

Early Years Foundation Stage Designated Safeguarding Leads

autumn 2019

Early Years Education
Improvement

'UK's worst female paedophile'
Vanessa George in bail hostel 500
metres from nursery

Man jailed for life
after punching
toddler to death

FGM conviction:
Mother of girl, 3,
becomes first person
found guilty of
female genital
mutilation in UK

Two-week-old baby
in hospital after
sexual assault

Paedophile advertised as
'Peter Pan Nanny' jailed for
12 years for sexually abusing
three boys

Toddler found 'locked in dark room the size of a cell with just
a bowl of water' as man and woman held for child neglect

'It's called discipline
not child abuse'

Paedophile deputy headteacher live-
streamed child sex abuse while high
on cocaine and meth

'Upskirting' law comes into force

Evil child murderer jailed for
LIFE for battering 'little smiler'
Jeremiah Regis to death

'County lines' drug gangs recruit excluded
schoolchildren

EYFS DSL

- The big picture – EYFS/ Ofsted
- Solihull developments and giving the child the best start in life Toni Clifton
- Support for families Yvonne Obaidy
- Ensure health and well-being for our youngest children Karen Mathers
- Ensuring safety –online +
- Listening to young children

EYFS

- 1.10. Each child must be assigned a **key person** (also a safeguarding and welfare requirement - see paragraph 3.27). Providers must inform parents and/or carers of the name of the key person, and explain their role, when a child starts attending a setting. The key person must help ensure that every child's learning and care is tailored to meet their individual needs. The key person must seek to engage and support parents and/or carers in guiding their child's development at home. They should also help families engage with more **specialist support** if appropriate.

- **Child protection**
- 3.4. Providers must be alert to any issues of concern in the child's life at home or elsewhere. ...
- have and implement a **policy, and procedures**, to safeguard children...in line with the guidance and procedures of the relevant **LSCB**.
- ...must include an explanation of the **action** to be taken when there are safeguarding concerns about a child and in the event of an **allegation** being made against a member of staff, and cover the use of *mobile phones* and *cameras* in the setting.
- www.solgrid.org.uk – example safeguarding policy outline

- 3.5. A practitioner must be designated to take **lead** responsibility for safeguarding children in every setting.
DSL
- ...responsible for **liaison** with local statutory children's services agencies, and with the LSCB.
- ..provide support, advice and **guidance** to any other staff on an ongoing basis, and on any specific safeguarding issue as required.
- The lead practitioner must attend a child protection **training course** that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect

- 3.6. Training made available by the provider must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. These may include:
- significant changes in children's **behaviour**
- **deterioration** in children's general well-being
- unexplained bruising, marks or **signs of possible abuse or neglect**
- children's **comments** which give cause for concern
- any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a girl may have been subjected to (or is at risk of) female genital mutilation and/or
- inappropriate **behaviour displayed by other members of staff**, or any other person working with the children, for example: inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images



HM Government

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

Advice for practitioners

March 2015



HM Government

Working Together to Safeguard Children

A guide to inter-agency working to safeguard and promote the welfare of children

July 2018



Department
for Education

Keeping children safe in education

Statutory guidance for schools and colleges

September 2019



Solihull
METROPOLITAN
BOROUGH COUNCIL

- 3.8. Registered providers must **inform Ofsted** or their childminder agency of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). Registered providers must also notify Ofsted or their childminder agency of the action taken in respect of the allegations. These notifications must be made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made. A registered provider who, without reasonable excuse, fails to comply with this requirement, commits an offence.

Early Years and Childcare

[Home](#)[Training](#)[Support](#)[Communications](#)[Resources](#)[EEF](#)[Registration](#)

Safeguarding and welfare frequently asked questions

How often do I need to refresh my safeguarding training?



What is available for safeguarding leads now that level 2 no longer exists?



Are Managing Allegations and Safer Recruitment training courses mandatory for leaders and managers?



Who needs to complete Food Handling and Health and Safety training? How often do these courses need to be refreshed?



What are the updated requirements for Paediatric First Aid?



