



Health Education Kent
Surrey and Sussex

The Care Certificate Framework

For
Adult Social Care Workers
&
Healthcare Support Workers

Standard 11

Name of Learner:

Role:

Organisation:

Mentor:

Assessor:

Date started:

The Care Certificate Framework

Safeguarding children

Standard 11 Main areas:

- I understand safeguarding children

Links

Code of Conduct: Standard 1.5, 1.9, 3 & 6.4

Compassion in Practice (6 C's)

Care, Compassion, Competence, Communication, Courage and Commitment

Standard 11

This standard ensures that you understand safeguarding children

You must know what action to take and who to contact if you suspect harm, or if it is disclosed to you, or if you suspect a child or young person in any circumstances is being abused or neglected.

If you see harm or neglect happening, or an allegation has been made to you, you must take immediate action, and know how to respond. You may in the course of your work come across a child who you suspect is being abused or neglected. You will need to discuss this with your supervisor / manager. Consider the situations where you may come into contact with children in your workplaces.

- Children may be visiting or living with older people
- Disabled people younger than 60 may have children living with them
- Older people may be living with younger families
- Children may be providing informal care

If you are expected to work in these settings, you will need some extra training in Child Protection. You will need to report all suspicions to your manager. Despite all these reasons you are responsible for the well-being of those you support or care for by reporting and recording all your concerns to your manager / supervisor.

You may not be able to ensure the wellbeing of the individuals you support, but you can ensure that your organisation knows about your main concerns, including concerns about the organisation itself. If you feel your concerns are not being taken seriously you can contact a more senior manager, Safeguarding Advisor or you can contact the Care Quality Commission directly.

From a legislative perspective, the safeguarding of children is set out in The Children Act 2004 (CA2004) and the Children Act 1989 (CA1989). It also features in the United Nations Convention on the Rights of the Child (to which the UK is a signatory). There are several published reports providing guidance and current interpretations of the above-mentioned legislation. The long history of children's

welfare legislation has given rise to numerous unco-ordinated official powers and functions, even within the same local authorities, resulting in tragic maladministration. The Children Act 1989 is the corner stone legislation for safeguarding children which has attempted to consolidate and co-ordinate these official powers and functions. For Example, section 27 of CA1989 provides that health organisations have a duty to cooperate with social services. These duties are an explicit part of NHS employment contracts, with Chief Executives having responsibility to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children within organisations. The CA2004 repeals and amends numerous statutes including the CA1989, with its main purpose to further promote co-ordination between multiple official entities to improve the overall well-being of children. The 2004 Act specifically provides for 'including and affecting' disabled children. Section 11 of the CA2004 expressly provides for the provision of health and social organisations to make arrangements to safeguard and promote the welfare of children.

The report on Working Together to Safeguard Children (HM Government 2013) states in relation to health and social organisations working together that *'the action we take to promote the welfare of children and protect them from harm – is everyone's responsibility. Everyone who comes into contact with children and families has a role to play... For children who need additional help, every day matters... The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future'*. It can be seen from this statement along with the above-mentioned legislation and Standard 11 itself that, the main focus for safeguarding children at work relates to the following two main areas, health care and social care and how they function and co-ordinate for the purpose of the welfare of children.

To protect children and young people from harm, all healthcare staff must have the competencies to recognise child maltreatment and to take effective action as appropriate to their role. It is the duty of employers to ensure that those working for them clearly understand their contractual obligations and facilitate access to training and education, enabling the organisation and the healthcare staff to fulfil their working aims, objectives and statutory duties effectively and safely.

It remains the responsibility of organisations to develop and maintain quality standards and quality assurance, to ensure appropriate systems and processes are in place and to embed a safeguarding culture within the organisation through mechanisms such as safe recruitment processes including the use of vetting and barring, staff induction, effective training and education, patient experience and feedback, critical incident analysis, risk assessments and risk registers, cyclical and other reviews and audits, annual staff appraisal and revalidation of medical staff. It is also important to be aware of the role of external regulators such as CQC in monitoring safeguarding systems within organisations. This Guidance sets out minimum training requirements and is not intended to replace contractual arrangements between commissioners and providers or NHS organisations and their employees. It is acknowledged that some employers may require certain staff groups to be trained to a higher level than described here to better fulfil their organisational intent and purpose.

All providers of health services in England for example are required to be registered with the Care Quality Commission (CQC). In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported. This includes private healthcare and voluntary sector providers. All staff that 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 / carer's 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. Across the UK, specialist safeguarding / child protection professionals provide expertise and have specific roles and responsibilities in safeguarding children.

