



Safeguarding Children/Child Protection Level 1

Please complete this form in **BLOCK CAPITALS** and return to:

Practice Manager (for Medical Centre based staff) and Line Manager

Rank/Title: _____

First Name: _____

Surname: _____

Work Tel: _____

Job Title: _____ **Must be written in Full

Base/Med Centre: _____ **BFPO No:** _____

Employment Start Date:

D	D	M	M	Y	Y	Y	Y
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I have received my BFC Safeguarding Children Child Protection Level 1 pack. I will discuss this with my line manager to identify any further training needs I may have.

Date you received your Level 1 Child Protection training pack:

D	D	M	M	Y	Y	Y	Y
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Signed: _____

Employer: SSAFA / MIL / OTHER *Delete as applicable

If *other* please specify _____

Military Number _____

Please keep a copy of this form for your own CPD (Continuing Professional Development) file

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LEVEL 1 SAFEGUARDING CHILDREN AWARENESS INDUCTION PACK

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AIMS

This aims of this document are to assist you to:

- Understand safeguarding and child protection practice
- Have an awareness and understanding of child abuse
- Know who to contact, where to access advice and how to report when you have concerns
- Understand the relevance of parental, family and carer factors such as domestic abuse, mental and physical ill-health, substance and alcohol misuse on the health and development of a child

It is **mandatory** that you complete this Level 1 pack within **ONE** month of starting employment.

A **confirmation of receipt of this pack** can be found at the beginning of this pack.

Once completed the information on this **form** will be retained by your line manager and a copy of the form will be sent to the Practice Manager.

Please access this pack on the SSAFA Cyprus website: www.ssafa-cyprus.org regularly, as updates are added.

FURTHER TRAINING

After the completion of this pack further training and updating is available to enhance your knowledge, skills and competencies.

Details of multi-agency Safeguarding Children training are available through the Safeguarding Board website at: www.ssafa-cyprus.org All applications should be forwarded to your line manager and sent to the relevant training organiser

It is your responsibility to identify your individual safeguarding children training needs with your line manager.

WHERE TO GET ADVICE AND INFORMATION ABOUT SAFEGUARDING AND CHILD PROTECTION

**To contact a Social Worker outside working hours
(Mondays 0700-1700hrs, Tuesdays – Fridays, 0700-1400hrs),
please contact CJPU on extn 3300.**

DESIGNATION	Address	CONTACT DETAILS
Group Captain Harper Commander Med Named Doctor for Safeguarding	MED BRANCH HQ BFC Episkopi BFPO 53	Office: 2596 3221 Email: BFC-HQ-CmdMed@mod.uk OR SO2 MED Office: 2596 2206
Janice Danson Team Manager, Personal Support & Social Work Service	HQ SSAFA E Block, Top Floor Episkopi BFPO 53	Office: 2596 2064 Email: Janice.d@ssafa.org.uk
EPISKOPI		
Lt Col Mike Simms SMO	Episkopi Med Centre	Tel: 2596 3255 E Mail: BFC-DPHC-EPI-SMO @mod.uk
Angie Whatley Senior Social Worker Episkopi	SSAFA E Block, 1 st Floor Episkopi BFPO 53	Office: 2596 3048/3609 Email: angie.w@ssafa.org.uk
AKROTIRI		
Wg Cdr Picken GP SMO	Akrotiri Med Centre	Office: 2527 6553 E Mail: BFC-DPHC-AKI-SMO@mod.uk
Gemma Walker Senior Social Worker Akrotiri	Akrotiri Med Centre BFPO 57	Office: 2527 5840 / 5838 Email: gemma w@ssafa.org.uk
DHEKELIA, AY NIK & NICOSIA		
Lt Col Harold SMO	Dhekelia MRS (include Ay Nik & Nicosia)	Office: 2474 4512 Email: BFC-DPHC-DHK-SMO@mod.uk
Karla Knott Senior Social Worker Dhekelia	Dhekelia MRS BFPO 58	Office: 2474 4453 / 4453 Email: karla.k@ssafa.org.uk
Jane Bojdys Named nurse with additional responsibilities for safeguarding	SSAFA Named Nurse SSAFA E Block, Top Floor Episkopi BFPO 53	Office: 2596 2682 Email: BFC-SSAFA-HQ-NamedNurse- PHLead@mod.uk
Cyprus Joint Police Unit (CJPU)		
Service Police	Service Police Station Episkopi (24 hrs) Service Police Station Dhekelia (24 hrs) SIB Child Protection Investigator (24 hrs) OIC SIB - lead for all serious crime involving children	112 In Emergency – 24 hours 1443 for all other matters – 24 hours Initial message is in Greek, lasting 6 seconds. Please do not hang up. An English speaker will be available.

