



# Safeguarding Children

*Level 1- All Staff  
Core Skills Reader*





## Introduction to the Core Skills

The Core Skills standardises the training for 11 subjects commonly delivered as part of statutory and mandatory training requirements for health and social care organisations.

For each subject a set of learning outcomes has been agreed nationally and is set out in the UK Core Skills and Training Framework (a copy of the framework is available on the Skills for Health website: [www.skillsforhealth.org.uk/](http://www.skillsforhealth.org.uk/)).

The learning outcomes specify what needs to be covered in the training for each Core Skills subject. This ensures a quality standard is set and provides clear guidance for organisations to deliver against these requirements as well as recognise the equivalent training delivered externally. This allows for Core Skills training to be portable between organisations and prevents the needless waste and duplication of statutory and mandatory training where it is not required.

To aid organisations in the delivery of the Core Skills subjects, these education resources have been developed to be aligned to the learning outcomes in the UK training framework. Organisations have the flexibility to deliver these resources in a variety of formats as well as adapting them, for example adding localised content alongside the Core Skills Materials.

If you require any further information about the Core Skills, in the first instance please contact the Learning and Development Lead in your organisation.

In the North West the implementation and management of the Core Skills is overseen by the North West Core Skills Programme on behalf of Health Education North West. The programme can be contacted on: [CoreSkills.Programme@nhs.net](mailto:CoreSkills.Programme@nhs.net)

## Introduction to Safeguarding Children

This reader covers the Core Skills learning outcomes for Safeguarding Children. It can be used either as a standalone document or as supporting material alongside the Safeguarding Children presentation or eLearning package (the relevant slide numbers and eLearning pages are given with each sub-heading). Whichever way the reader is used, it is recommended that the Safeguarding Children Assessment is completed afterwards to allow the learner to demonstrate they have retained the knowledge and learning required to support best practice.

This resource has been designed to cover induction level training and addresses the key principles in Safeguarding Children. It covers the general information about Safeguarding Children that everyone should be aware of. It is mapped against the Level 1 learning outcomes in the UK Core Skills Training Framework.

The training covered here is likely to be a minimum requirement for all staff working in a health setting and specific staff groups may require additional training dependent upon their role.

It is anticipated that it will take you approximately 20-30 minutes to complete this reader. Current national guidelines recommend that the subject of Safeguarding Children is repeated a minimum of every three years.

## What you will learn in this Reader

1. Aware of the relevant Safeguarding Children legislation
2. The importance of children's rights and their safeguarding
3. How parents'/carers' physical and mental health can affect a child's wellbeing
4. Recognise potential indicators, types and range of child abuse/maltreatment
5. The risks associated with the internet and online social networking
6. How to raise concerns and seek advice



## The Human Rights of Children

Children have rights as human beings and also need special care and protection. In 1989, governments worldwide promised all children the same rights by adopting the UN Convention on the Rights of the Child. The Convention is a universally agreed set of non-negotiable standards and obligations. These basic standards (also called human rights) set minimum entitlements and freedoms that should be respected by governments. These rights are based on what a child needs to survive, grow, participate and fulfil their potential. They apply equally to every child, regardless of who they are, or where they are from.

Every day these rights are denied. Millions of children are dying from preventable diseases. Millions more don't go to school, or don't have food, shelter and clean water. Children are subjected to violence, abuse and discrimination, and go unheard. This is wrong.

The United Nations Convention on the Rights of the Child (UNCRC) is an International agreement spelling out the basic human rights to which all children are entitled and was ratified by the UK Government in 1991. Therefore the convention is a legally binding instrument. A summary of the UNCRC is available below:

<http://www.unicef.org.uk/UNICEFs-Work/>

The UNCRC sets out the civil, political, economic, social, health and cultural rights of children. It defines a child as any human being under the age of eighteen.

