DSLs. DSLs can contact the Transition Team Advisers for more guidance as required



What Does 'It' Look Like?



Vulnerable Children- Activity



Please look at your sheet and in groups decide who you feel is vulnerable and how...

Vulnerable Children

May be children who are;

- Disabled or SEND
- Minority ethnic/Asylum seekers
- In the Public Care System, a care leaver or private fostering
- Young carers
- Have emotional health and mental wellbeing needs (KCSIE 2020)

Children of parents where there is;

- Poor mental ill health, substance misuse, domestic abuse;
- Learning disability and/or social exclusion

Child Abuse is...

- A form of maltreatment of a child.
- Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.
- Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others.

Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

The Current Categories of Child Abuse

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect





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Physical Abuse



Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Working Together' 2018

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

Black eyes, especially if bilateral

Soft tissues of cheeks

Intra-oral injuries

Forearms when raised to protect self

Chest and abdomen

Any groin or genital injury

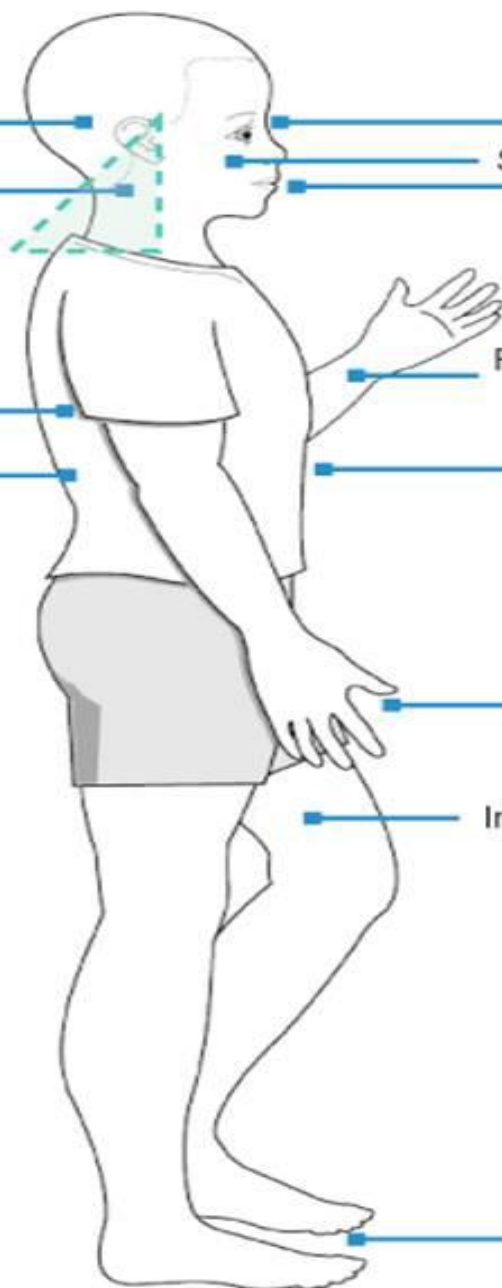
Inner aspects of thighs

Soles of feet

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





Sexual Abuse



Sexual Abuse

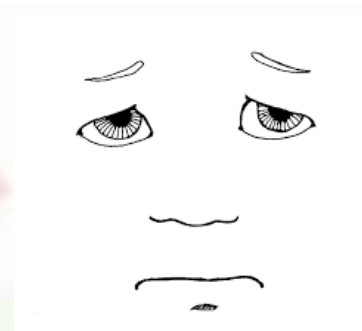
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

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.



Sexual Abuse Continued...

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.



Emotional Abuse



Emotional Abuse

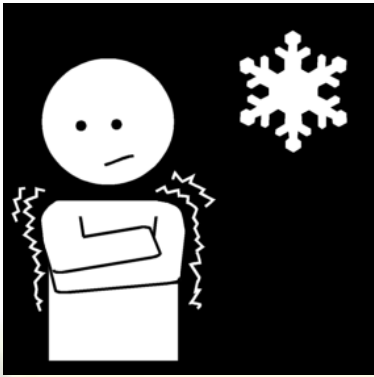
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

Emotional Abuse Continued

These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.



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Neglect



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.

Neglect Continued

Failure to.....

- Provide adequate food, clothing or shelter
- Protect from physical and emotional harm or danger
- Ensure adequate supervision/unsuitable care-givers
- Access to appropriate medical care or treatment

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

Derby and Derbyshire Safeguarding Children Partnership (DDSCP) Learning

The DDSCP are using key lessons learned from local cases 2015 - 2020 to improve practice, themes include:

The four main types of neglect are:

- **Physical neglect:** not meeting a child's basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety



- **Educational neglect:** not making sure a child receives an education
- **Emotional neglect:** not meeting a child's needs for nurture and stimulation, for example by ignoring, humiliating, intimidating or isolating them
- **Medical neglect:** not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations (Horwath, 2007).

What Might Abuse and Risk Look Like In Our School and Community?

Characteristics / signs / types of abuse can include the following areas;

- Domestic abuse
- Children at Risk of Exploitation “CRE” (may include CSE, radicalisation, County Lines, gang culture, modern slavery)
- Honour Based Abuse (HBA) and Female Genital Mutilation (FGM)
- Peer on Peer (Child to Child) sexual violence and harassment
- Use of technology to abuse, coerce and bully

DA Current Situation

- Effect of current situation on victims seeking help / reporting abuse in Derbyshire
- **Derbyshire Domestic Abuse Helpline** - 08000 198 668
 - Email:
derbyshiredahelpline@theelmfoundation.org.uk
 - If you're deaf or hearing impaired, text: 07534 617252
- Silent Solution – 999 (55 when prompted)
- Opportunities for engagement / safer times to talk
- Use of technology – email / messaging
- At this time, you might not be able to fully risk assess, do whatever you can

Impact on Parents and their Capacity

- Parents cognitive skills may be affected. If, as children, they were affected by DA / ACEs, parents may not have developed their cognitive skills in line with desired levels and expectations and their understanding may be affected
- Consider how you communicate with parents who are also victims or survivors. Their recollections and understanding of circumstances can be affected by trauma. They may not 'see' the child and risks in the same way professionals might





Quick Quiz

Question 1 & 2 - DA



Question 1

How many children under the age of one are living in a household affected by domestic abuse?