Different staff groups require different levels of competence depending on their role and degree of contact with children, young people and families, the nature of their work, and their level of responsibility. All staff working in a health care setting must

know what to do if there is a child protection concern involving a child or family, know the referral procedure, which includes knowing whom to contact within their organisation to communicate their concerns. In response to the Laming Report 2009 and other evidence such as serious case reviews, there has been recognition of the importance of the level of competence of some practitioner groups, for example GPs and paediatricians.

This Framework identifies five levels of competence and gives examples of groups that fall within each of these. The levels are as follows:

- Level 1: All staff including non-clinical managers and staff working in health care settings.
- Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents / carers.
- Level 3: Clinical staff working with children, young people and / or their parents / carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
- Level 4: Named professionals.
- Level 5: Designated professionals.

The most relevant for you will be Level 1. This level is equivalent to basic safeguarding / child protection training across all partner organisations working with children and young people. Competence at this level is about individuals knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns. It comprises of recognising potential indicators of child maltreatment – physical abuse including fabricated and induced illness, emotional abuse, sexual abuse, and neglect including child trafficking and Female Genital Mutilation (FGM).

Understanding the potential impact of a parent / carers physical and mental health on the wellbeing and development of a child or young person, including the impact of domestic violence, the risks associated with the internet and online social networking,

an understanding of the importance of children's rights in the safeguarding / child protection context, and the basic knowledge of relevant legislation (Children Acts 1989, 2004 and of Sexual Offences Act 2003). In addition, you need to know how to take appropriate action if you have concerns, including appropriately reporting concerns and seeking advice. Competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

The required knowledge at Level 1 standard is to understand about child maltreatment in its different forms (physical including fabricated and induced illness, emotional and sexual abuse, and neglect) including child trafficking, FGM and radicalisation including prevalence and impact. You need to know about the relevance of parental, family and carer factors such as domestic abuse, mental and physical ill-health as well as substance and alcohol misuse. If there are concerns about child maltreatment, you will need to know the local policies and procedures around who to contact, where to obtain further advice and support, and have awareness of the referral process. The importance of sharing information is essential (including the consequences of failing to do so) and if concerns are not being taken seriously or you experience any other barriers it is necessary to know what to do. It is also necessary to be aware of internet and online social networking.

The skills that are required at level 1 are as follows:

- In your work role you are able to recognise possible signs of child maltreatment.
- In your work role you are able to seek appropriate advice, report concerns, and feel confident that they have been listened to.

Attitudes and values, willingness to listen to children and young people and to act on issues and concerns are all essential elements of your work role.

In addition to all of the above it is necessary to be aware of the term 'looked after child'. The term 'looked after child' refers to children in care or who have become the responsibility of the local authority. This can happen voluntarily by parents struggling to cope or through an intervention by children's services because a child is at risk of significant harm. Both health and social workers need to be aware of the increased risks involved regarding the safeguarding of looked after children. Most children who

are in care live safely but a small number do experience harm. There are a number of risk factors associated with being cared for by institutions. These children are more vulnerable because of the structure and social standing of institutions and the power of the adults working for them. This makes children in the care of institutions particularly at risk of abuse and / or neglect.

Social care workers for children, work with families to enable children to live safe from harm within their family and the community wherever possible. Sometimes some parents require the support of social care workers to assist them with specific problems and challenges they face. For a small number of children and their parents' additional support will be necessary to protect them from abuse and neglect. It will be necessary to provide them with support and services so that they can have the same opportunities open to them as all children and young people.

If you work in social care it is necessary for you to be able to explain what you must do if you suspect a child or young person is being abused or neglected. Some guidelines as to what you should do are as follows:

- Stay calm and try not to show shock or disbelief.
- Listen carefully to what the child is saying.
- Be sympathetic ('I am sorry that this has happened to you').
- Be aware of the possibility that medical evidence might be needed.
- Tell the child that:
 - They did the right thing to tell you.
 - You are treating the information seriously.
 - It was not their fault.
 - You are going to inform the appropriate person.
 - You / the service will take steps to protect and support them.
- Report to your line manager, senior manager, or to social services or the police.
- At the first opportunity make a note of the disclosure and date and sign your record. You should aim to:
 - Note what the child actually said, using their own words and phrases.
 - Describe the circumstances in which the disclosure came about.

- Note the setting and anyone else who was there at the time.
- Separate factual information from your own opinions.
- Use a pen or biro with black ink, so that the report can be photocopied, and be aware that your report may be required later as part of a legal action or disciplinary procedure.

