

Safeguarding Quiz ANSWER SHEET

Questions	Answers <i>Possible answers below (this is not an exhaustive list) although for some of the answers these will be unique to your setting and will be left blank</i>
What is physical abuse and what might the signs be that a young child in your care is suffering from physical abuse?	<p>Physical abuse can include:</p> <ul style="list-style-type: none">• Hitting, slapping, punching, kicking, hair-pulling, biting, pushing• Rough handling• Scalding and burning• Physical punishments• Inappropriate or unlawful use of restraint• Physical harm caused by a parent or carer fabricating the symptoms of, or inducing, fabricated or induced illness <p>Practitioners need to be aware of usual accidents injuries and areas of the body these occur on and where NAI non accidental injury sites on a child's body may be bruises on babies who are not yet crawling or walking • Non accidental injuries could include bruises on the cheeks, ears, palms, arms and feet • bruises on the back, buttocks, tummy, hips and backs of legs • multiple bruises in clusters, usually on the upper arms or outer thighs • bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe • large oval-shaped bite marks. Burns or scalds • any burns which have a clear shape of an object, for example cigarette burns • burns to the backs of hands, feet, legs, genitals or buttocks.</p> <p>Other signs could be</p> <ul style="list-style-type: none">• Withdrawl from physical contact or close relationships with adults and children; be apprehensive when other children cry;• Be frightened of going home; show reluctance for parent/carer to be contacted or appear to be frightened by a particular person (parent/carer or other)

	<ul style="list-style-type: none"> • Being aggressive to others – children and adults; be reluctant to undress for PE or swimming; refuse to discuss or give improbable causes about injuries • Parent/Carer may make repeated presentation of minor injuries or illnesses, often to the GP or A & E, which may represent a ‘cry for help’ and which, if ignored, may lead to more serious injury. • Minor injuries in babies may be an indication that more serious injuries, like fractures, have already been sustained.
<p>What is emotional abuse and what might the signs be that a young child in your care is suffering from emotional abuse?</p>	<p>Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may include conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of the other person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing a child frequently to feel frightened or in danger, or the exploitation or corruption of a child.</p> <p>Signs of potential emotional abuse:</p> <p>As children grow up, their emotions change. This means it can be difficult to tell if they’re being emotionally abused. But children who are being emotionally abused might:</p> <ul style="list-style-type: none"> • seem unconfident or lack self-assurance • struggle to control their emotions • have difficulty making or maintaining relationships • act in a way that’s inappropriate for their age. <p>The signs of emotional abuse can also be different for children at different ages.</p>
<p>Describe the term neglect and what might the signs be that a young child in your care is suffering from neglect?</p>	<p>Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s</p>

	<p>health or development. Neglect may occur in pregnancy as a result of maternal substance abuse. It may involve a parent or carer failing to provide adequate food, shelter (including exclusion from home or abandonment) and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness, to a child's basic emotional needs.</p> <p>Potential signs of Neglect:</p> <ul style="list-style-type: none"> • Poor personal hygiene/poor state of clothing • Constant tiredness, untreated medical problems • Poor physical condition/emaciation/failure to thrive, without an organic reason • Frequent lateness or non-attendance at school or nursery/poor intellect/development/underachieving • Repeated or frequent accidents due to low levels of, or inadequate, supervision • Inadequate or inappropriate diet/poor skin and hair condition, slow to heal sores, untreated head lice etc • Signs of emotional abuse, low self-esteem, attention seeking behaviour, no social relationships, isolation
<p>What is sexual abuse and what might the signs be that a young child in your care is suffering from sexual abuse?</p>	<p>Sexual abuse involves forcing or enticing a child or young person to take part or watch sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening</p> <p>Potential physical signs:</p> <ul style="list-style-type: none"> • Bruising around the knees, thighs, bottom, genitalia and upper arms (often symmetrical, suggesting grip marks) • Mouth injuries; burns/bite marks; injuries, infections, bleeding, abnormal discharge in the genital or anal area • Pregnancy – particularly when concealed, soiling and wetting