A) 19,000

B) 29,000

C) 39,000

Question 2

What percentage of domestic abuse is reported to the Police?

A) 20-25%

B) 25-30%

C) 30-35%

Figures listed in 2019, on a women's DA charity, before the impact of lockdown

Children at Risk of Exploitation

Using a minor /child for profit, power, status, sexual gratification, or some other purpose.

- Labour
- Slavery
- Trafficking
- CSE



Children at Risk of Exploitation

(CRE includes CSE)

CRE- Children at risk of exploitation - the established term being used in Derby City & Derbyshire to include all forms of exploitation including trafficking

Risk factors may include;

- Going missing
- Engagement in offending
- Disengagement from education
- Using drugs or alcohol
- Unexplained gifts/monies
- Repeated concerns about sexual health
- Repeated unexplained marks/injuries
- Decline in emotional wellbeing

All suspected or actual cases of CRE/CSE are a Safeguarding concern in which child protection procedures must be followed, and this will include a referral to the police.

If any staff are concerned about a pupil they will refer to the Safeguarding Designated Lead in the School

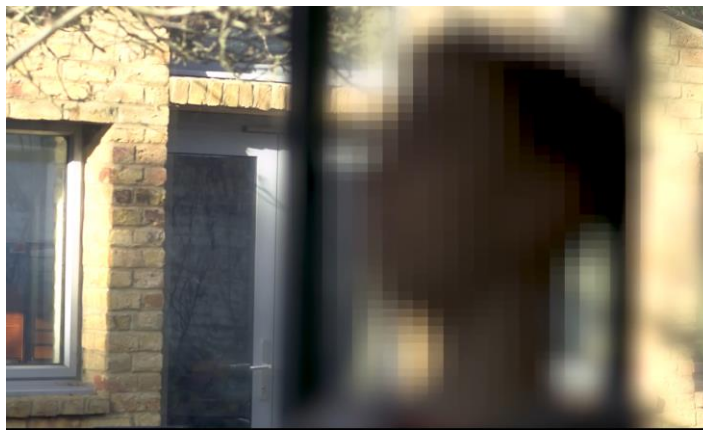
County Lines; Criminal Exploitation

This is organised crime based on a model of drug supply, violence & intimidation

Features:

- Gang & gang organisation, often CSE a factor;
- Firearms, knives, corrosives a feature used in intimidation;
- Crossing county borders to source & recruit vulnerable young people to start & sustain supply chains;
- Move & launder money from illicit means;
- Targets the most vulnerable & disaffected youth for example missing/often out of school or education.

Lewisham

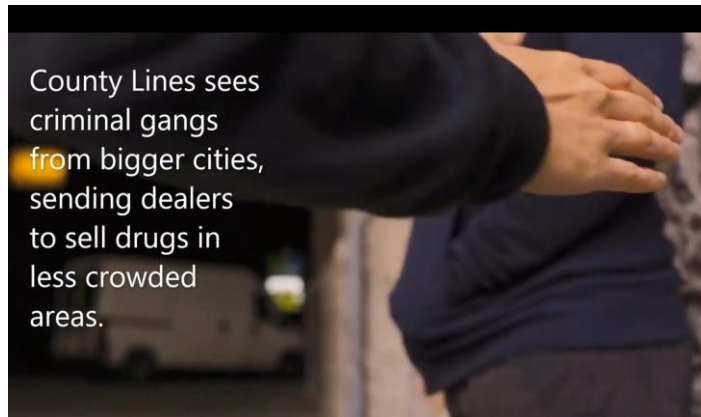


County Lines Rap Don't Pass the Parcel



County Lines 2

County Lines sees criminal gangs from bigger cities, sending dealers to sell drugs in less crowded areas.



Quick Quiz

Question 3 & 4 - CRE

Question 3

According to the National Youth Agency in 2020, what percentage of girls are believed to be involved with gangs?

A) 16%

B) 34%

C) 58%

Question 4

What was the number of children referred to the UK Government's National Referral Mechanism (NRM), which identifies victims of human trafficking in 2019?

A) 4,569

B) 912

C) 13,329

The Prevent Duty- June 2015

Tackling extremism and preventing radicalisation

This 'duty' has not significantly changed since its introduction

General themes:

- A **duty to implement** it in all schools
- **Identifying risk** & having **risk assessments** in place
- Keeping **robust records** (seen as a child protection/welfare concern)
- Working in **partnership** with police and social care – locality meetings
- **Building resilience** in children & young people through curriculum support, signposting & having access to get help and to resources

Children Who Abuse Other Children / Peer on Peer Abuse

- Bullying including cyberbullying
- Physical abuse
- Sexual violence
- Sexual harassment
- Upskirting
- Sexting
- Initiating/hazing type violence and rituals.
- Language seen as derogatory, demeaning, inflammatory
- Unwanted banter
- Hate
- Homophobia
- Based on gender differences and orientation
- Based on difference

Sexual Violence & Sexual Harassment (Peer on Peer)

- Identifying problematic/harmful sexual behaviours and incidents
- Outlining expectations around managing incidents in schools/colleges & using risk assessment & management plans for both offender and victim.
- Expects schools to have an understanding of:
 - *language seen as derogatory, demeaning, inflammatory, unwanted banter, sexual harassment, homophobia, gender bias & hate
 - *based on gender differences, orientation and based on difference

The Brookes Tool - SHB

RED

Sexual behaviours which indicate or cause harm because they are:

- excessive, compulsive, coercive, forceful, degrading or threatening
- secretive, manipulative or involve bribery or trickery
- not appropriate for the age and stage of development
- between children with a significant difference in age, developmental ability or power

These behaviours signal the need to provide immediate protection and follow up support.

