Safeguarding Children (Level 1)
INTRODUCTION
The UN Convention on the Rights of the Child includes the requirement that children live in a safe environment and be protected from harm. These duties are an explicit part of NHS employment contracts. To protect children and young people from harm, all healthcare staff must have the competences to recognise child maltreatment and to take effective action as appropriate to their role.

Following every serious case of child maltreatment or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. Over the last three decades reviews and enquiries across the UK, have often identified the same issues – among them, poor communication and information sharing between professionals and agencies, inadequate training and support for staff, and a failure to listen to children. All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child protection. This responsibility also applies to staff working primarily with adults who have dependent children that may be at risk because of their parent/carers health or behaviour. To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all health staff have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.

The intercollegiate Document 2014 sets out the minimum training requirements for health care staff.

Staff who are required to complete level 1 include admin staff, caterers, domestics, transport staff, porters, maintenance staff, and any staff that do not come into contact with children and families in their day to day work.

If you are not sure which level of training that you are required to complete please ring the safeguarding team on
01253 951457
01253 955444
01253 951265
01253 957592
01253 303261 (Acute)

Staff who are required to complete level 2 training you **DO NOT** need to complete level 1 first.
SAFEGUARDING CHILDREN (LEVEL ONE)

Safeguarding and Protecting Children is Everyone’s Responsibility

NHS Blackpool Teaching Hospitals Foundation Trust workforce has a duty of care to ensure they safeguard and protect children at risk of harm and neglect and promote their welfare. All those who come into contact with children and their families as part of their day to day work, and those who do not, have a duty to safeguard and promote the welfare of children.

All staff have a duty to familiarise themselves with the risk factors signs and symptoms of child abuse and be aware of the action to be taken should such an incident present itself.

The aim of this unit is to ensure that children and young people can ‘stay safe’ by minimising the risk and incidence of child abuse, thus enabling them to achieve. All children have the right to be safeguarded from harm and exploitation. One agency alone cannot protect children and neither can procedures alone, promoting children’s wellbeing and safeguarding them from significant harm depends on effective information sharing collaboration and understanding between agencies and professionals.

This unit will give a basic introduction at level one to safeguarding and protecting children. If you are unsure about what training you need please discuss this with your line manager and or contact the safeguarding team on 01253 951457 / 955444 / 951265 / 957592 / 303261 (Acute)

Lancashire’s Safeguarding Children procedures can be found at www.lancashire.gov.uk.

The organisations Internal Safeguarding Children procedures can be found on Sharepoint on the Trust Intranet.

Staff need to:

- Recognise their responsibilities in relation to safeguarding and protecting children
- Be able to recognise signs of child maltreatment
- Understand the impact of child maltreatment
- Know who to contact for advice and support available within the organisation
- Know where to access safeguarding policy’s (Internal, and Lancashire Safeguarding Children Board Procedures)
- Know how to act upon their concerns and to know what to do if they feel that their concerns are not being taken seriously or they experience barriers to referring a child/family.
- Be aware of the support systems in place for staff
- Have an understanding and acceptance that child abuse occurs

Legal

- Children’s Act 1989 and 2004 introduced the concepts of:
  - Welfare of the child is paramount
  - Local Authority has duty to provide a range and level of services to children’s needs
  - Concept of significant harm
  - Parental responsibility
  - The Children’s Act 2004 identified that safeguarding is everybody’s business

Children’s rights in the human rights framework

The Convention on the Rights of the Child sets out the rights that must be realized for children to develop their full potential, free from hunger and want, neglect and abuse. It reflects a new vision of the child. Children are neither the property of their parents nor are they helpless objects of charity. They are human beings and are the subject of their own rights. The Convention offers a vision of the child as an individual and as a member of a family and
community, with rights and responsibilities appropriate to his or her age and stage of development. By recognizing children’s rights in this way, the Convention firmly sets the focus on the whole child.

When we have to deal with abuse we may feel a mixture of some or all of the following:
Dealing with child abuse can lead to a mixture of feelings that may include denial, guilt, fear, anger and pain. These are all normal emotions when dealing with such a sensitive subject. However, it is incumbent on professionals working in the NHS to act professionally to safeguard children and support when dealing with cases can be sought from managers, safeguarding team.