The Convention says that every child has:

- The right to a childhood (including protection from harm)
- The right to be educated (including all girls and boys completing primary school)
- The right to be healthy (including having clean water, nutritious food and medical care)
- The right to be treated fairly (including changing laws and practices that are unfair on children)
- The right to be heard (including considering children's views)

## Defining Safeguarding Children

Safeguarding children can be defined as the actions we take to promote the welfare and wellbeing of the child. It is more than child protection. Everyone who comes into contact with children and families has a role to play in safeguarding, making it everyone's responsibility. **A child is defined as anyone who has not yet reached their 18th birthday.** 'Children' therefore means 'children and young people' throughout this document.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring children are growing 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 to safeguard children, 2013)

<https://www.gov.uk/government/publications/working-together-to-secure-childrens-futures>

Working together to Safeguard Children 2013 is statutory guidance which sets out how organisations and individuals should work together to safeguard and promote the welfare of children including how practitioners should conduct the assessment of children. The guidance applies to and must be followed by local authority chief executives, directors of children's services, local safeguarding children board chairs and senior managers within organisations who commission and provide services for children and families. This includes social workers and professionals from health services, adult services, the police, academy trusts, education and the voluntary and community sector who have contact with children and families. All relevant professionals should read and follow the guidance so that they can respond to individual children's needs appropriately.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.



## Safeguarding Children Legislation

In the UK there is no single piece of legislation that covers safeguarding children, but a number of separate laws. The Children's Act 1989 provides a comprehensive framework for the care and protection of children. It centres on the welfare of children up to their 18th birthday. It defines parental responsibility and encourages partnership working with parents. Interagency co-operation is encouraged.

The Children's Act 2004 supplemented the 1989 Act and reinforced the message that all organisations working with children have a duty in helping safeguard and promote the welfare of children. The child's wishes need to be taken into consideration before deciding on the best service to provide.

Other relevant legislation includes the Sexual Offences Act 2003. One of the aims of this act is to protect children and families from sexual abuse.

For more information, please select the links below:

**Children Act 1989:** [www.legislation.gov.uk/ukpga/1989/41](http://www.legislation.gov.uk/ukpga/1989/41)

**Children Act 2004:** [www.legislation.gov.uk/ukpga/2004/31](http://www.legislation.gov.uk/ukpga/2004/31)

**Sexual Offences Act 2003:** [www.legislation.gov.uk/ukpga/2003/42](http://www.legislation.gov.uk/ukpga/2003/42)

## Safeguarding Children Principles

Effective safeguarding of children can only be achieved by putting children at the centre of the system, with everyone who comes into contact with children and all agencies playing their full part, working together to meet the needs of our most vulnerable children. The principals involved in carrying out this duty can be summarised as:

- The welfare of children is at all times paramount and overrides all other considerations
- The needs and wishes of each child should be put first, so that every child receives the support they need before a problem escalates



## Safeguarding Children

- Effective safeguarding systems are child centred
- Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children

Or

- Placing the interests of adults ahead of the needs of children

(Working together to safeguard children, 2013)

The "Welfare of the Child is Paramount" became a legal principle under the 1989 Children Act. It means that the considerations which might apply to other situations should not be allowed to over-ride the right of children to be protected from harm.

## Common Terms Used in Safeguarding Children

You need to understand some of the language used when discussing safeguarding. Common terms as defined by the UK government are:

### ‘Child in Need’

Those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, including those who are disabled.

(Safeguarding Children & Young People - A Toolkit for General Practice 2011)

### ‘Child at Risk’

A child who is suffering or likely to suffer significant harm where the local authority have a duty to make enquires.

(Safeguarding Children & Young People - A Toolkit for General Practice 2011)

### ‘Looked After Child’

Generally used to mean those looked after by the state, according to relevant national legislation. This includes those children who are subject to a care order and can include children who are being looked after on a planned basis for short breaks or respite care.

(NSPCC 2012)



## Why is Safeguarding Children important?

In 2013, the NSPCC reported that in the UK

- Approximately 50,500 children are known to be at risk of abuse right now
- On average, every week at least 1 child is killed at the hands of another person
- 1 in 20 children have been sexually abused
- Neglect is the most common reason for a child to be the subject of a child protection plan
- Under 1 year olds are more at risk of being killed at the hands of another person than any other age group
- Severe child maltreatment has been reported as an experience for a substantial minority of children and young people
- 23% of 11 and 12 year olds with a social networking site profile say they have been upset by something on it over the last year

You can read more from the NSPCC on their website: [www.nspcc.org.uk/](http://www.nspcc.org.uk/)

## The nature of child abuse

Child abuse is something none of us want to see happen. Unfortunately it can happen anywhere and to any child. Abuse can take many forms. It can involve a physical attack, sexual assault and exploitation or causing mental harm.