0 to 4 years

- compulsive masturbation which may be self injurious, of a persistent nature or duration
- persistent explicit sexual themes in talk, art or play
- disclosure of sexual abuse
- simulation of sexual touch or sexual activity
- persistently touching the genitals/private parts of others
- forcing other children to engage in sexual activity
- sexual behaviour between young children involving penetration with objects, masturbation of others, oral sex
- presence of a sexually transmitted infection

5 to 9 years

- compulsive masturbation e.g. self injuring, self harming, seeking an audience
- disclosure of sexual abuse
- persistent bullying involving sexual aggression e.g. pulling/lifting/removing other children's clothing, sexually threatening notes, drawing, text messages
- sexual behaviour with significantly younger or less able children
- accessing the rooms of sleeping children to touch or engage in sexual activity
- simulation of, or participation in, sexual activities e.g. oral sex, sexual intercourse
- presence of a sexually transmitted infection
- persistent sexual activity with animals
- using mobile phones and internet which includes giving out identifying details or sexual images

10 to 13 years

- compulsive masturbation e.g. self harming, seeking an audience
- engaging vulnerable others in a process to gain sexual activity by using grooming techniques e.g. gifts, lies, flattery
- force or coercion of others into sexual activity
- oral sex and/or intercourse with a person of different age, developmental ability and/or peer grouping
- presence of sexually transmitted infection or pregnancy
- deliberately sending and/or publishing sexual images of self or another person
- arranging a face to face meeting with an online acquaintance
- sexual contact with animals
- sexual activity in exchange for money or goods
- possessing, accessing or sending child exploitation materials e.g. photos of children naked or in sexual activities

14 to 17 years

- compulsive masturbation e.g. self harming, in public, seeking an audience
- preoccupation with sexually aggressive and/or illegal pornography
- sexual contact with others of significant age and/or developmental difference
- engaging others in a process to gain sexual activity by using grooming techniques e.g. gifts, manipulation, lies
- deliberately sending and/or publishing sexual images of another person without their consent
- arranging a meeting with an online acquaintance without the knowledge of a peer or known adult
- sexual contact with animals
- sexual activity in exchange for money, goods, accommodation, drugs or alcohol
- forcing or manipulating others into sexual activity
- possessing, accessing or sending child exploitation materials

ORANGE

Sexual behaviours which cause concern because of:

- persistence, intensity, frequency or duration of behaviours
- the type of activity or knowledge for the age and stage of development
- inequality in age, size, power or developmental ability
- risk to the health and safety of the child or others
- unusual changes in a child's behaviour

These behaviours signal the need to monitor and provide extra support.

0 to 4 years

- masturbation in preference to other activities
- preoccupation with sexual behaviours
- persistently watching others in sexual activity, toileting or when nude
- explicit sexual talk, art or play
- following others into private spaces e.g. toilets, bathrooms to look at them or touch them
- pulling other children's pants down or skirts up against their will
- touching the genitals/private parts of other children in preference to other activities
- attempting to touch or touching adults on the breasts, bottom, or genitals in ways that are persistent and/or invasive
- touching the genitals/private parts of animals after redirection

5 to 9 years

- masturbation in preference to other activities, in public, with others and/or causing self injury
- explicit talk, art or play of sexual nature
- persistent questions about sexuality despite being answered
- persistent nudity and/or exposing private parts in public places
- persistently watching or following others to look at or touch them
- pulling other children's pants down or skirts up against their will
- persistently mimicking sexual flirting behaviour too advanced for age, with other children or adults
- touching genitals/private parts of animals after redirection
- use of mobile phone and internet with known and unknown people which may include giving out identifying details

10 to 13 years

- masturbation in preference to other activities, in public and/or causing self injury
- persistent explicit talk, art or play which is sexual or sexually intimidating
- accessing age restricted materials e.g. movies, games, internet with sexually explicit content
- persistent expression of fear of sexually transmitted infection or pregnancy
- marked changes to behaviour e.g. older or adult flirting behaviours, seeking relationships with older children or adults in preference to peers
- engaging in sexual activities with an unknown peer e.g. deep kissing, mutual masturbation
- oral sex and/or intercourse with a known partner of similar age and developmental ability
- using mobile phones and internet with unknown people which may include giving out identifying details

14 to 17 years

- sexual preoccupation which interferes with daily function
- intentional spying on others while they are engaged in sexual activity or nudity
- explicit communications, art or actions which are obscene or sexually intimidating
- repeated exposure of private parts in a public place with peers e.g. flashing
- unsafe sexual behaviour, including unprotected sex, sexual activity while intoxicated, multiple partners and/or frequent change of partner
- presence of sexually transmitted infection or unplanned pregnancy
- oral sex and/or intercourse with known partner of more than two years age difference or with significant difference in development
- arranging a meeting with an online acquaintance accompanied by a peer or known adult
- using mobile phones and internet to send or receive sexual images of another person with their consent

GREEN

Sexual behaviours which are part of normal and healthy development and are:

- spontaneous, curious, light hearted, easily diverted, enjoyable, mutual and consensual
- appropriate to the child's age and development
- activities or play among equals in terms of age, size and ability levels
- about understanding and gathering information, balanced with curiosity about other parts of life

These behaviours provide opportunities to talk, explain and support.

0 to 4 years

- comfort in being nude
- body touching and holding own genitals
- unconscious masturbation
- interest in body parts and functions
- wanting to touch familiar children's genitals during play, toilet or bath times
- participation in make believe games involving looking at and/or touching the bodies of familiar children e.g. "show me yours and I'll show you mine", playing "family"
- asking about or wanting to touch the breasts, bottoms or genitals of familiar adults e.g. when in the bath

5 to 9 years

- increased sense of privacy about bodies
- body touching and holding own genitals
- masturbation, usually with awareness of privacy
- curiosity about other children's genitals involving looking at and/or touching the bodies of familiar children e.g. "show me yours and I'll show you mine", playing "family"
- curiosity about sexuality e.g. questions about babies, gender, relationships, sexual activity
- telling stories or asking questions, using swear words, "toilet" words or names for private parts
- use of mobile phones and internet in relationships with known peers

10 to 13 years

- growing need for privacy
- masturbation in private
- curiosity and seeking information about sexuality
- use of sexual language
- interest and/or participation in girlfriend or boyfriend relationships
- hugging, kissing, touching with known peers
- exhibitionism amongst same age peers within the context of play e.g. occasional flashing or mooning
- use of mobile phones and internet in relationships with known peers

14 to 17 years

- need for privacy
- masturbation in private
- accessing information about sexuality
- viewing materials for sexual arousal e.g. music videos, magazines, movies
- sexually explicit mutual conversations and/or use of humour and obscenities with peers
- interest and/or participation in a one on one relationship with someone of the same or other sex
- sexual activity with a partner of similar age and developmental ability (ability to consent must be considered)
- use of mobile phones and internet in relationships with peers



Quick Quiz

Question 5 - SHB



Question 5

Which statement is true?

