

Scenario

- Leonie is in year 8 and you are in the evening of the first day of a residential. Leonie appears to be very upset and is crying when the children are asked to get changed and ready for bed.
- When you speak to her she says that she “can’t go home” and repeats “I can’t do it any more.” When you ask her explain that to you she says that she can’t hide it any longer and shows you her lower back where you can see what appear to be bruises.
- You then ask her to tell you more about what has happened and she just keeps repeating that she can’t go home and she can’t do this any more. Leonie is a quiet student. You have no knowledge of any previous concerns of this nature, but she has been identified as a pupil who may need some additional support with self esteem / confidence.
- **What do you do?**

LSCB Safeguarding Children: A Shared Responsibility (Level 2)

Session 1

Before we start!

- Try to avoid looking through the booklet... it will spoil the surprise!

Aims

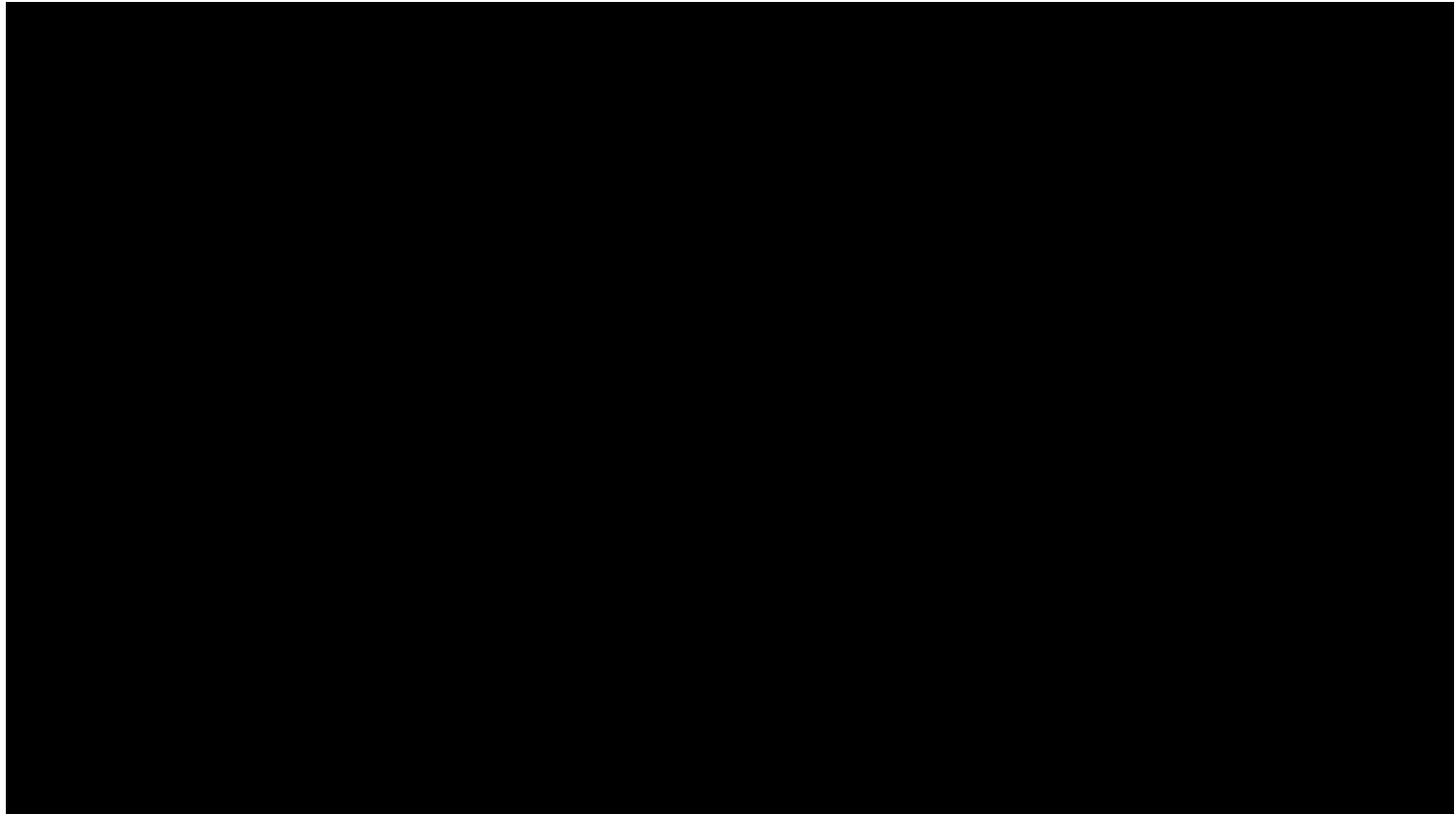
Session 1

- To provide an overview of local and national statistics, emerging themes and trends in safeguarding an child protection
- To give an understanding of effective multi agency communication and information sharing
- To consider how this might look at school
- To consider the referral and assessment process when safeguarding concerns are identified

Session 2

- Understand what the SPA is and how to make a referral
- Understand some CP issues:
 - Private fostering
 - County lines
 - Trafficking
 - Radicalisation

