



Redbridge Safeguarding Children Partnership

LSCB Designated Safeguarding Lead (Level 3)

Facilitator: Amanda Jones
LSCB Training Manager

TRAINING TRANSFER MATERIALS

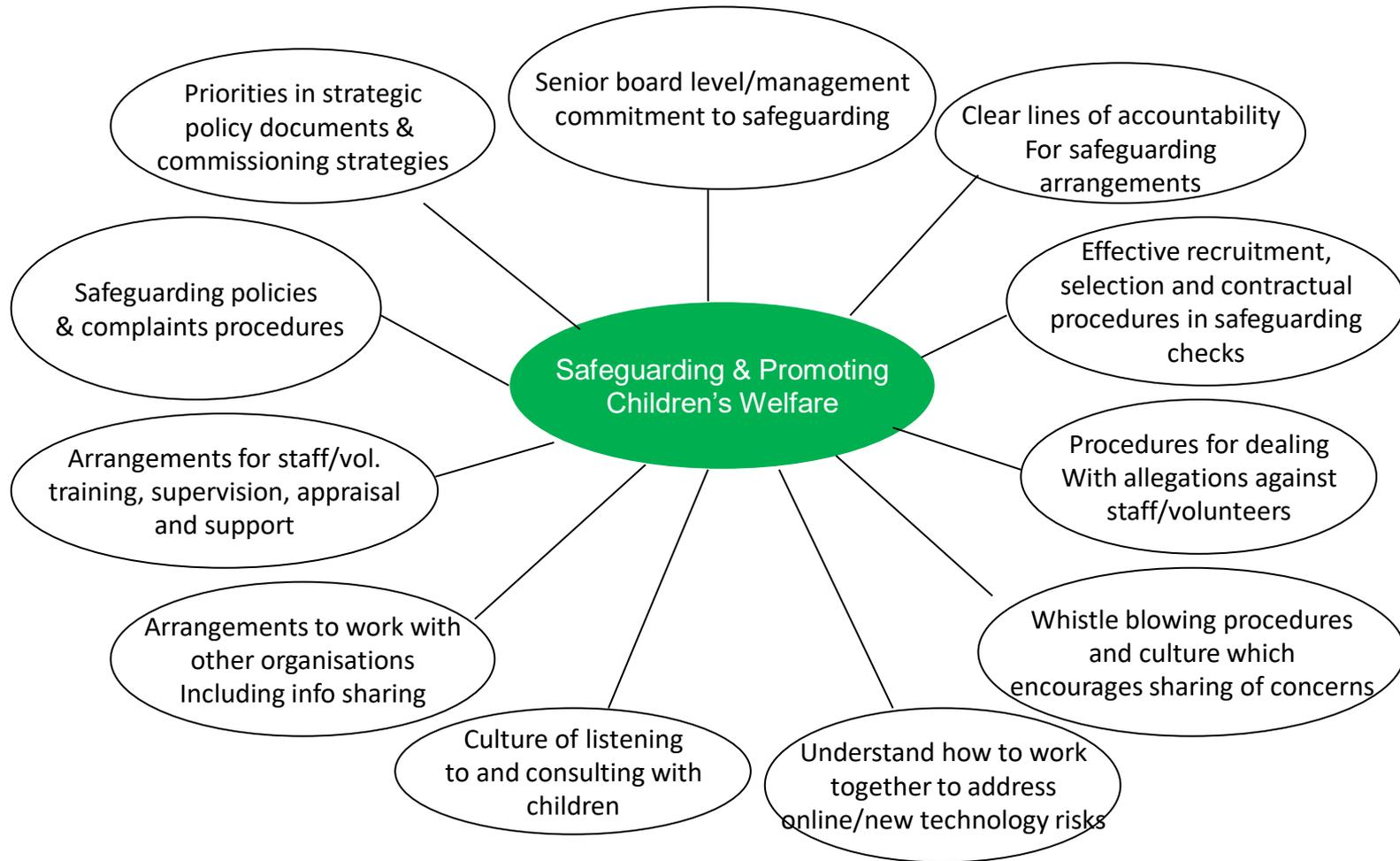
Thank you for attending thank you for attending our course. This PDF is for your reference and to help you pass on your learning to your teams. Remember there is lots more on the [RSCP website](#), including our full training programme.

Learning Objectives

By the end of the training, participants will:

- Recognise and challenge their own values regarding abuse and maltreatment and its impact on professional practice.
- State the processes needed to ensure a safe environment for children.
- Recognise barriers and challenge blocks to disclosure of abuse
- Understand the actions to take when informed of concerns, including concerns regarding staff or volunteers.
- Understand the Early Intervention Process and the workings of the Multi-Agency Safeguarding Hub
- Consider the referral process and what further role they may have in plans to safeguard children
- Demonstrate an awareness of the emotional dimension of safeguarding work and identify a network for support within their organisations

Services for children, parents or families should have in place:



Designated Leads for Safeguarding

- Are the first point of contact for all staff and volunteers
- Have a higher level of safeguarding training
- Are responsible for ensuring that their organisation's safeguarding policy is kept up to date
- Comply with safer recruitment procedures and induction.



Redbridge Safeguarding Children Partnership

- Making decisions about whether staff concerns are sufficient enough to notify Children's Social Services or whether other courses of action are more appropriate, for example the completion of a CAF
- Make formal referrals to the Child Protection and Assessment Team (CPAT)
- Ensure that concerns are logged and stored securely
- Are responsible for promoting a safe environment for children and young people
- Know the contact details of relevant statutory agencies



Redbridge Safeguarding Children Partnership

What policies and procedures fall under the safeguarding umbrella?