	<ul style="list-style-type: none"> • Sexualised drawings, play or language; low self-esteem, suicidal gestures, self-harm, running away, eating disorders, sleep disturbance • Promiscuity, confusion as to the abuse • Signs of 'grooming' • Withdrawn and depressed <p>Potential emotional and behavioural signs:</p> <ul style="list-style-type: none"> • Avoiding being alone with or frightened of people or a person they know. • Language or sexual behaviour you wouldn't expect them to know. • Having nightmares or bed-wetting. • Alcohol or drug misuse. • Self-harm. • Changes in eating habits or developing an eating problem. • Changes in their mood, feeling irritable and angry, or anything out of the ordinary.
<p>What do you understand by the term discriminatory abuse? eg Racism, disability and homophobic or transphobic abuse</p>	<p>In UK law, it's illegal to discriminate against anyone based on these protected characteristics:</p> <ul style="list-style-type: none"> • Age • Gender reassignment • Marriage status (including civil partnerships) • Being pregnant or on maternity leave • Disability • Race (including skin colour, nationality, or a person's ethnic or national origin) • Religious belief • Sex, and sexual orientation <p>Discrimination may take on a number of forms. Here are some examples:</p>

	<ul style="list-style-type: none"> • Direct Discrimination. Treating someone with a protected characteristic less favourably than others. • Indirect Discrimination. Putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage. • Harassment. Unwanted behaviour linked to a protected characteristic that violates someone’s dignity or creates a hostile environment for them. • Victimisation. Treating someone unfairly because they’ve complained about discrimination or harassment.
<p>What is Bullying – including online bullying and prejudiced based bullying and what might be the signs that a young child in your care is experiencing this type of abuse?</p>	<p>Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.</p> <p>Cyber/online bullying -can include:</p> <ul style="list-style-type: none"> • sending threatening or abusive text messages • creating and sharing embarrassing images or videos • trolling – the sending of menacing or upsetting messages on social networks, chat rooms or online games • excluding children from online games, activities or friendship groups • shaming someone online • setting up hate sites or groups about a particular child • encouraging young people to self-harm • voting for or against someone in an abusive poll • creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name • sending explicit messages, also known as sexting • pressuring children into sending sexual images or engaging in sexual conversations. NSPCC <p>Prejudiced based bullying is when bullying behaviour is motivated by prejudice based on the individuals actual or perceived identity; it can be</p>

	<p>based on characteristics unique to a child or young person's identity or circumstance. See Protected characteristics in question above.</p> <p>Warning signs a child may be being bullied:</p> <ul style="list-style-type: none">• Your child comes home with torn, damaged, or missing pieces of clothing, books, or other belongings• Has unexplained cuts, bruises, and scratches• Has few, if any friends, with whom he or she spends time• Seems afraid of going to school, walking to and from school, riding the school bus, or taking part in organized activities with peers• Finds or makes up excuses as to why they can't go to school• Takes a long out of the way route when walking to or from school• Has lost interest in school work or suddenly begins to do poorly in school• Appears sad, moody, teary, or depressed when he or she comes home• Complains frequently of headaches, stomach aches or other physical ailments• Has trouble sleeping or has frequent bad dreams• Experiences a loss of appetite• Appears anxious and suffers from low self-esteem <p>(source stompoutbullying.org)</p>
<p>What is Gender based abuse including abuse against girls and women and what might be the signs of this type of abuse?</p>	<p>Violence against women and girls (VAWG) is an umbrella term used to cover a wide range of abuses against women and girls such as domestic homicide, domestic abuse, sexual assault, abuse experienced as a child, female genital mutilation (FGM), forced marriage and harassment in work and public life. While men and boys also suffer from many of these forms of abuse, they disproportionately affect women.</p>