Count the number of times the players
in white pass the ball

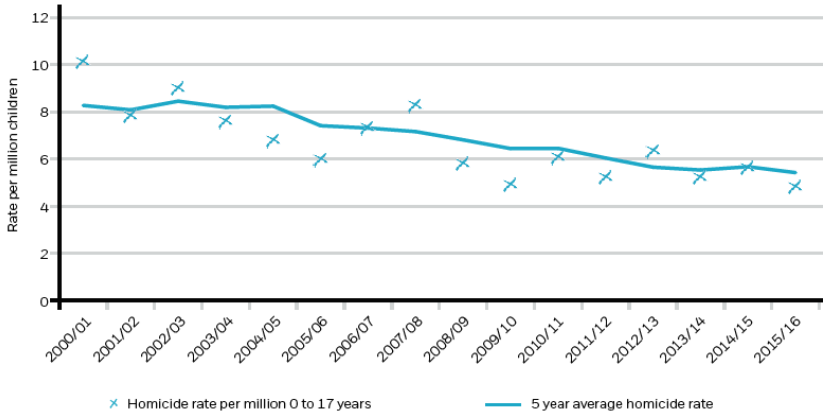


Quiz

1. Which form of abuse is the most common?
 - Neglect
2. Which form of abuse has had the highest % increase in referrals in the last 5 years?
 - Sexual
3. Are children safer now than they were a generation ago?
 - It depends

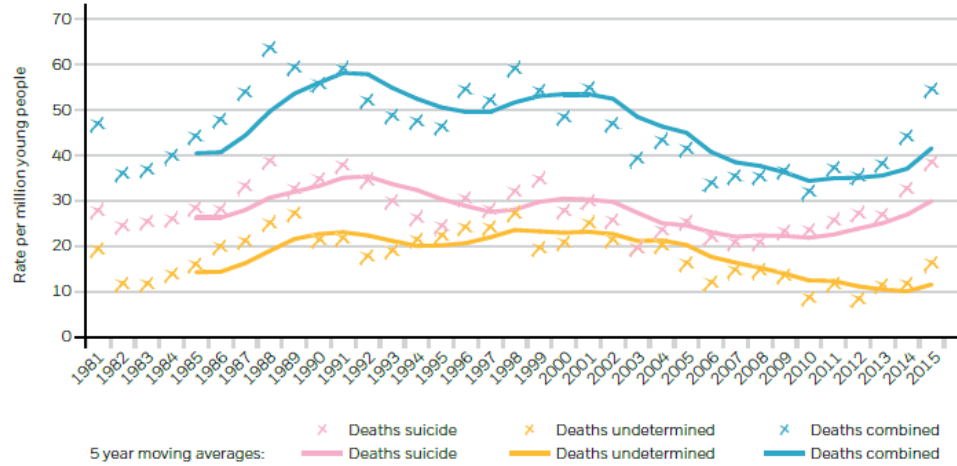
England

Homicide rate per million children aged 0 to 17 years



England

Suicide rates per million 15 to 19 year olds



Wales and Northern Ireland

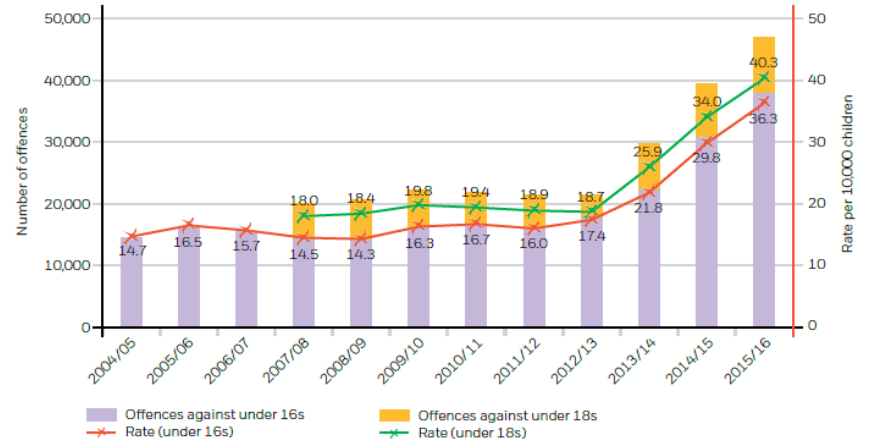
England

Recorded cruelty and neglect against children under 16



England

Recorded sexual offences against children under 16 and under 18



Local Statistics- Kingston & Richmond Child Protection Plans

Richmond January 2018

- Sexual abuse 5
- Neglect 41
- Emotional abuse 42
- Physical abuse 17

Kingston December 2017

- Sexual abuse 6
- Neglect 53
- Emotional abuse 50
- Physical abuse 34

Increased vulnerability

- On your table, consider the factors that might make a child more vulnerable to abuse.

 Jot down your thoughts in the booklet

Increased vulnerability

Children may be more vulnerable to being harmed if they are:

- Babies
- Young carers
- Have a learning difficulty or disability
- Children in care or in secure accommodation
- Privately fostered
- Those experimenting with drugs and alcohol
- Those with a history of child abuse
- Those with parents who misuse drugs and alcohol
- Those who have experienced or witnessed domestic violence
- Children or parents with disabilities or learning difficulties
- Families with chaotic, unsettled or transient lifestyles