- Child Protection and safeguarding policy
- Recruitment and selection policy
- Data protection and confidentiality policy
- Lone working policy
- Equal Opportunities Policy
- Anti-Discrimination Policy
- Whistleblowing Policy
- Code of Conduct policy
- Disciplinary Procedure
- Recruitment and Selection
- Safeguarding Children Policy
- Major incident policy



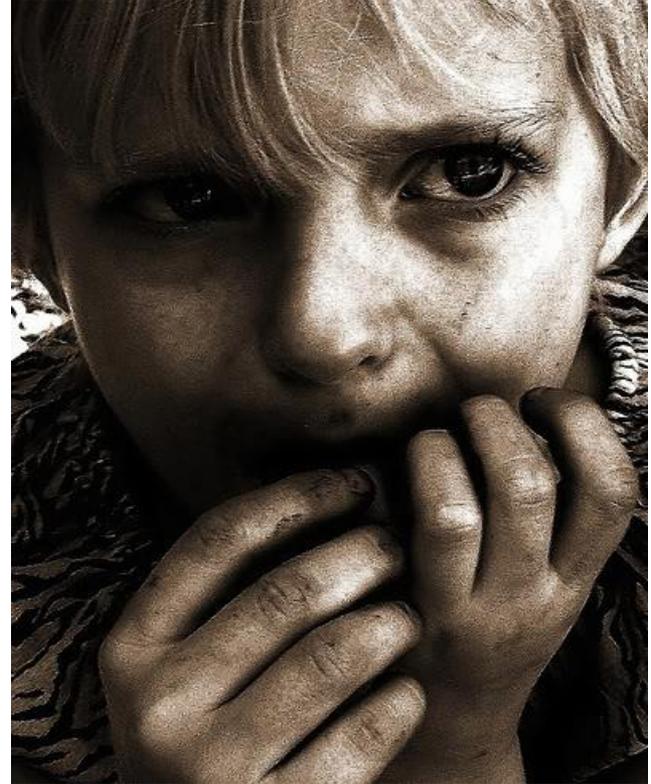
Redbridge Safeguarding Children Partnership

Duty to report a serious incident to charity commission

The Charity Commission needs to ensure trustees comply with their duties:

- By reporting a serious incident, you demonstrate that you have identified a risk to the charity and that the trustees are taking appropriate action to deal with it.
- The potential for reputational damage can be lessened, however, if you can show that the incident has been handled well; this will also allow the Commission, if asked by the media, Parliament or the public, to state that the trustees acted responsibly.
- Trustees should always put appropriate safeguards in place and take reasonable steps to ensure their charity is not exposed to undue risk. Otherwise it can be vulnerable to fraud, theft or other kinds of abuse and trustees may be in breach of their duties.

Neglect



<https://www.youtube.com/watch?v=bF3j5UVCSCA>

Definition of Neglect

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.

May occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

[LSCB Neglect Toolkit](#)

[LSCB Neglect Checklist](#)

Additional Vulnerability and the Risk of harm for Disabled Children

Disabled children are 3-4 times more likely to be abused and hence require greater safeguarding. (NSPCC)

Disabled children can be at risk of:

- Unjustified or excessive physical restraint
- Rough handling
- Force feeding
- Extreme behaviour modification (deprivation of food, liquid, medication or clothing)
- Misuse of medication, sedation, tranquillisation
- Multiple carers

There may be lack of awareness of risk, reluctance to believe abuse taken place, indicators of abuse attributed to impairment and a lack of effective communication

Homophobia, transphobia, biphobia

Domestic violence and abuse

Sexual violence

Harmful Sexual Behaviours (HSB)

Trafficking

Debt bondage

Peer on Peer violence, exploitation and abuse

Child Sexual Exploitation (CSE)

Gang involvement

County lines involvement

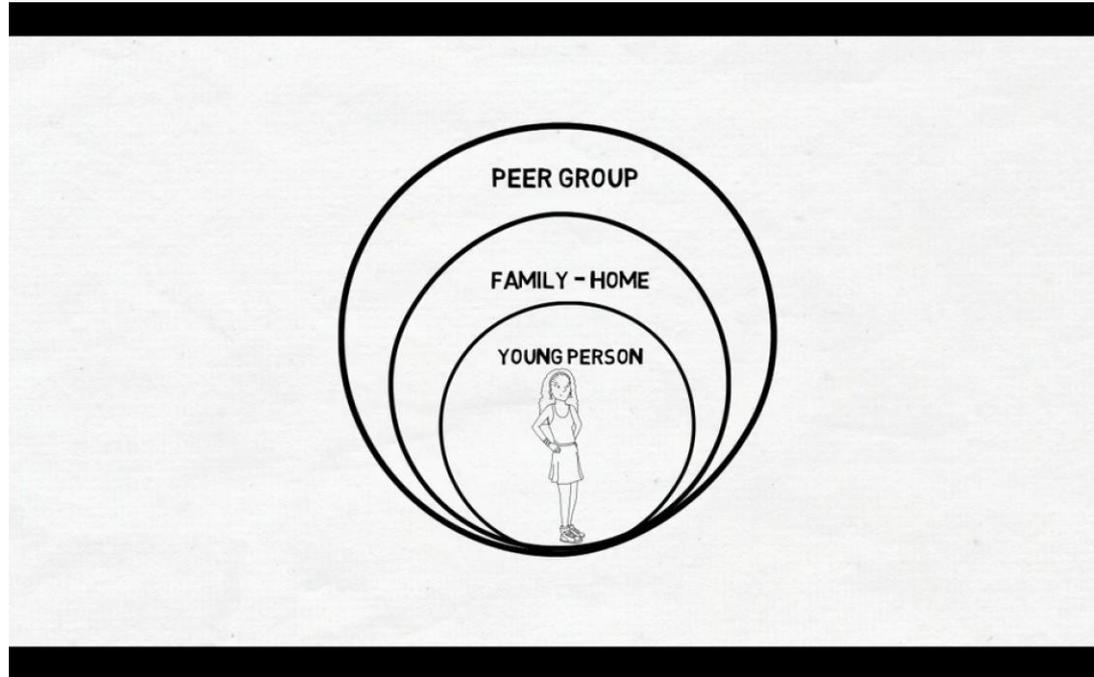
Racism

Retaliation and punishment

Bullying, harassment, trolling

Kidnap and torture

What is contextual Safeguarding?



<https://contextualsafeguarding.org.uk/publications/webinars-videos-and-podcasts>

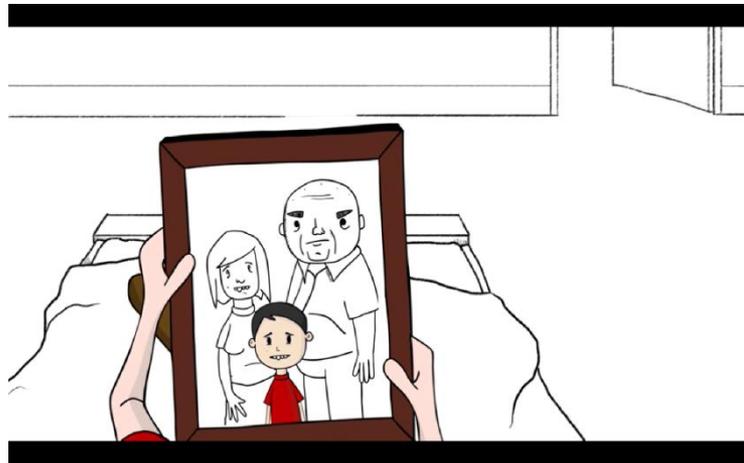
<https://www.youtube.com/watch?v=bCFZQcalgDM&feature=share&app=desktop>

Parental Histories and the Cycle of Abuse

- A parent's childhood history plays a large part in how he or she may behave as a parent.
- Individuals with poor parental role models or those who did not have their own needs met may find it very difficult to meet the needs of their children.