- A) All children who display sexually harmful behaviour have been sexually abused
- B) Housing difficulties are linked to younger children displaying harmful sexual behaviours
- C) Children who display harmful sexual behaviour do it with a sexual intent



Quick Quiz

Question 6 - SHB



Questions 6

Please consider the following two statements;

“A 5-9 year old with a curiosity about other children’s genitals involving looking at and/or touching the bodies of similar children”

“A 14-17 year old deliberately sending and/or publishing sexual images of another person without their consent”

Is statement one;

- A) Normal and healthy sexual behaviour? *Statement 1*
- B) Concerning problematic sexual behaviour?
- C) Harmful sexual behaviour? *Statement 2*

What about statement two?

So-called 'Honour-Based' Abuse

Honour based abuse encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or community

- FGM
- Forced Marriages
- Breast Ironing

Female Genital Mutilation

Signs may include;

- Days off school & not participating in PE
- In pain / has restricted movement / frequent and long visits to the toilet / broken limbs
- Plans to take a holiday which may be unauthorised, unexplained or extended in a country known to practice FGM
- Unauthorised and or extended, vague explanations or plans for removal of a female in a high risk category* and especially over the summer period
- Confides that she is having a special procedure, cut or celebration
- Parents from a country who are known to practice FGM

The Use of Technology - Online Safety

The use of technology has become a significant component of many safeguarding issues. During lockdown, abusers have needed to utilise the online world even greater to groom the children they can't see face to face. Given that children will operate firmly in the online world with increasing depth, it is important that all children are aware how to keep as safe as possible.

Schools should consider the 3 C's;

- **Conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example making, sending and receiving explicit images, or online bullying
- **Content:** being exposed to illegal, inappropriate or harmful material; for example pornography, fake news, racist or radical and extremist views;
- **Contact:** being subjected to harmful online interaction with other users; for example commercial advertising as well as adults posing as children or young people

The Use of Technology - Online Safety

As the duty is clarified the new responsibilities to teach about relationships need to be considered.

- Filtering services & monitoring of pupils activities whilst on line in school.
- Education -Opportunities to teach online safeguarding
- Staff Training- integrated, aligned and considered as part of the overarching safeguarding approach.
- Online bullying – implication for policies and codes of conduct. All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include bullying (including online), gender based violence/sexual assaults and sexting
- Plan as a school alongside DSLs a consider approach as a school



Quick Quiz



Question 7 & 8 – Use of Tech

Question 7

What percentage of children aged 12 to 15 said they knew how to change their settings to control who could view their social media?

- A) 2%
- B) 44%
- C) 66%

Question 8

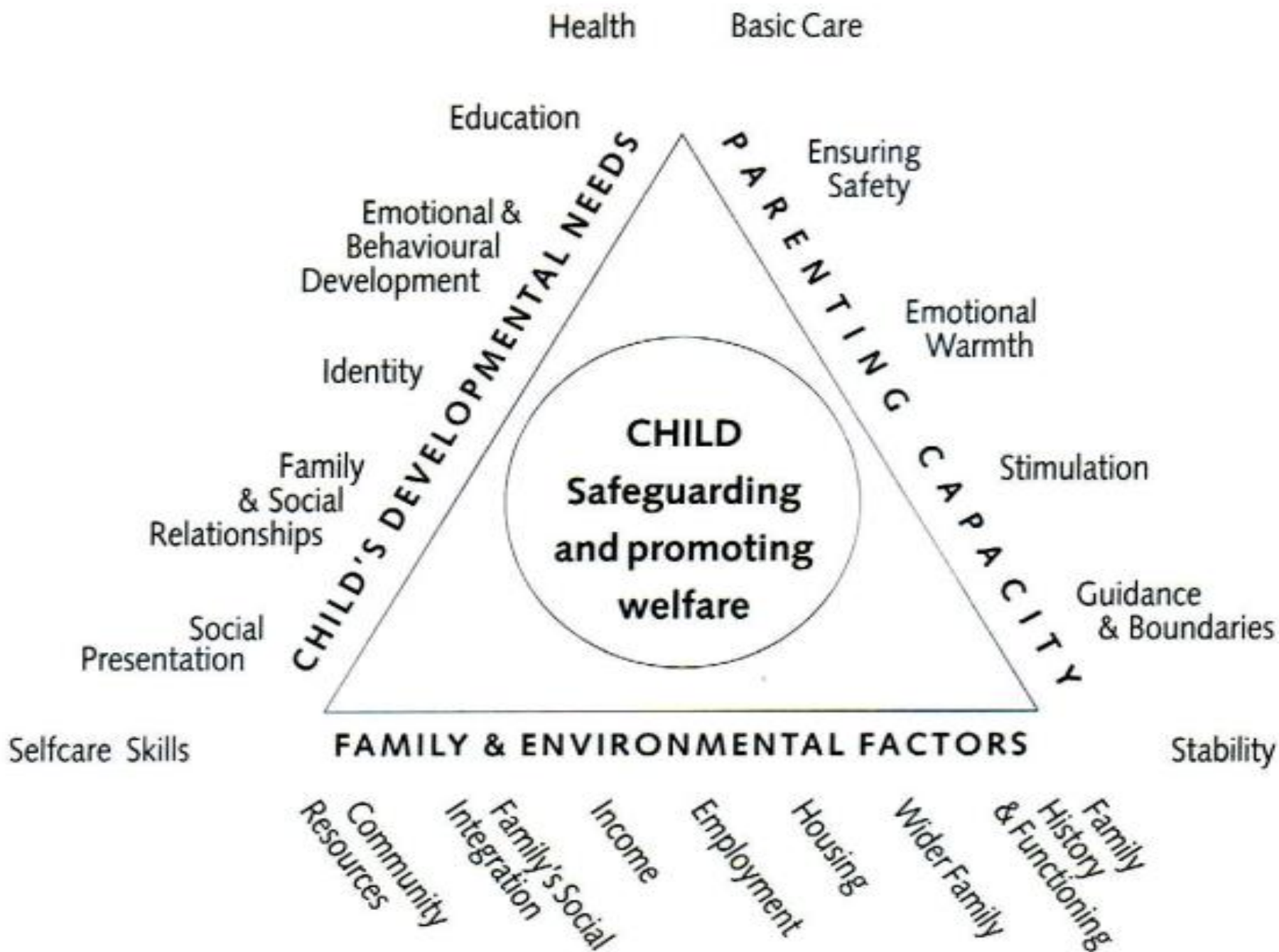
What percentage of 5-15 year olds reported having seen sexual content online?

