



Single Agency
Foundation
Safeguarding
Training –
Trainer notes

2019

This document contains information to assist trainers/safeguarding leads that are using the 'Single Agency Foundation Training' presentation and practitioner booklet.

Introduction

These notes are designed to be read in conjunction with the slide presentation and the practitioner booklet. They are brief prompts to support single agency trainers or team members to provide consistent messaging across all the organisations.

Take time to read through notes, including the practitioner booklet before delivering the training – ensure that you have information that is relevant to your agency to provide to participants.

This session will take 3 hours to deliver when all exercises are included.

To provide a high level of learning transfer (when participants take information they have learnt and apply to their everyday practice) it is important that they feel ownership of the issues raised and the solutions. One way to help achieve this is to relate learning to their own workplace and day to day experiences and ensure that they can see a clear benefit to them in changing their practice.

We are fortunate when delivering training that we also have the benefit of reminding participants about the positive impact they can have on other people's lives and empowering them to strive for excellent practice.

Advice is provided regarding methods that can help to encourage learning transfer; however this is by no means exhaustive. Those with experience of delivering presentations and training will have many other ideas and these should be used freely, as long as the message delivered is consistent and reflects the information provided in the slides and booklet.

If you would like any further advice regarding this session then please contact:
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Contents of Training Package

These notes should be read together with:

- Foundation Safeguarding Training Plan - this includes suggested timings, resources and maps the deliver to the objectives.
- Foundation Safeguarding Scenarios – trainers should select 3-4 that best fit the setting.
- Foundation Safeguarding Training Presentation Slides
- Foundation Safeguarding Training Practitioners booklet – this contains an overview of the information that is delivered during the course, the activities for participants to complete, and a list of useful information for participants. Trainers can refer to the booklet during delivery if they wish, however participants are not expected to read it during the training, it is a reference source for them once training is completed.

Trainer Preparation

As you prepare to deliver this training, there is some previous knowledge that will be essential. Listed below are the documents that are the minimum that trainers will need to be familiar with in order to facilitate this session successfully. Links to the majority of the reading can be found in the useful information section of this document.

All local serious case reviews, and the briefing notes for professionals can be found on the KBSP website. Even with extensive knowledge, it is not possible for any trainer to know absolutely everything.

Please remember that directing participants to their in house experts or to the KBSP website for further information is an acceptable response and encourages them to take responsibility for their own learning.

We recommend that everyone delivering training at foundation level has an advanced knowledge of safeguarding and child protection knowledge, and has completed relevant inter agency training themselves within the last 2 years as part of their CPD.

We would also recommend that trainers have knowledge regarding the planning, delivery and review of training for adults with the confidence to manage learning styles, challenges and general training room management.

Minimum Required Reading for Trainers:

- Working Together to Safeguard Children (July 2018)
- All Statutory Guidance specific to organisation (e.g. Keeping Children Safe in Education, Sept 2018 if delivering to education setting)
- What to do if you're worried a child is being abused (March 2015)
- An understanding of Children Act 1989 definitions, The Children Act 2004 in relation to safeguarding responsibilities, Children & Social Work Act 2017 for changes in multi-agency safeguarding arrangements and to social work and Local Authority as a parent.
- Lord Laming Inquiry (Victoria Climbié – 2003)
- The Munro Review of Child Protection (2011)
- Haringey Serious Case Reviews – Child A (2008) – Peter Connelly SCR
- Daniel Pelka Serious Case Review (2012)
- Ellie Butler Serious Case Review (2016)
- UN Convention on the Rights of the Child (UNCRC)
- Guidance to Safer Working Practices for Adults who work with Children (2015)
- Bristol – Child T Serious Case Review (2015)
- Bristol – Brooke Serious Case Review – CSE (2016)
- Bristol – Child Protection Incident Review – Tia (2018)
- Bristol – unpublished Death of a Baby (2018)

- Bristol – Child D (2018)
- Bristol Thresholds Document
- Bristol Single Assessment Framework Guidance
- Bristol escalation policy

This list is by no means exhaustive; many trainers will have knowledge beyond this reading, and experience as a specialist themselves.