Adverse Childhood Experiences

<https://www.youtube.com/watch?v=95ovIJ3dsNk>



ACES – the experience of the child growing up

<https://www.youtube.com/watch?v=XHgLYI9KZ-A>

The relationship between poverty, child abuse and neglect?

CAUTION: Don't confuse correlation with causation

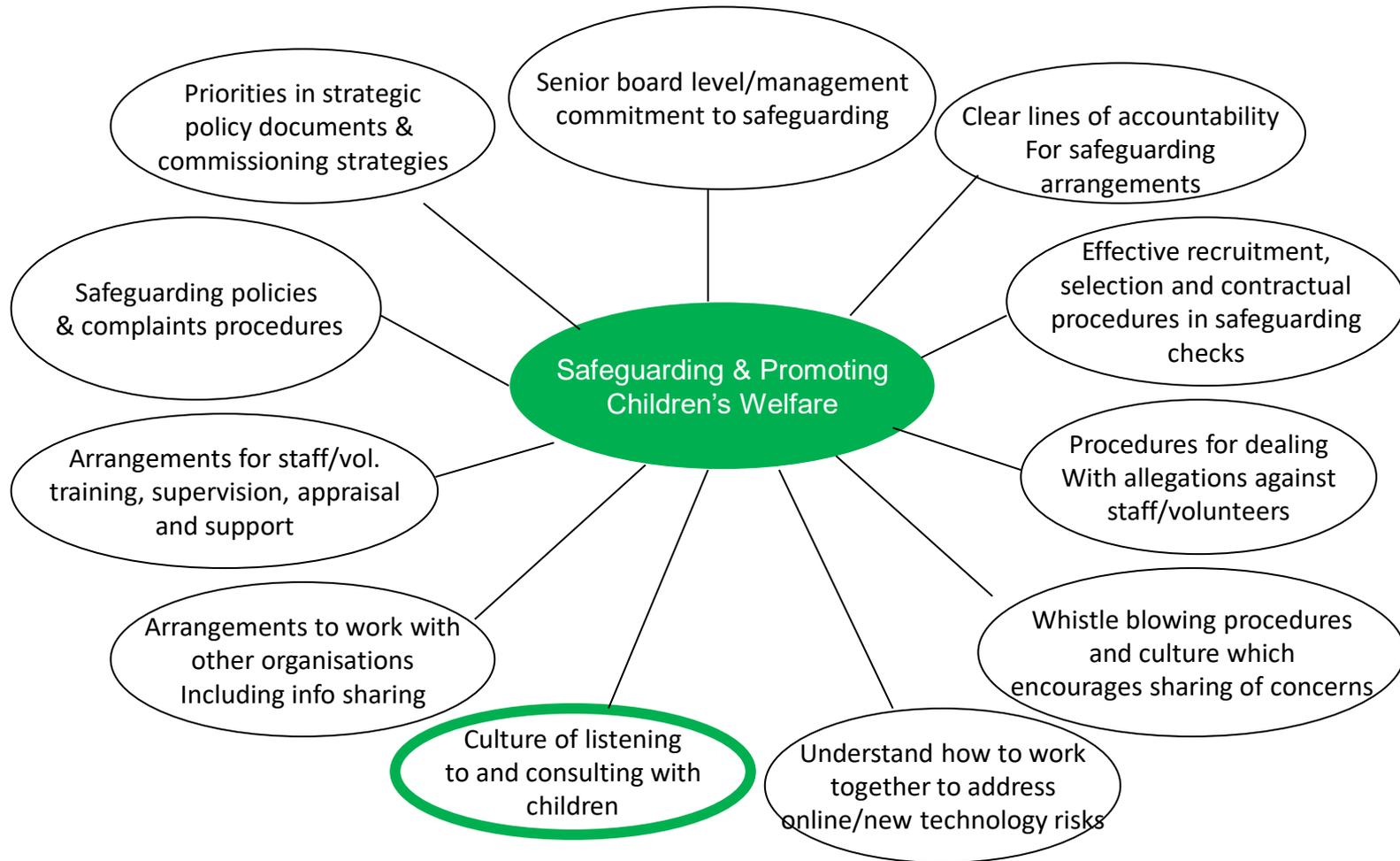
The most widely given explanations for the relationship and the prevalence of abuse and neglect suggest either:

- A direct effect – through material hardship or lack of money to buy in support
- An indirect effect – through parental stress and neighbourhood conditions