What is classed as a 'significant injury' that Ofsted need to be



Safeguarding and welfare

Section 3 – The safeguarding and welfare requirements

Introduction

Child protection

Suitable people

Staff qualifications, training, support and skills

Key person

Staff:child ratios – all providers (including childminders)

Health

Managing behaviour

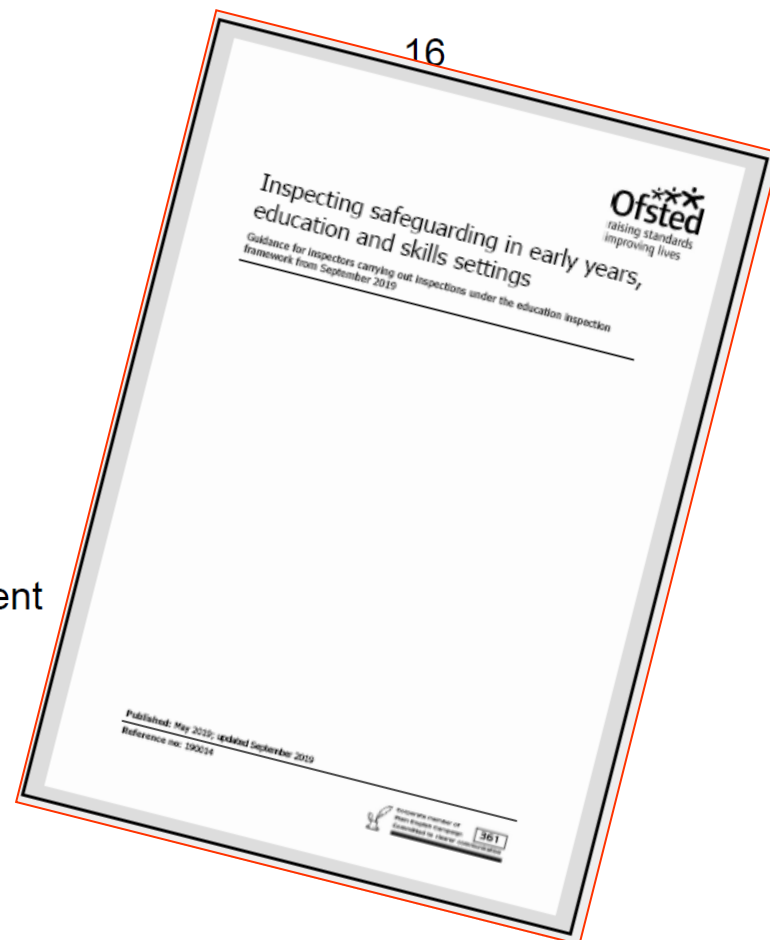
Safety and suitability of premises, environment and equipment

Special educational needs

Information and records

16

16



Ofsted EIF 2019

Ofsted activity:

- Before the inspection search the internet, to see whether there are any safeguarding or other issues relating to the provider may need to be followed up during the inspection
- Look at relevant documentation
- The inspector will observe children learning, staff caring and teaching, and the safety and suitability of the premises.
- Relationships among children, parents and staff reflect a positive and respectful culture. Children feel safe and secure... talk to P/ch/staff

Ofsted Early Years Grades Sept 2019 Solihull Early Years and Education Improvement Service

	Outstanding (1)	Good (2)	Requires Improvement (3)	Inadequate (4)
Leadership and management	<p>The provider meets all the criteria for good leadership and management securely and consistently. Leadership and management in this provision is exceptional. In addition, the following apply:</p> <ul style="list-style-type: none"> Leaders ensure that they and practitioners receive focused and highly effective professional development. Practitioners' subject, pedagogical content and knowledge consistently builds and develops over time, and this consistently translates into improvements in the teaching of the curriculum. Leaders ensure that highly effective and meaningful engagement takes place with staff at all levels and that any issues are identified. When issues are identified – in particular about workload – they are consistently dealt with appropriately and quickly. Staff consistently report high levels of support for well-being issues. 	<p>In order for the effectiveness of leadership and management to be judged good, it must meet all of the following criteria:</p> <ul style="list-style-type: none"> Leaders have a clear and ambitious vision for providing high-quality, inclusive care and education to all. This is realised through strong shared values, policies and practice. Leaders focus on improving practitioners' knowledge of the areas of learning and understanding of how children learn to enhance the teaching of the curriculum and appropriate use of assessment. The practice and subject knowledge of practitioners build and improve over time. Leaders have effective systems in place for the supervision and support of staff. Leaders act with integrity to ensure that all children, particularly those with SEND, have full access to their entitlement to early education. Leaders engage effectively with children, their parents and others in their community, including schools and other local services. Leaders engage with their staff and are aware of the main pressures on them. They are realistic and constructive in the way they manage staff, including their workload. Those with oversight or governance understand their role and carry this out effectively. They have a clear vision and strategy and hold senior leaders to account for the quality of care and education. They ensure that resources are managed sustainably, effectively and efficiently. The provider fulfils its statutory duties, for example under the Equality Act 2010, and other duties, for example in relation to the 'Prevent' strategy and safeguarding. Leaders protect staff from harassment, bullying and discrimination. The provider has a culture of safeguarding that facilitates effective arrangements to identify children who may need early help or are at risk of neglect, abuse, grooming or exploitation, help children to reduce their risk of harm by securing the support they need, or referring in a timely way to those who have the expertise to help, and manage safe recruitment and allegations about adults who may be a risk to children. 	<ul style="list-style-type: none"> Leadership and management are not yet good. Any breaches of statutory requirements do not have a significant impact on children's safety, well-being or learning and development. 	<p>Leadership and management are likely to be inadequate if one or more of the following applies:</p> <ul style="list-style-type: none"> Leaders do not have the capacity to improve the quality of education and care. Actions taken to tackle areas of identified weakness have been insufficient or ineffective. Training for staff is ineffective. Leaders are not doing enough to tackle the poor curriculum or teaching, or the inappropriate use of assessment. This has a significant impact on children's progress, particularly those who are disadvantaged and those with SEND. Links with parents, other settings and professionals involved in supporting children's care and education do not identify or meet children's individual needs. Children fail to thrive. Leaders do not tackle instances of discrimination. Equality, diversity and British values are not actively promoted in practice. Safeguarding and welfare requirements are not met. Breaches have a significant impact on the safety and well-being of children.
Notes				