It is important to safeguard children as there are many children in society who are living in difficult situations as shown by the figures below:

National Statistics

2009-2011 National Summary of SCR’s
• 48% of deaths resulting from fatal physical injury
• 52% of non fatal cases involved a physical assault on a child
• 17% were deliberate murders (there was an increased number of filicide suicides from 07-09)

Filicide/Suicide
• Occurs where a parent kills their child/ren and either the other parent or themselves
• Numbers rose from 7% of SCR’s 07-09 to 17% in 09-11
• Maternal perpetrators linked to mental illness
• Paternal perpetrators linked to domestic abuse
• Very difficult to predict

Statistics-Lancashire

Number of children subject to child protection plan by category on 31st January 2014.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>451</td>
<td>42.9%</td>
</tr>
<tr>
<td>Neglect</td>
<td>465</td>
<td>44.3%</td>
</tr>
<tr>
<td>Physical</td>
<td>100</td>
<td>9.5%</td>
</tr>
<tr>
<td>Sexual</td>
<td>35</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Childline

• Childline receives a call about physical abuse an average of more than twice an hour, every hour of the year.
• 30% have not told anyone else about it (25% girls; 34% of boys)
• Many said they were afraid that speaking up would make the problem worse
• Many feared they would not be believed or would be blamed
• Many loved the abuser and did not want to get them into trouble

Safeguarding and promoting the welfare of children is:

• Protecting children from maltreatment
• Preventing impairment of a child’s health and development
• Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully. (Working Together 2013)
Children are more vulnerable to abuse where there is parental substance misuse (drugs or alcohol), mental illness and or domestic abuse.

**A definition of abuse is:**
The abuse of power by a person that is developmentally older / stronger than another, resulting in some distress, harm or neglect of necessary attention for the victim.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. A child may be abused in a family or in an institutional or community setting by those known to them or more rarely by a stranger ie: the internet. They may be abused by an adult or adults or another child or children. Abuse of children falls into 4 categories

**Physical Abuse**
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. In experience, immobile babies do not bruise themselves; bruising of any kind in an immobile baby should be questioned. Parental explanations – fell on a plastic toy or slept on his dummy (a recent explanation for an injury) are often accepted. Often the same story is given to explain a series of injuries.

**Physical abuse may involve the following:**
- Hitting
- Shaking
- Slapping
- Punching
- Suffocating
- Stabbing
- Burning or scalding
- Female genital mutilation
- Prolonged deprivation of food or water
- Inappropriate restraint
- Giving a child alcohol or inappropriate drugs
- Fabricated & induced illness

**The following may indicate physical abuse:**
- Injuries that the child cannot explain, explains unconvincingly or have not been treated
- Bite marks or cigarette burns, bruising resembling hand or finger prints
- Blunt instrument marks or iron burns
- Immersion burns or scald marks
- Bruising in immobile babies

**Fabricated and Induced illness (FII)**
FII occurs when a caregiver misrepresents the child as ill either by fabricating, or much more rarely, producing symptoms and then presenting the child for medical care, disclaiming knowledge of the cause of the problem. Usually this is with the purpose of obtaining an emotional or psychological benefit.

- Usually this type of abuse is perpetrated by women, it is thought that it is a way of the carer getting their own needs met by the contact with medical staff
• Can be a very difficult category of abuse to work with and can cause children to have painful investigations
• Medical staff usually believe parents and will sometimes medicate on information from parents alone
• Behaviours can be life threatening i.e. suffocation (hard to judge when to stop), giving laxatives, putting their own blood in child’s urine, underfeeding
• Children and young people can believe that they are ill

Neglect
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 misuse. Once a child is born neglect may involve a parent or carer failing to provide adequate clothing, food/shelter (including exclusion from home or abandonment) or, failing to protect a child from physical harm or danger or ensuring adequate supervision including the use of inadequate care givers or failing to ensure access to appropriate medical care or treatment. It may also include neglect of unresponsiveness to a child’s basic emotional needs.