	<p>Signs it may be occurring:</p> <ul style="list-style-type: none"> • Individual being isolated from family/friends • Being monitored where they go and what they do • Reading texts/social media • Jealous behaviour • Coercive control • Humiliation • Control over finances/what someone can wear • Physical, psychological, emotional, sexual abuse
<p>What is Child sexual exploitation and trafficking and what might be the signs that a young child in your care is experiencing this type of abuse?</p>	<p>Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they're being abused.</p> <p>Signs of sexual exploitation can include:</p> <ul style="list-style-type: none"> • Unhealthy or inappropriate sexual behaviour. • Being frightened of some people, places or situations. • Being secretive. • Sharp changes in mood or character. • Having money or things they can't or won't explain. • Physical signs of abuse, like bruises or bleeding in their genital or anal area. • Alcohol or drug misuse. • Sexually transmitted infections. • Pregnancy. <p>Child trafficking and modern slavery are child abuse. Many children and young people are trafficked into the UK from other countries like Vietnam, Albania and Romania. Children are also trafficked around the UK.</p> <p>It may not be obvious that a child has been trafficked, but you might notice unusual or unexpected things. They might:</p>

	<ul style="list-style-type: none"> • spend a lot of time doing household chores • rarely leave their house or have no time for playing • be orphaned or living apart from their family • live in low-standard accommodation • be unsure which country, city or town they're in • can't or are reluctant to share personal information or where they live • not be registered with a school or a GP practice • have no access to their parents or guardians • be seen in inappropriate places like brothels or factories • have money or things you wouldn't expect them to • have injuries from workplace accidents • give a prepared story which is very similar to stories given by other children. – (NSPCC)
<p>What is Child criminal exploitation including county lines and what might be the signs of this type of abuse?</p>	<p>Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.</p> <p>County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or “deal lines”. Children as young as 12 years old have been exploited into carrying drugs for gangs. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. This can include:</p> <p>Airbnb and short term private rental properties Budget hotels</p> <p>The home of a drug user, or vulnerable person, that is taken over by a criminal gang – this may be referred to as cuckooing.</p> <p>Potential signs of criminal exploitation:</p> <ul style="list-style-type: none"> • Having unexplained money and buying new things • Wearing clothes or accessories in gang colours or getting tattoos. • Using new slang words

	<ul style="list-style-type: none"> • Spending more time on social media and being secretive about time online • Making more calls or sending texts, possibly on a new phone or phones • Self-harming and feeling emotionally unwell • Taking drugs and abusing alcohol • Committing petty crimes like shop lifting or vandalism • Unexplained injuries and refusing to seek medical help • Carrying weapons or having a dangerous breed of dog • Frequently absent from and doing badly in school • Going missing from home, staying out late and travelling for unexplained reasons. • In a relationship or hanging out with someone older than them. • Being angry, aggressive or violent • Being isolated or withdrawn <p>(Source NSPCC)</p>
<p>What is Cuckooing and what are the signs that cuckooing may be taking place?</p>	<p>Cuckooing is where the home of a drug user, or other vulnerable person, that is taken over by a criminal gang.</p> <p>Signs that cuckooing has taken place include:</p> <ul style="list-style-type: none"> • Signs of drugs use • More people coming and going from the property • More cars or bikes outside • Littler outside • You haven't seen the person who lives there recently or when you have, they've seemed anxious, distracted and not themselves
<p>What is Upskirting?</p>	<p>Upskirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) this can be for sexual gratification, or to cause humiliation, distress or alarm.</p>
<p>What is Contextual Safeguarding/Risk outside the home?</p>	<p>Safeguarding incidents can be associated with, and occur between, children outside of school. All staff, especially the designated safeguarding lead and their deputies, need to consider the context within which such</p>

	<p>incidents occur. Extra familial contacts are those that take place outside of the home with peers or others i.e. in the community, parks, transport hubs, school, or activity club.</p> <p>This is known as 'risk outside the home' previously known as contextual safeguarding. Where wider environmental factors present in a child's life are a threat to their safety or welfare.</p>
<p>What types of abuse can come under the umbrella term of Domestic abuse?</p>	<p>Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse:</p> <ul style="list-style-type: none">• can happen inside and outside the home• can happen over the phone, on the internet and on social networking sites• can happen in any relationship and can continue even after the relationship has ended• both men and women can be abused or abusers. <p>Domestic abuse can be:</p> <ul style="list-style-type: none">• physical• emotional• sexual• psychological including Gaslighting - Psychologists use the term "gaslighting" to refer to a specific type of manipulation where the manipulator is trying to get someone else to question their own reality, memory or perceptions. see Gaslighting clip

	<p>Coercive control - Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.</p> <p>This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.</p> <ul style="list-style-type: none"> • financial control/abuse <p>A child witnessing domestic abuse is classed as abuse of the child. You may hear a disclosure from a child or acting out as roleplay scenario from a child from what they have witnessed see NSPCC</p>
<p>What might Child Abuse Linked to Faith include and what could be potential signs of CALFB?</p>	<p>Abuse can be separated into five different areas;</p> <ul style="list-style-type: none"> • Abuse as a result of a child being accused of being a 'witch' (witchcraft) • Abuse as a result of a child being accused of being possessed by 'evil spirits' • Ritualistic abuse which is prolonged sexual, physical and psychological abuse • Satanic abuse which is carried out in the name of 'Satan' and may have links to cults • Any other harmful practice linked to a belief or faith This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune. <p>Signs and symptoms can include:</p>

	<p>Physical: This can involve beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child’s genitals or eyes.</p> <p>Emotional: Emotional abuse can occur in the form of isolation. A child may not be allowed near or to share a room with family members and threatened with abandonment. The child may also be persuaded that they are possessed. The act of telling a child that they are possessed by an evil spirit or told that they are a witch can be emotionally abusive.</p> <p>Neglect: In situations of neglect, the child’s family and community may have failed to ensure appropriate medical care, supervision, education, good hygiene, nourishment, clothing or warmth.</p> <p>Sexual: Children who have been singled out in this way can be particularly vulnerable to sexual abusers within the family, community or faith organisation - National FGM Centre</p> <p style="text-align: center;">A child may also tell you they are bad luck or have to be punished and/or be made or wear a particular piece of jewellery to “Ward off bad spirits</p> <p>CALFB can be linked to a variety of different religions and beliefs.</p> <p>See CALFB clip</p> <p>Please see other cultural practices in the following questions.</p>
<p>Can you define Female Genital Mutilation (FGM) and what might be the signs that a young child in your care is experiencing this type of abuse?</p>	<p>Female genital mutilation is defined as all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.</p> <p>Possible signs that FGM has occurred?</p>

	<ul style="list-style-type: none"> • Prolonged absence from school. • Frequent need to go to the toilet. • Changes in behaviour. • Mentioning something has happened to them that they're not allowed to talk about. • Difficulty in sitting down comfortably. • Complaining about pain between their legs. • Change of dress from tight to loose fitting clothing. • Urinary tract infections. • Menstrual problems.
<p>Can you define Infant Oral Mutilation (IOM) and what might be the signs that a young child in your care is experiencing this type of abuse?</p>	<p>Infant Oral Mutilation is the technical name for a cultural practice prevalent in many parts of Africa, involving the removal of infant's healthy deciduous teeth. Babies as young as six days old have these baby teeth removed from under their gums.</p> <p>The most common presentation is the absence of the baby eye teeth, accounting for 95% of "nylon teeth" extractions in Tanzania and Uganda. IOM is three times more common in the lower jaw than the upper, probably because the swelling caused by the unerupted tooth bud is more easily seen and felt there.</p> <p>The possible signs of IOM include:</p> <ul style="list-style-type: none"> • missing primary • signs of dental surgery with severe inflammation, trismus (from swelling), lacerations and swellings in floor of mouth, remnant of charcoal powder at holes in oral mucosa, pain, bleeding, shock, inability to breast feed and/or abscess.
<p>Can you define Breast Ironing and what might be the signs that a young child in your care is experiencing this type of abuse?</p>	<p>Breast ironing (sometimes called flattening) is the pounding and massaging of a young girl's breasts to prevent and stunt breast growth. It is usually carried out by pressing, massaging or pounding the breasts using hard or heated objects.</p> <p>Signs that a girl is undergoing breast ironing:</p>