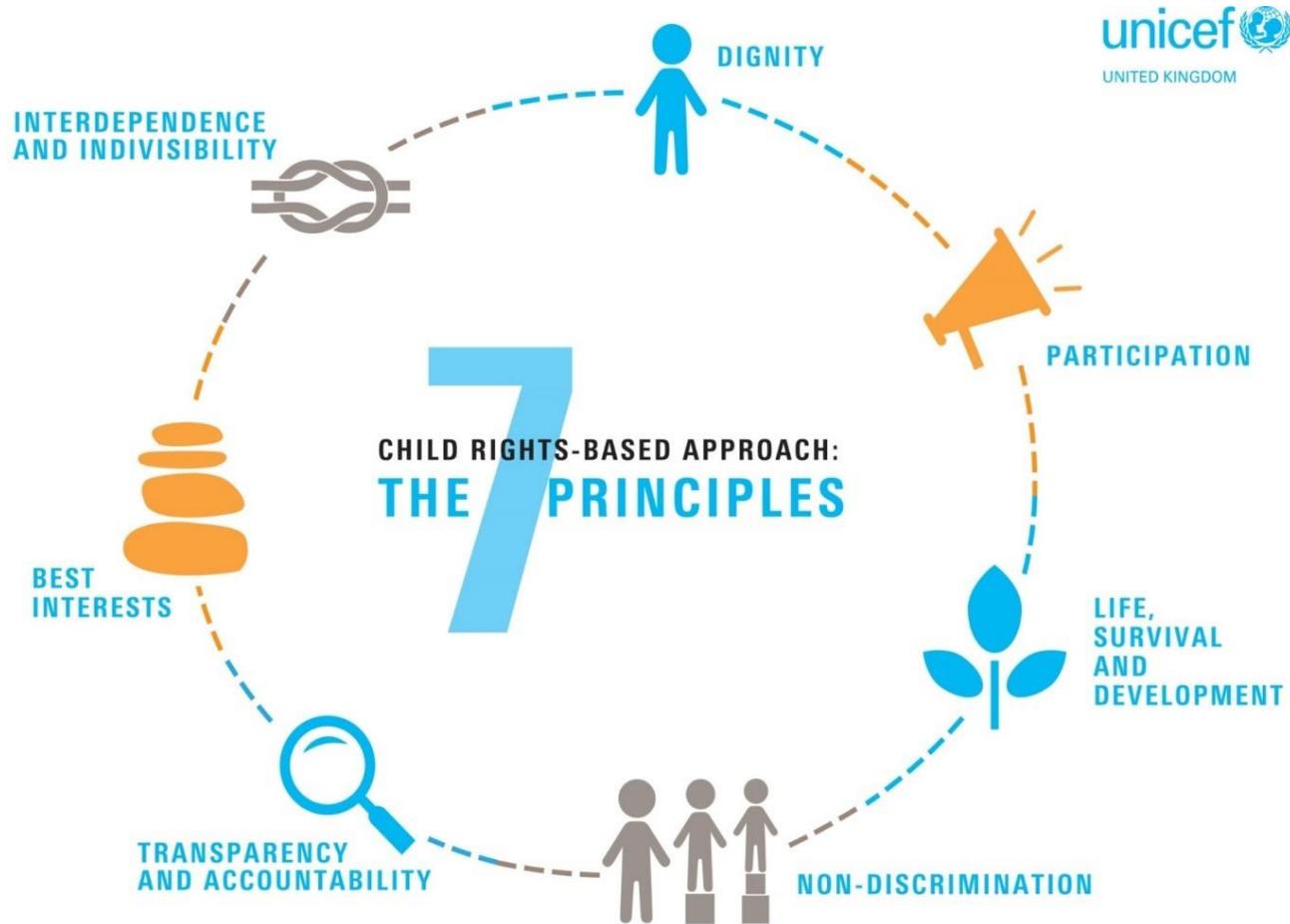
<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>

Bywaters et al, 2016

Services for children, parents or families should have in place:



UN Convention on the Rights of the Child



Voice of the Child

Did not attend?

<https://www.youtube.com/watch?v=dAdNL6d4lpk>



What happens when children and young people are not listened to?

- Children are less safe
- Assessments, plans etc. are not child-centred and unlikely to impact outcomes
- Children are less happy and their wellbeing and self-worth is affected
- Children become less visible and adult needs can dominate
- Assumptions are made about children's lives
- Knowledge about children is limited to their relationships with adults



Redbridge Safeguarding Children Partnership

What children and young people say they need?

- Vigilance
- Understanding and action
- Stability
- Respect
- Information and engagement
- Explanation
- Support
- Advocacy

[Working Together to Safeguard Children: Young People's Version](#)

Findings from serious case reviews

- Lack of shared understanding of individual agency threshold
- Professional anxiety and reluctance to act
- Lack of professional challenge and inadequate supervision
- Poor recording
- Poor leadership
- Keeping track of families