Solihull Education Inspection Framework 2019 Early Years

Toni Clifton – Assistant Team Manager

The screenshot shows the homepage of the Solihull Local Safeguarding Children Partnership (LSCP) website. The header features the LSCP logo on the left, which includes a cartoon character and the text 'SOLIHULL LSCP LOCAL SAFEGUARDING CHILDREN PARTNERSHIP'. To the right of the logo are three main navigation buttons: 'REPORT ABUSE' (yellow), 'What to do if you are worried about a child (National Guidance 2018)' (blue), and 'BOOK SAFEGUARDING TRAINING' (yellow). Below these is a 'NEWSLETTER SIGNUP' button and a search bar with a 'GO' button. The main content area has a large background image of a smiling child's face. Overlaid on this image is the text 'Solihull Local Safeguarding Children Partnership' in yellow. Below the main image is a horizontal navigation menu with links: HOME, About LSCP, Practitioner & Volunteers, Children & Young People, Parents & Carers, News, Publications & Resources, Training, Contact Us, and Board Members. Below the menu is a yellow banner with the text 'Welcome to Solihull LSCP' and a small house icon. The main content area is divided into three columns. The left column contains a large illustration of a child's face and various symbols like a rocket, a robot, and a clock. The middle column contains three text blocks: 1) 'Significant changes to local multi-agency children's safeguarding arrangements were established through the Children and Social Work Act 2017. The Act creates new duties for the local authority, clinical commissioning groups and police to make arrangements locally to safeguard and promote the welfare of children in their area.' 2) 'Solihull Metropolitan Borough Council, Birmingham and Solihull Clinical Commissioning Group, and West Midlands Police have been working with our other local partners to develop our new arrangements for working together to safeguard children in Solihull. We have now published our new arrangements, and adopted them as our new way of working on Wednesday 1st May 2019.' 3) 'Under these new arrangements we are known as the Solihull Local Safeguarding Children Partnership. Full details are available [here](#).' The right column contains three blue boxes: 1) 'Solihull LSCP Procedures Manual' with a small LSCP logo icon. 2) 'Reporting a Concern' with a small image of hands clasped and the text 'Useful contact details if you're worried about a child'. 3) 'Training' with a small image of a classroom.

SOLIHULL LSCP
LOCAL SAFEGUARDING
CHILDREN PARTNERSHIP

REPORT ABUSE

What to do if you are worried about a child
(National Guidance 2018)

BOOK SAFEGUARDING TRAINING

NEWSLETTER SIGNUP

search **GO**

**Solihull Local Safeguarding
Children Partnership**

HOME About LSCP Practitioner & Volunteers Children & Young People Parents & Carers News Publications & Resources Training Contact Us Board Members

Welcome to Solihull LSCP

Significant changes to local multi-agency children's safeguarding arrangements were established through the Children and Social Work Act 2017. The Act creates new duties for the local authority, clinical commissioning groups and police to make arrangements locally to safeguard and promote the welfare of children in their area.

Solihull Metropolitan Borough Council, Birmingham and Solihull Clinical Commissioning Group, and West Midlands Police have been working with our other local partners to develop our new arrangements for working together to safeguard children in Solihull. We have now published our new arrangements, and adopted them as our new way of working on Wednesday 1st May 2019.