		Via either Service Police Station BFC-CJPU-EPI-SIB-OIC
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Other useful contacts

Dr Michael Tettenborn
**(Child Death Overview panel
Doctor)**

Tel: +44 1252 726354
Email mtettenborn@doctors.org.uk

Out of Hours telephone
safeguarding advice in relation
to **sexual assault involving
children**

Contact Haven Paddington switchboard and ask to speak to the
'Haven on-call Paediatrician'. If not immediately available, ask for
the on-call Crisis Worker or Sexual Offences Examiner on:
Tel: +44 20 3312 6666

Definitions

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development; and
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; In order to enable children to have optimum life chances and to enter adulthood successfully.

Child Protection

This is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.

Significant harm

In some circumstances the adverse effect of abuse does not appear to have adversely affected the child, when the child protection concerns are first identified. However, in such circumstances, we know from research evidence and professional judgement that if the child's circumstances do not improve significantly, the likelihood is that harm will occur in the future.

Harm includes the impairment of a child's health or development as a result of witnessing, hearing or seeing the ill-treatment of another person (Adoption and Children Act 2002)

Looked After Child

This term is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority social services department for a continuous period of more than 24 hours. This covers children in respect of whom a compulsory care order or other court order has been made. It also refers to children accommodated voluntarily, including under an agreed series of short-term placements which may be called short breaks, family link placements or respite care.

Early Help

This refers to the early provision of multi-agency, multi-disciplinary support in order to help meet the additional needs of children where there are no child protection concerns. Staff may access the Safeguarding Children Board *Needs and Response Framework* to assist them in deciding the threshold of need (available at www.ssafa-cyprus.org).

Recognising Child Abuse

Child abuse can take many forms and may involve deliberate acts of cruelty or a persistent failure to provide adequate standards of care, whether physical or emotional. Many inflicted injuries are not the result of conscious, premeditated acts by the parent or caregiver but the unintended consequence of a sudden outburst or temporary loss of control.

Neglect and emotional abuse may be associated with hostility and rejection but can be the result of the parent's inability to provide adequate care either because their own upbringing has failed to provide skills necessary for good parenting or their abilities have been overwhelmed by adverse circumstances.

It is not necessary to establish intent to cause harm to the child when seeking to determine whether the circumstances of a particular case represent child abuse. The purpose of child protection procedures is not to victimise parents or carers, but to protect children and whenever possible to provide the support necessary to restore the family functioning to an acceptable level in which the child's needs are adequately met.

Understanding the potential impact of parent/carers physical and mental health, including the impact of domestic violence and substance misuse on the wellbeing and development of a child or young person, is important for all practitioners. Assessing the capacity of parents to meet the needs of their children is further explored [here](#)

Practitioners must exhibit a willingness to listen to children and young people and to act on issues and concerns.

1. Physical Injury

Physical harm or injury to a child is considered where it is known, or where there is a reasonable suspicion, that the injury was inflicted by a person, of any age, who is a family or household member, or is a person acting in a professional or care taking capacity to the child. (This will include cases where the person has acknowledged causing the injury, where medical evidence clearly indicates a non-accidental cause, or those cases where medical evidence alone is inconclusive but a comprehensive assessment indicates that there are reasonable grounds for suspicion). Core information [here](#)

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child. This situation being commonly known as fabricated or induced illness. For more information see [here](#)

Female genital mutilation is unlawful and abusive. For further information see NSPCC fact sheet [here](#)

2. Neglect

The persistent or severe neglect of a child (for example, by exposure to any kind of hazard including cold or starvation) or extreme failure to carry out important aspects of care: resulting in serious impairment of the child's health and development and in the long term social functioning, relationship and educational progress. The category includes non-organic failure to thrive. For more information see [here](#)

3. Emotional abuse

The severe adverse effect on the behaviour and emotional development of a child caused by severe or persistent emotional ill treatment or rejection, on the part of a person of any age who is family or household member or a person acting in a professional or care taking capacity to the child. There is increasing evidence that **domestic violence, adult mental**

health problems, and parental substance misuse feature in families where children are exposed to emotional abuse.