- A) 4%
- B) 10%
- C) 16%

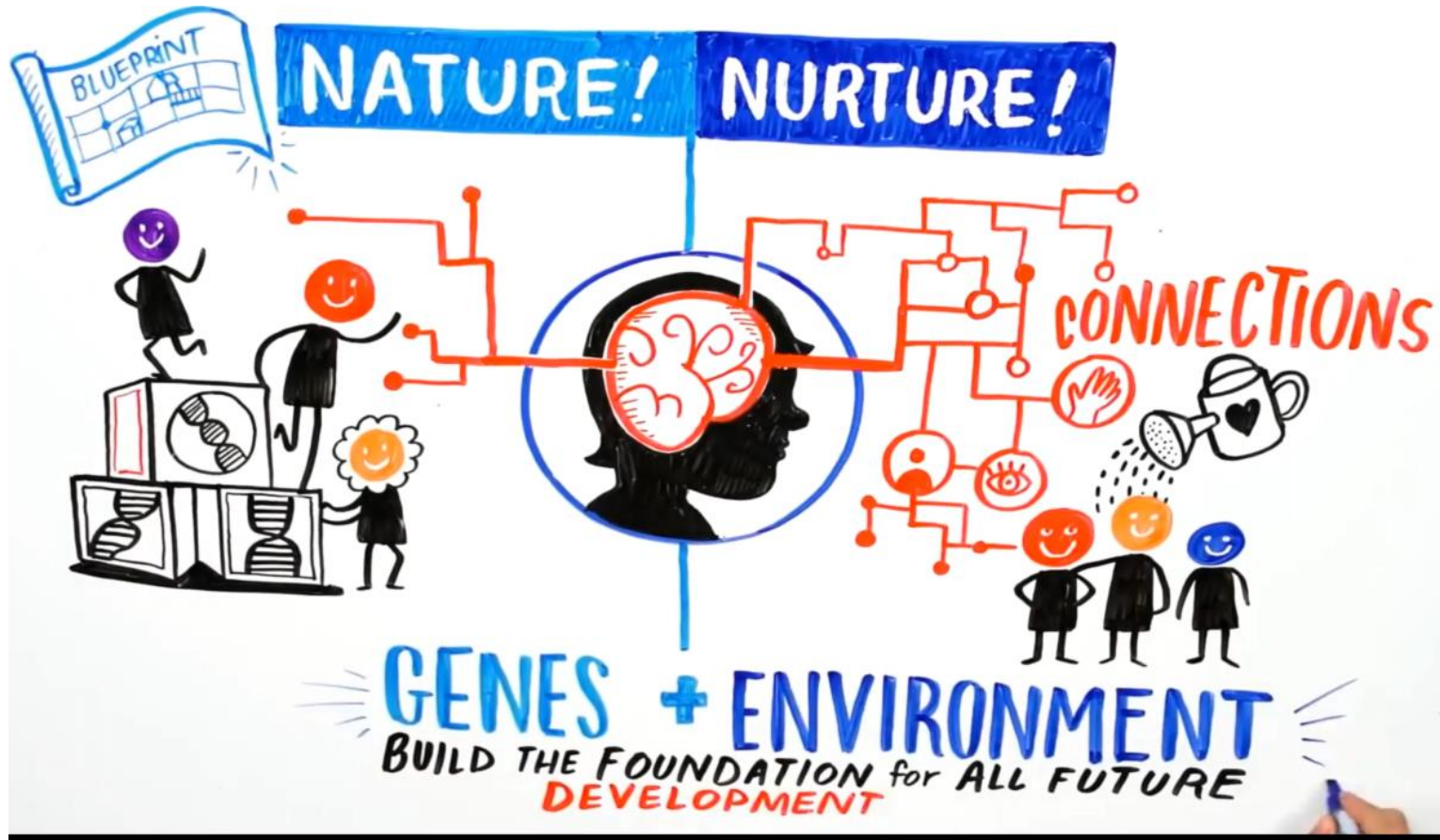
How Might These 'Types' Impact on Children?

- Physical injuries and life changing circumstances
- Falling behind developmentally
- Physical and mental health via Adverse Childhood Experiences (ACEs)
- Sexually transmitted infections
- Becoming 'invisible' (no voice, not seen by safe adults)
- Social skills and development
- Identity, self worth and self esteem concerns

Perhaps consider the Assessment Triangle



ACEs Video



[Link to video](#)

Impact on Children

- The world of ACEs or trauma informed practices is now quite well known
- Children who suffer ACEs, such as domestic abuse, are more likely to develop health problems and social problems in life.
- A child who lives in an environment of domestic abuse, neglect, exploitation, fear, extreme deprivation and sexual abuse might not develop in line with their peers. They spend longer in the amygdala state.
- Children may behave aggressively or be very insular and as 'small' as possible
- All ***behaviour*** is ***communication***
- **Challenging** Behaviour = **Distressed** Behaviour



Tools Of The Trade



First Tool? The Brain!!

Listen To Lessons Learned between 2015-2020

We are using key lessons learned from local cases to improve practice, themes include:

**Risk
assessment**

**Engagement
of parents**

**Information
Sharing**

**Failure to
identify abuse**

**Missing
Education**

**Repeat
referrals**

**Disguised
compliance**

**Management
oversight**

Learning from Serious Case Reviews (Now called SPRs)

- **Babies**- Shaking, co-Sleeping, Domestic Abuse, Methodone use, lack of ante-natal assessment
- **Teenagers**- Attempting to take their own life/self-harm, CRE, Offending behaviour, missing, those difficult to engage

Messages- not seeing teenagers as children, young people in risky behaviour still require protection

Been overly optimistic- all age ranges

not sharing information with agencies, no joined up thinking

Escalate your concerns, use a multi-agency framework, reflect on practice, use positive challenge in your practice

Local Lessons Learned between 2015-2020

- Information Sharing - Use information shared from all agencies and the family to inform plans and interventions. (Nationally and locally this is one of the most re-occurring themes.)
- Assessment – Holistic assessments give you a full picture of the lived experience of the child
- Threshold – the Graded Care profile will inform your decision on threshold for support and provide to discuss which level of intervention or professional support is appropriate