Under these new arrangements we are known as the Solihull Local Safeguarding Children Partnership. Full details are available [here](#).

SOLIHULL LSCP
LOCAL SAFEGUARDING
CHILDREN PARTNERSHIP

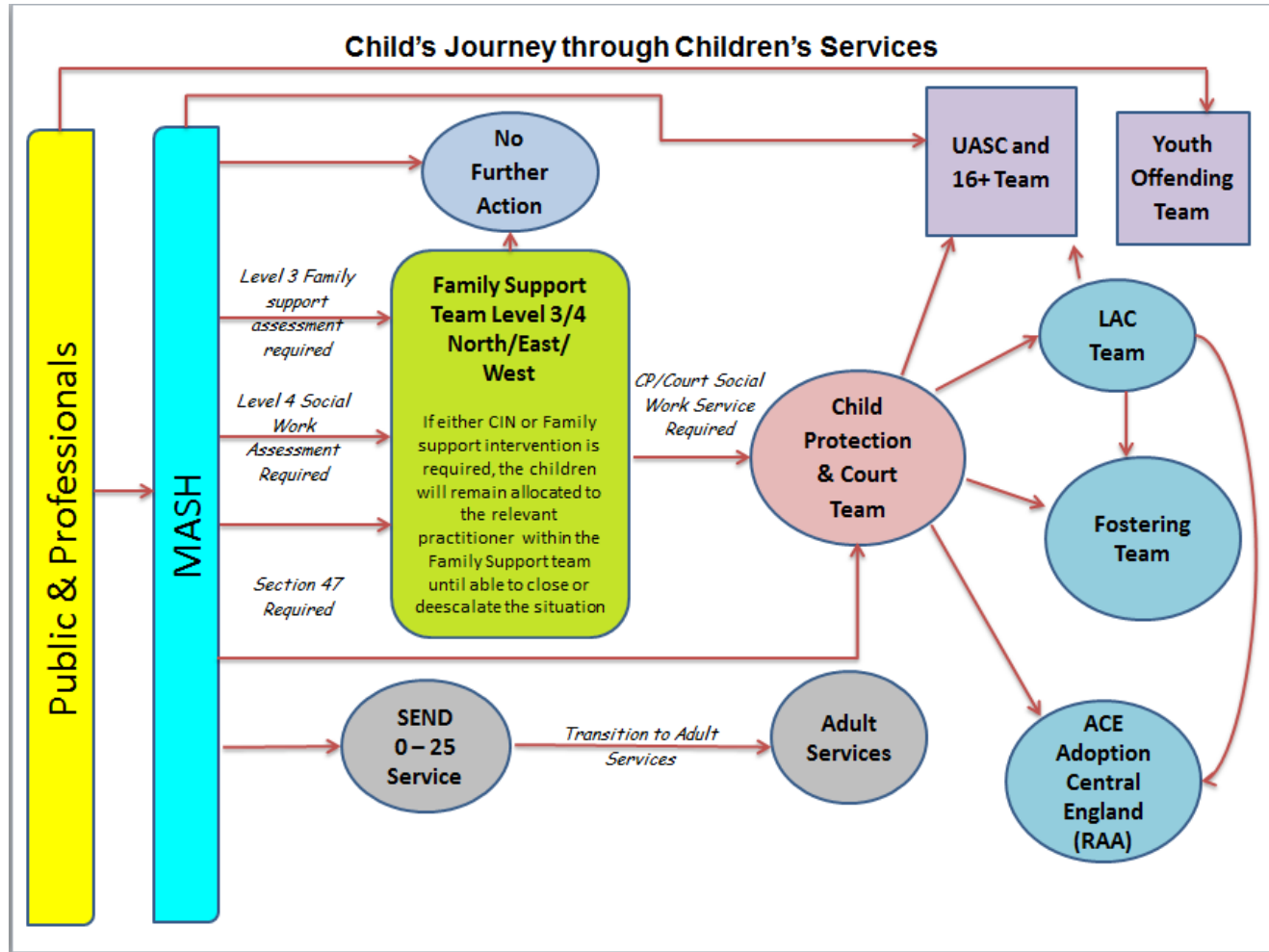
Solihull LSCP Procedures Manual

Reporting a Concern
Useful contact details if you're worried about a child

Training

Incident flow chart

- This is what happens when you have an incident and things to remember



SOLIHULL TROUBLED FAMILIES PROGRAMME

Yvonne Obaidy

**Strategic Programme
Lead**

The Troubled Families Programme Nationally

- National Programme Managed by Ministry of Housing, Communities and Local Government
- Aims to improve the lives of 400,000 families between 2015 & 2020
- Now extended to 2021
- Aims to strengthen partnership working
- Promotes the 'whole family approach' to identify the cause of issues as opposed to treating symptoms
- Utilises joint agency meetings more effectively
- Aims to ensure good information sharing is standard practice