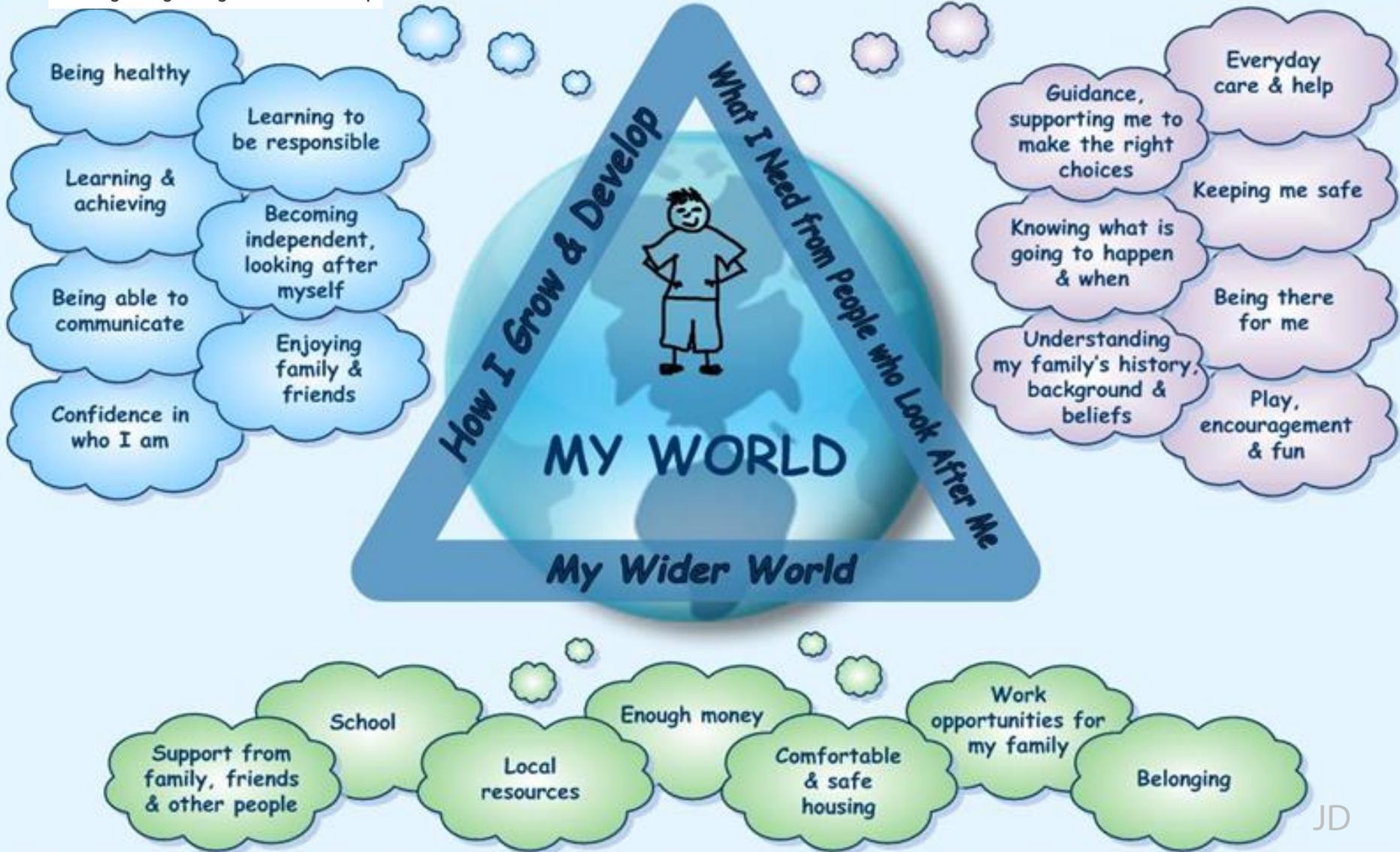
Resilience

‘Children become more or less resilient depending on the opportunities they are given, not because they are born with a quality called ‘resilience’ (Newman 2011:4)

Public Health England:

Building Children’s Resilience in Schools

<http://www.instituteofhealthequity.org/resources-reports/building-children-and-young-peoples-resilience-in-schools/evidence-review-2-building-childrens-and-young-peoples-resilience-in-schools.pdf>



<http://www.socialworkerstoolbox.com/how-it-looks-to-me-assessing-wishes-feelings-booklet/>

How it looks to me



It invites the child to talk/draw/write about the following topics:

- About me (who lives with me & who doesn't but means a lot to me)
- Helping my family (who helps my family & looks after me) My life (likes & dislikes)
- My feelings
- My strengths
- My life journey
- My worries
- Feelings of safety
- Family
- Future hopes

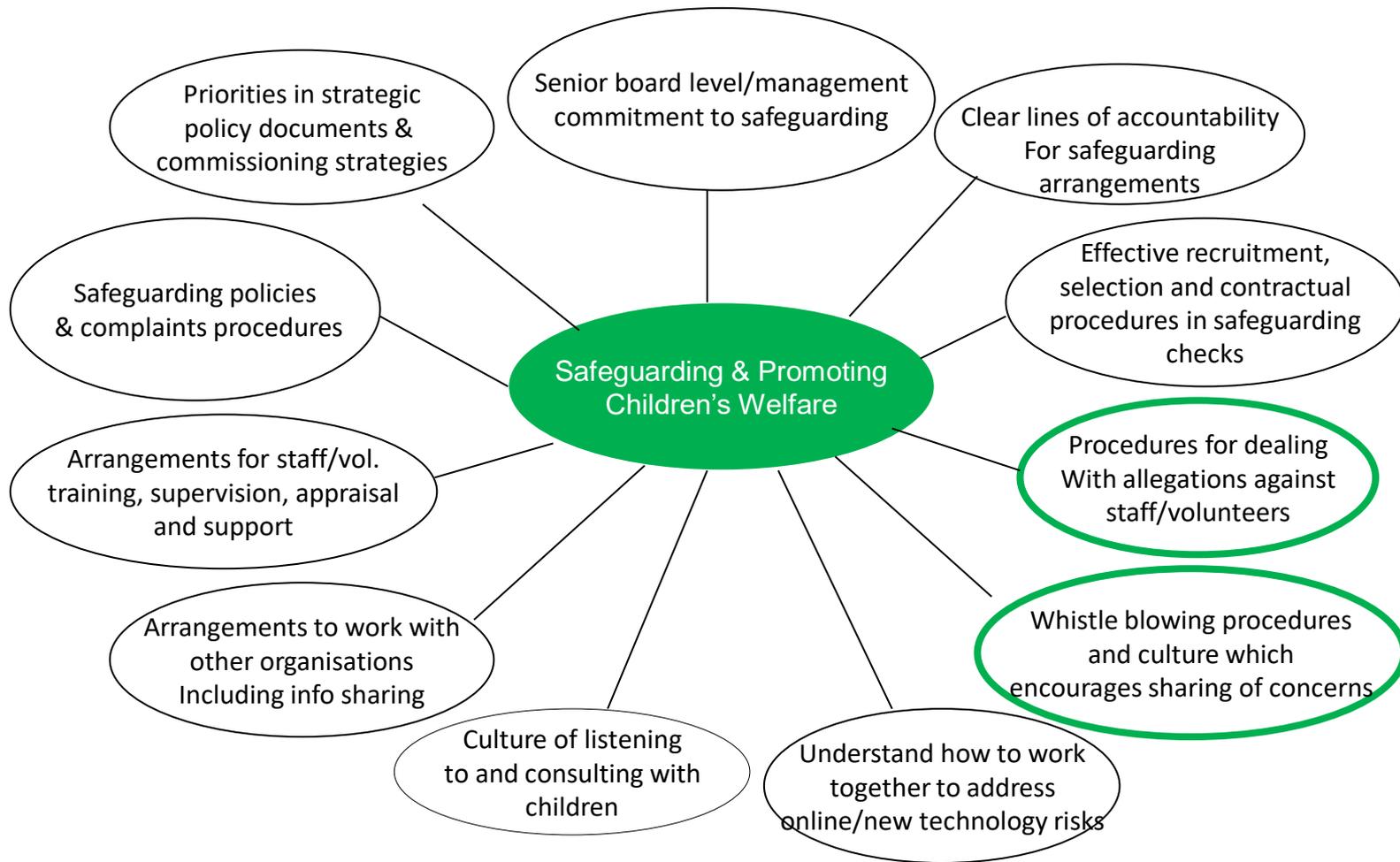




Redbridge Safeguarding Children Partnership

What are the barriers to safeguarding?

Services for children, parents or families should have in place:



LADO thresholds

LADO procedures should be applied when there is an allegation that any person who works with children, in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Or

- Has behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include arrest for possession of a weapon;
- As a parent or carer, has become subject to child protection procedures;
- Is closely associated with someone in their personal lives (e.g. partner, member of the family or other household member) who may present a risk of harm to child/ren for whom the member of staff is responsible in their employment/volunteering.

LADO Referral Pathways

Allegation is made by a young person and is immediately reported to the DSL. If a child is at immediate risk then an urgent referral should be made to the Redbridge MASH team on 020 8708 3885 (weekdays from 9-5) and on 020 8708 5897 if it is out of hours.

LADO referral should be made to lado@redbridge.gov.uk or 02087085350 within 24 hours of the allegation being made.

