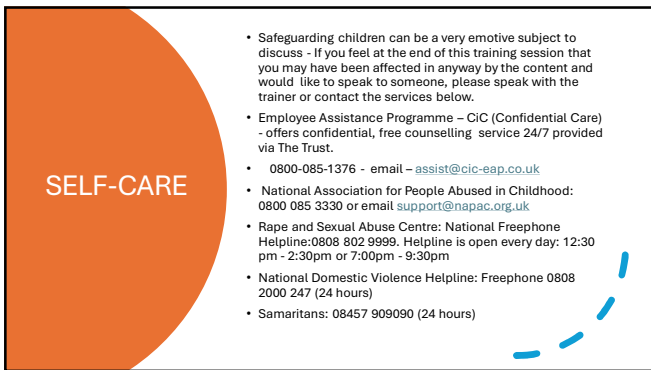




1

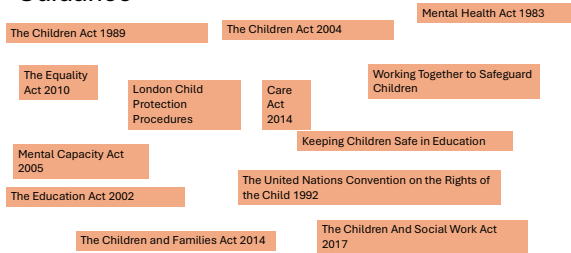


2



3

Legislation and Guidance



4

Why do we need to think about Safeguarding?

We see from Serious Case Reviews historically that Child Abuse happens and can take many different forms which we will consider in due course.

Children **DO** come to harm at the hands of their parents and carers.

This can be both intentional harm and unintended – but both need to be explored.

As professionals we need to remain aware that this can happen and be professionally curious about this.

SAFEGUARDING IS EVERYBODY'S BUSINESS – every contact you have with a client or family should form part of your risk assessment for the adults AND the children in the home (and unborn).

5

VICTORIA CLIMBIE.....

Victoria Climbié – 25/02/2000 – aged 8 years ... On 12 January 2001, Victoria's great-aunt, Marie-Therese Kouao, and Carl John Manning were convicted of her murder.

"Victoria spent much of her last days, in the winter of 1999–2000, living and sleeping in a bath in an unheated bathroom, bound hand and foot inside a bin bag, lying in her own urine and faeces. It is not surprising then that towards the end of her short life, Victoria was stooped like an old lady and could walk only with great difficulty."

"When Victoria was admitted to the North Middlesex Hospital on the evening of 24 February 2000, she was desperately ill. She was bruised, deformed and malnourished. Her temperature was so low it could not be recorded on the hospital's standard thermometer."

"The food would be cold and would be given to her on a piece of plastic while she was tied up in the bath. She would eat it like a dog, pushing her face to the plate. Except, of course that a dog is not usually tied up in a plastic bag full of its excrement."

"At the end, Victoria's lungs, heart and kidneys all failed. At the post-mortem examination, Dr Carey recorded evidence of no fewer than 128 separate injuries to Victoria's body, saying, "There really is not anywhere that is spared – there is scarring all over the body."

"At his trial, Manning said that Kouao would strike Victoria on a daily basis with a shoe, a coat hanger and a wooden cooking spoon and would strike her on her toes with a hammer. Victoria's blood was found on Manning's football boots.

Manning admitted that at times he would hit Victoria with a bicycle chain. Chillingly, he said, "You could beat her and she wouldn't cry ... she could take the beatings and the pain like anything."



6

Roles and Responsibilities

- **Professional/Agency Response – Duty to Report.**
- Professionals in all agencies, whatever the nature of the agency (whether public services or commissioned provider services) who come into contact with children, who work with adult parents/carers or who gain knowledge about children through working with adults, should:
 - Be alert to potential indicators of abuse or neglect
 - Be alert to the risks which individual abusers or potential abusers, may pose to children
 - Be alert to the impact on the child of any concerns of abuse or maltreatment
 - Be able to gather and analyse information as part of an assessment of the child's needs
- **Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part.**
- **A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.**
- **Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements in any local area to safeguard and promote the welfare of children and improve the outcomes for children.**
- **All professionals in the agencies with contact with children and members of their families MUST make a referral to LA children's social care if there are signs that a child or unborn baby:**
 - Has suffered significant harm through abuse or neglect;
 - Or is likely to suffer significant harm in the future.

10

When to Make a Referral to Children's Social Care.