It can also be caused by not doing something, in other words neglect brought about by failing to provide the child with proper care, attention or stimulation. Contrary to popular belief, research shows that children are far more likely to be abused by someone they know than by a stranger.

The most common abuser is a member of the child's family or a friend or neighbour. Abusers often put themselves in positions or places where they can be close to children, for example playgrounds, nurseries, parks, youth groups or engaging with them on the internet. Abusers often 'groom' children before they abuse them.

In summary a person may abuse or neglect a child by:

- Inflicting harm
- Failing to prevent or protect the child from harm
- The abuser may be an adult or adults...or another child or children
- Children usually know their abuser(s)
- Abuse can happen in the family, institutions or the community

The **Stop It Now** organisation has a large amount of information on preventing abuse on its website: [www.stopitnow.org.uk/home.htm](http://www.stopitnow.org.uk/home.htm)

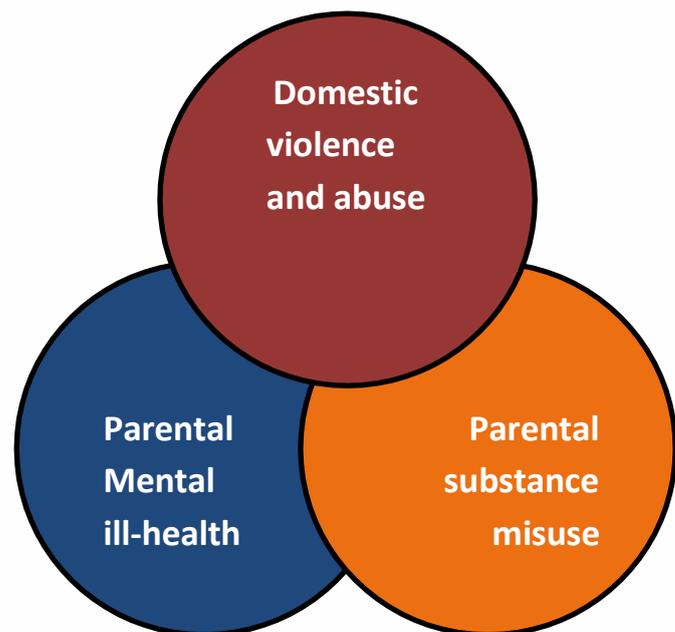
### The 'Toxic Trio'

The environment in which children live is crucial to their health, safety and well-being. The term 'Toxic Trio' has been used to describe the issues of:

- Domestic violence
- Mental ill-health
- Substance misuse

These 3 factors have been identified as the common features in families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

A child's well-being may also be affected by the parents'/carers' physical health, learning disabilities, age and childhood history of abuse.



## Types of abuse

Child maltreatment includes all types of abuse of a child under the age of 18

The four most common types of abuse are:

- Physical
- Emotional
- Neglect
- Sexual



Some children may experience a combination of these types of abuse. The types of abuse are discussed in more depth below.

## Physical abuse

The following definition of physical abuse is taken from Working Together to Safeguard Children, (2013):



*“Physical abuse 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 (FII).”*

### Remember!

All physical injuries observed on a child are not necessarily a cause of concern.

Children do sustain accidental injuries!

## Emotional abuse

The following definition of emotional abuse is taken from Working Together to Safeguard Children, (2013):

*“Emotional abuse is 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 in so far 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. 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.”*

Signs may include:

- A parent/carer’s constant negative and harsh behaviour towards their child
- Fearful, distant or unaffectionate relationship
- The child’s physical development can be delayed
- The child’s mental development can be delayed, such as their intelligence or memory
- Rebellious, aggressive or violent behaviour
- Development of eating disorders
- Self-harming



## Neglect

The following definition of neglect is taken from Working Together to Safeguard Children, (2013):

*“Neglect is 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.”*



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); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Neglect can be a malicious refusal to provide resources, support or protection, or may be the unintended result of a chaotic lifestyle.

## Sexual abuse

The following definition of sexual abuse is taken from Working Together to Safeguard Children, (2013):

*“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. 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Acts of child sexual abuse are committed by men, women, teenagers, and other children. Sex offenders are found in all areas of society and come from a variety of backgrounds.”*

Significantly more men than women sexually abuse children. However, sexual abuse committed by women is under reported and is sometimes not recognised as abuse. Abusers usually seem quite normal to others.

