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Safeguarding Children Level 3

Safeguarding Children

Introduction to Safeguarding Children: A Level 3 Course

This module highlights the need for appropriate action to be taken when there are concerns that a child or young person is at risk of abuse. The welfare of the child is the highest priority as per the Children Act 1989, and there is an obligation to protect children from harm regardless of inequalities.

A partnership approach is encouraged, with those affected, parents/guardians, key workers, carers, and other agencies working together to safeguard vulnerable children. All staff and workers in the healthcare sector are expected to adhere to key principles to ensure compliance with safeguarding children, young people, and adults at risk of harm or abuse.

The Safeguarding Children Level 3 course aims to provide greater knowledge and core competencies for those who work directly with and take a lead role in safeguarding children and young people. The core competencies include understanding safeguarding, legislation, and professional roles, identifying abuse or neglect, and responding to allegations of harm.

To promote safeguarding, healthcare professionals should undertake regular reviews of safeguarding/child protection practice, work with other professionals and agencies, and refer to social care or the local safeguarding team if necessary. Understanding the different types of abuse, such as physical, sexual, emotional, and neglect, is important.

Understanding Safeguarding

Safeguarding means protecting children from harm, abuse, and maltreatment, and child protection is the process of protecting specific children who are or likely to be suffering from significant harm due to abuse. Healthcare staff have a responsibility to safeguard children, and some may be directly involved in child protection.

Identifying Abuse and Neglect in Children and Young People

Different types of abuse include sexual abuse, physical abuse, domestic abuse, child trafficking, and radicalization. Signs of child abuse may include inappropriate sexual behaviour, unexplained fractures or bruises, and bites. Children who witness domestic abuse may suffer from depression, anxiety, and anti-social behaviour, among other problems. Signs of child trafficking include children living in substandard accommodation and not registered with a GP or school. Signs of radicalization include unwillingness to discuss views and sudden disrespectful attitudes.

The NSPCC Annual Report 2018 provides statistics on unlawful killings of under 18-year-olds during 2016-2017 in the UK. England had the highest number of homicides recorded among children with a total of 91 cases. Mortality rates were highest in England for children aged 1 month to 19 years due to assault or undetermined intent, as well as suicide rates for children aged 15 to 19 years due to intentional self-harm.

In terms of child sexual offences and cruelty/neglect rates in the UK, England had the highest number of recorded sexual offences against children, while Wales had a higher rate, and Northern Ireland and Scotland had lower rates. England also had a higher rate of recorded cruelty and neglect offences against children.

Online abuse and grooming are also growing concerns, with sexual communication and indecent communication with children being recorded as offences in all UK nations. In 2017/18, over 3,000 Childline counselling sessions were related to online bullying and safety, with a significant percentage of young people reporting seeing sexual content. Grooming offences have been increasing across the UK since 2010/11.

Abuse and grooming can have severe negative effects on children's development and well-being. Types of abuse include sexual, physical, domestic, child trafficking, emotional, cyberbullying, neglect, and female genital mutilation. Grooming is a process where perpetrators build an emotional connection with a child to gain their trust for the purposes of abuse, exploitation, or trafficking. Symptoms of being groomed may include secrecy, having older partners, going to unusual places, having new possessions, and access to drugs and alcohol.

Understanding Safeguarding legislations and prevention measures

The UK has national legislation and guidance in place to safeguard and promote the welfare of children. In England and Wales, legislation includes the Children Act 1989, the Equality Act 2010, the Data Protection Act 1998, the Sexual Offences Act 2003, and the Children Act 2004. Scotland has the Children and Young People (Scotland) Act 2014 and the Children (Scotland) Act 1995, while Northern Ireland has the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, the Safeguarding Board Act (Northern Ireland) 2011, and the Children (Northern Ireland) Order 1995,

The United Nations Convention on the Rights of the Child (UNCRC) is a child-centered framework for developing services to children, ratified by the UK government in 1991. Children have expressed needs for safeguarding such as vigilance, understanding and action, stability, respect, information and engagement, explanation, support, and advocacy.

The need for sharing data

Disabled children have specific needs that require prioritization in assessment, and relevant agencies must provide evidence of necessary improvements for ensuring the child's safety. Effective sharing of information among practitioners is essential for identification, assessment, and service provision. Safeguarding children is everyone's responsibility, and all professionals should understand their role in identifying emerging problems and share information with other professionals.

The Local Safeguarding Children Board (LSCB) coordinates and ensures the effectiveness of local safeguarding arrangements, while other key agencies such as the police, National Probation Service, NHS bodies, youth offending teams, governors/directors of prisons and young offender institutions, and the British Transport Police have specific responsibilities for safeguarding children.

Conducting an assessment

The impact of poor physical or mental health of a parent/carer on child wellbeing can result in hindered development and increased vulnerability. Parent abuse may not be due to bad parenting or neglect but due to poor health affecting their ability to safeguard. Signs of abuse may include aggression, depression, fear, anxiety, and attempts to run away or harm themselves. Changes in school performance, unexpected underachievement, fear of going back home, and frequent or unexplained injuries are red flags to watch for. Factors to consider when assessing risks to a child include evidence of domestic abuse, parental mental ill-health, and injury with an explanation that's apparently incompatible or conflicting. The Thresholds document outlines circumstances and key features at each level to help professionals decide if a threshold has been reached and what to do next.