Training Notes

Topic/ Slides	Content
Welcome Slides 1-4	<ul style="list-style-type: none"> • Introductions might not be necessary if group already knows each other well, but remember to complete them if anybody is new/doesn't know everyone/trainer is external to group. If group are strangers consider simple icebreaker before starting formal training. If not delivering internally, this is where housekeeping, fire safety etc. needs to be covered. • Focus on hopes for the session, can use post its. This is also the time to introduce the learning log to participants. If used this will increase the learning transfer for participants. It also encourages them to link the training to their specific experiences and role. • Group agreement will need to be covered. Remind group that there can be distressing information discussed; taking care of self and others includes leaving room if needed. If leave, please come back, if don't then trainer will check on individual to ensure they have any support they need. The use of gentle humour can be good here to avoid participants thinking that the course will be too intense. Focus of any humour should not be any safeguarding or CP issue for obvious reasons. <p>Confidentiality should be that anything shared from experiences will be anonymised and will also not leave the training room, and that any personal experiences are only shared for the benefit of learning and not to become staffroom gossip.</p> <p>Respect views, but encourage appropriate challenge, remind group that disagreement is a positive in safeguarding and child protection – learning from SCR's is that we sometimes have to be tenacious and challenge.</p> <p>Strongly recommend that phones are on silent and if any participant needs to text/email/speak then they leave the training room to do so (turning off can be an issue for people with caring responsibilities or if they are on call).</p>

	<p>Asking questions is very important, and also that those who don't feel comfortable speaking in front of the whole room can still get theirs answered so have post it notes, flip chart, or a board where questions can be listed and responded to after the break, or at the end of the session.</p> <ul style="list-style-type: none"> • Aims and objectives are a simple overview of the session ahead, use to provide some signposting to specific exercises/activities, reassure that training won't be all tutor talk. Use knowledge of setting to link objectives to practice/process that will make sense to the group.
<p>Legislation, guidance & KBSP Slides 5-10</p>	<ul style="list-style-type: none"> • KBSP – rare for practitioners to have heard of it so brief explanation of what LSCB is, why they exist, what they do. Mention local SCR's, link role of KBSP to day to day practice through reference to the DA notification scheme for schools, or the escalation policy, encourage use of guidance and policy in every setting. Explain that current period of change because changes in law mean that LSCB's need to organise themselves differently. <p>Bristol has not yet decided what the new arrangement will look like, there is discussion going on with the safeguarding partners (health and police) so the KBSP remains in operation in the current form until June 2019. Changes will be announced by June with the new arrangements in place by September 2019.</p> <p>This will not impact on day to day safeguarding functions so even when the board changes, the roles of those working with children are still the same – could notice impact in terms of changes to websites, links to documents or accessing inter agency training.</p> <ul style="list-style-type: none"> • Why this is important slide – children shown, in order, are: Victoria Climbie, Peter Connelly, Daniel Pelka, Child T (Baby Paris Vincent-Stephens). All trainers delivering this course should have at least an overview of these cases and the learning from them. <p>The obvious answer here is that not identifying CP can lead to death – but must emphasise that the only people responsible for that is the ones who directly harms the child. Remind group of the other costs for children who don't die. Trainer awareness of Adverse Childhood Experiences will be useful to highlight impact of abuse on adult survivors. Basic information about each of these cases is provided below:</p> <p>Victoria Climbie - She died in 2000, aged 8, with 128 separate injuries on her body after months of abuse at the hands of her grant aunt Marie Therese Kouao and her boyfriend Carl Manning. She was burnt with cigarettes, tied up for periods of longer than 24 hours, and hit with bike chains, hammers and wires. At the time of her death the police, the social services department of four local authorities (one of which was Haringey), the NHS, the NSPCC, school, and local churches all had contact with her, and noted the signs of abuse. Her death lead to a public inquiry and the recommendations led to the Children Act 2004 and the modern CP system.</p>

Peter Connelly – died in 2007, aged 17 months. He suffered more than fifty injuries, including a damaged spinal cord 3 or 4 days before his death. He was repeatedly seen by the London Borough of Haringey Children's services and National Health Service (NHS) health professionals.

Despite having been seen by a range of professionals on numerous times and been the subject of a child protection plan, social services were never aware the mother had a new boyfriend who, along with a friend, were largely responsible for the injuries and the child's death.

This case has national importance because his death was in the same Local Authority as Victoria Climbié, almost 8 years after her death, and 5 years after publication of the Lord Laming Inquiry. As a result of this Lord Laming completed the inquiry into this death and made additional recommendations.