Friends, relatives and co-workers often find it hard to believe that someone they know has abused children. 9 out of 10 children know their abuser. They are likely to be a relative, family friend or person in a position of trust, rather than a stranger.

## Radicalisation

Vulnerable people, including children, young people, and vulnerable adults can be exploited and radicalised by people who seek to involve them in terrorism or activity in support of terrorism.

Radicalisers can exploit the following risk factors in vulnerable individuals by providing a sense of purpose or belonging. It can manifest itself in a change in behaviour, friends, and the interaction with others and how time is spent

- **Identity crisis**  
Adolescents / vulnerable adults, can feel distant from their family and heritage, and uncomfortable with their place in society.
- **Personal crisis**  
This may include tensions within the family that produce a sense of isolation of the vulnerable individual from family life.
- **Personal circumstances**  
The experience of migration, local tensions or events in countries of origin

may contribute to alienation and a decision to cause harm to symbols of the community or state.

- **Unemployment / under-employment**

Aspirations for career and lifestyle may be undermined by limited achievements or prospects. Can translate to a rejection of civic life and adoption of violence as a symbolic act.

- **Criminality**

A vulnerable individual may be involved in a group engaged in criminal activity or has links to organised crime and be further drawn into terrorist-related activity.

Use your judgement to determine if any changes in behaviour of patients and/or colleagues are sufficient to cause concern. You have a duty of care to patients, to take action for safeguarding and crime prevention purposes. This will include taking preventive action and supporting those individuals who may be at risk of, or are being drawn into, terrorist- related activity.

If you are concerned that a vulnerable individual is being exploited / radicalised, you need to raise this in line with your organisation's policies and procedures. To do this effectively, you should:

- Attend any Prevent training / awareness programmes in your organisation
- Be aware of your responsibilities, particularly in relation to safeguarding
- Be familiar with your organisation's protocols, policies and procedures
- Be aware of who you can contact within your organisation

Further guidance for Healthcare workers:

<https://www.gov.uk/government/publications/the-health-sector-contribution-to-hm-government-s-prevent-strategy-guidance-for-healthcare-workers>



## Child Trafficking

Child trafficking is the recruitment and movement of children for the purpose of exploitation. For example: sexual exploitation, forced labour, domestic servitude, criminal activities, benefit fraud, organ harvesting or illegal adoption.

Children can be trafficked from overseas as well as within the UK itself. They can be trafficked by parents, extended family members, known adults from a child's community or by strangers. Children trafficked into the UK, or exploited after their arrival, often struggle to get the help they need to escape the situation they are in.

A person under 18 cannot give informed consent to their own exploitation to being trafficked, so it's important to know how to identify and protect a victim of child trafficking at the earliest opportunity. Trafficked children might not show obvious signs of distress or abuse and this makes it difficult to identify children who may have been trafficked. Some children are unaware that they have been trafficked, while others may actively participate in concealing that they have been trafficked.

Possible indicators a child has been trafficked include:

- Shows signs of physical or sexual abuse
- History has missing links / unexplained moves. Goes missing for periods
- Not registered with or attended a GP practice. Not been enrolled in school
- Required to earn a set amount of money every day or begs for money
- Has to pay off an exorbitant debt or is deprived of their earnings
- Has limited freedom of movement
- Adult carer is not their parent and the relationship is not good
- Performs excessive housework chores and rarely leaves the residence
- Is one among a number of unrelated children found at one address
- Is excessively afraid of being deported

This is not a definitive list and should be used as a guide. There may be other factors that indicate trafficking that should be included in a wider assessment of the young person's circumstances. For more information:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/177033/DFE-00084-2011.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177033/DFE-00084-2011.pdf)

## Female Genital Mutilation (FGM)

Female genital mutilation (FGM), sometimes referred to as female circumcision, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It is usually carried out on girls between infancy and the age of 15, most commonly before puberty starts.

FGM is carried out for cultural, religious and social reasons. The practice is prevalent in communities in Africa, the Middle East and Asia. Girls may be taken to their countries of origin for FGM to be carried out, but there are also worries that it is performed in the UK, where it is estimated that over 20,000 girls under the age of 15 are at risk of FGM and 66,000 women are living with the consequences of FGM.