	<ul style="list-style-type: none"> • She talks about pains in her chest area, even though she might not say exactly why due to embarrassment or fear. • She may tell a social worker, GP or another medical professional. • She may be reluctant to undergo a medical examination. • She may be nervous about changing clothes for physical activities due to scars or the risk of bandages being seen.
<p>Can you define Forced Marriage and what might be the experiences of someone in this situation?</p>	<p>A forced marriage is where one or both people do not or cannot consent to the marriage, and pressure or abuse is used to force them into marriage. Forcing someone to marry isn't always physical, but it is always against the law.</p> <p>The pressure put on a person to marry can take different forms:</p> <ul style="list-style-type: none"> • physical pressure might take the form of threats or violence (including sexual violence) • emotional or psychological pressure might take the form of making someone feel they are bringing shame on their family, making them believe that those close to them may become vulnerable to illness if they don't marry, or denying them freedom or money unless they agree to the marriage <p>In some cases, people may be taken abroad without knowing that they are to be married. When they arrive in that country, their passport(s)/travel documents may be taken to try to stop them from returning to the UK.</p>
<p>Can you define Honour based abuse and what might be the signs that someone is experiencing this type of abuse?</p>	<p>There is no specific offence of honour-based abuse, but the Crown Prosecution Service describes it as an incident or crime which has, or may have, been committed to protect or defend the honour of the family or community. Honour can be the motivation, excuse or justification behind a range of violent acts against women and girls.</p>

	<p>Honour-based abuse includes:</p> <ul style="list-style-type: none"> ▪ forced marriage ▪ domestic violence (physical, sexual, emotional or financial) ▪ sexual harassment ▪ threats to kill ▪ denial of access to services such as phones or internet ▪ isolation from family and friends
<p>How would you explain your role in the Prevent Duty – and can you define the terms radicalisation and extremism?</p>	<p>To be aware of the responsibility to refer any known or suspected cases of extremism or radicalisation to the Prevent Duty Officer. Keeping up to date with local issues of concern around the prevent duty and knowing how to make a referral (see safeguarding poster)</p> <p><u>Extremism</u> -The holding of extreme political or religious views; fanaticism</p> <p><u>Radicalisation</u> -The action or process of causing someone to adopt radical positions on political or social issues</p>
<p>What is the local prevent picture i.e. what is the greatest current risk?</p>	<p>Currently in Barnsley the greatest threat seen is Far right ideology.</p> <p>Can all staff define what the far right is?</p> <p>The Right Wing Terrorist (RWT) threat relates to groups or individuals who engage in terrorist activity and who are inspired by a right wing extremist ideology: Cultural Nationalism, White Nationalism or White Supremacism. (Source: Met police)</p> <p>Are staff aware of potential far right symbols/tattoos?</p>
<p>How does promoting British Values link to the Prevent Duty?</p>	<p>The government has set out the need for ‘British values’ to help everyone live in safe and welcoming communities where they feel they belong.</p>

	<p>These British values are defined as:</p> <ul style="list-style-type: none"> • Democracy • The rule of law • Individual liberty and mutual respect • Tolerance of those with different faiths and beliefs <p>These values are not unique to Britain but are universal aspirations of equality and are, as such, fundamental to helping all children become compassionate, considerate adults who form part of a fair and equal society.</p> <p>These values link to the Prevent duty to establish a moral and ethical framework that instils ideology that opposes many radical beliefs. Put simply; these values can lay the foundations for decent morals and beliefs in the minds of young children, preventing them from the persuasion of radical views.</p>
<p>Can you define Peer on peer abuse and what might be the signs that a young child in your care is experiencing this type of abuse?</p>	<p>Keeping Children Safe in Education (2021) says that Peer on Peer abuse is most likely to include, but may not be limited to:</p> <ul style="list-style-type: none"> • Bullying (including cyberbullying, prejudice-based bullying and discriminatory bullying) • Abuse in intimate personal relationships between peers • Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse) • Sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence) • Sexual harassment such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse; causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch

	<p>themselves sexually, or to engage in sexual activity with a third party</p> <ul style="list-style-type: none"> • Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery) • Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and • Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).
<p>Can you define the term Trigger Trio/Trilogy of Risk (previously known as Toxic Trio).</p>	<p>It is the risk associated where there is a combination of domestic abuse, parental substance misuse, and parental mental health on children.</p>
<p>What is Fabricated or induced illness (FII) and what might be the signs that a young child in your care is experiencing this type of abuse?</p>	<p>Fabricated or induced illness (FII) is a rare form of child abuse. It happens when a parent or carer exaggerates or deliberately causes symptoms of illness in the child.</p> <p>Signs may be:</p> <ul style="list-style-type: none"> • parent frequently visiting GP, A&E without reason, • parent giving or trying to get someone to give medication that the child doesn't need.
<p>What is Parental substance misuse and how might it affect children?</p>	<p>Parental substance misuse' is the long-term misuse of drugs and/or alcohol by a parent or carer.</p> <p>This includes parents and carers who:</p> <ul style="list-style-type: none"> • consume harmful amounts of alcohol (for example if their drinking is leading to alcohol-related health problems or accidents) • are dependent on alcohol

	<ul style="list-style-type: none"> • use drugs regularly and excessively • are dependent on drugs. <p>It also includes parents who aren't able to supervise their children appropriately because of their substance use (NSPCC, 2018).</p> <p>Most parents and carers who drink alcohol or use drugs do so in moderation, which doesn't present an increased risk of harm to their children (Cleaver, Unell and Aldgate, 2011).</p> <p>However, parents and carers who misuse substances can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children being at risk of harm.</p>
<p>What signs might you observe that non-verbal children babies or children with SEND are experiencing abuse?</p>	<p>There are several factors that contribute to disabled children and young people being at a greater risk of abuse.</p> <p>Communication barriers</p> <p>Children and young people with speech, language and communication needs (including those who are Deaf and/or have a learning disability or physical disability) face extra barriers when it comes to sharing their worries and concerns.</p> <ul style="list-style-type: none"> • Adults may have difficulty understanding a child's speech so they may not realise when a child is trying to tell them about abuse. • Adults may not have the knowledge and skills to communicate non-verbally with a child, which can make it harder for children to share their thoughts and feelings.

	<ul style="list-style-type: none"> • Communicating solely with parents or carers may pose a risk if the child is being abused by their parent or carer. • It can be difficult to teach messages about what abuse is or how to keep safe to children with communication needs. Without this knowledge children may not recognise that they are being abused or won't know how to describe what's happening to them. <p>Misunderstanding the signs of abuse</p> <p>It's not always easy to spot the signs of abuse. In some cases, adults may mistake the indicators of abuse for signs of a child's disability.</p> <ul style="list-style-type: none"> • A child experiencing abuse or attempting to disclose abuse may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as part of a child's disability or health condition rather than an indicator of abuse, it can prevent adults from taking action. • Injuries such as bruising may not raise the same level of concern as they would if seen on a non-disabled child. Adults may assume that bruising was self-inflicted or caused by disability equipment or problems with mobility. <p>(source: NSPCC)</p>
<p>What signs might you observe in children with English As an Additional Language (EAL) who have not yet acquired sufficient English that they may be being abused?</p>	<p>If children are unable to communicate in English or have limited English they would not be able to tell someone they are being abused. Look for signs of injury and or changing in behaviour.</p>
<p>Can you explain the following procedures/what to do in scenarios below:</p>	
<p>If a child attends setting with an existing injury.</p>	<p>Refer to your existing injury / safeguarding policy:</p>

	<p>Complete an existing injury form and ask parent/carer how the injury happened. Take time after completing to assess if the injury sustained matches the description of the injury.</p> <p>If the Existing injury has not being noticed until after drop off then contact parents over the phone to discuss and ask parents to sign the existing injury form when collecting. If you have any concerns raise them with your DSL</p>
If a Cause for Concern arises.	Refer to your safeguarding policy. Record your concern and if able to do so without putting the child at any further risk speak with the parents. Discuss concern with DSL
What to do if a child makes a disclosure about abuse.	<p>Refer to safeguarding policy and</p> <ul style="list-style-type: none"> • Believe the child • Acknowledge the step taken in confiding with you • Reassure them • Be honest about what will happen next • Make an accurate record • Pass on concerns to the DSL or Deputy DSL
What to do if a practitioner has a safeguarding concern about another practitioner?	Speak with your DSL/ manager and refer to LADO
What if the allegation was made about DSL/Management? How do you report it?	Practitioner to contact LADO directly
When would you follow the whistleblowing policy?	A whistleblowing policy protects children from misconduct . As a whistleblower you're protected by law - you should not be treated unfairly or lose your job because you 'blow the whistle' . You can raise your concern at any time about an incident that happened in the past, is happening now, or you believe will happen in the near future to any child by an adult that works at your setting and this report can be made anonymously to Ofsted if you feel that raising this issue within your own setting will not be resolved or taken seriously.
When would you need to use the absence policy?	When children have not attended the setting and you have been unable to contact the parents/carers/emergency contacts.
Can you explain in a couple of sentences the following:	

<p>The Thresholds for Intervention documents and describe the Tiers of Intervention.</p>	<p>The threshold guide describes levels of concern for children, young people and their families. It should be used to inform good practice, but not as a definitive statement of thresholds for concern. Use it as a guide, not a prescription. It should prompt you to think more clearly and interpret the situation</p> <ul style="list-style-type: none"> ▪ Try to see the whole situation and weigh up all of the issues ▪ Take advice when you are not sure ▪ Share it with families as a way of expressing ideas and concerns <p>Tier 1: requiring universal services – children with no additional need The majority of children and families locally and nationally will have their needs met by accessing their local universal services. In general, children who only require universal provision are those with ‘no identified additional need’.</p> <p>Tier 2: requiring early intervention – children with some additional needs These children/young people have low level additional needs that are likely to be met via short term intervention. The exception to this is those children/young people with disabilities or complex health needs who are likely to require support on a medium or long-term basis</p> <p>Tier 3: requiring targeted and enhanced support – children with additional, complex needs Children requiring Tier 3 services are children with high-level additional unmet needs and those with complex needs likely to require longer term targeted intervention from statutory and/or specialist services.</p> <p>Tier 4: requiring acute/statutory intervention – children with complex and or acute needs Tier 4 needs are those that can be described as acute, either in terms of urgency, complexity or the degree of risk to which a child or young person is exposed. Children requiring urgent or emergency protection, child protection plans or care proceedings; children with complex needs requiring nursing or in-patient care, including those with acute mental health/psychiatric problems all have Tier 4 needs.</p>
<p>The Social Care Escalation policy and when to use it?</p>	<p>https://www.barnsley.gov.uk/media/17267/escalation-policy.pdf</p> <ul style="list-style-type: none"> • The steps to be taken when there are disagreements between practitioners (from different agencies) in relation to concerns about

	<p>the safety and welfare of a child or young person, and/or action being taken to safeguard them.</p> <ul style="list-style-type: none"> • This process ensures that all professionals have a quick and straightforward means of resolving professional differences in order to safeguard the welfare of children. • Case Reviews have highlighted a lack of awareness and use of escalation within agencies. This can lead to drift and delay and means that practitioners are not able to satisfactorily resolve professional disagreements and safeguard children effectively.
<p>What is early help</p>	<p>Early help is providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising. Effective early help relies upon local organisations and agencies working together to:</p> <ul style="list-style-type: none"> • identify children and families who would benefit from early help • undertake an assessment of the need for early help • provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.
<p>Who might need early help?</p>	<p>Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:</p> <ul style="list-style-type: none"> • is disabled or has certain health conditions and has specific additional needs; <p>has special educational needs (whether or not they have a statutory Education, Health and Care Plan)</p> <ul style="list-style-type: none"> • has a mental health need • is a young carer • is showing signs of being drawn in to anti-social or criminal behaviour, including