The concern was that 5 years on, working together was still not happening – the nursery, the hospital and the police were aware of the new boyfriend – but info was never shared effectively between any of the agencies involved. The policy was to share, it didn't happen in practice.

Daniel Pelka – died in 2012, aged 4 in Coventry. Daniel was starved, beaten, locked in a room, force-fed salt, and had his head put underwater in the bath. He weighed only one stone nine pounds (10.4 kg) when he died. There had been significant concerns about domestic abuse in the home, Daniel's eating habits at school (reports of Daniel eating food out of the bins and eating jelly out of the sandpit).

A community paediatrician referral was made but his Mother avoided appointments until a few weeks before his death – and he was not fully examined due to her behaviour. The Mother presented as cooperative to all agencies, social services were not involved in the 8 months prior to his death, and no referrals were made due, in large part, to accepting Mother's accounts at face value and a lack of professional curiosity of those involved.

His older sister told the court that she tried to smuggle food to Daniel when he was being punished, but was forced to lie to professionals to allay concerns. Information wasn't shared effectively, and there were poor procedures and a lack of training for the staff at his school.

Child T (Paris Vincent-Stephens) – died in 2013, aged 14 weeks, in Bristol from a Non Accidental Head Injury caused by her Father violently shaking her. She had a surviving sibling, aged 2, and Mother believed she was pregnant at time of death. Mother was 18 when Paris died.

She met the Father of her children when she was 13 and he was 20, but no agency raised concerns about CSE. The children were Child in Need at time of death, but no agency had challenged this.

Social services used 4 partnership agreements to manage domestic abuse; Father was known to be dangerous. Information was not shared effectively between agencies – social services thought the relationship between Mother and Father was casual and more off than on, other agencies knew that it was long standing and more on than off. Mother took part in review, confirmed disguised compliance: “I would have signed anything and agreed to anything to keep my children”. She told reviewers that she knew she would not be able to keep to the agreements at the time she signed them. Learning included a need to improve working together, sharing information and professional challenge, that victims of domestic abuse cannot effectively act as the protective factor for their children, and led to KBSP guidance limiting the use of partnership agreements.

- Legislation and guidance – practitioners completing foundation level do not need a detailed understanding of the legislation regarding Child Protection and safeguarding. The key learning point for them is to understand what they are required to do, where there is a duty to act, and then link this to their (hopefully) desire to act in the best interests of children.

In addition to covering the statutory requirements around S47 and S17 Children Act 1989 and the 2004 act regarding working together and acting early to prevent harm, those working with children have a duty under human rights in relation to article 8 – the right to family life, and article 3 – free from torture. The UN Convention on the Rights of the Child imparts a number of rights on children, including those around right to play, right to education as well as rights around safety so there are many that link to the safeguarding arena.

Any individual in the room who needs detailed information should be directed towards additional training options. This course focuses on what our role is and how to do it, not the theoretical underpinnings to why we have to do it – this will need managing for those who need lots of background information.

- Trainers should spend time discussing Working Together to safeguard children. Explain that this is statutory guidance, which means we have to follow it unless we have an extremely good reason not to. The guidance is introduced to provide an explanation of how legislation should be applied in practice. It explains our duties and responsibilities under safeguarding legislation.

Trainers should highlight the relevant sections for the organisation, including explanations around early help, attendance at CP meetings, and the levels of knowledge staff should have for a range of safeguarding concerns and types of abuse.

Encourage staff to use Working Together as a reference document if they need to work out who should be working to keep children safe, and what they should be doing in addition to finding out about their own roles. Any additional statutory guidance specific to the organisation should also be discussed here.