If an employee raises an allegation about a co-worker with the manager and is not happy with the response from the manager then they should follow whistleblowing procedures and consider contacting the LADO for advice.



LADO will make a decision as to whether the case meets the LADO thresholds and whether an Allegations Against Staff and Volunteers Meeting is required.



LADO thresholds not met, and case is recorded as a consultation



Investigation is carried out by the police, social services, or employer. Following the investigation the outcome is agreed by all professional involved. The possible outcomes are as follows:



Substantiated



Unsubstantiated



False



Malicious

Safer Practice as a Professional

- Abide by the organisations policies and procedures around safeguarding & child protection, code of conduct, information management; complaints
- Consider what 'safer practice' looks like in your professional context
- Maintain professional boundaries
- Use supervision appropriately, voice professional dilemmas
- Deal with complaints professionally and immediately



Is this the ‘culture’ of safeguarding?

- We have a particular cultural attitude to mistakes...we admire those who steadfastly stick to their views, rather than call them ‘stubborn and pig-headed’ (Munro 2008)!
- Do we tend criticise those who alter their judgements as weak?
- Do we work in a ‘crowded’ environment where we don’t have time to think?
- Can practitioners access knowledge easily?
- Can we prevent workers engaging in “avoidance, forgetting, rejecting or reinterpreting evidence” that challenges their beliefs?

Munro: 5 Stage Model: Understanding risk

1. **What is or has been happening?**
2. **What might happen?**
3. How **likely** are these outcomes?
4. How **severe** are the consequences?
5. The overall **judgment of the risk** – a combination of the likelihood and severity.

Triennial Review of Serious Case Reviews

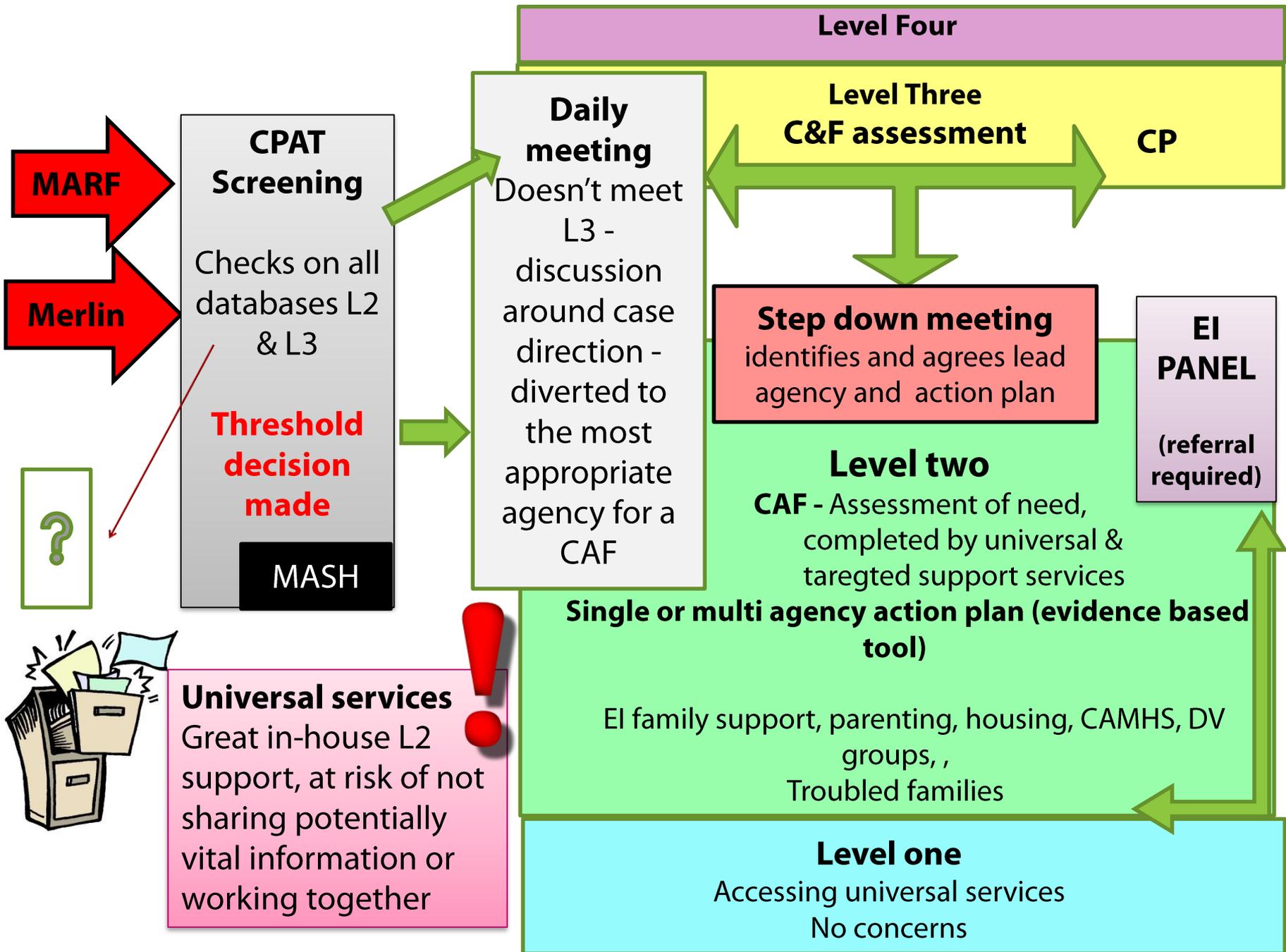
- 293 notifications : 63 in 2011-12, 95 in 2012-13, and 135 in 2013-14
- 41% were aged under one year at the time of their death, or incident of serious harm
- half of these babies (43%) were under 3 months old
- 22% were aged between 1 and 5 years
- 10% aged between 6 and 10 years.
- 28% young people aged 11 years and over; of whom 41 were aged 11-15 years, and 40 aged 16-18 years