Neglect may involve failing to provide:
• Food and clothing, shelter including exclusion from home or abandonment
• Emotional warmth
• Access to health care
• Parental substance misuse
• Adequate supervision
• Protection from physical and emotional harm or danger

The following may indicate neglect of a child:
• Unkempt
• Under /overweight
• Inappropriately dressed for conditions / age
• Untreated medical conditions
• Playing out late
• Hungry / stealing food
• Dirty / smelly? (consider circumstances)
• Untreated head lice
• Dental decay

Emotional Abuse
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 children that they are worthless or unloved, inadequate or valued only in so far as the meet the needs of the other 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 the 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 hearing or seeing the ill treatment of another it may involve serious bullying including cyber bulling causing children frequently to feel frightened or in danger or the exploitation or the corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

A child may believe they are:
• Worthless
• Unloved
• Inadequate
• Experience attachment difficulties
• Inappropriate expectations may be imposed on a child
The following may indicate emotional abuse of a child:

- Physical, mental and emotional developmental delay
- Fear or over-reaction to mistakes, low self esteem
- Sudden speech disorders, speech delay or mutism
- Fear of new situations
- Inappropriate emotional responses to stressful situations
- Neurotic behaviour
- Self harming
- Running away, drug/solvent abuse
- Continually putting themselves down
- Frozen awareness
- Parents excessively negative towards child, highly critical/low warmth

Sexual Abuse

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 such as masturbation, kissing, rubbing or touching outside of clothing. This may also include non-contact activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities or 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 – women can also commit acts of sexual abuse as can other children.

Sexual abuse may involve the following:

- Physical contact (Inappropriate touching)
- Penetrative sex
- Prostitution
- Use of pornographic material
- Use of internet
- Visual ie: television/videos

Physical signs which may indicate sexual abuse:

- Bites, slaps/grasp/punch marks
- Sexually transmitted infections
- Recurrent urinary tract infections
- Soreness or injury to genitals, anus, thighs, lower abdomen, buttocks
- Soreness in throat or mouth
- Vaginal bleeding / discharge
- Torn, stained or bloody underwear
- Pregnancy

Emotional signs which may indicate sexual abuse

- Sexual knowledge inappropriate for age
- Sexualised behaviour in young children
- Sudden changes in behaviour, running away, self harming
- Suicide attempts, night mares, bedwetting

(Working Together 2013)

Sexual offences Act (2003)
• The Sexual Offences Act makes “new provision about sexual offences, their prevention and the protection of children from harm from other sexual acts.

   It states that:

• Rape includes penetration of the mouth as well as penetration of the vagina or anus or any other body orifice by the penis

• Any sexual intercourse with a child under 13 will be treated as rape and advice should be sought from the safeguarding team regarding all incidents of sexual activity where either of the children are under 13 years of age.

**Parental substance misuse**

Almost one million children in the UK live with drug users While not all drug-using parents mistreat their children, parental problematic substance misuse features in 20-70% of social workers’ caseloads (Manning et al, 2009). Exposure to parental substance misuse does not always lead to poor outcomes for dependent children. However, parental substance misuse can harm children’s development both directly through exposure to toxins in utero and through the effects of withdrawal at birth; and also indirectly through its impact on parenting capacity and the home environment in which children are brought up (Cuthbert, 2011)

**Domestic Abuse**

Domestic abuse ‘includes any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults or young people, who are or have been intimate partners, family members or extended family members, regardless of gender or sexuality’. This includes forced marriage, female genital mutilation, honour based abuse as well as elder abuse. (Working Together 2013)

An adult is a person aged 18 years and over. Abuse by a family member or others under the age of 18 is considered to be child abuse.

Domestic abuse is likely to have a damaging effect on the health and development of children, who are likely to suffer emotional and psychological maltreatment, and it will often be appropriate for them to be regarded as children in need. The definition of ‘harm’ in the Children Act 1989 was amended in Section 120 of the Adoption and Children Act 2002 to include:

“Impairment suffered from seeing or hearing the ill-treatment of another”

Women are more likely to experience the more serious forms of domestic abuse but it is important to acknowledge that there are female perpetrators and male victims and domestic abuse occurs within same sex relationships.(Working Together 2013)

• Children are more likely to be at risk of physical, sexual or emotional abuse from perpetrators of domestic violence. Perpetrators may abuse the child as part of their violence against women

• 33.3% of all children on the child protection register/plan are affected by domestic abuse

• It is estimated that 95% of all incidents are witnessed by children
Human Trafficking

What is human trafficking?