Cyber bullying is a growing concern. For more information see [here](#)

Children and young people may also be vulnerable to exploitation through radicalisation.

For guidance about how to recognise this and keep children safe see [here](#)

4. **Sexual abuse**

Cases where it is known or admitted that a child has been involved in sexual activities, with a person of any age, who is either a family or household member or who has been acting in a professional or care taking capacity to the child and who has used that relationship in order to exploit the child.

Cases where there is reasonable suspicion that a child has been forced or enticed to take part in sexual activities, whether or not the child is aware of what is happening.

Sexual activity may involve physical contact or non-physical contact. Involving children in looking at, or producing pornography is considered abusive, as is allowing or encouraging them to watch sexual activity or encouraging them to act in sexually inappropriate ways.

Children and young people may also be abused through sexual exploitation either directly or through social media. For more information see [here](#)

Child trafficking is the recruitment and movement of children for the purpose of exploitation. It is a form of child abuse and requires a child protection response. To learn more about this issue go [here](#)

NSPCC leaflets can assist practitioners in assessing whether a child has been abused and available [here](#) .

What to do and who to contact if you are worried about a child's safety

- When a case of actual or suspected abuse is recognised by a Health Practitioner action must be taken without delay by that practitioner. **See the flow chart on page 13 of this document**
- **In all cases of suspected or actual abuse a discussion with the Social Care team is required** (telephone number provided on the enclosed contact list), followed by a written referral within 2 working days/48 hours on a Multi-Agency Referral Form.
- The Practitioner must always consider sharing their concerns with the parent or carers. There will be a few circumstances when sharing concerns, asking for consent of the parents/carers, the child, young person or vulnerable adult would increase the risk of harm to the child/children, the vulnerable adult or the practitioner in these circumstances concerns shouldn't then be shared with the patient, child, young person, parent, or vulnerable adult.
- If a child needs urgent medical attention this should be sought immediately.
- It is the responsibility of the practitioner to notify their Named nurse/Safeguarding Lead of the incident and/or referral as soon as possible.
- Full details of the incident and actions must be recorded on the relevant records. A copy of the referral document must be retained in the record.
- If you are not sure what to do, or feel that your concerns have not been taken seriously, you must contact your senior manager, Named Nurse/ Safeguarding Lead or the Social Care service for advice.

What to do if you are worried a child or adult is being abused

PRACTITIONER HAS CONCERNS ABOUT CHILD'S WELFARE

(Remember carer's issues can impact on the welfare of children or vulnerable adult's e.g. domestic abuse, social issues, substance misuse, acute/chronic illness, and physical or mental health issues)

Practitioner to discuss with Safeguarding Lead/Named Nurse, FCINS Supervisor and/or other senior colleagues. If still concerned or uncertain, contact social care.