### FGM is illegal in the UK

There are no health benefits to FGM and it interferes with the natural functions of girls' and women's bodies. Some of the effects include:

Immediate effects	Long Term Consequences
Severe pain	Chronic vaginal / pelvic infections
Bleeding	Abnormal periods
Inability to urinate	Kidney damage / failure
Injury to vulval tissues and vagina	Affect fertility
Damage to other organs	Complications in pregnancy
Wound infections / blood viruses	Psychological damage
Sometimes can cause death	

**IN ALL CASES:** If you are concerned someone is at risk of FGM or has had FGM, you must share this with social care or the police. It is then their responsibility to investigate and safeguard any girls or women involved

Further guidance:

[Multi-agency statutory guidance on female genital mutilation](#)

## Risks from the internet and social networking sites

Children are exposed to a high degree of risk posed from online social networking and the internet. Most young people use the internet with a degree of responsibility, but it adds an extra environment of risk that many are unprepared to deal with. In addition, many parents or carers are unaware of the risks. Cyber bullying takes place online, on social networking websites or through mobile phones.

The NSPCC reported in 2013 that:

- Around half of 11 and 12 year olds in the UK have an underage profile.
- Many of the most popular sites amongst 11 and 12 year olds, including Facebook, YouTube and Twitter, have a minimum age of 13.
- 23% of 11 and 12 year olds with a social networking site profile say they have been upset by something on it over the last year.
- 18% of these felt upset or scared for weeks or months after the incident occurred.
- 20% experienced something that upset them every day or almost every day.
- 62% of these experiences were caused by strangers or people they only knew online.
- Some providers of social networking sites with a minimum age of 13 say they do not provide bespoke advice for children under the age of 13, because they are not supposed to have a profile on their sites.
- Nearly half (45%) of parents whose child had an underage profile on Facebook were unaware of the minimum age of 13 requirement (Ofcom, 2013).



There are various forms of online abuse and associated risks. Remember children may be the recipient of abusive material, a participant in activities or the perpetrator of the abuse of other children.

- Commercial risks include adverts, spam, sponsorship or giving up personal information. Children may be at risk of engaging in illegal acts such as hacking or become involved in potentially damaging activities such as online gambling.
- Risks of aggression come from a child receiving violent or hateful content which causes them fear. Children can be bullied, harassed or stalked. Often this is carried out by other children. Cyber/Virtual bullying includes exclusion.
- Sexual risks relate to receiving pornographic content and sexual messages, but include meeting strangers and being 'groomed' by paedophiles. There is also increasing evidence that children are filming and uploading sexual content themselves.
- Risks associated with values include receiving biased, discriminatory or misleading content. This can reinforce negative perceptions of self and others and can also result in inappropriate persuasions for specific behaviours such as eating disorders, antisocial behaviour, self-harm and suicide.

Further information and guidance is available from the Child Exploitation and Online Protection (CEOP) centre: [www.ceop.police.uk/](http://www.ceop.police.uk/)

## Emerging themes

Some forms of child abuse can be hidden behind cultural differences.

Here are some examples:

- **Forced marriage**  
This is when the bride, groom or both do not want to get married but are forced to by others, usually family members. People forced into marriage may be tricked into going abroad, physically threatened and/or emotionally blackmailed.
- **So-called honour-based violence**  
This is a crime or incident that has or may have been committed to protect or defend the honour of the family and/or community.

- **Risk taking behaviour**  
Examples include crime, anti-social behaviour, substance misuse and unprotected sex.
- **Gang and gun culture**  
This is growing in the UK, with an increasing number of young people joining gangs, often carrying imitation or real firearms and knives, both for protection and as part of their image.
- **Religious activities**  
Some religious activities may have implications for safeguarding. Refusal of lifesaving medical procedures, for example, may be based on religious beliefs.

## What to do if a child discloses abuse

If you are approached by a child or young person and they reveal that they are the victim of abuse, there are steps that you must take to protect the child.

The key message is that the child has overcome their doubts and approached you and needs you to provide reassurance and you can do this both verbally and through displaying appropriate body language, You need to be realistic in what you can achieve and remember you are not and must not act as the police, judge or jury.