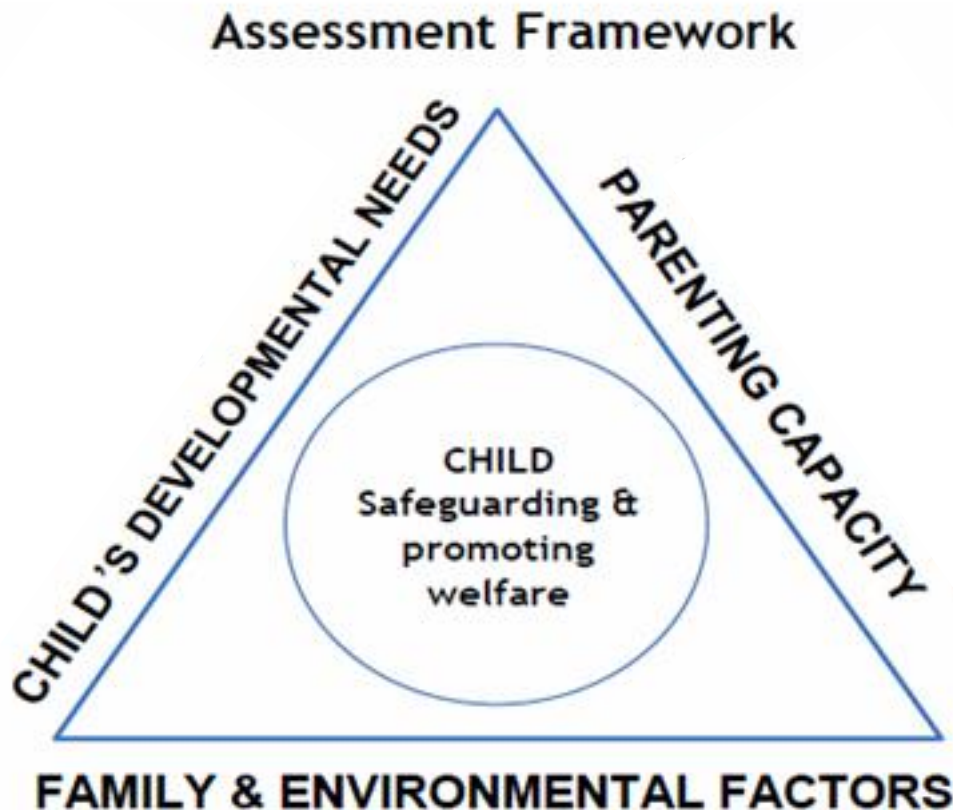
Recognition-Activity

- Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Neglect
-
- In your groups write down 3-5 signs or symptoms for each category of abuse under four age groups: Pick the age group that you work with the most: 5-10 and 11-18 years

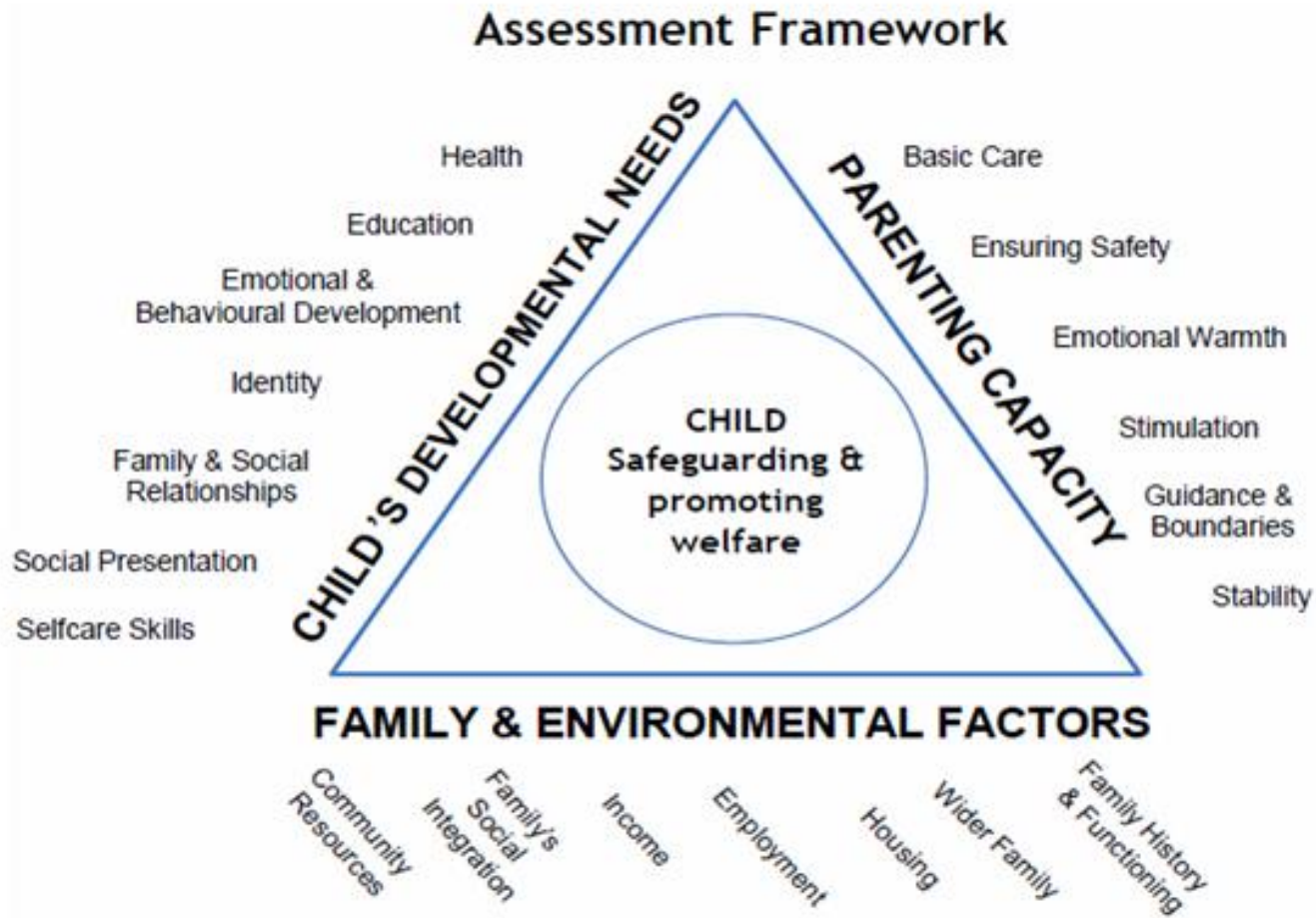
What factors might we look out for when assessing a safeguarding need?

