

# Child Safeguarding Level 2

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# Objectives

Categories of child abuse

Child safeguarding and adult medicine

Capacity

Vulnerable adults

Escalating concerns



# Categories of child abuse

**Physical**

**Emotional**

**Sexual**

**Neglect**



# Power and control relationships



## Duluth Power and Control Wheel



# CSE

The indicators for child sexual exploitation can sometimes be mistaken for 'normal adolescent behaviours'. It requires knowledge, skills, professional curiosity and an assessment which analyses the risk factors and personal circumstances of individual children to ensure that the signs and symptoms are interpreted correctly and appropriate support is given.



- S** Sexual Health
- A** Absent from school/home
- F** Familial Abuse
- E** Emotional and Physical Condition
- G** Gangs
- U** Use of Technology & Sexual Bullying
- A** Alcohol and drug misuse
- R** Receipt of unexplained Gifts or money
- D** Distrust of Authority Figures



# PREVENT

- Government led project aimed to identify radicalisation
- **Young people targeted by radical groups 14-24 years old**
- **Schools and health key to identifying children who may have been radicalised**
- **Reporting to enable early intervention and prevention**
- **3 key elements needed**
- **Engagement; Intent; Capability**





# Positive Identification

# HELP !



- Explain what your worries are
- Advise re risks
- Signpost for support
- **EMPOWERMENT**
- Discuss a MASH referral and what they can expect



# Mental Capacity Act 2005

- April 2007 the Law was implemented.
- The Act now covers people over the age of 16 living in England and Wales.
- How to assess capacity
- What to do when someone lacks capacity



# What is capacity?

- The ability to make your own decisions
- The ability or power to do or understand something
- It means having the capacity to decide for yourself



# 5 Principles

- Assume a person has capacity unless proved otherwise
- Right for individuals to be supported to make their own decisions – “All practicable steps” must be taken
- The right to make unwise decisions i.e. the right to make a decision seen by others as not in their best interests. This however may trigger a capacity assessment. Especially if there is a risk to self or it is out of character or if there is increased vulnerability



- Anything done on behalf of an incapacitated person must be done in their best interests
- Anything done for or on behalf of people without capacity should be the least restrictive of their rights and freedom of action. i.e. the intervention should be proportional to the circumstances. Actions should be justified with evidence of support offered and decisions made with a rationale



# REMEMBER

- The individual has to prove NOTHING
- The burden of proof is on the person who considers it may be necessary to take a decision on their behalf
- Based on a balance of probabilities



# Capacity and 16/17 year olds

- Principles 1 and 2 remain unchanged.
- Principle 3
- The right to make unwise decisions i.e. the right to make a decision seen by others as not in their best interests. This however may trigger a capacity assessment. Especially if there is a **risk to self** or it is out of character or if there is **increased vulnerability**
- Safeguarding Children, “The welfare of the child is paramount” Therefore we act in the Child’s **best interest** and keep them safe.
- Document decisions actions and rationale



# Consent

- When a child lacks capacity but is 16 and over, who can consent to treatment?
- Parents retain parental responsibility until the child's 18<sup>th</sup> birthday and where a child lacks capacity and it has been usual for the parents to consent to treatment this can continue.
- If however there is disagreement between professionals and parents, or between the parents, a best interests meeting should be convened to ensure the decision is in the child's best interests according to MCA.





# Safeguarding Referral

- Clear concise information in the child's voice if possible in as much detail as possible.
- Ask for support from the safeguarding team if unsure
- Focus on the child victim
- Document in the child's records: The nature of the concern, Name, designation/role, date and time.
- Consent: Gain consent if possible. If no consent, document why you are referring without consent. **Risk of significant harm**



# Vulnerable Adults

## Adults presenting with:

- Deliberate self harm
- Alcohol or substance misuse
- Mental health problems
- Domestic Abuse

## Do They have children or contact with children?

- If yes – document **names and dates of birth** to enable a referral to be completed, especially for male patients as they are often not linked to the child on IT systems



# Signposting Resources

- 24 Hr national [Domestic Violence Helpline](tel:08082000247) 0808 200 0247
- Prevent lead [Bill Turner](#), Head of Safeguarding Ext 0840
- Hospital Clinical Nurse Specialist DV [Liz Clark](#)  
Ext: 0081, Mob: 07787843126



# Safeguarding Children Team

- Named Nurse for Safeguarding Children  
**Kirstie Girling**: Ext: 5237, Mobile: 07717291241
- Clinical Nurse Specialist Safeguarding Children  
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- Named Doctor for Safeguarding Children  
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