Human trafficking is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

Most children are trafficked for financial gain. This can include payment from or to the child’s parents. In most cases, the trafficker also receives payment from those wanting to exploit the child once in the UK. Trafficking is carried out by organised gangs and individual adults or agents.

Trafficked children may be used for:

- Sexual exploitation;
- Domestic servitude;
- Sweatshop, restaurant and other catering work;
- Credit card fraud, begging or pick pocketing or other forms of petty criminal activity;
- Agricultural labour, including tending plants in illegal cannabis farms;
- Benefit fraud;
- Drug mules, drug dealing or decoys for adult drug traffickers;
- Illegal inter-country adoptions.

Female Genital Mutilation

Female genital mutilation (FGM) is also known as female circumcision or female genital cutting, and in practising communities by local terms such as “tahor” or “sunna”. It is a form of child abuse which can have devastating physical and psychological consequences for girls and women.

The World Health Organisation describes it as:

“Procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (WHO, 2013).

Since 1985 it has been a serious criminal offence under the Prohibition of Female Circumcision Act to perform FGM or to assist a girl to perform FGM on herself. In 2003, the Female genital Mutilation Act tightened this law to criminalise being carried out on UK citizens overseas. Anyone found guilty of the offences a maximum penalty of 14 years in prison.

Prevent Strategy

Reducing risk of radicalisation and terrorism

Prevent strategy aims to stop people becoming terrorists or supporting terrorism.

- To prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- To work with sectors and institutions where there are risks of radicalisation that we need to address.
- Prevent is part of existing safeguarding responsibilities for the health sector, not an additional job.
- Healthcare workers have the opportunity to refer vulnerable individuals for support in a pre-criminal space by:
• Recognising vulnerable adults, children and young people who may be at risk of radicalisation;
• Working in partnership to reduce risk and protect the individual and
• Providing adequate and necessary support as part of a proportionate multi-agency response to any concerns.

Vulnerability factors

• Radicalisation is a process, not one off event.
• There is no single profile of a terrorist – there is no checklist to measure someone against.
• This is not about race, religion or ethnicity - the programme is to prevent the exploitation of susceptible people

There are many factors that could make somebody susceptible to radicalisation. It is about early intervention to protect and divert people away from the risk they face before illegality occurs. It should not be assumed that the characteristics set out on a slide necessarily indicate that a person is either committed to terrorism or may become a terrorist. The assessment framework involves three dimensions: engagement, intent and capability, which are considered separately. (from Channel Vulnerability Assessment Framework)

Engagement
• Feelings of grievance and injustice
• Feeling under threat
• A need for identity, meaning and belonging
• A desire for status
• A desire for excitement and adventure
• A need to dominate and control others
• Susceptibility to indoctrination
• A desire for political or moral change
• Opportunistic involvement
• Family or friends involvement in extremism
• Being at a transitional time of life
• Being influenced or controlled by a group
• Relevant mental health issues

Intent
• Over-identification with a group or ideology
• Them and Us’ thinking
• Dehumanisation of the enemy
• Attitudes that justify offending
• Harmful means to an end
• Harmful objectives

Capability
• Individual knowledge, skills and competencies
• Access to networks, funding or equipment

Recognise, Understand and Share Concerns

You could reduce the risk of someone being exploited by radicalisers and subsequently drawn into terrorist-related activity.
Report any Prevent related concerns to:

• Hazel Gregory Tel 01253 951262 or Robert Ward Tel 01253 953665
• Safeguarding Team Tel 01253 951262
Further guidance available

‘Building Partnerships, Staying Safe’ Department of Health guidance for staff and organisations

Internet Safety - CEOP (Child Exploitation and Online Protection)

CEOP works across the UK to
• Maximise international links to tackle child sex abuse wherever and whenever it happens.
• Provides internet safety advice for parents and carers
• Provides information on internet safety and safe surfing for young people aged 11 to 16 years
• Reporting facility enabling anyone to report any inappropriate or potentially illegal activity with or towards a child online

DO YOU KNOW WHO YOUR CHILD IS TALKING TO?

Hi, you sound really cute, how old are you, what do you do after school?