Assessment Framework Triangle – a quick game

Match the dimensions with the domain of the assessment area.



Assessment Framework Triangle



What information do we have on the Children at School

- What information do we have at school that might help us identify a vulnerable child?

Assessment Framework Exercise

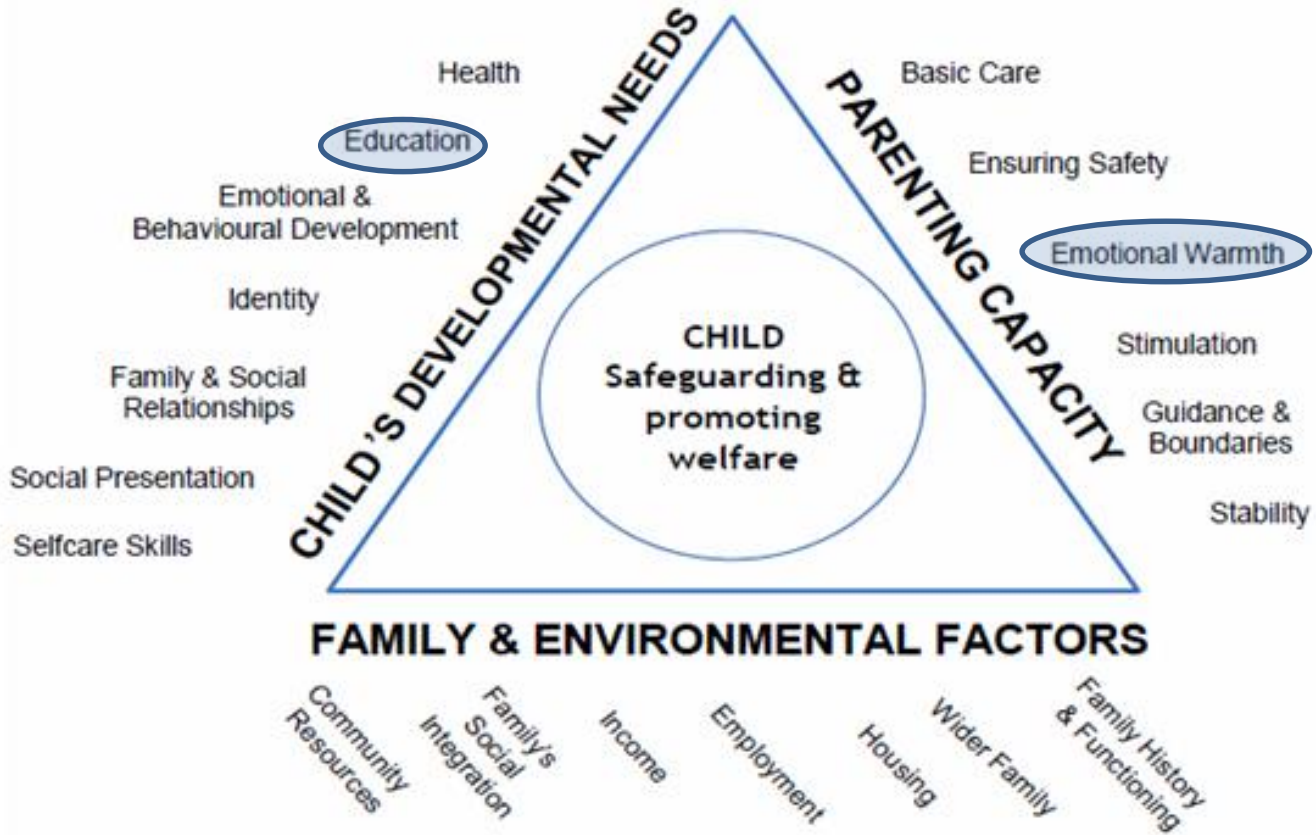
Looking at the domains and dimensions on the assessment framework triangle- identify for which of the dimensions would you/or the school have information regarding the child & their family

Using the assessment framework, assess Jane's situation

Jane is in year 10. Her attendance has been steadily getting worse over the past six months and is now at 78%. When she is in school she sometimes misses lessons and goes to the medical centre. She has received a number warnings for lack of school uniform, a negative attitude and lack of homework.

