

Safeguarding Children

Please note: *This information is intended to offer assistance and provide information where appropriate and Community Southwark is not liable for action taken, or not taken, as a result of reading this briefing.*

Any organisation or community group working with children and young people need to understand some key issues around different aspects of safeguarding and what steps you can take.

This fact sheet looks at safeguarding children from the key legislation and research through to the practicalities of everyday working to help your organisation ensure its safeguarding practices are meeting the right standards.

As Southwark's [Safe Organisation Checklist](#) states 'A safe organisation ensures that its governing body, all of its employees, commissioned or contracted agents and volunteers or adult participants are aware of their responsibilities to safeguard children and vulnerable adults'.

Types of Child Abuse & Neglect

Definition - Abused Child:

Person under 18 who is suffering through physical injury, neglect, emotional abuse and/or sexual abuse.

When basic needs of a child are not being met through acts of commission or acts of omission.

Physical Abuse:

Includes:

- hitting/ excessive smacking
- shaking
- throwing
- poisoning
- burning
- scalding
- drowning
- suffocating
- Or otherwise causing physical harm to a child

Features that should alert you to the possibility of non-accidental injury:

- Delay in parents/carers in seeking medical help or help not sought at all
- Account of accident vague or varies
- No explanation of the injury
- Child not allowed to tell story
- Discrepancies in story
- Hostile parents
- Abnormal interaction between parent and child

The younger the child the more suspicious injuries are: half of all fractures in children under 2 years are non-accidental

Sexual Abuse

Common indicators for sexual abuse are:

- Statement of a child
- Symptoms due to local trauma or infection
- Self-harm
- Sexualised behaviour or inappropriate sexual knowledge of young children
- STD's
- Pregnancy
- Symptoms attributable to emotional effects

Emotional Abuse

Emotional abuse includes:

- Rejecting the child: conveying to children worthlessness, they are unloved and/or inadequate
- Seeing or hearing ill-treatment of another child or adult
- Terrorising: frequently causing a child to feel frightened or in danger, exploitation or corruption
- Not giving a child the opportunities to express views – silencing, making fun of them etc.
- Age or development inappropriate expectations: both forcing to do as well as not allowing
- Isolating the child
- Ignoring
- Corrupting

Neglect

Persistent failure to meet a child's basic needs, likely to result in serious impairment of the child's health and/or development:

- Food
- Shelter and clothing
- Hygiene
- Comfort
- Physical affection
- Interaction

Disability and Abuse

The Disability Discrimination Act (DDA) defines a disabled person as:

'Someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.'

In 2005 the DDA was amended to ensure that people with HIV, Cancer and MS are deemed to be covered from the point of diagnosis, rather than from the point when the condition has an adverse effect on day-to-day life.

There are four main groups of disability:

1. Hearing impairments
2. Visual Impairments
3. Learning Impairments
4. Physical Impairments

There are clear links between disability and abuse:

- Abuse creates and exacerbates impairments

- Abuse is itself disabling in many ways
- Disability increases the risk of abuse
- Disability reduces the chances of protection
- Disabled young people may be more vulnerable to coercion – a sexual relationship may not be consensual.

For more on this please see the Community Southwark fact sheet 'Working with children and young people with disabilities'

Spectrum of Seriousness

There will be different levels of knowledge and understanding in every case and individuals involved could fall into any of the categories below:

- **Did not know: supports child**
 - 41% of mothers report abuse
 - 63% for child's emotional wellbeing
 - 57% for child's physical wellbeing
 - 32% for the protection of child
 - 17% angry with child
 - 14% concerned about effect on the family
- **Did not know: Denies it happens**
 - Is denial collusion?
- **Did not know: Sides with spouse**
 - Inappropriate blaming of a child can occur in women who feel dependent or afraid of spouse/loss of spouse
- **Knew: Did not stop abuse**
 - Difference between wanting a child to be abused and feeling powerless to stop it.
- **Knew: Sets up the abuse or participates**
 - Possibility of mental health or learning difficulties or extreme powerlessness. Often have been abused themselves.
 - Distinction between offending as co-perpetrator or as a female sex offender

Each will be dealt with in a different way by professional: it is not your job to identify which one or to investigate, but it is worth be aware of the spectrum.

Impact upon protective carer

It is important to remember that disclosures of abuse can affect others in the family as well. Depending on your organisation, you may be in a position to offer support or at least signpost to support.