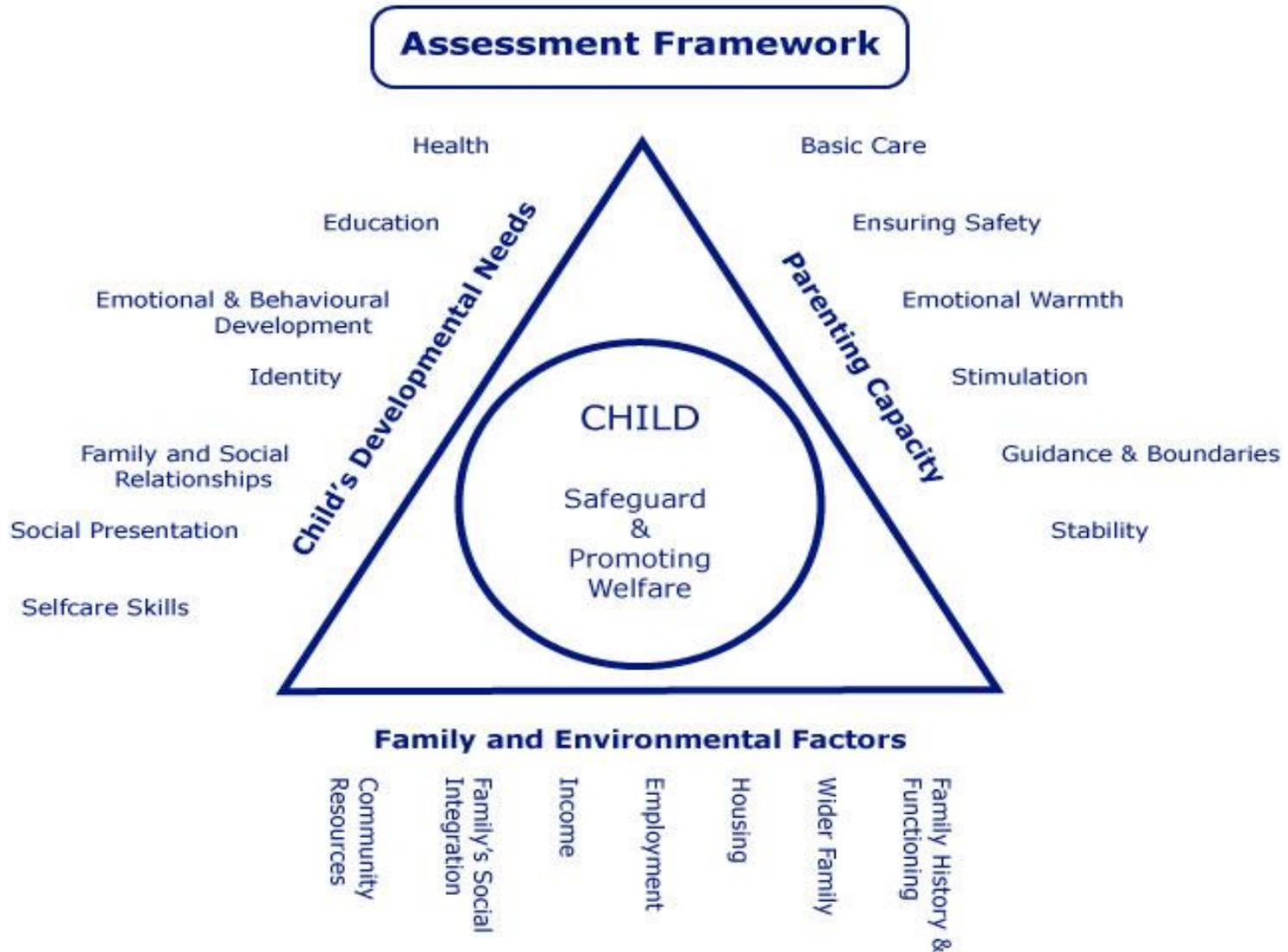
Are you worried about a child?

How to access early help and thresholds for referral to children's social care

<http://www.redbridgescb.org.uk/wp-content/uploads/2015/09/Redbridge-LSCB-Multi-Agency-Thresholds-Document-March-2018.pdf>

Making a referral





- All NSPCC/ anonymous referrals
- All children whose identity is unknown
- Children/ YP who may have been trafficked
- Children/ YP at risk of sexual or other exploitation
- Transient families
- All referrals where DV is an issue (where there are children in the family under 5 years old or unborn) and additional information is needed to determine the threshold
- Repeat missing persons
- Adults who pose a risk to children
- Cases being placed in the hospital maternity tray
- All referrals where there has been a previous MARAC discussion
- Referrals about a child found begging whereby additional information is needed to determine the threshold
- Minor concerns about a child on a repeat basis
- Children involved in gangs
- Female genital mutilation
- Channel referrals
- Modern Day Slavery

What makes a 'good' referral?

- Timely – make the referral as soon as you have cause for concern – do not wait for the end of the working day.
- Use the thresholds document – ['Are you worried about a child? How to access early help, and thresholds for referral to children's social care, September 2018'](#) to ensure that you are making an appropriate referral and proportionate response to your concern. If in doubt, call the MASH on 020 8708 3885 to discuss.
- Consider whether it is appropriate to make some initial enquiries, prior to submitting a referral – rather than make a referral prematurely.

[Information Sharing July 2018](#)

- Concise – avoid long narratives, keep to the reason for the referral (Section E – page 3) i.e. what is causing you concern (usually one or two paragraphs is adequate).

- Ensure all sections of the Multi-Agency Referral Form (MARF) are completed wherever possible, particularly the demographics (i.e. DOB, address, parental details) that are needed in order for partner agencies in the MASH to interrogate their IT systems.
- Legible – write clearly, typing where possible, so that the form doesn't need to be deciphered which can cause a delay or even a misunderstanding.
- Include direct quotes from the child if they will support the understanding of the child's lived experience.
- Follow up if you haven't heard the outcome of your referral within 24 hours.

What are the pitfalls to avoid when making a referral?

- Check that the child or young person that you are concerned about actually resides in Redbridge – use an on-line [postcode checker](#) if you are in doubt.
- Ensure you are using the correct form (MARF) – any other form will not have the correct fields on it and an out of date version may have invalid contact details.
- If the child is already known to either Children’s Social Care or the Early Intervention Service/Families Together Hub, contact the allocated Social Worker or Family Support Worker direct with your concerns rather than using a MARF. If you don’t know the contact details for the relevant professional, call and ask the Child Protection and Assessment Team (CPAT) to look this up for you (020 8708 3885).

- Don't let your primary concern get buried in too much detail, irrelevant points, hearsay or general narrative.
- Do not share a child's disclosure with parents or carers if to do so would put the child at further risk.
- Do not let anxiety about Data Protection stand in your way to making a child protection referral – consent is not required if you have genuine safeguarding concerns about a child's welfare.