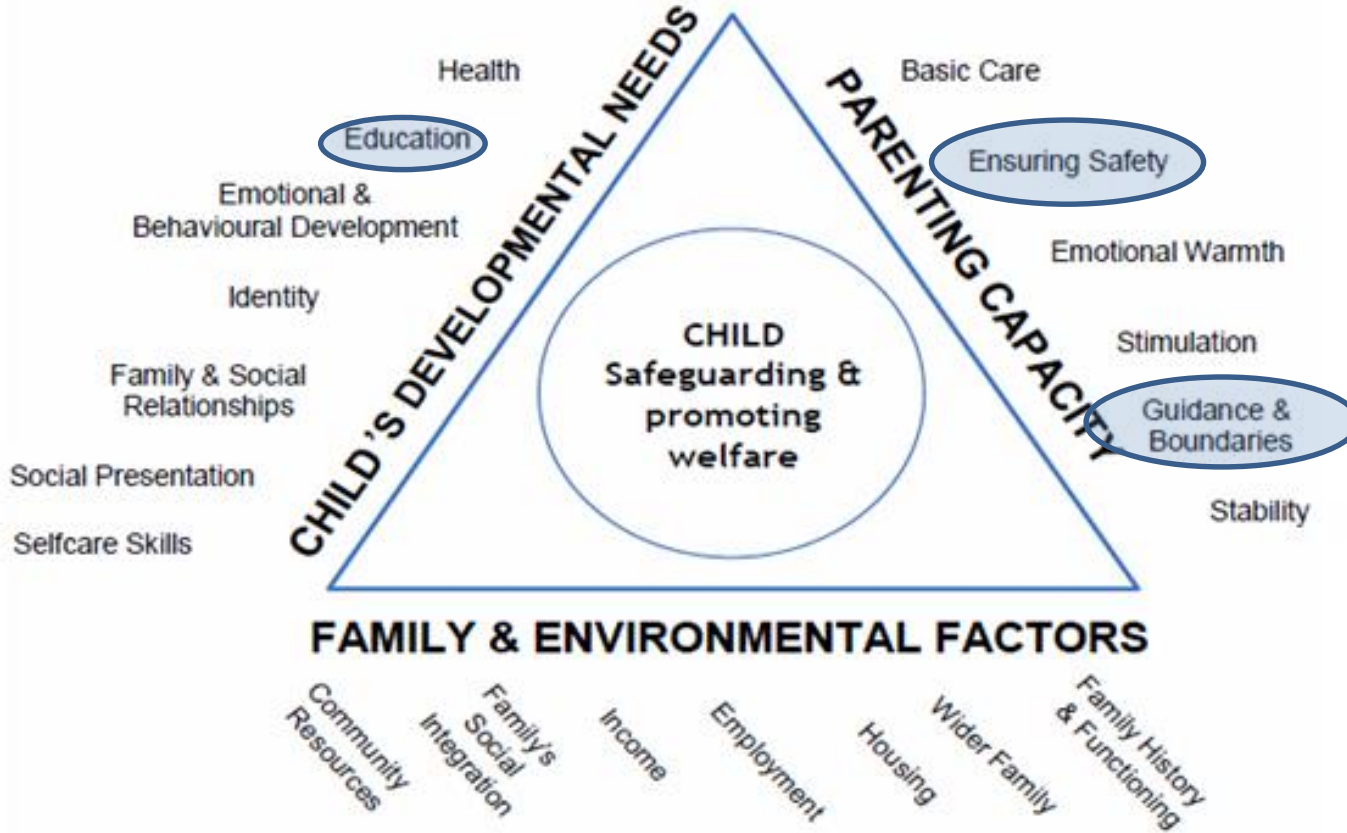
In her recent 1:1 tutor discussion, she disclosed that her mum was more interested in her younger brother than her.

Assessment Framework



She has not attended school for the past three days. In form time on Tuesday, Chloe, Jane's friend, said that on Friday Chloe went to a party and didn't go home until Sunday. She said that Jane's mum didn't know where she was on Saturday but isn't worried because she often stays out overnight and always comes back in the end