- If a child (under 18 yrs) makes a disclosure that they have been hit by their parent/carer – this is an automatic referral to children's services.
- If an adult makes a disclosure that they have hit their child – regardless of the nature and circumstances of this and any remorse/regret about this – this is also an automatic referral to children's services.
- If a child makes a disclosure of sexual abuse – this is an automatic referral to children's services. Consideration should also be made in relation to contact with the police.
- If an adult makes a disclosure of sexual abuse towards a child (including images) – this is an automatic referral to the police/MASH.

11

CONSENT

- Where practicable, concerns should be discussed with the parent and agreement sought for a referral to LA children's social care unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions or reactions; For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse or induced illness has taken place.
- Where a professional decides not to seek parental permission before making a referral to LA children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to LA children's social care.
- A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a manager or the designated safeguarding children professional and the outcome fully recorded.
- If, having taken full account of the parents' wishes it is still considered that there is a need for referral:
 - The reason for proceeding without parental agreement must be recorded;
 - The parent's withholding of permission must form part of the verbal and written referral to LA children's social care;
 - The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

12



SHARING INFORMATION

- Sharing information is an intrinsic part of any frontline practitioners job when working with families.
- Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet.
- Poor or non-existent information sharing is a factor repeatedly identified as an issue in Serious Case Reviews carried out following the death or serious injury to a child.
- **IN SOME SITUATIONS, SHARING INFORMATION CAN BE THE DIFFERENCE BETWEEN LIFE AND DEATH.**
- Fears about sharing information **CANNOT** be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.
- **EVERY PRACTITIONER MUST TAKE RESPONSIBILITY FOR SHARING THE INFORMATION THEY HOLD, AND CANNOT ASSUME SOMEONE ELSE WILL PASS ON INFORMATION, WHICH MAY BE CRUCIAL TO KEEPING A CHILD SAFE.**

13

THINK FAMILY

- The **THINK FAMILY** agenda recognises and promotes the importance of a whole-family approach which is based on the principles of "**Reaching out – think family**".
- **No wrong door** – all service should offer an open door into a system of joined up support. This is based on more coordination between adult and children's services.
- **Looking at the whole family** – services working with both adults and children take into account family circumstances and responsibilities. For example, an alcohol treatment service combines treatment with parenting classes while supervised childcarers is provided for the children.
- **Providing support tailored to need** – working with families to agree a package of support best suited to their particular situation.
- **Building on family strengths** - practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities.
- **Every contact counts** – any contact you have with a client or their family in whatever form this takes should form part of your ongoing risk assessment for **EVERYONE** in the family home

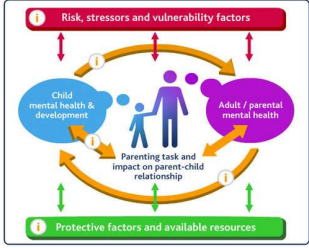
14

THINK FAMILY


What is Think Family Safeguarding?

Think Family approach is a strengths-based framework, promoting:

- Joined-up working between adult and children services
- Identification of health and safety needs of all family members
- Ensuring that the child's welfare is paramount
- Recognising Risks and Vulnerabilities
- Lessons from serious incidents and tragic child deaths indicate poor information sharing between services
- Parental mental health and the wellbeing of children and adults in the family are linked.



15



THINK FAMILY

Who Lives in Your House?

What Are Their Roles?

If Children in the home – Who Has Parental Responsibility?

What about the males in the home

Think about the child in every session and every interaction with parents

Does this person have contact with children outside of the family home

What are the risks?

16

KEEPING A CHILD IN MIND

ARE THERE ANY CHILDREN IN THE FAMILY HOME?

WHAT IS IT LIKE FOR THEM KNOWING WHAT WE DO ABOUT PARENTAL ISSUES AND PRESENTATION?

ADVERSE CHILDHOOD EXPERIENCES

WHOLE FAMILY APPROACH

HOW DO YOU THINK YOU WOULD FEEL – RELATE TO CHILDREN?

CONSIDER THE CHILD'S LIVED EXPERIENCES

WHAT DO YOU THINK IT WILL FEEL LIKE FOR THE CHILD IN THE HOME?

IS THE CHILD A YOUNG CARER?

17

FINAL THOUGHTS.....

Kids Are Not Responsible For.....

- Caring for siblings...
- Being emotional supports for adults...
- Finding money to pay bills...
- Creating rules, structure and order because the adults can't or won't...
- Taking care of their parents emotionally...
- Managing fights between parents...
- Protecting themselves from adults...
- Figuring things out on their own...

18

SAFEGUARDING TEAM

SAFEGUARDING
ADVICE

➔

Telephone – 01322 625009

Safeguarding Children Email –
oxl-tr.safeguardingchildren@nhs.net

Safeguarding Adults Email –
oxl-tr.adultsafeguarding@nhs.net

19



QUESTIONS.

20