Alternatively, things you should not do are as follows:

- Do not press the child for more details; this can be done at a later date, if appropriate.
- Do not stop a child who is freely recalling significant events, as they may not tell you again.
- Do not promise to keep secrets: you cannot keep this kind of information confidential.
- Do not make promises you cannot keep.
- Do not contact the alleged abuser.
- Do not be judgmental.
- Do not pass on the information to anyone other than those with a legitimate 'need to know', such as your line manager or other appropriate person.

Some abuse may happen because parents, careers or other adults act in ways which harm children. Other kinds of abuse occur when adults fail to take action to protect children or fail to meet a child's basic needs. A range of types of abuse and corresponding indicators are as follows:

Physical abuse: types

- Hitting, slapping, and scratching.
- Pushing or rough handling.
- Assault and battery.
- Restraining without justifiable reason.
- Misuse of medication.
- Inappropriate sanctions including deprivation of food, clothing, warmth and health care needs.

Physical abuse: Indicators

- A history of unexplained falls or minor injuries especially at different stages of healing.
- Unexplained bruising in well-protected areas of body, e.g. on the inside of thighs or upper arms etc.
- Unexplained bruising or injuries of any sort.
- Burn marks of unusual type, e.g. burns caused by cigarettes and rope burns etc.
- A history of frequent changes of general practitioners or reluctance in the family, carer or friend towards a general practitioner consultation.
- Accumulation of medicine which has been prescribed for a child but not administered.
- Malnutrition, moisture lesions from being left in wet clothing.

Sexual abuse: Types

- Rape or attempted rape.
- Sexual assault and harassment.
- Non-contact abuse e.g. voyeurism, pornography.

Sexual abuse: Indicators

- Unexplained changes in the demeanour and behaviour of a child.
- Tendency to withdraw and spend time in isolation.
- Expression of explicit sexual behaviour and/or language by the child.
- Irregular and disturbed sleep pattern.
- Bruising or bleeding in the rectal or genital areas.
- Torn or stained underclothing especially with blood or semen.
- Sexually transmitted disease or pregnancy.

Psychological abuse: Types

- Emotional abuse.
- Verbal abuse.
- Humiliation and ridicule.

- Threats of punishment, abandonment, intimidation.
- Isolation or withdrawal from friends and social contact.
- Failure to provide access to educational.

Psychological abuse: Indicators

- Inability of the child to sleep or tendency to spend long periods in bed.
- Loss of appetite or overeating at inappropriate times.
- Anxiety, confusion or general resignation.
- Tendency towards social withdrawal and isolation.
- Fearfulness and signs of loss of self-esteem.
- Uncharacteristic manipulative, uncooperative and aggressive behaviour.

Neglect and acts of omission: Types

- Ignoring medical or physical care needs.
- Failure to give prescribed medication.
- Failure to provide access to appropriate health, social care or educational services.
- Neglect of accommodation, heating, lighting etc.
- Failure to give privacy and dignity.

Neglect and acts of omission: Indicators

- Inadequate heating, lighting, food or fluids.
- Failure by parent/guardian to give prescribed medication or obtain appropriate medical care.
- Parent/ Guardian reluctance to accept contact from health or social care professionals.
- Apparently unexplained weight loss.
- Unkempt clothing and appearance.
- Inappropriate or inadequate clothing.
- Sensory deprivation.
- Absence of appropriate privacy and dignity.

Discriminatory abuse: Type

- Discrimination demonstrated on any grounds including sex, race, colour, language, culture, religion, politics or sexual orientation.
- Discrimination that is based on a person's disability or age.
- Harassment and slurs which are degrading.
- Hate crime.

Discriminatory abuse: Indicators

- Tendency to withdrawal and isolation.
- Fearfulness and anxiety.
- Being refused access to services or being excluded inappropriately.
- Loss of self-esteem.
- Resistance or refusal to access services that are required to meet need.
- Expressions of anger or frustration.

Fabricated and Induced Illness

Fabricated or induced illness is a rare form of child abuse and this occurs when a parent or carer exaggerates or deliberately causes symptoms of an illness in a child. It is also known as Munchausen's syndrome by proxy.