	<ul style="list-style-type: none"> • Activity – safeguarding word storm. This works best if completed in small groups of 4-6 people. Ensure that all groups have flipchart paper and pen, or another resource that enables them to record the group discussion. <p>Ask them to consider what they do in their role that relates to safeguarding; who they think safeguarding applies to; who is responsible for safeguarding children in their setting? It can also be useful to ask about who is responsible for safeguarding when in public? To highlight that safeguarding is everyone’s responsibility.</p> <p>Use prompts as necessary to encourage each group to list anything that they relate to safeguarding – parts of their daily routine, design of environments (e.g. having visibility panels in doors), and activities such as risk assessments etc.</p> <p>Give each group a maximum of 5 minutes to complete this (shorten the time if groups have obviously finished), then give them 1-2 minutes to add anything to their page that relates to Child Protection that they have not already written down.</p> <p>Once the task is complete, take feedback of a few comments from each table in relation to safeguarding to identify how wide ranging safeguarding duties can be. Ask about child protection and take comments about the different between the two. Use the slide with official Working Together definitions to confirm this.</p> <p>Highlight any responses that include setting specific policy and procedures.</p>
<p>Values & Attitudes Slide 11</p>	<p>Activity</p> <ul style="list-style-type: none"> • The statements are on page 11 of the practitioner booklet. Explain to group that they need to give a score based on the limited information provided (this needs to be managed carefully for those who are theorist based and want all the facts before they decide). The statements are intentionally vague so that participants have to make assumptions. <p>The reasons for why they chose that number are the focus of the discussion – how did they decide on that specific number when they didn’t have all the facts? Trainers will need to monitor that everyone actually completes the task before going into the group discussion – those with anxiety around “getting it wrong” might try to avoid writing a score down until there has been group discussion.</p> <ul style="list-style-type: none"> • During the feedback we can explain to the group that there are no “right” scores, and that the actual number isn’t the point to the activity. Draw out what influenced people’s decisions when they didn’t have all of the facts – highlight responses that relate to personal values, personal experiences, professional roles and duties. Also ask if anyone found that when they discussed the scenarios as a group they heard information that gave them a perspective that they hadn’t thought of before – every table will have this. • Trainers can go through the scenarios if they have enough time as they are useful

	<p>to clarify legal issues such as smacking a child, that there is no law for what age a child can be left alone, the law on being home alone etc. Please ensure that any information provided at this point is accurate and up to date.</p> <p>The current law in England is that smacking is allowed with a defence of reasonable chastisement, however smacking is no longer allowed in Scotland, and Wales are debating this.</p> <ul style="list-style-type: none"> • Overall aim is to focus the group on understanding that their personal values and experiences can impact on their view of what constitutes safeguarding and this is normal – however they must minimise this impact by following the policies and procedures laid out for them in their setting, being aware of when legally there are definitions that must be followed, and also that discussing concerns appropriately with a senior colleague is a positive way of checking their own perspectives. <p>Trainers can also point out that whilst they have lots of knowledge about their own personal experiences, seeing what they think is similar in another family, that might not actually be the case – the assumption that everyone experiences smacking the way we did (or didn't) is the dangerous part. When in a professional role we have a responsibility to report concerns so that they can be properly assessed and assumptions are avoided.</p>
<p>Signs & Symptoms of Abuse Slide 12</p>	<ul style="list-style-type: none"> • Click once to bring the slide title up, and then confirm that the room knows the 4 CP registration categories of abuse. There are 4 pictures at the bottom of the screen; each click of the mouse will bring one up to match the categories. <p>Ask participants how concerned children are about which category of abuse they are experiencing? Answer will be that they are not. Ask what children want when they tell someone about abuse? Answer should be “help”, “for it to stop” or similar.</p> <p>Use this to highlight that while categories of abuse are important in terms of making plans to keep the child safe, and ensuring that professionals focus the plan on the issues that are causing the harm to the child, it will not matter if the first person to voice concerns isn't sure which category of abuse they have seen evidence of – as long as they can clearly identify that it is abuse then the category can be changed if it turns out to be different to what we first thought.</p> <ul style="list-style-type: none"> • Activity – completed in small groups of 4-6. Provide a piece of flipchart paper that has been divided into 4 squares, with each category of abuse on it. <p>Each small group needs to come up with as many signs and symptoms for each type of abuse as they can – if they are finding it easy then task them with being very specific, for example instead of bruises, ask them which bruises, as some are from play, or sport etc. Also encourage different perspectives such as what signs in a parent or carer behaviour would cause concern about abuse, rather than just the child.</p>