Level 1 and 2 are for children whose needs are met by universal services like schools and healthcare services. Additional support for children with short-term needs is addressed through a single agency response or coordinated partnership response. Children with multiple and complex needs requiring multi-agency early help response are at Level 3, while children with a high level of unmet or complex needs or in need of protection are at Level 4. Early help benefits the wider family and community by preventing escalation of problems and dealing with situations early.

Managing child abuse/neglect cases requires efficient referral systems, rigorous assessments, timely interventions, and adherence to legislation and regulations. Practitioners should assess and monitor children at risk of neglect to ensure their safeguarding over time, and local authorities should promote inter-agency cooperation to improve the welfare of children. In cases of suspected or alleged child abuse, every worker who encounters children or their families has a duty to safeguard them. Social workers, police or NSPCC must act immediately to secure the safety of children in cases of immediate danger.

Child protection is a process that involves assessing and planning for children's needs, ensuring timely actions are taken, and establishing protocols to safeguard their welfare. Local authorities have the responsibility of assessing the child's needs and determining whether they are in need of protection or suffering significant harm. The assessment should be child-centered and gather important information about the child and family to decide on the level of risk and harm. Practitioners should act decisively to protect the child by initiating care proceedings if necessary and monitor children at risk of neglect.

Immediate action should be taken for children in need of protection. Social workers should acknowledge receipt and make a decision within one working day of referral. Assessment should not exceed 45 working days, and a strategy discussion should be held when there is reasonable cause to suspect significant harm to a child. Section 47 enquiry should be initiated to safeguard and promote the welfare of the child, with local authority social workers leading the assessment and other professionals assisting as needed.

Understanding the roles of a professional

Social workers have various responsibilities for child protection, such as discussing the case with the child, parents, and professionals, determining if support services are needed, and participating in further discussions and plan development. When concerns of significant harm are substantiated, they should convene an initial child protection conference and help prepare the child and offer information about advocacy agencies.

Strategy discussions are held between various agencies when there is reasonable cause to suspect a child is suffering significant harm. Local authority children's social care should lead and convene strategy discussions to determine the child's welfare and plan future actions. Assessment should focus on delivering improved welfare outcomes for the child, and a plan of action should be agreed upon with the social worker, manager, and other professionals involved.

Immediate action should be taken for.

Other professionals should attend the conference and participate in decision making, providing information about their involvement with the child and family. The conference should analyse relevant information and plan how to safeguard and promote the child's welfare. It should appoint a lead statutory body and social worker, identify membership of the core group of professionals, and establish timescales for meetings and production of the child protection plan.

The child protection plan aims to keep the child safe from harm, promote their health and development, and support the family and wider family members. It designates a social worker as the lead professional with statutory responsibility for the child's welfare, considers evidence to decide on legal action, and defines a local protocol for timely circulation of plans after a child protection conference. Discontinuation of a child protection plan is necessary when the child is no longer at risk or has moved away or reached 18 years of age, died, or permanently left the UK.

Social workers and managers should lead inter-agency work, coordinate contributions of family members and professionals, develop and circulate detailed inter-agency plans, undertake direct work with the child and family, and coordinate and update progress reviews. The core group should meet within ten working days from the initial conference, develop the detailed child protection plan based on assessment findings, decide on necessary steps for in-depth assessment, implement the plan and jointly carry out agreed tasks, monitor progress and refine the plan.

Building a culture of Learning and improvement: Protocols for Sharing Information in Safeguarding Children and Families

Information sharing protocols provide guidance for sharing personal information on a case-by-case basis, ensuring effective sharing of information.

The Learning and Improvement Framework involves reflecting on the quality of services and learning from practice to improve services. Good practice should be shared, and rigorous analysis conducted when things go wrong. Local Safeguarding Children Boards (LSCBS) should have a local framework to facilitate improvement and learning across organizations working with children and families. The framework should allow for clear responsibilities and learning from experience.

The Principles of Learning and Improvement for Safeguarding Children involve establishing a culture of continuous learning and improvement, using a proportionate approach to reviews, and ensuring independent leadership of serious case reviews. Participation of professionals and 3 families in the review process is encouraged, and final reports should be published to achieve transparency. Regular monitoring and follow-up are necessary to sustain improvement.

The roles of the Local Safeguarding Children Boards (LSCBS)

The Functions of LSCBS involve developing policies and procedures, communicating the need for safeguarding and promoting welfare, monitoring and evaluating the effectiveness of safeguarding measures, participating in planning services for children, and undertaking reviews of serious cases. Serious Case Reviews are triggered by abuse or neglect of a child leading to serious harm or death with concerns about inter-agency working. LSCBS may commission a case review even if the criteria are not met.

Reviews and Audits for Child Protection are conducted to identify improvements and consolidate good practice. LSCBs should oversee the implementation of action plans and reflect on progress annually. Decisions on initiating a Serious Case Review are made by the LSCB of the area where the child is resident, with a final decision by the LSCB Chair. A panel of experts supports LSCBS in ensuring appropriate action is taken, and qualified and independent individuals are appointed to lead the SCR.

Engagement of relevant organizations in the review process is necessary to identify important factors and take corrective action. The LSCB should provide information upon request and the Chair should be ready to give evidence in person. Finally, a checklist for LSCBS on how to manage the SCR process is provided.