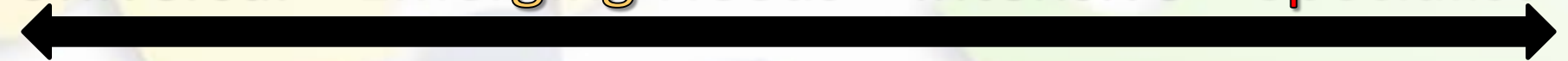


The Derby and Derbyshire Threshold Document Dec 2019

LATEST Threshold Document FINAL December 2019

- There are still 4 section descriptors in the latest document;

Universal **Emerging Needs** **Intensive** **Specialist**



- This document discusses the needs, the suggested services and outcomes for each section
- Your DSL uses this document to identify the level of support a child may need by considering certain ***characteristics or indicators***

An example of the indicators is as follows;

[Level 2 Indicators.doc](#)



What To Do If Worried



Information Sharing Responsibilities

- When to share information – Data Protection and GDPR
- How to report / refer and follow protocol / procedures
- Keeping the child prioritised – sharing concerning information needs to be a driver. Your school has clear policies on code of conduct, ‘whistleblowing’ and a culture that promotes the welfare of children

7 Golden Rules of Information Sharing

Information Sharing Guidance for Practitioners

Contents

1. Introduction
2. The General Data Protection Regulations (GDPR) and the Data Protection Act (2018)
3. The Seven Golden Rules for Information Sharing
4. Confidentiality and Consent
5. National Guidance on Information Sharing
6. Further Information

Appendix 1. Flowchart of when and how to share information

1. The GDPR and Data Protection Act (2018) does not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.
2. Be honest and open.
3. Seek advice.
4. Share with consent where appropriate. Do not seek consent if to the detriment of the child.
5. Consider safety and well-being.
6. Necessary, proportionate, relevant, accurate, timely and secure.
- 7 Keep a record of your decision.



Information sharing

Advice for practitioners providing safeguarding services to children, young people, parents and carers

July 2018

Raising Your Concerns



Do you know what to do when:-

- You are concerned about a child
- A child tells you something
- Another member of staff tells you something

Remember that even though you may not be DSL, you may have pertinent information that your DSL needs to complete an assessment – share your information and observations – they don't know what they don't know!

Making a Referral

Immediate child protection concerns :

Call Derbyshire (01629 533190.)

- All other referrals (below Child Protection) through the electronic request for support form:

www.derbyshire.gov.uk/startingpoint

- Gather information
- Complete an Early Help Assessment
- Complete other assessments(GCP.....)
- Submit referral and EHA to starting point
- Follow up referral if nothing is forthcoming

Starting Point Advice Line

01629 535353



- * For professionals only
- * To discuss child's circumstances/threshold for action with Senior Practitioner



- * Not a mechanism for checking the progress of requests for support
- * Not for referring immediate child protection concerns (these should be Call Derbyshire)

***Don't forget your Transition Team Advisers can help!!
Get them on your speed dial !***

Raising Your Concerns

Do you know what to do when:-

- You tell the DSL about a concern you have and they don't take it seriously and don't record it
- A colleague or friend at work behaves in a way that can put a child at risk or be harmful to a child
- As the DSL you make a referral to Starting Point that isn't accepted but you are seriously concerned

Important processes should be displayed in your school – the escalation procedures and processes for the LADO – do you know where these posters / flowcharts are?

Escalation Process/ Resolving Disagreements

- Discuss with your DSL
- Discuss with Starting point
- Discuss with Debbie Peacock
- Rise to Safeguarding Partnership via agency representative
- The Resolution and Escalation Policy can be found at www.proceduresonline.com
Click Documents Library and its near the top

[Escalation Policy](#)

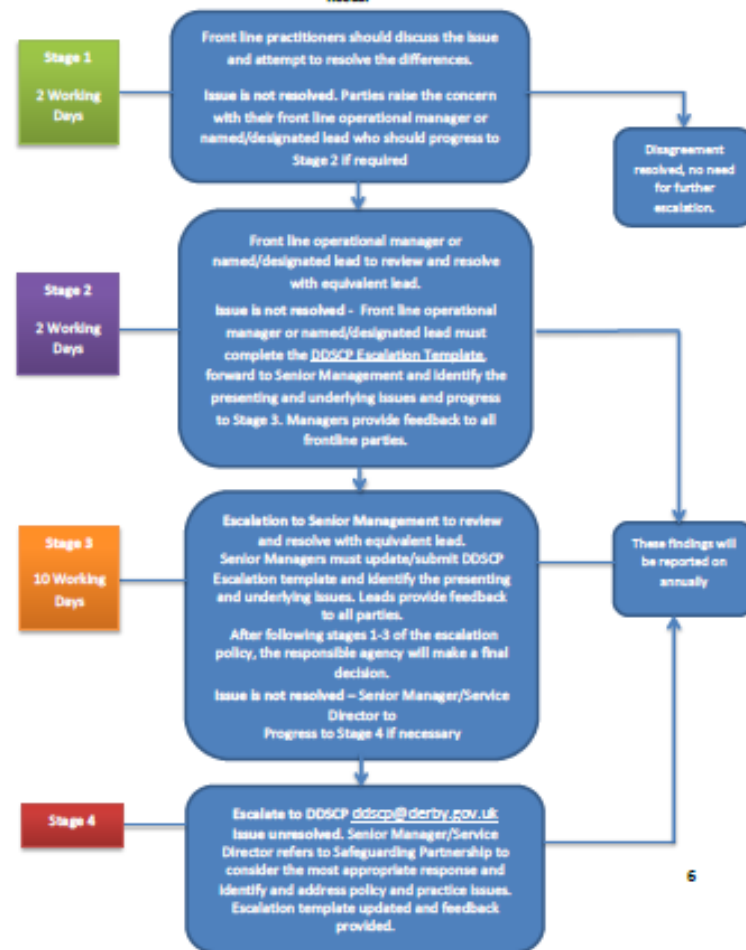


Appendix 1: Resolution of Professional Disagreement Flowchart

It is every professional's responsibility to 'problem solve'. Communication is extremely important and is the key to resolving professional misunderstandings or disagreements.