	<p>Give tables 5 mins, but longer if they still have lots to write. All the groups should find that they have signs and symptoms that overlap.</p> <p>Take some feedback from the groups about what they identified, perhaps choose one group that had lots and share all of theirs, as will save some time, and ensure their learning is shared with the group, and then ask for any that haven't been covered.</p> <ul style="list-style-type: none"> • Click to bring up the block of text and mention any that haven't already been said. When covering the different signs and symptoms we should be clear that there can be lots of overlap, this is why it is less important to work out which category at first. <p>Explain that SCR learning around suicide in young people tells us that professionals were often told by the young person, but they didn't think the young person was serious, or they delayed in reporting their concerns, or they thought that things had changed because the young person seemed happier shortly after saying that they had thoughts about taking their life. Important that if we are not trained to assess mental health then if a young person discloses that they have thoughts of suicide we must ensure that someone who is trained assesses them ASAP.</p> <ul style="list-style-type: none"> • This can also be a useful time to introduce some SCR learning that relates to setting receiving training, or ages that participants work with. Contextual safeguarding issues can be discussed here too if the feedback leads to it. • If time is short then signs and symptoms activity can be completed as a whole room exercise, but be aware that some will not contribute and there will be fewer offered so cover more during feedback and as tutor input to compensate.
<p>Signs and Symptoms of Abuse Slide 13-14</p>	<p>Activity</p> <ul style="list-style-type: none"> • Small groups again, 4-6 people. Select from the scenarios provided to reflect the participants' workplace and experience level. For example, if delivering to a nursery school then choose 1 contextual safeguarding and perhaps relate the feedback to younger parents, but focus on younger children, however for volunteers with a youth group the focus will be on older children and more contextual issues. 3-4 scenarios will be enough to encourage learning transfer. <p>The scenarios can be adapted to reflect the work setting, i.e. using the same information but changing the setting, age of the young person, situation in which they make the disclosure etc. The more relevant the scenarios are to the training group the better the impact.</p> <ul style="list-style-type: none"> • During group work, or during feedback as appropriate, focus on whether groups have been specific. Have they used easy to understand language? For example, if the impact on the child is "suffering harm" ask them to be specific about the harm, and the level, and in words that the child could understand. Encourage

	<p>participants to think about what the day to day experience is for the child in these scenarios.</p> <ul style="list-style-type: none"> • The scenarios incorporate learning from SCR's at both local and national level and in some cases use similar circumstances. However, this does not need to be explicitly referenced to the group unless it is relevant to discussions during feedback, but trainers should recognise the learning embedded within from their own knowledge. • Use slide 14 to remind group that nobody knows everything in safeguarding; we all continue to learn every day, but there is support – in addition to government guide reference NSPCC website/helpline, and any support that is specific to that organisation/team.
<p>The Break slide 15</p>	<p>If any questions are asked during the break ensure that if knowledge needs to be shared with the room that it is covered during the second session.</p>
<p>Voice of the child Slide 16</p>	<p>Activity</p> <ul style="list-style-type: none"> • The video embedded into the presentation is “Adam’s story” and is about a 13 year old who is experiencing physical abuse from his Father. It will need a health warning as could trigger for those with personal experience. It tells the story from his perspective, and also covers domestic abuse between intimate partners, and his younger sister (primary school age). <p>An alternative video is included on the training plan called “Jay – losing control which tells the story of a 15 year old girl who is experiencing CSE from her “boyfriend” Jay. There is a choice in case videos have already been used in previous training, or for the setting. KBSP hold a list of videos which contain voice of the child, and if trainers would like to use something else please contact the training department to discuss suitability for this part of the training before replacing the recommended videos.</p> <ul style="list-style-type: none"> • This video enables the group to consider the child’s perspective of living with abuse. Have a whole room discussion afterwards to highlight the learning from this and include questions to highlight learning: <p>Q: Do different agencies see different part of the picture? E.g. what would school see? What about the police? A: To highlight the importance of sharing information (appropriately) to see the whole picture.</p> <p>Q: Why doesn’t Adam tell someone what is going on? A: He loves his Dad, it isn’t always bad, he’s worried about what will happen, he might not be able to protect his little sister/mum, he might not be believed, he thinks he should be able to sort it out himself, might be taken into care etc. – highlight the barriers to him disclosing, and also that children living with abuse do not always experience it 100% of the time so they can be happy sometimes too.</p> <ul style="list-style-type: none"> • Also highlight importance of services such as ChildLine for young people who