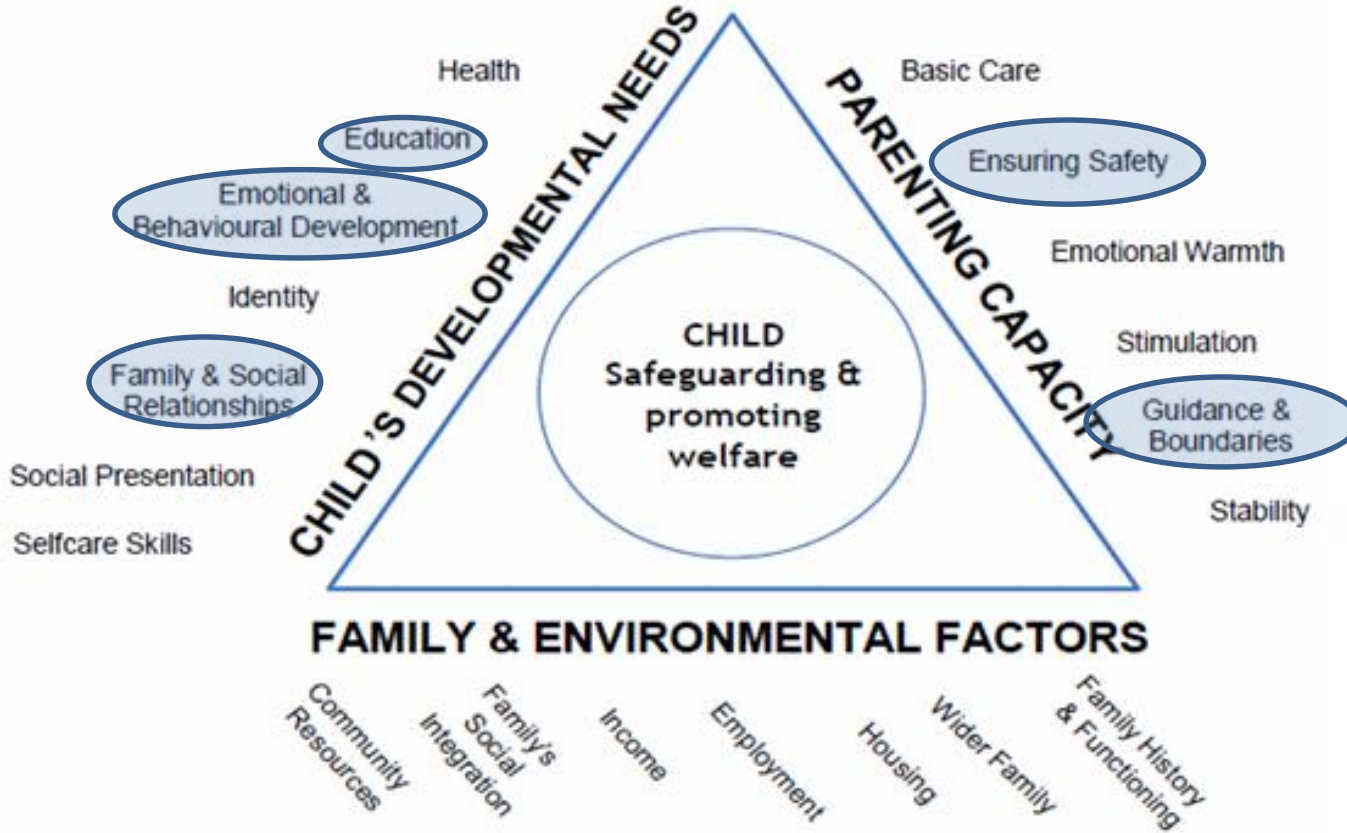
Assessment Framework



Mum is invited into School

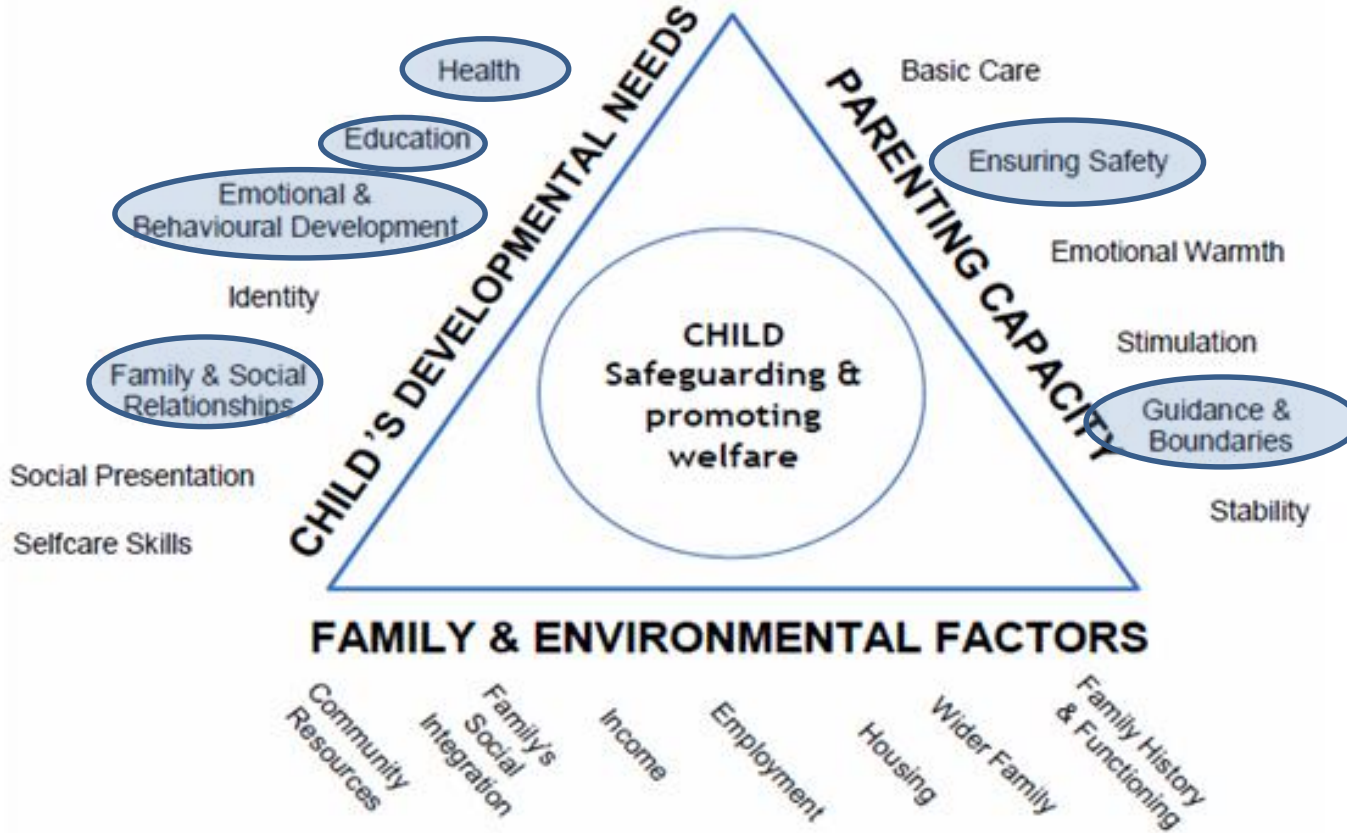
- Mum is a single parent and has a toddler to look after. She is supportive of the school but is struggling to cope with Jane.
- Mum notes that Jane's father has recently been trying to contact the family and has left messages at home. She notes that her father walked out on the family when Jane's younger brother was born.