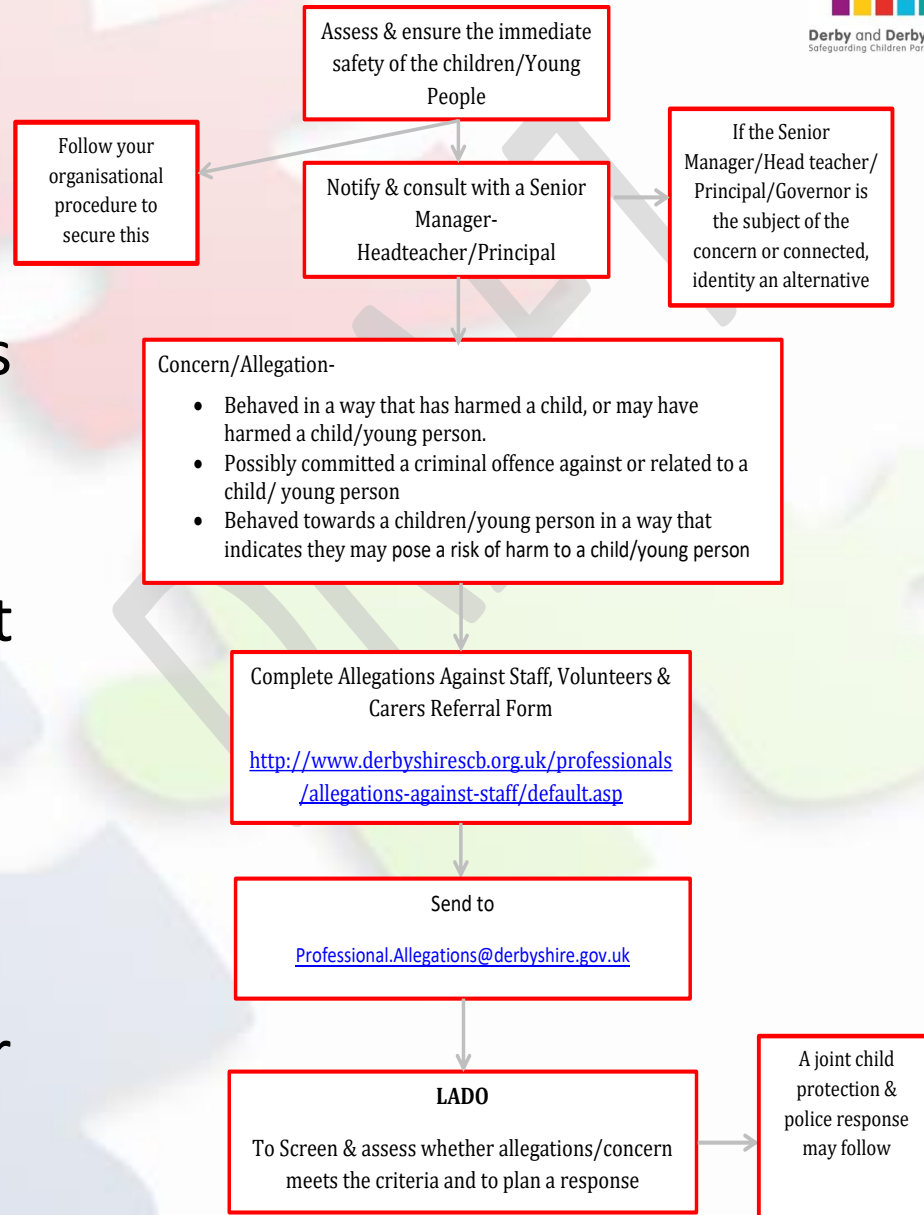
This is for any professional working with a child who has concerns about another agency's decision. Concerns should be specific and evidenced based as to the need and difference.

At all stages the discussion and outcome should be within the timescales prescribed and focused on the child's needs.



Allegations against staff

- A named senior manager to whom allegations or concerns should be reported.
- It is not the role of the DSL to investigate allegations against staff.
- If an allegation is made about a member of staff the DSL should contact the (Local Authority) Designated Officer (LADO)
 - Miles Dent:



Local Authority Designated Officer (LADO)

- Procedures should be followed when:
 - Behaviour indicates harm or potential harm to a child.
 - Alleged criminal offence against or related to a child.
 - Behaviour which indicates unsuitability to work with a child.
 - Can be historical.
 - Can be in home, work or in another setting.
 - Can be own children or others.

Information on the role of the (LA)DO can be found in “Working Together to Safeguard Children” (2018 Chapter 1)

Your Role and Responsibilities in safer working practices

- To know about LADO & whistle blowing & have access to the flowchart
- To have a responsibility to identify & report a concern about another staff member to the DSL or a senior member of staff which can include a governor, and not party to the concern
- Maintain an attitude of **‘it could happen here’** where safeguarding is concerned
- Promote & maintain a culture of vigilance & a safer working environment
- Help to ensure safeguarding is taught in the curriculum

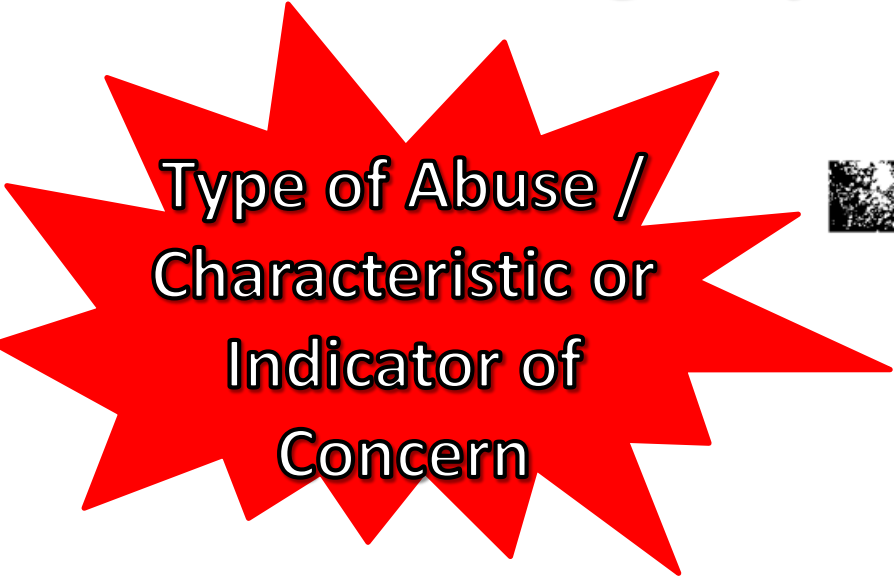
(KCSIE Sept 20)