	<p>want to tell, but prefer to talk to a stranger.</p> <ul style="list-style-type: none"> Q: Who else is experiencing abuse in the family? A: Mother and sister – DVA and emotional abuse. Discuss the challenge for Dad in admitting he has a problem and for Mum in seeking help and support. Highlight that Child Abuse is complex, there are no easy solutions.
<p>Local Process & Role Slides 16-19</p>	<ul style="list-style-type: none"> Tutor input to introduce Bristol thresholds and what happens to a referral – detail isn't needed for foundation stage, an overview, together with knowing the contact numbers, which are at the back of the practitioner booklet will be enough. The practitioner booklet contains copies of the threshold fan and basic information for them to refer to. <p>Remind participants that if they are responsible for safeguarding in their setting they need to attend further training that will discuss thresholds in more detail. This is included so that everyone knows what to do if the safeguarding lead/team are not available.</p> <ul style="list-style-type: none"> Briefly explain the different levels of thresholds in Bristol, the need to record concerns internally at all levels to enable Safeguarding Leads to make decisions about when a threshold has been reached to involve the Local Authority Children Services. <p>Remind everyone that we need parent/carer consent for everything below CP (level 3), and that we expect parents to be informed about CP referrals unless there is a clear risk to the child in doing so.</p> <p>Explain that there are matrices that now exist alongside the threshold document to help people decide which level the concerns have reached. There is a separate document depending on the age of the child, the links to them are in their practitioner booklet, as is the flowchart to help them with what to do if they need to make a referral themselves.</p> <p>Explain that the expectation is that normally a safeguarding lead would make this decision and make referrals, but in a situation where there are immediate concerns or the safeguarding lead cannot be contacted then the individuals must act themselves, and tell the lead afterwards.</p> <ul style="list-style-type: none"> The process chart can be used to provide a brief description of what happens when someone makes a referral to children's services. All participants should have access to phone number for First Response in their setting – make sure that they know where to find it if they need to – if mobile, they should be carrying it with them somehow. It is also in the practitioners' booklet. Discuss when it might be necessary to call the police instead of First Response - if immediate risk to someone – child or adult, e.g. – witnessing an assault, child being removed from somewhere that is safe by a parent/carer to a dangerous place. E.g. Carer has used alcohol/drugs and is so affected that they are not safe

	<p>to care for child, and it hasn't been possible to find anyone else appropriate who can safely care for the child.</p> <ul style="list-style-type: none"> Summarise their role in keeping children safe, refer back to key points in the training, and check understanding in the group. Ask group to identify which groups of children might be more vulnerable to abuse. Ask group what to do if child doesn't want you to tell someone about them being harmed, and remind group of need to act in best interests of child, and not always believe everything parents tell them (e.g. Daniel Pelka).
<p>Disclosures and setting info Slides 20,21</p>	<ul style="list-style-type: none"> Activity – managing disclosures. In small groups of 4-6 people where they list the dos and don'ts for when a child discloses – to focus the groups ask them to think about the child from the video disclosing. This can be skipped if time is short so long as the key points are covered. Important to emphasise that making time doesn't mean always dropping everything, but children often choose inconvenient times (we are busy, end of day etc.) so remember that although a lot of the time they won't be disclosing, if we dismiss them they often never try to tell anyone again, so important to explain why we can't speak to them right then, and arrange a time when we will. If we can speak to them then make the effort to give them the time they need. <p>Discuss what a leading question is – highlight that we don't investigate, however tempting, we just pass the disclosure on. Suggest recording is done ASAP, our memory deteriorates over time. Never do nothing with a disclosure (double negative is intentional).</p> <ul style="list-style-type: none"> Trainer will need to know what the setting specific processes are, and have the answers to hand if group are not aware. If any setting processes cause concern for the trainer then ensure that the safeguarding lead is spoken with about them, clarify that the processes described are correct and if appropriate make sure that action will be taken to change any process or system that is not keeping children safe.
<p>Safe working practices Slides 22-24</p>	<ul style="list-style-type: none"> How safe is this practice? This can be completed with the whole group, unless the trainer has identified that there are a number of individuals who do not engage with a large group activity. <p>Discuss each situation posed on slide 22 and identify what the expectation is within that setting. This exercise relates directly to the safer working practice guidance issued by the Safer Recruitment Consortium in 2015. All setting that work with young people should have codes of conduct based on this guidance, and related policies, such as social media and ICT policies.</p> <ul style="list-style-type: none"> When facilitating discussion the trainer should ensure that the group knows what the correct response is for their setting, can identify the issues involved for each scenario and is clear on what actions they must take for each one. If the responses identify that safer practices are not being followed then the trainer is