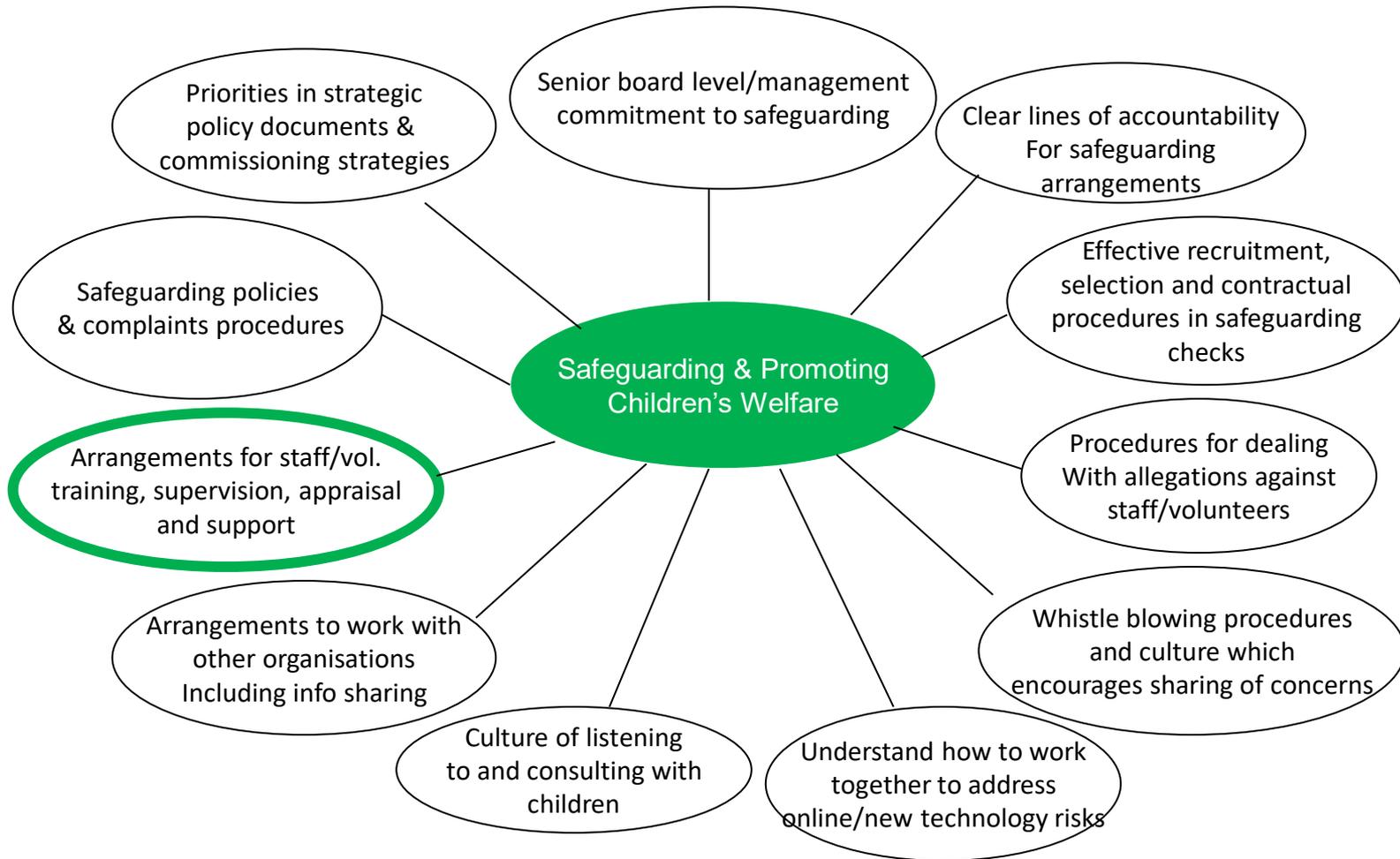
Sometimes we don't agree..

LSCB Resolution and Escalation Policy

Disagreements between practitioners and agencies can arise at any stage in the safeguarding process and between any of the agencies involved. Some examples of potential areas of disagreement may include:

- Levels of need/threshold
- Concerns in relation to an agency's response to safeguarding concerns
- Roles and responsibilities
- Intra/inter agency communication
- Disagreement on lead agency or professional (this can be at step down or step up to/from children's social care intervention)
- Practice/case management issues

Services for children, parents or families should have in place:



Professional Dangerousness / Professional Optimism / Disguised compliance

- May be illustrated by a professional being allowed to:
 - Operate alone and unsupported
 - Collude with a family in order to avoid the real issues *“it would damage my relationship”*
 - Act without a theoretical base and systematic, structured approach to intervention
 - Maintain unrealistic optimism about families, against all evidence

Professional Dangerousness / Professional Optimism / Disguised compliance / 2

- Become over-involved and over-identified with a family so that he or she “can’t see the wood for the trees”
- Avoid recognising and dealing with own personal feelings and values, including cultural or religious values
- Avoid contact with the child or family due to unacknowledged fears for personal safety

Supervision

A process by which one worker is given responsibility by the organisation to work with another in order to meet certain organisational professional and personal objectives which together promote the best outcomes for service users. (Morrison, 2005)

Four key interdependent functions of supervision:

- Management – Ensuring competent/accountable practice and performance
- Development – Facilitating continuous professional development
- Support – Providing personal and emotional support to workers
- Mediation – Engaging the individual with the organisation.

Supervision

View:

- <https://www.rip.org.uk/resources/publications/practice-tools-and-guides/reflective-supervision-resource-pack-2017>

LSCB Model Safeguarding Supervision Policy and Guidance for Designated Safeguarding Leads

- <http://www.redbridgelscb.org.uk/professionals/publications-policies-and-procedures/policies-and-procedures/>



Redbridge Safeguarding Children Partnership

‘We need to foster resilience by providing ... staff with the scaffolding they need to get out there, work with the most vulnerable members of our society with the emotional intelligence and compassion that will make a difference. Relationships are at the heart of good ... practice and relationships must be at the heart of the way we supervise and manage as well’.
(Wonnacott, 2013)

Training Transfer

- Feedback to your manager and teams
- Distribute RSCP [Thresholds document](#)
- Understanding Mash: [Shadow opportunities](#) available
- CPPD:
 - Child Protection Conferences and the Strengthening Families Approach
 - Supervising Safeguarding
 - Safer Recruitment

<http://www.redbridgescp.org.uk/>