Bringing It Together



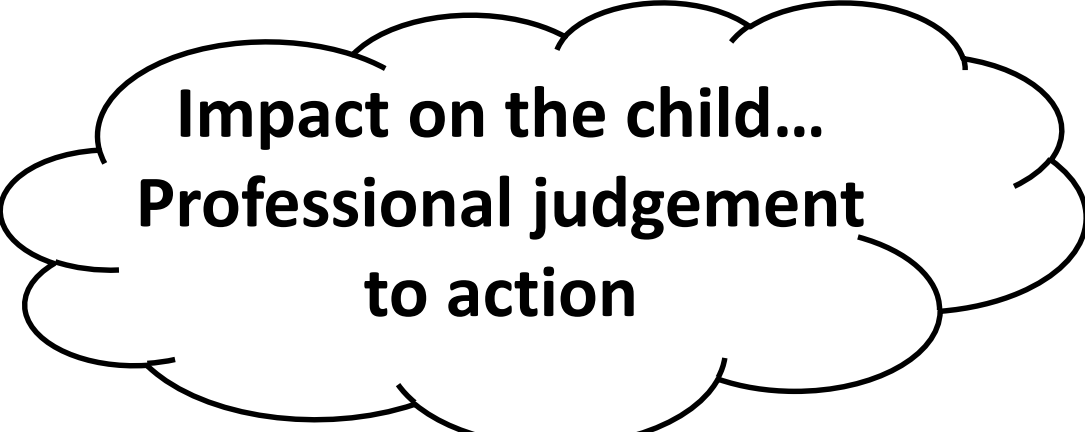
Bringing Together Professional Curiosity and Professional Judgement and Measuring Impact



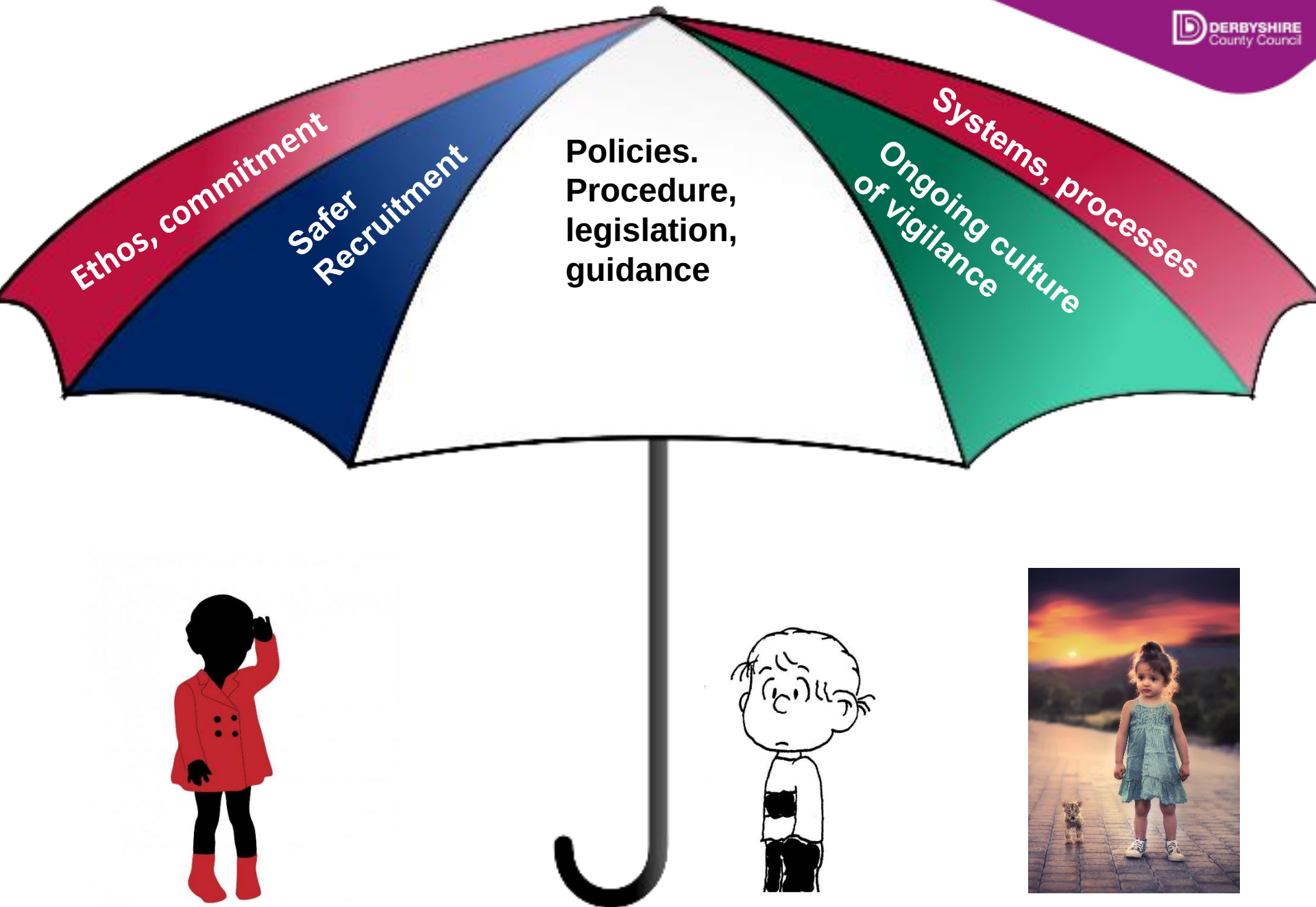
Type of Abuse /
Characteristic or
Indicator of
Concern



Child specific context – lived
experience of the child



Impact on the child...
Professional judgement
to action



Safeguarding: Everybody's Business



Victoria Climbié



Daniel Pelka



BDS18
ADS14



Peter Connolly



Shanay Walker



Khyra Ishaq

References and Resources

- Working Together to Safeguard Children (2018)
- Keeping Children Safe in Education- (2020)
- Derby and Derbyshire Safeguarding Children Partnership
www.ddscp.org.uk/
- LADO- Local Authority Designated Officer- Miles Dent
- If you have concerns about any child or young person contact:
 - **Call Derbyshire /Starting Point** on 01629 533190
 - **First Contact team Derby City:** 01332 641172
 - **Police** on 101 or 999 in an emergency

Questions and Evaluations



THANK

YOU!