	<p>responsible for raising concerns with the appropriate lead in the setting and reporting the setting to the appropriate authorities is action is not taken.</p> <ul style="list-style-type: none">• Most settings have a policy against accepting parent's as friends on Facebook. This might not be relevant for all settings, and some might discourage rather than ban this practice. Discuss the risks in having parent/carer as a friend on Facebook, potential grooming. Also explore what the process should be if a worker is already friends with a parent/carer when the child attends the setting as procedure should be in place for this. Transparency and accountability should be present in all codes of conduct and related policies.• Depending on the setting, many have a ban on the use of personal mobile phones around children, but this won't be the case if activities take place away from an office base and there are not work phones. Discuss the risks/concerns about using personal mobiles with children and alternatives and make sure the setting has a policy about this that all staff are aware of.• If a child has hurt themselves and staff have restrained the child previously then this is about ensuring that there is a clear procedure, that is always followed, if restraint has been used with a child. Staff should know what their reasonable force policy is for the setting, and how and when action to restrain is recorded. <p>Children can be harmed accidentally, or it might not be linked to the restraint but all records should show whether any injury occurred, and restraint should always be a last resort for children, and only by those trained unless an immediate emergency.</p> <ul style="list-style-type: none">• Safer practice guidance advises that staff and volunteers do not give lifts home to children. This is to reduce the risk of allegations, prevent offenders from having time alone with a child, it can blur the professional boundaries of the relationship, and the staff can be stuck if nobody is home when they get there. <p>Some settings do provide lifts, and in these cases participants should know what the lone working policy is, and explain how the risks are managed. In schools, a lift might be given if 2 staff travel with the child/children. There must be an out of hours contact if staff are going to take children home.</p> <ul style="list-style-type: none">• Safer working practices recommend a clear code of conduct that ensures all children in a setting are treated fairly. Offenders that groom children often use techniques around giving gifts, special jobs, creating opportunities to spend time alone, or to show favouritism. Make sure that staff understand the risk, and what the procedure is to report concerns about a colleague.• All photographs of offenders convicted of abusing children through their work. The focus of this is not just the offences committed, but how 'ordinary' offenders look. It can be an uncomfortable fact for staff to realise that they will not be able to 'spot' a sex offender in their setting, and this is why it is so important to follow processes and report any concerns for investigation. Doing this also ensures that
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those who are innocent have a proper investigation and clear their name.

Photographs on the slide are, clockwise from the top left:

- **Claire Lyte** – National Tennis Coach who was jailed after grooming a 13 year old female student and sexually assaulting her.

Paul Anthony Wilson - a nursery worker who raped and sexually assaulted 2 year olds at the nursery, and recorded the abuse.

Bob Higgins - football coach convicted of sexual assault, with allegations from 24 separate individuals. He was able to have access to clubs despite receiving a warning from the FA in 1989. He set up his own foundation.

Vanessa George – nursery worker who abused children and shared images of the abuse with a network she met on Facebook. She is the reason why nurseries don't allow personal mobile phones around the children. She groomed staff, and was popular with parents.

Ashley Yates – head teacher at Tynings primary school until June 2016. He was a 45 year old, married with 2 children and had taken the school from requires improvement to good in 3 years. The setting was felt to have excellent safeguarding; Ashley was very popular with children, staff and parents. Ashley lost his pen in the school, and when found it was a hidden camera that contained indecent images of children and staff.

Dr Miles Bradbury – highly respected Oncology Consultant (Cancer) who groomed staff and parents and abused large numbers of teenage males who were his patients over a number of years. He visited patients homes, even went on holiday with families. Complaints from junior staff were not properly recorded or investigated, and he was finally caught as a result of a grandparent attending an appointment and complaining about his approach to the child.

- There should only be 1 named individual in each setting who staff report concerns about colleagues to – this is to preserve confidentiality and any evidence if there is an investigation. Staff must know who that is, and that if they have concerns they must not discuss them with others, or the person they are concerned about.

All staff should know that if they have concerns and don't know who to approach they should contact the LADO – explain that the LADO oversees all concerns about people who work with children in the Local Authority – this includes volunteers and foster carers.

Emphasise that the process is to protect people and clear them if a false allegation is made, not just to catch the guilty. All setting must have a whistleblowing policy, but this has negative associations for people and they are reluctant to use it so ensure they know about the NSPCC whistleblowing line too.

	<p>People often don't want to report concerns "in case I'm wrong and ruin their career", ask participants to consider "what if I'm right and I do nothing" instead.</p> <ul style="list-style-type: none">• Make sure that staff know that they can, and should, disagree with decisions that are made about keeping children safe. If they believe that the decision made by another agency is not in the child's best interests then they should speak with their line manager and consider applying the KBSP escalation policy. <p>Professional challenge is important in Child Protection, and learning from Munro and many other SCR's is that we must challenge each other more.</p>
Close Slide 25	<ul style="list-style-type: none">• Video – Pantosaurus – this is aimed at preschool children, an alternative video "cup of tea" can be used if audience works mainly with teenagers. It is to lighten the mood before ending the session, and to remind everyone that safeguarding and child protection isn't always scary, and we can talk about it at any age.• Exercise – safeguarding information. A list of essential knowledge in their practitioner booklets, get participants to check it and if they don't have the answers now to find them out ASAP.• Thank everyone, complete feedback process, check with anyone who has caused concern during the session – feedback to safeguarding lead any identified concerns or issues.

Useful information

First Response: 0117 903 6444 – if urgent referral, immediate risk of significant harm.
Otherwise refer at: <https://www.bristol.gov.uk/social-care-health/report-concern-about-child-for-professionals>

Outside office hours- Emergency Duty Team- 01454 615165

Families in Focus - North: 0117 352 1499, South: 0117 903 7770, East Central: 0117 357 6460

Children’s Social Work Units: contact numbers for all 27 units across the city can be found at: <https://www.bristol.gov.uk/social-care-health/social-work-contact-details-children-and-young-people>

KBSP website: <https://bristolsafeguarding.org/children-home/>

Bristol Threshold Guidance: <https://bristolsafeguarding.org/media/27281/kbsp-multi-agency-threshold-guidance.pdf>

Bristol Thresholds: Unborn Matrix: <https://bristolsafeguarding.org/media/27272/final-unborn-matrix.pdf>

Bristol Thresholds: 0 – 4 yrs Matrix: <https://bristolsafeguarding.org/media/27273/final-threshold-matrix-0-4.pdf>

Bristol Thresholds: 5-11 yrs Matrix: <https://bristolsafeguarding.org/media/27274/final-threshold-matrix-5-11.pdf>

Bristol Thresholds: 11-18 yrs Matrix: <https://bristolsafeguarding.org/media/27275/final-threshold-matrix-11-18.pdf>

Bristol Single Assessment Framework Guidance:
<https://bristolsafeguarding.org/media/1175/saf.pdf>

Escalation Policy: <https://bristolsafeguarding.org/media/27294/revised-escalation-procedure-230418.pdf>

South West Child Protection Procedures: <https://www.proceduresonline.com/swcpp/>

Bristol LADO: Nicola Laird, Tel. 0117 903 7795, form to report an allegation:
<https://bristolsafeguarding.org/children-home/professionals/policies/#AllegationsProfessionals>

NSPCC – 24hr Helpline- 0800 800 5000 or www.nspcc.org.uk

ChildLine- 0800 1111 or www.childline.org.uk

NSPCC Whistleblowing Hotline: 0800 028 0285

KBSP Training: <https://bristolsafeguarding.org/children-home/training/>

HM Information Sharing Guidance:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Working together to Safeguard Children (July 2018):

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working Together to Safeguard Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)

What to do if you're worried a child is being abused:

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What to do if you re worried a child is being abused.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

NSPCC update service: <https://www.nspcc.org.uk/services-and-resources/research-and-resources/sign-up-to-caspar/>

Brook Traffic Lights Tool: <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>

Munro Review: <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>

Bichard Inquiry Report: <http://dera.ioe.ac.uk/6394/1/report.pdf>

Laming Inquiry (Victoria Climbié): <https://www.gov.uk/government/publications/the-victoria-climbié-inquiry-report-of-an-inquiry-by-lord-laming>

Videos used during training

Safeguarding Video – Adam's story: <https://youtu.be/pLaHfZgSOYY>

Talking to Children – PANTS Song: <https://youtu.be/fn6AVSZk008>

Jay (CSE - boyfriend model): <https://youtu.be/XasNkfQ5AVM>

Cup of tea: <https://youtu.be/fGoWLS4-kU>