Within the National Institute for Health and Clinical Excellence (NICE) Guidelines – When to suspect child maltreatment 2009, updated Feb 2014, it gives very clear guidance and it states:

“Suspect fabricated or induced illness if a child's history, physical or psychological presentations or findings of assessments, examinations or investigations leads to a discrepancy with a recognised clinical picture and one or more of the following is present:

- *Reported symptoms and signs only appear or reappear when the parent or carer is present.*
- *Reported symptoms are only observed by the parent or carer.*
- *An inexplicably poor response to prescribed medication or other treatment.*
- *New symptoms are reported as soon as previous ones have resolved.*

- *There is a history of events that is biologically unlikely (for example, infants with a history of very large blood losses who do not become unwell or anaemic).*
- *Despite a definitive clinical opinion being reached, multiple opinions from both primary and secondary care are sought and disputed by the parent or carer and the child continues to be presented for investigation and treatment with a range of signs and symptoms.*
- *The child's normal daily activities (for example, school attendance) are being compromised, or the child is using aids to daily living (for example, wheelchairs) more than would be expected for any medical condition that the child has.*

Fabricated or induced illness is a likely explanation even if the child has a past or concurrent physical or psychological condition”.

Risks associated with the internet and online social networking

The Internet can be accessed through various devices including mobile phones, text messaging and mobile camera phones as well as computers and game consoles. As a consequence the Internet has become a significant tool in the distribution of indecent / pseudo photographs and video clips of children and young people.

Internet chat rooms, discussion forums and bulletin boards are used as a means of contacting children with a view to grooming them for inappropriate or abusive relationships, which may include requests to make and transmit pornographic images of themselves or to perform sexual acts live in front of a web cam. Contacts made in a chat room are likely to be carried on via email, instant messaging services, mobile phone and text messaging.

There is also cause for concern about the exposure of children to inappropriate material via interactive communication technology e.g. adult pornography and extreme forms of obscene material.

Child Trafficking

Child trafficking is a very serious issue which can have a devastating and lasting impact on its victims and children can be trafficked into, within and out of the UK.

Children are trafficked for a number of different reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick-pocketing, theft and working in cannabis farms. Traffickers use a variety of methods to recruit their victims; some are coerced, but most are trapped in subversive ways. For example, children may be promised education or 'respectable' work in restaurants or as domestic servants, or parents may be persuaded that their children will have a better life elsewhere.

Trafficked children may be deprived of their rights to health care and freedom from exploitation and abuse as well as being denied access to education. The creation of a false identity together with the loss of family and community may seriously undermine their sense of self-worth. At the time they are found, trafficked children may not show any obvious signs of distress or imminent harm, but they may be vulnerable to particular types of abuse and may continue to experience the effects of their abuse in the future.

Whatever, type of abuse is suspected or, the key must be to be able to recognise it and then report it, and feel confident that you have been listened to. Within your own local procedures, it will give guidance of who to report it to, and it is important that during your induction you are made aware of this.

Standard 11

Workbook

Safeguarding Children

Standard 11 Main areas:

- I understand safeguarding children

Links

Code of Conduct: Standard 1.5, 1.9, 3 & 6.4

Compassion in Practice (6 C's)

Care, Compassion, Competence, Communication, Courage and Commitment

Standard 11.1 Safeguarding Children

11.1a Explain the following types of child maltreatment and identify potential indicators for each

	Explain what it is, giving examples to support your explanation	Possible indicators
Physical		
Emotional		
Neglect		
Sexual		

Fabricated & induced illness		
Child trafficking		
Female Genital Mutilation		

11.1b Explain the relevance of parental, family and carer factors, such as domestic abuse, mental and physical ill health, and substance or alcohol abuse

--

11.1c Identify the risks associated with the internet and online social networking

11.1d Identify what you would do if you had concerns about child maltreatment, making reference to the use of your local policies

11.1 e Explain the importance of sharing information and also the consequences of failing to do so

Importance of sharing information	Consequences of failing to do so

11.1f Explain what you would do if you thought your concerns were not being taken seriously enough or you experienced barriers to referring a child / family

If concerns were not being taken seriously enough:

If I experienced barriers to referral:

11.1g Explain what the term “Looked after child means”

11.1h Identify and give an overview of the legislation that supports safeguarding children

1.

2.

3.

4.

Standard 11

Outcome	To meet this standard	Assessment	Evidence	Date signed off
11.1 Safeguard children	If they work in Health: Meet the national minimum training standards for Safeguarding Children at Level 1, as set out in "Safeguarding Children and Young People: roles and competencies for Health care staff". (Intercollegiate Royal College of Paediatrics and Child Health 2014).	You will record your assessment decision on the documentation used in your workplace		

I am satisfied with the evidence of learning that it meets all the required standards.

Assessor's Name:

Assessor's Position:

Signature:

Date:

Learner's Signature:

Date: