11

The CARE CERTIFICATE

Safeguarding

Children

What you need to know

Standard

THE CARE CERTIFICATE WORKBOOK

**Safeguarding children**

**Child protection and safeguarding** is everyone’s responsibility: it is not only childcare workers that have a duty to promote the welfare of children and protect them from harm.

When you come into contact with children in any way in your day to day work it is part of your job to make sure that their wellbeing is safeguarded.

Please note that in this workbook the term

‘child/children’ includes any child or young person up to the age of 18.

**Child protection and safeguarding**

Safeguarding is preventative and involves promoting the welfare of children by protecting them from harm and recognising the risks to their safety and security.

Child protection is the activity of protecting children who are suffering or may be likely to suffer from significant harm as a result of abuse or neglect.

**What is child abuse?**

Child abuse is any wrongdoing that causes, or is able to cause, significant emotional or physical harm to a child. The following signs, symptoms and behaviours or indicators do not necessarily mean that a child is being abused but may mean you have a reason to be concerned.

**Physical abuse**

This is any abuse where a child is physically harmed, for example hitting, biting, and burning. Signs and symptoms might be unexplained wounds, bruises or broken bones. The child might make up stories to explain injuries or try to cover them up with clothing.

**Emotional abuse**

This means a child’s emotional needs are not being met. This could include being made to feel inadequate or not feeling loved and secure. A parent or carer may not be talking to them enough or giving them the attention they need. Typical signs and

symptoms could include delays in development, speech disorders or a fear of making mistakes or overreacting to them.

**Sexual abuse**

This could involve children or young people being involved in sexual acts, being made to watch sexual acts or being shown pornography. Child sexual **exploitation** (CSE) means that children are manipulated sexually for the abuser’s benefit. Typical signs and symptoms include awareness and knowledge of sexual activities beyond what would be expected at their age as well as genital or anal pain or itching or sexually transmitted diseases (STDs).

**Exploitation** Exploitation means taking advantage of someone’s vulnerability to treat them badly for the abuser’s benefit.

This is a form of abuse where a child’s basic needs are not met, for example through a lack of food, medical attention or access to education or poor clothing, housing, hygiene or parenting. Neglect could sometimes be happening as a result of a child being the carer of a family member. Typical signs and symptoms may include always being hungry, poor personal hygiene, delays in development, tiredness and looking ill and underweight.

This is where children and young people are taught extreme, often violent, ideas based on political, social or religious beliefs. Signs of exposure to radicalisation could be behaviour changes, changes in the way they speak with others or having a new circle of friends, use of extremist terminology, reading material or messages.

**Child**

THE CARE CERTIFICATE WORKBOOK STANDARD 11

3

This means recruiting, moving or receiving a child through force, trickery or intimidation to take advantage of them. Signs and symptoms could be a **domineering** adult accompanying the child all the time and speaking for them. The child could appear withdrawn, compliant and unkempt, or show little or no use of the English language.

**Domineering**

This term means to use power, influence and/or authority over others.

**Female genital mutilation (FGM)**

means to remove, constrict or otherwise disfigure a girl’s labia or clitoris for

non-medical reasons, in most cases before they reach the age of 8. Some communities may use religious, social and cultural reasons to justify FGM, but it is a form of abuse. Signs and symptoms could range from severe pain and bleeding and chronic infections to psychological, mental health and sexual problems or damage to the reproductive system and infertility. You need to be aware of the risk of girls being taken abroad to carry out FGM and so should be aware if they are taken on extended holidays.

All forms of abuse are likely to create a change in behaviour of the victim. Behaviour changes could mean a child becomes withdrawn, timid, easily startled or maybe boisterous, aggressive, attention-seeking or wanting to please. Depression, anxiety, self-harm, eating disorders and going back to younger behaviour are other possible indicators. You might

also get concerned if a child is not attending school regularly or is being admitted to several different A&E departments or GP drop-in centres. These could be ways for the abuser to cover up how often the child needs medical help. It is important to know that not all children will display the same symptoms and that usually there is more than one type of abuse happening for example, physical and emotional abuse.

**The impact of a parent’s/carer’s physical and mental health or domestic violence on child wellbeing**

To grow up happy and safe, children need parents or carers who love, protect and care for them in a stable, safe and secure home. Physical care and daily routines are important for development so anything that upsets routines can be unhelpful. If a parent or carer’s physical or mental health is poor this could be a risk to the wellbeing of their child. It may increase

their vulnerability or slow their development. It is important to remember that a parent/carer’s health might affect their ability to safeguard but it definitely does not mean that it will.



Examples of possible harm are:

• A parent/carer with mental health issues might feel unable to build attachments with their child, possibly causing emotional harm; or the child might be forced into decision making that they are not ready for.

• A child with a parent/carer who is blind or deaf may be at increased risk of physical harm as they might not be fully able to judge dangerous situations.

Seeing or hearing acts of domestic violence can have a similar effect on children as being emotionally abused. Apart from a feeling of helplessness, they may not feel safe. Research suggests that there is a high likelihood that aggression could turn towards children

present. It also suggests that the stress of experiencing violence at home can impair the brain development of babies. Domestic violence is a risk to the child’s physical, emotional and social development.

**Children’s rights**

As a worker, you have a duty to make sure the rights of all individuals are promoted and that includes children’s rights. You may not directly care for or support children or young people but through your work you may come into contact with them. It is important that you understand their rights. The Code of Conduct states that you should ‘promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and social care services and their carers ’: remember, children or young people can be carers too.

The Human Rights Act 1998 gives a number of fundamental rights to every person living in the UK. Some of these rights include:

• The right to life

• Freedom from torture or degrading treatment

• The right to education

• The right to liberty and security

• Protection from discrimination.

The United Nations Convention on the Rights

of the Child (UNCRC) is a worldwide agreement between countries as to the basic rights that children under 18 should have.

[www.unicef.org.uk/UNICEFs-Work/UN-Convention/](http://www.unicef.org.uk/UNICEFs-Work/UN-Convention/) Some of the rights relating to child protection are:

• The right to life

• The right to live a healthy life

• The right to not be separated from their parents unless they are at risk of harm

• The right of protection from drugs, sexual abuse or any harm to their development.

Article 39 specifies that children who have been neglected or abused should receive specialist support to restore their self-respect such as counselling.

THE CARE CERTIFICATE WORKBOOK STANDARD 11

**Actions to take when concerns of suspected or alleged abuse have been made**

THE CARE CERTIFICATE WORKBOOK STANDARD 11

5

Every worker who comes into contact with children or their families has a duty to safeguard even if they don’t work directly with them. If you are worried about a child:

• Report your concerns to your manager immediately

• Make a record of your concerns that is factual and sign and date it

• If you feel that this process is taking too long, dial 999 and call the police; they can quickly remove a child to somewhere safe

• Follow your organisation’s safeguarding policies and procedures. These will set out clearly how workers are to act when abuse is suspected or alleged.

A child might tell someone that they have been abused or a family member, friend, worker or someone else might make an **allegation** about abuse happening at the time or in the past. Policies and procedures will give information on signs and symptoms of abuse, how to respond to the victim, lines of reporting and important telephone numbers so that any worker can feel confident when dealing with an incident. Do not hesitate if you have any concerns about a child being abused. It is not your role to judge situations, that is the responsibility of the police and social workers, but if you don’t alert them, they cannot act.

**Courage**

Workers should have the courage and confidence to do what is morally right for

the protection of children and young people.

**Allegation**

Making an allegation means stating that someone has done something. Allegations

need to be reported and investigated so it is important that you are not judgemental.



If your concerns are not taken seriously and acted upon, you should either report them to a senior manager or to the person responsible for child protection in your workplace. Child protection records should always be shared with the parents/carers unless they themselves are the cause for concern. Advice and support can come from other workers, your manager, the child’s parent/carer, the NSPCC or Children’s Services. If an **allegation** is made against any volunteer, employee, child minder (or anyone living in the child minding home). Your manager will undertake the appropriate action as set out in the organisations agreed ways of working; this may mean contacting relevant agencies.

This reporting of unsafe or illegal practice in the workplace is called whistleblowing and your organisation should have specific whistleblowing policies and procedures in place. If your organisation is very small and does not have policies and procedures then ask your employer about their ways of working about whistleblowing.

**OFSTED**

OFSTED is the Office for Standards in Education, Childrens’ Services and Skills.

**The risks associated with the internet and online social networking**

The internet, with its endless access to information, is a valuable tool but also a potential risk to safety and security. It is important to monitor or be aware of what a child sees and shares, or could become exposed to. There is a high risk of being exposed to sexual predators (for example,

in chatrooms), pornography or radicalisation. Using

e-technology to bully people has become an increasing problem in recent years with over a third of young people having been affected at least once. There has been a massive increase in online bullying due to the use of social

media such as Twitter and Facebook, which is easily accessible through mobile devices as well as computers. Examples include posting negative comments on someone’s Facebook site, taking on someone’s identity on the web to humiliate them or harassing someone via their mobile phone.

**Legislation and safeguarding**

When considering the welfare of children there are several pieces of **legislation** that should be taken into account, as well as your own organisation’s policies and procedures and ways of working.

**Legislation**

This term is used to describe laws and the process of creating statutory guidance

on the legal rules that affect people in society.

**The Children Act 1989:** Legislation written to protect the welfare of children who are at risk and also children who may be in need of services. This tells you exactly what you need to do if you suspect a child or young person is at risk of harm or in need of support. [www.legislation.gov.uk/ukpga/1989/41/contents](http://www.legislation.gov.uk/ukpga/1989/41/contents)

**The Children Act 2004:** This act covers services that children and young people may access. It places a duty on Local Authorities and their partners to cooperate and make sure that services work together and (where possible) have a joint plan developed in partnership with the parents, children and young people. This is known as the Common Assessment Framework (CAF). The act also encouraged the establishment of local Safeguarding Children Boards and joint databases. [www.legislation.gov.uk/ukpga/2004/31/contents](http://www.legislation.gov.uk/ukpga/2004/31/contents)

**The Sexual Offences Act 2003:** This act has two parts, the first one stating what is considered a sexual offence, including physical and non-physical contact. The Act also defines sexual offences against children under 13 and under 16. The age of consent is set at 16, unless you hold a position of trust in relation to the young person, for example as their worker, teacher, trainer etc. In that case the age of consent is 18. The second part of the act deals with the sex offenders register and civil protective orders. [www.legislation.gov.uk/ukpga/2003/42/contents](http://www.legislation.gov.uk/ukpga/2003/42/contents)

**The Care Act 2014** brings care and support legislation together into a single act with new wellbeing principles at its heart. Although the Care Act is meant for adults in need

of support and their carers it also makes some provisions for children and young carers. Children who care for their parents in their own home are being made part of their parent’s needs assessment in order to establish the support and help they need.

**The Children and Families Act 2014** aims to provide young carers with the same help and support as adult carers. All carers under the age of 18 have the right to have their support needs assessed and local authorities will help them caring for a family member as best as they can.

1

1

The CARE CERTIFICATE

Safeguarding

Children

(In General Practice)

What do you know now?

1

Standard

THE CARE CERTIFICATE WORKBOOK

Complete the table below to **list** three examples of signs, symptoms or indicators for each type of abuse listed:

**List** - this term means to identify the main points which can be written as bullet points



Activity 11.1

**Physical abuse**

**Emotional abuse**

**Sexual abuse**

**Neglect**

**Radicalisation**

**Child trafficking**

**Female genital mutilation (FGM)**

Part i)

Complete the spider diagram below to **identify** the

potential influence a parent’s/ carer’s physical or mental health could have on a child’s wellbeing. An example has been provided for you:

**Identify** - point out, highlight or note down the main answers or examples that relate to the subject.



Activity 11.2



It could increase their vulnerability

Potential impact of carer’s/ parent’s health on child’s wellbeing



Activity 11.2

Part ii) Think about the impact that domestic violence may have on the wellbeing of a child. Complete the sentence below to show your understanding:

Experiencing domestic violence can have a negative influence on a child’s or young person’s wellbeing because…

Activity 11.2

Choose three of the rights that children and young

people have by law and state these in the table below. For each one, **describe** how this right affects you at work:

**Describe** - to describe means to create a picture with words but not simply writing

a list of bullet points.

|  |  |  |  |
| --- | --- | --- | --- |
| **Examples of children’s right** | | | **How to work in ways that respect each right** |
|  |  | **1.** |  |
| **2.** |  |
| **3.** |  |
|  | | | |

picture with words but not simply writing

Activity 11.4

Read the surgery’s policy on safeguarding children. Read the scenario below and answer the following questions.

a list of bullet points.

Case scenario:

16 year old Mauro has been visiting the surgery monthly for his blood test. Last week Mauro missed his usual visit. When you see him today you notice that he has got a black eye and scraped hands. When you ask him about it he answers that he has walked into a door frame.

Fill in the boxes below to **describe** the following:

1. What you should do if you have concerns that a child may be at risk of abuse or if abuse has been alleged.

2. State to whom you should report your concerns.

3. State from whom you should seek advice and guidance.

**1 2 3**

and answer the questions that follow:

down the main answers or examples that

relate to the subject.

Case scenario:

12 year old Sarah is very interested in new technologies and uses her laptop and smartphone frequently for research, as well as keeping in touch with friends by posting pictures, daily thoughts on social network sites and using chatrooms to make new friends.

What are the potential risks Sarah might be exposed to when using the internet and online social networks frequently? **Identify** your thoughts on the spider diagram below:



Risks to safety arising from use of internet and social networks

Using your understanding

of the following legislation, **summarise** the main purpose of each law that helps to safeguard children and young people.

**Summarise** - to summarise means to think about the main points and simplify or shorten these points to provide a basic outline.

**The Children Act 1989...**

**The Children Act 2004...**

**The Sexual Offences**

**Act 2003**

**The Care Act 2014**

**The Children and**

**Families Act 2014**

**Care Certificate *progress log, mapping and sign-off document***

**Standard Number: 11 Standard Title: Safeguarding Children**

**Document guidance**

This document provides an overview of the outcomes and assessment criteria for Standard 11: Safeguarding Children. It identifies the criteria within the Standard that should have been achieved upon successful completion of the underpinning knowledge within the Care Certificate workbook. Employees must demonstrate their competence in practice in order to fully achieve this Standard of the Care Certificate.

This progress log and sign-off document should be completed jointly by the employee and the manager/supervisor/assessor to confirm that all outcomes and criteria have been achieved in practice in the work setting. Supplementary evidence can be attached to demonstrate achievement and it is suggested to do so as good practice.

This document also provides an outline of the suggested mapping of outcomes and criteria within Standard 11: Safeguarding Children of the Care Certificate to the recommended Qualifications and Credit Framework (QCF) unit, the National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England and the Common Induction Standards. This document does not necessarily indicate direct mapping of criteria and therefore assessors and/or managers should ensure they follow the guidance below. Please note that when the term assessor is used throughout this document this could be the manager, supervisor or assessor and will be decided by the employing organisation.

This document should always be used in conjunction with the guidance provided in the Care Certificate Framework Technical Document.

**Guidance for assessors**

Assessors must ensure that the learner has produced evidence for each assessment criterion that is valid, authentic, reliable, current and sufficient. Therefore assessors **must not assume** that if the mapping document indicates a criterion could have already been achieved, the mapped criteria within the QCF unit should automatically be awarded. Learners and assessors are responsible for ensuring that the outcomes and criteria within the QCF unit and standards below have been achieved to the required standard. For reference, within the column that refers to coverage of the relevant QCF unit, a **P** indicates that the Care Certificate criteria provides partial coverage of the relevant criteria within the QCF unit, whereas an **F** indicates full coverage.

The **Assessment method used** column is included to allow assessors to provide evidence of the type of assessment method that has been used to assess the Care Certificate criteria. This is likely to be noted as the Care Certificate Workbook, however if further evidence is also provided this could include professional discussion, observation, question and answer, e-learning, witness testimony etc. This column can also be completed to evidence competency using these example assessment methods.

The **Evidence location** column is included to provide a clear signpost to where the learner’s evidence can be found. This may be within a portfolio of evidence, a continued professional development (CPD) file or electronically via e-learning or e-portfolio.

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit number** | **Unit title** | **Level** | **Credit** |
| **Y/601/1695** | **Understand How to Safeguard the Wellbeing of Children and Young People** | **3** | **3** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Care Certificate Standard**  **11 Outcome** | **Knowledge/ Competence** | **Question within workbook** | **QCF unit**  **Y/601/1695**  Understand how to safeguard  the wellbeing  of children and young people  **P = Partial**  **F = Full** | **National Minimum Training Standards**  **Standard 5:**  Duty of Care  **Standard 6:**  Safeguarding | **Common Induction Standards**  **Standard 5:** Principles for implementing duty of care  **Standard 6:** Principles of safeguarding in health and social care | **Assessment method used** | **Evidence location** | **Sign-off initials** | **Date** |
| **11.1** To be able to recognise potential indicators of child maltreatment – physical, emotional, sexual  abuse and neglect including radicalisation, child trafficking and FGM. | **K** | **11.1** | **AC 4.1 – P** | **5.1.2**  **6.1.1**  **6.1.2**  **6.1.4** | **S5 – 1.2**  **S6 – 1.1**  **S6 – 1.2** |  |  |  |  |
| **11.2** To be able to understand the impact a parent/carer’s physical and mental health can have on the well-being of a child or young person, including the impact of domestic violence. | **K** | **11.2 part i**  **11.2 part ii** | **AC 5.3 – P** | **5.1.2**  **6.1.5** | **S5 – 1.2**  **S6 – 1.3** |  |  |  |  |
| **11.3** To be able to understand the importance of children’s rights in the safeguarding/child protection context | **K** | **11.3** | **AC 2.1 – P AC 4.3 – P** | **5.1.2**  **6.4.1** | **S5 – 1.2**  **S6 – 4.1** |  |  |  |  |
| **11.4** To know what action to take if you have concerns, including to whom you should report your  concerns and from whom to seek advice | **K** | **11.4** | **AC 2.4 – P AC 4.2 – P AC 4.3 – P AC 5.2 – P AC 5.3 – P** | **5.1.2**  **6.1.6**  **6.3.1**  **6.3.2**  **6.4.2** | **S5 – 1.2**  **S6 – 3.1**  **S6 – 3.2**  **S6 – 3.3** |  |  |  |  |
| **11.5** To be able to demonstrate an understanding of the risks associated with the internet and  online social networking. | **K** | **11.5** | **AC 7.1 – P AC 7.2 – P** | **5.1.2**  **6.1.5** | **S5 – 1.2**  **S6 – 1.3** |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11.6** To be able to understand the basic knowledge of legislation (Children Acts 1989,  2004 and the  Sexual Offences Act  2003) | **K** | **11.6** | **AC 1.1 – P AC 4.3 – P** | **5.1.2**  **6.4.1** | **S5 – 1.2**  **S6 – 4.1** |  |  |  |  |

**Declaration of completion**

I confirm that the evidence provided by the employee meets the full requirements for **Standard 11: Safeguarding Children.**

**Employee signature: Name of assessor\*: Assessor\* signature:**

**Completion date:**

\*The Assessor can be your Manager, Supervisor or someone else authorised by your employing organisation. This individual provides confirmation that all learning

outcomes and assessment criteria for the Care Certificate standard identified above have been completed and signed off by an authorising person.