	<p>gang involvement and association with organised crime groups or county lines</p> <ul style="list-style-type: none"> • is frequently missing/goes missing from care or from home • is at risk of modern slavery, trafficking, sexual or criminal exploitation • is at risk of being radicalised or exploited • has a family member in prison, or is affected by parental offending • is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse • is misusing drugs or alcohol themselves • has returned home to their family from care • is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage • is a privately fostered child; and • is persistently absent from education, including persistent absences for part of the school day.
<p>Who is the DSL/Deputy DSL for the setting?</p>	<p>Make sure all your staff are aware of the current DSL and deputy DSL</p>
<p>Outcomes of referrals to DSL/Social Care?</p>	<ul style="list-style-type: none"> • No further action (NFA) • Advice • Referral to another agency • Children and Young Person's Assessment • Strategy Discussion • Sec 47 Enquiry • Initial Child Protection Conference • Core Group/Planning Meetings • Regular Reviews
<p>Role of LADO / how you can contact LADO?</p>	<p>The Local Authority Designated Officer has responsibility for:</p> <ul style="list-style-type: none"> ▪ the management and oversight of allegations against people who work with children; ▪ providing guidance to employers and voluntary associations about how to deal with allegations against people who work with children;

	<ul style="list-style-type: none"> ▪ liaising effectively with the Police and other organisations to ensure that cases are dealt with as quickly as possible; and ▪ reporting to the LSCB about all allegations against people who work with children and their outcomes <p>See current safeguarding poster for contact details. Staff should know where these are located throughout the setting.</p>
What would you do if someone was being aggressive (with or without a weapon) and trying to enter your setting?	Undertake a lockdown procedure and ensure all children are kept safe. Contact all parents/carers and ask them currently not to attend. Contact the police.
What would be your role during an evacuation process?	<p>This would depend on the role but between the team the setting will need evacuating, a sweep of the setting will need to be undertaken. The attendance register must be checked to make sure everyone out safe and there should be a person in charge of working with the fire services/police etc</p> <p>Consideration needs to be given to</p> <ul style="list-style-type: none"> • evacuation point • children with medication • contact details of parents to arrange collection • evacuation bag (if you have one) • non mobile children
Where to find the telephone numbers to report to social care directly ?	See safeguarding poster on display in the setting
Who are the three statutory safeguarding partners?	Local Authority – Police – Health (CCG Clinical Commissioning Group)
What would you do if a parent/carer tried to collect a child when under the influence of a substance?	Contact another person from the contact list / emergency contacts explaining why you cannot let them take the child away from setting.
What would you do if a child was not collected at their usual collection time including if after setting was due to close?	Refer to your uncollected child policy – contact parents and emergency contact if unable to contact anyone and after a reasonable length of time (refer to policy) contact Social Care
What would you do if medication is missed, or an incorrect dose given, or a different mistake occurs?	Refer to medication policy – contact parents to advise, record, if given incorrect dose seek medical advice, refer to LADO and inform Ofsted
Additional Questions for leaders/childminders	
How many serious incident notifications to Ofsted that you have made?	
Can you describe how you create a safeguarding culture in your setting?	
How do you keep an overview of safeguarding issues within the setting?	

What do these ACRONYMS stand for:

MASH	FGM
IOM	NFA
LADO	DSL
EI	CFC
NAI	DBS
FII	BSCP
SUDI	

MASH	Multiagency safeguarding hub	FGM	Female Genital Mutilation
IOM	Infant Oral Mutilation	NFA	No Further Action
LADO	Local Authority Designated Officer	DSL	Designated Safeguarding Lead
EI	Existing Injury	CFC	Cause For Concern
NAI	Non-Accidental Injury	DBS	Disclosure and Barring Service
FII	Fabricated Induced Illness	BSCP	Barnsley Safeguarding Children Partnership
SUDI	Sudden unexpected death in infants		