Assessment Framework

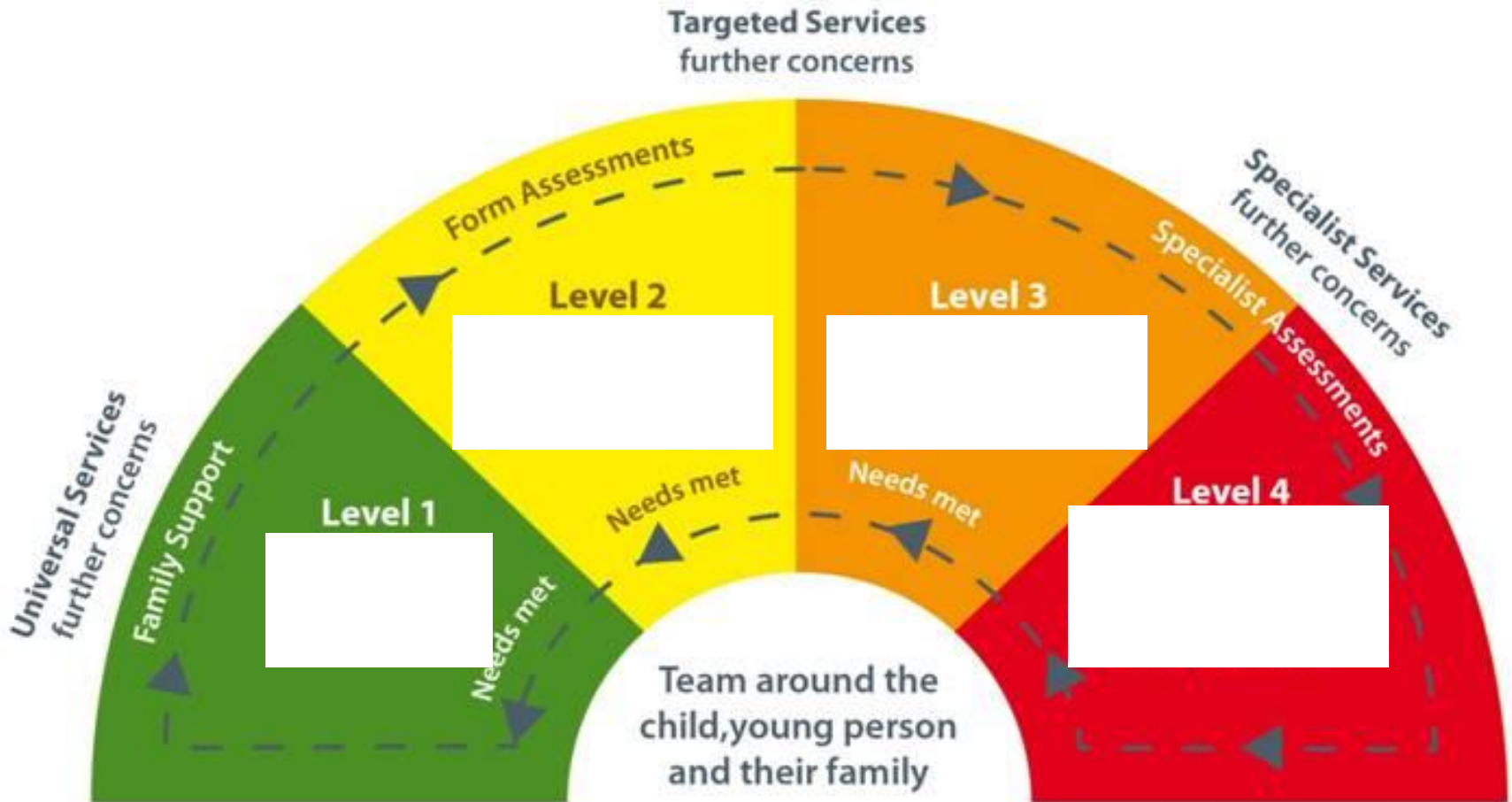


- A member of staff contacts you to say that they are worried about Jane. They noticed some scratches on her arm.
- There is increasing concern that the young person is hanging around in King Charles Park – a known spot for drug dealers - at night.