“I’m 14, a bit of a fitness fanatic and I often go power lifting after school.”
99% of children aged 8 – 17 access the internet
90% of children 5 – 16 now have a computer at home (Ofcom, 2008)
74% have internet access at home
98% have access somewhere
24% have broadband at home
22% of boys and 19% of girls had internet access in their bedroom
24% rely on school as main source of internet access
At home less than half of the computers were located in a public place. (Safekids.co.uk)

427 children were subject to safeguarding or protection as a result of CEOP in 2011/2012
Children and young people are not always aware of the risks associated with the internet and social network sites. Parents can also be totally perplexed by the digital world and what their children are accessing.

- Most mobile phones now have internet access which can make children and young people even more vulnerable to the risks of grooming by perpetrators and sites that are not suitable.
- Children under the age of 13 years should not have access to Facebook, and there are systems in place to prevent people under the age of 13 having accounts.
- Young people can develop online friendships with people that are not known to them placing them at risk of grooming. Sex offenders often take advantage of a young person’s trusting nature and use a range of sophisticated techniques to make contact and establish relationships online.
- Children and young people are put at further risk if they meet up with people they have met online.
- Children and young people are not always aware that the internet is a public place and they must be careful about revealing too much personal information about themselves online. This can include their school they attend, their address, 43% of teenagers believe that is completely safe to post personal information online(Microsoft2010)
- Children and young people can be exposed to sites that are not age appropriate if they lie about their age e.g.; gaming sites.
- Children and young people need to be aware of the consequences of sharing intimate or nude images online or via their mobile known as sexting.

**Looked After Children**
Children become looked after when their birth parents are unable to provide ongoing care in either a temporary or permanent capacity.
Children can either be looked after as a result of a voluntary agreement by their parents or as the result of a care order. Children may be placed with family members, friends or foster carers depending on individual circumstances.
Wherever possible, the local authority will work in partnership with parents. Many children and young people who become looked after keep strong links with their families and many eventually return home.

**Private Fostering**
Private fostering is a private arrangement made between a child’s parents and someone who is not a close relative to care for a child for 28 days or more; where the child lives with the carer. Close relatives are an aunt, uncle, brother, sister or grandparent but not a great aunt or uncle.
Private fostering covers arrangements made for children aged less than 16 or less than 18 if the child is disabled. It does not mean arrangements made for children who have been placed by Children's Social Care.
As private fostering is a private arrangement it can be hidden from agencies who have a responsibility to safeguard the welfare of children. Privately fostered children can be vulnerable as they may not see their families very often. It is therefore important that their needs are assessed and their situation monitored to safeguard their well being.
What to do if you suspect abuse?

It is the responsibility of any person who has knowledge of or suspicion that a child is suffering, or is at risk of suffering significant harm due to abuse, to refer their concerns to the social services department or the police (the police in cases of emergency). Dependant on your role within the organisation concerns may be discussed with your line manager or the child protection team prior to the referral being made, providing this does not cause delay. Familiarise yourself with the Safeguarding Children Procedures and know who to contact if you need support or advice.

For advice please contact the Safeguarding Team: 01253 651265 01253 955444 01253 951457 01253 957592

Information Sharing

“No enquiry into a child’s death or injury has ever questioned why information was shared. It has always asked the opposite” (Georgina Nunney – Solicitor Lewisham Making it Happen ECM 2008).

Golden rules for information sharing remember that Data Protection Act is not a barrier to sharing information
- The Data Protection Act is not a barrier to sharing information
- Be open and honest
- Seek advice where in doubt
- Share with consent where appropriate
- Consider safety and well being
- Necessary, proportionate, relevant, accurate, timely and secure
- Keep a record

(Pocket Guide to Information Sharing HM Gov 2008)

The consequence of not sharing relevant information can be that a child is left in a unsafe/risky/dangerous situation. If you are unsure of what information you can share please contact the Safeguarding Team

How to make a referral to Children’s Social Care where a child is in need of protection (Section 47 referral) (See flow chart below)

- Have the facts ready and to hand
- May need to gather information from other professionals or agencies
- Determine if a child in need of protection or need of services
- Seek advice from Safeguarding team if unsure
- Use the correct form
- Follow the BtHFT procedures
- Be clear and succinct

*If staff feel that their concerns are not being taken seriously or they experience any other barriers to referring a child/family please contact the safeguarding team*
MAKING A SECTION 47 REFERRAL

Practitioner has reasonable cause to suspect that a child is suffering or likely to suffer, significant harm
SECTION 47 referral required

Good practice to gain consent from parent / carer, unless to do so would further endanger the child or practitioner. Do not involve the parents / carer in cases of Fabricated and Induced Illness (FII) and in some cases of sexual abuse, please seek advice from the safeguarding.