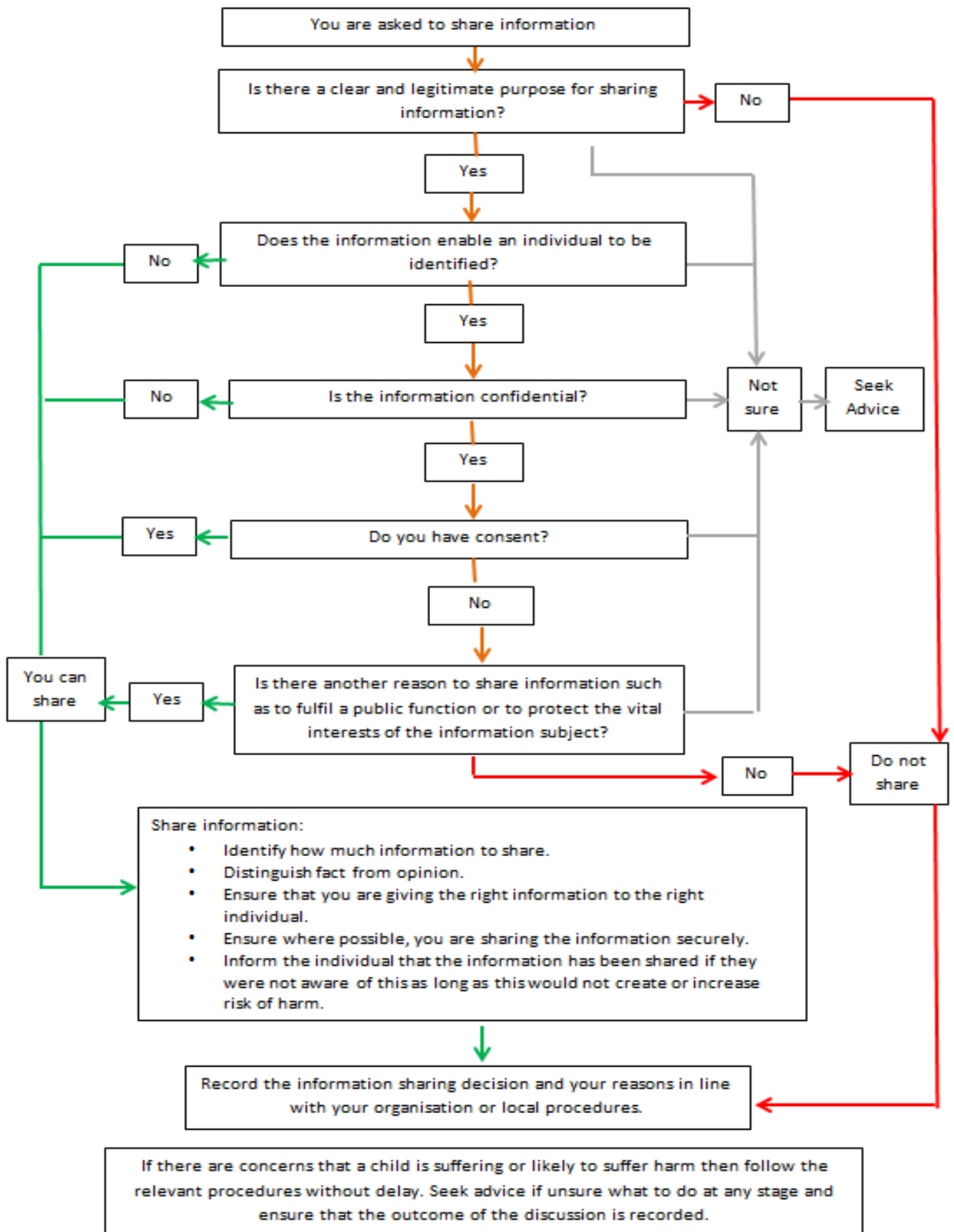
To facilitate multi-agency working, information needs to be shared within current legal frameworks on confidentiality and consent. Information Sharing Protocol provides BFC guidance on information sharing. Further information can be found in Appendix 1.

Practitioner still has a concern

Following discussion, if there is no need for a referral to Social Care

Seven Golden Rules for Information Sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person, where possible.
4. **Share with consent, where appropriate** and where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, the lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, it is only shared with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decisions and the reasons for them – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.



Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers.

March 15

Also available on the www.BFGNet.de/safeguarding

Further reading and references

- a. Adoption and Children Act 2002, London HMSO
- b. Children Act 1989, London HMSO
- c. Children Act 2004, London HMSO
- d. Safeguarding Children and Young People: Roles and Competences for Healthcare Staff, Intercollegiate Document, Third edition: March 2014
- e. Working Together to Safeguard Children March 2015, HM Government
- f. What to do if you're worried a child is being abused - Advice for Practitioner, March 2015, HM Government.
- g. Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers. March 2015 HM Government