Your role is to ensure that the child is safe and that any evidence is protected (if relevant). You need to be prepared to produce accurate documentation, respect confidentiality and make the most appropriate referral.

This can be a challenging situation. Hearing about abuse can be difficult. If you feel you need it, your organisation should provide you with follow-up support.

If a child discloses abuse to you, try and follow these steps:



- Stay calm and be reassuring
- Find a quiet place to talk
- Listen, but don't press for information
- Reassure, but don't make false promises
- Do not destroy any evidence of abuse
- Don't promise to keep the information secret
- Explain what you'll do next
- Report the incident



## Signs and symptoms

Changes in a child's behaviour may be the first indicator that something is wrong. All children are different and behave in different ways but if changes in their normal behaviour pattern occur it may give you cause for alarm. There are some specific issues that may result in specific indicators. The table below and continuing on the next page illustrates some behavioural changes that may indicate there has been abuse but they are not proof of abuse. It is also possible that a child may show no outward signs of abuse and hide what is happening from everyone.

### Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

### Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

### Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

### Sexual Abuse

- Overly affectionate/knowledgeable in a sexual way inappropriate to age
- Medical problems such as itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

## What to do if you suspect child abuse

It will be useful at this point to have access to your employer's safeguarding policy and procedure for reference. You can refer to it as you continue with this reader.

If you suspect child abuse but the child has not told anyone you need to act. By not acting could be seen as a negative action and you could be leaving the child open to further abuse. Swift and appropriate measures can save lives. The child will probably be experiencing strong emotions of distress and you need to approach the child in a caring and sensitive manner. Assure them that you are willing to listen to them and help if there is a problem. Your focus should be on the needs of the child and putting in place a strategy to prevent additional harm.

You will need to gain advice and support. Your organisation will have policies and procedures in place to which you can refer. Your response should take the form of a range of actions including implementing protective measures, referring to the relevant support services, and carefully and thoroughly completing the documentation your employer requires.

## What to record

You need to record what the issues are and what actions have been taken. Stick to the facts as you know them and try to record the exact words used in the conversation. You need to focus on detail and accuracy. Once the information has been noted it needs to be kept safe and not shared unnecessarily.



What you should record:

- Accurately detail what you saw and / or heard
- Record details straight away
- Times, dates, all individuals involved
- Record the exact words used
- Distinguish between fact and opinion
- Date and sign the record
- Follow local procedures for information sharing and records management

## When to share, the 7 Golden Rules

The 7 Golden Rules provide guidance for practitioners who provide services to children, young people, adults and families, to help them make informed decisions about sharing personal information.

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure:  
Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

The 7 Golden Rules are taken from HM Government Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. You can view the full document via the link below:

[Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)

### What happens after a referral?

It is not enough to just report abuse, once you have submitted a report you have a right to check that appropriate action has been taken. If you feel that not enough has been done or the actions have been inappropriate you have the right to follow up what has happened and to bypass “gatekeepers” if you fear that no action has been taken. Refer to your organisational policy and procedures for time scales and the appropriateness of actions. Remember your actions could save a life.

- You may be contacted for further information
- You should get feedback from your referral
- Don't be afraid to challenge a lack of activity
- If still unhappy with the outcome, contact your line manager to discuss escalation and refer to the local escalation procedure policy
- Contact your local safeguarding lead

## Local Policies and Contacts information

You should have access to local information for your organisation on reporting procedures and policies, this should include the relevant safeguarding contacts and escalation procedures in the organisation.

If you don't have access to this information, contact your line manager in the first instance. Otherwise contact your HR/Personnel department or Safeguarding Lead, who should be able to provide you with this information.

## Your responsibilities

A summary of your responsibilities under safeguarding legislation is shown below:

- Recognise child abuse
- Respond appropriately
- Understand the local policies and procedures in your organisation and ensure they are followed
- Refer concerns correctly and as appropriate
- Know the contact details of your local lead and where to seek appropriate advice
- Access safeguarding children training relevant to your area/role

## Developing further knowledge and skills

The Royal College of Paediatrics and Child Health have published:

[Safeguarding children and young people:  
roles and competences for health care staff  
Intercollegiate Document  
Third edition: March 2014](#)

The document is a competency framework that sets out the expected knowledge and skills for everyone who works with or comes into contact with children, and their safeguarding responsibilities.