For children residing within North Lancashire boundaries telephone:-
Contact the Contact Centre and Referral Team by telephone on:-
08450 530 009 between 8.45am and 5.00pm
0845 6021043 Out of office hours and at weekends
A Central Customer Care Officer will take the initial call and record preliminary details. A Social Worker from the Contact and Referral Ream will be available to discuss the case if required.
Offer a clear, concise account of concerns about the child’s welfare specifying whether these require urgent action to safeguard the child.
Completed referral forms should be forwarded to Social Care WITHIN 48 HRS by either
FAX: 01772 538223
Or by
SECURE E-MAIL which can be set up through the following link
http://securemail.lancashire.gov.uk (support for technical problems with this process 01772 532626)

For children residing within Blackpool boundaries:-
Contact Children’s Social Care on telephone - 01253 477299
For Out of Office Hours and at weekends ring 01253 477600
A Duty Social Worker will record the details of the referral. Provide a clear, concise account of concerns about the welfare specifying whether these require urgent action to safeguard the child.
Completed Referral forms to be sent within 2 working days to:-
Duty and Assessment Team, Blackpool Social Services Department, South King Street,FY1 4TR

If a medical assessment of the child is necessary Children’s Social Care either Blackpool or Lancashire will arrange for this to be completed.

If the referrer has not been informed of the outcome of the referral within 48 hours, the referrer must contact Children’s social care/ integrated services to determine the outcome of the referral.

A copy of the referral form should be held within the child’s records

Liaise with other health professionals (including the GP) known to have involvement with the child or family and inform them of the referral.

Any concerns relating to a response from children’s social care / integrated services should be discussed with the safeguarding team.
Assessment
Safeguarding Children (Level 1)

1. Which categories of abuse can a child be placed on a Child protection Plan under?
   (a) Physical Abuse, Neglect, Sexual Abuse, Emotional Abuse
   (b) Physical Abuse, Neglect, Financial Abuse, Emotional Abuse
   (c) Physical Abuse, Bullying, Financial Abuse, Neglect
   (d) Financial Abuse, Neglect, Emotional Abuse, Sexual Abuse

2. What percentage of children on a child protection plan are affected by domestic abuse?
   (a) 10.2%
   (b) 15.6%
   (c) 33.3%
   (d) 48.7%

3. Who would you contact if you wanted safeguarding advice?
   (a) The Safeguarding Team
   (b) Children’s Social Care
   (c) Your Line Manager
   (d) Any of the above

4. Where will you find the organisations Internal Safeguarding Children Procedures?
   (a) On the Intranet
   (b) On the internet

5. What is the most common category of abuse that a child can be registered under?
   (a) Physical Abuse
   (b) Sexual Abuse
   (c) Neglect
   (d) Emotional Abuse

6. What % of children have access to the internet at home?
   (a) 22%
   (b) 74%
   (c) 24%
   (d) 90%
Safeguarding Children (Level 1) Completion Statement

PLEASE only sign and return when you are satisfied that your staff member has completed all of the relevant mandatory units and correctly answered questions.

A PHOTOCOPY of this completion statement ONLY, MUST be sent to Learning and Development. This is for input on to the Trusts Central Training Data Base (OLM) as evidence that your staff member has completed the Mandatory Training Assessment Pack.

A further copy should be placed in your staff members personal development file.

This is to confirm the Mandatory Training Assessment has been completed by:

Surname: (Block Capitals)

Forename: (Block Capitals)

Job Title: ...........................................................

Department/Ward: ...........................................................

Division/Directorate: ...........................................................

Date Completed: (This must be within 12 weeks of receipt) ...........................................................

Staff Signature: ...........................................................

Manager: (Printname) ...........................................................

Manager: (Signature) ...........................................................

Return a copy to Learning and Development, Blackpool Teaching Hospitals, Learning and Development Department, Blackpool Stadium, Seasiders Way, Blackpool, FY1 6JX

An electronic copy can be emailed to: olm@bfwhospitals.nhs.uk

Date Sent: ...........................................................