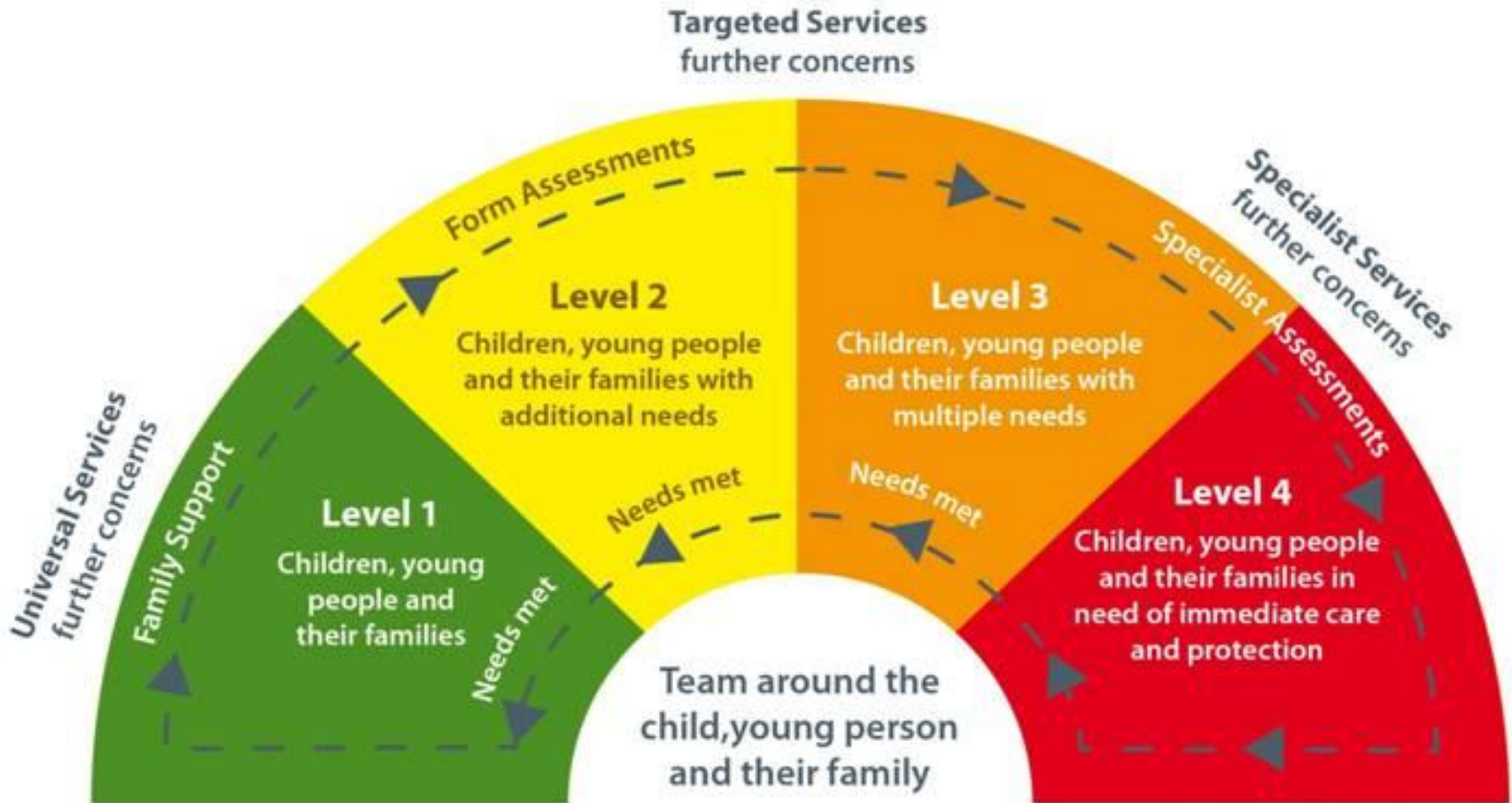
Assessment Framework



How do we decide who to involve?



Continuum of need



What we could do

- How might we help Jane?
- How do we determine what, if any help we can give her and her mother.

What is Early Help Assessment

- The EHA is a shared **assessment and planning tool** to help us in our work with children, young people and families.
- The EHA is beneficial where children need the support of more than one agency to address their additional needs, or when their needs are not clear
- Using the EHA will help to provide effective co-ordinated support as early as possible
- [Early Help Assessment](#)

Early Help Assessment and Planning Tool for children and young people

This assessment should always be completed with the child, young person and family.
Ensure signed consent has been obtained when complete.

Date assessment started:		Date completed:	
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Person completing this assessment with the child/young person and family			
Name	Agency	Role	Contact details

Section1: Family composition and details

Include all those living in the family home			
Child's name	DOB	Gender M/F	Ethnic origin
Siblings' names	DOBs	Gender M/F	Ethnic origin
Parents'/Carers' names	Relationship to child	Parental responsibility?	Ethnic origin
Family address (including postcode):			
Phone number(s):			

Details of any significant others not living in family home		
Name	Relationship	Address

Further information about the family			
Child's first language		Parent's first language	
Religion		NHS number	
Details of any disability in the family:			
Do any of the children have a caring responsibility?	Y/N	Is this child privately fostered? (if yes, please provide details)	Y/N

Section 2: Assessment information

Please select main reason and summarise what has led to this assessment of the child / young person / family	
Main reason: Academic Attendance Behaviour Emotional needs Health issues Home situation Housing Risk of exclusion Permanent exclusion Substance misuse Transition	

Details of universal services supporting any of the family members				
Role team/Agency	Worker name	Supporting who?	Contact details	Contributed to this assessment?
GP				Y/N
School/Nursery (indicate Not of School age or NEET where relevant)				Y/N
Home Cluster:				
Other professionals already involved with any of the family members				
				Y/N
				Y/N
				Y/N

How has the child/young person been involved in this assessment

Once complete might lead to a TAC

- Team around the child
- Meets 'regularly' to discuss how the child is getting on.
- Formally closed
- Usually led by a member of Children's Services
- School often facilitates the meeting
- Child, Parent, school, school nurse, Tier 2 worker

Let's consider Jane



Any questions?