- Post-Traumatic Stress Disorder
- Lack of trust in others
- Sense of responsibility – for abuse or for the future
- Helplessness/lack of control/lack of knowledge

- Social isolation and possible persecution
- Loss of family
- Financial hardship

Handling a disclosure of abuse from a child

If a child comes to you with a disclosure it is important that your reaction makes the child feel comfortable enough to continue, without putting words in the child's mouth or leading them.

You are not expected to investigate the disclosure nor carry out a full interview – these tasks will be carried out by more appropriate persons. However there are actions you can take:

- Clarify what is being said without leading
- Do not promise anything
- Tell the child that you will have to pass the information on
- Record what was said – in the child's words as far as possible
- Tell someone appropriate/ report it
- Consider the urgency of the situation – do you need to call an ambulance or another suitable person; do you need a second person to be with you?

If you take a record of abuse it is essential that the records are correct and kept. Make sure they are:

- Legible
- Dated
- Signed
- Relevant
- Complete
- Written at the time of the incident
- Stored safely
- Kept confidential

What to do if you suspect abuse or neglect

The moment you start an organisation, especially one working directly with children or vulnerable adults, there are certain steps you can take with regards to safeguarding:

- Policies and Procedures: are you aware of your organisation/agency's procedures for reporting child abuse or neglect to a child?
- Is an up-to-date version of the policy and procedure available and accessible?
- Do you have the Local Safeguarding Children's Board (LSCB) guidelines?
- Do you have a copy of Southwark's Safe Organisation Checklist?
- Do you know about [Southwark Safeguarding Children Board \(SSCB\)](#)?

If you suspect abuse is taking place:

- Phone the local Children's Service - Multi-Agency Safeguarding Hub (MASH) to make a referral on 020 7525 1921 or, out of hours social worker: 020 7525 5000
- If in doubt seek advice/help: Try the Local Authority Designated Officer (LADO) - Head of Social Work Improvement and Quality Assurance - 020 7525 0387

At an early point the organisation should consider how safeguarding issues fit into the work as a whole, for example links between abuse and disability; the need for Sex and Relationship Education; how disclosures of abuse affect parents/carers and the staff/volunteer who were disclosed to.

Common Assessment Framework (CAF) and MASH

The Multi-Agency Safeguarding Hub or MASH is Southwark's front door for contact with Children's Services, receiving safeguarding concerns or enquiries and collating information from different agencies to build up a complete picture of the child and their circumstances from the outset.

The agencies involved share information on potential high risk cases quickly and make timely decisions on the most appropriate action needed. Better co-ordination between agencies can lead to an improved service for children, young people and families.

The MASH replaces a range of referral points and allows agencies to build upon the work which has already happened to enable closer multiagency working practices in Southwark.

The Common Assessment Framework (CAF) is a way of working out what extra support your child may need. It involves meeting with practitioners to make sure you only have to tell your story once and that help is provided as quickly and effectively as possible. With your agreement, practitioners have a conversation with you to identify your child's needs and strengths.

The CAF assessment record outlines what is going well for your family, what extra support may be needed and which practitioners may be best placed to help. The CAF is voluntary but may be suggested to you.

CAF form available on www.southwark.gov.uk/caf

Local Authority Designated Officer (LADO)

The LADO provides advice and guidance to employers and other individuals who have concerns relating to an adult who works with children and young people (including volunteers and agency staff).

Talk to the LADO if you are aware of:

- Behaviour that has harmed or may have harmed a child
- Someone who has committed a criminal offence against or related to a child
- Behaved towards a child, or behaved in other ways, that suggests they may be unsuitable to work with children.

Keeping the child at the centre of your work

Organisations should prioritise having direct communication with children and developing positive and respectful relationships with them, ensuring the child's wishes and feelings are the basis of your organisation's approach, plans and activities.

Children and young people need to feel they are respected and understood as individuals, and to have their wishes and feelings consistently taken into account.

Effective action to keep the child/young person in focus includes:

- Being vigilant and noticing when a child appears troubled or anxious

- Developing a direct and stable relationship based on trust and understanding with the child
- Obtaining information from the child about their needs
- Finding out about the child's wishes and feelings – about their current situation as well as plans and hopes for the future
- Providing a child with honest and accurate information about their situation, as seen by professionals, and future possible actions and interventions (for example by social care)
- Involving the child in key decision-making (appropriate to their age and level of understanding)
- Providing appropriate information to the child about his or her right to protection and assistance
- Inviting children to make recommendations about the services and assistance they need (appropriate to their age and level of understanding)
- Ensuring a child has access to independent advice and support (for example, through advocates or children's rights officers) so they are able to express their views and influence decision-making.

It is important to respond to the views and experiences of children with regards to staff recruitment, professional supervision, performance management and the organisation's broader aims and development.

It is essential to provide a safe space for children and young people to voice their experiences of contact with staff and volunteers, which is crucial in building and maintaining a safe and responsive environment.

Key Guidance & Legislation

1. United Nations Convention on the Rights of a Child (1989)

Article 12 'Every child has the right to participate in decision-making on matters that affect their own lives'

2. The Children Act (1989)

Places a duty on Local Authorities to ascertain wishes and feeling of a child before making any decisions concerning the child

3. The Children Act (2004)

Places a new duty on Local Authorities to ascertain wishes and feelings and to give due consideration to them, in relation to assessments of children in need under section 17 and child protection investigations under section 47 of 1989 Act.

4. Disability Discrimination Act (1995 and 2005)

States what disability is and provides 4 main types. Brought in a duty on all public authorities to promote disability equality. 2005 act made some changes to the definition outlined in 1995

5. Convention on the Rights of Persons with Disabilities (2006)

International convention that embodies rights of disabled people to equal participation in public, political (article 29) and cultural life (article 30) and to participate with their community (article 19).

Article 7 – right to express their views on all issues which affect them and right to be provided with appropriate support to enable them to do so.

6. Childcare Act 2006

New childcare Act was a pioneering piece of legislature – the first Act to be exclusively concerned with early years and childcare

7. Education and Inspections Act (2006)

Section 6 introduces two new sections into the Education Act 1996: Section 507A and Section 507B.

8. Every Child Matters (2004)

Seeks to improve outcomes for children and young people

9. Government White Paper: Our Health, Our Care, Our Say: a new direction for community services

Gives service users more choice and power to influence the type and standard of service they receive locally

Resources

- Southwark Council and NHS – [Safe Organisation Checklist](#)
- Private Fostering – www.privatefostering.org.uk
- [A guide to inter-agency working to safeguard and promote the welfare of children](#)
- [Southwark Safeguarding Children Board \(SSCB\)](#)

Support

If you would like any support with safeguarding policies, or signposting, please contact the Development Team at Community Southwark: development@communitysouthwark.org or 020 7358 7020.

Appendix I Examples of Non-Compliance

* From Ofsted – Conducting Childcare Register Inspections

Distinguishing between minor and significant concerns for the Childcare Register

Outcome	Example of Non-Compliance	Action
Not met – requires actions	<p>Not displaying the certificate</p> <p>Members of staff smoking in outdoor play area but no children are present</p> <p>Not providing information about the Childcare Register to parents</p> <p>Not holding public liability insurance but evidence that it is being arranged</p> <p>Unchecked member of staff left in charge for 20 minutes while other staff attend to child in the medical room</p> <p>Risk assessment not updated annually and no major concerns about premises and/or equipment</p> <p>Children behaving badly and staff unsure how to deal with this</p> <p>Written child protection policy in place but manager and staff show little knowledge or understanding of child protection policy and procedures</p>	<p>Discuss with inspection service provider helpdesk prior to feedback (if necessary)</p> <p>Raise action(s) at feedback and in the outcome letter</p> <p>Provider reaffirms commitment to comply at annual renewal</p>
Not met – requires enforcement	<p>Staff under the influence of drugs/alcohol while providing care</p> <p>Significant concerns about the state of the premises causing a severe risk to children</p> <p>Referral from children’s services concerning allegations that the provider is using corporal punishment against children</p>	<p>Discuss with compliance, investigation and enforcement (CIE) team before giving feedback.</p> <p>Advise provider at feedback of enforcement options open to Ofsted</p> <p>CIE team hold case discussion and if necessary convene case</p>

	<p>Unchecked member of staff left in charge of children each day for an hour while staff have their lunch</p>	<p>review – to include allocated inspector – to consider cancellation</p> <p>CIE team draft and send notice(s) to the provider If necessary, CIE team to disclose information to police and child protection agencies</p>
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