The Local Picture

- Target to work with and 'turn around' 1210 families between 2015 & March 2020
- At 1.10.19 we have identified 1911 families and successfully claimed 667
- To date most families have been sourced from the old team, Engage caseload- need to broaden the Partnership Approach

Funding

- Programme funded through MHCLG via pooled central government budget
- Payment for each family identified and attached up to 1210 families
- Additional payment for significant and sustained outcomes or adult off benefits and into sustained employment

The way of working

- Criteria met (minimum 2 categories)
- Keyworker identified
- Whole Family Plan
- Usually requires multi-agency input i.e. SCH, health, Police, Probation, SIAS, YOS to ensure all needs are met

The criteria

1. Reduce Adults out of work or financially excluded or young people at risk of worklessness
2. Improve school attendance for children not currently attending school regularly
3. Children of all ages who need help, are identified as in need or are subject to CP Plan
4. Prevent parents or children from being involved in crime or ASB
5. Improve resilience in families affected by violence against women and girls
6. Improve the mental and physical health of parents or children

The Keyworker

- Any agency
- Trusted adult
- Who is best situated to support the family

The Plan

- Needs to reflect the needs of all family members within the household
- Will be owned by the family
- Can be formed from TAF / CIN / Family meetings

The Rewards

- Improved way of life for families
- More sustainable outcomes from interventions
- Payment by Results project
- Maximum payment for providing positive results for 1210 families

Safeguarding - Bruising

Image -children

Karen Mathers

What are bruises?

- Bruising is caused by internal bleeding under the skin, and occurs when a person has injured themselves.
- Bruises are bluish or purple-coloured patches that appear on the skin when tiny blood vessels called capillaries break or burst underneath.
- The blood from the capillaries leaks into the soft tissue under your skin, causing the discolouration. Over time, this fades through shades of yellow or green – usually after around two weeks.
- Bruises often feel tender or swollen at first.
- You can still bruise if you've got dark skin, but they may show up more on fair skin.
- Some people are naturally more likely to bruise than others – for example, elderly people may bruise more easily because their skin is thinner and the tissue underneath is more fragile.

How to treat bruising

- Treat bruises on your skin by limiting the bleeding. You can do this by cooling the area with a cold compress (a flannel or cloth soaked in cold water) or an ice pack wrapped in a towel.
- To make an ice pack, place ice cubes or a packet of frozen vegetables in a plastic bag and wrap them in a towel. Hold this over the area for at least 10 minutes. Do not put the ice pack straight on to your skin as this will be too cold and could hurt.
- Over-the-counter painkillers such as paracetamol or ibuprofen (to be used with caution with children) may help relieve the pain associated with bruising.
- Most bruises will disappear after around two weeks. If the bruise is still there after two weeks, see your GP.
- You should also see your GP if you suddenly get lots of bruises or start to bruise for no obvious reason. Unusual bruising is sometimes a symptom of an underlying illness, such as a problem with the way your blood clots.
- Bruises don't just happen under the skin – they can also happen deeper in your tissues, organs and bones. While the bleeding isn't visible, the bruises can cause swelling and pain.
- If you're worried that you may have internal bruising from an injury or accident, visit the nearest accident and emergency (A&E) department.

Bruising on leg

- Image leg bruise

Some considerations when assessing bruising

- Bruising is strongly related to mobility.
- Once children are mobile they sustain bruises from everyday activities and accidents.
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual.
- Only one in five infants who is starting to walk by holding on to the furniture has bruises.
- Most children who are able to walk independently have bruises.
- Bruises usually happen when children fall over or bump into objects in their way.
- Children have more bruises during the summer months.

Where would you expect to see bruising from an accidental injury?

- The shins and the knees are the most likely places where children who are walking, or starting to walk, get bruised.
- Most accidental bruises are seen over bony parts of the body – such as the knees and elbows – and are often seen on the front of the body.
- Infants who are just starting to walk unsupported may bump and bruise their heads – usually the forehead, nose, centre of their chin or back of the head.
- It is common to have fractures, particularly rib or metaphyseal fractures, without any bruising.
- Accidental bruising in children with disability is related to the child's level of mobility, equipment used, muscle tone and learning ability.
- The number of bruises a child sustains increases as they become older and have more independent mobility

Mongolian Blue spots

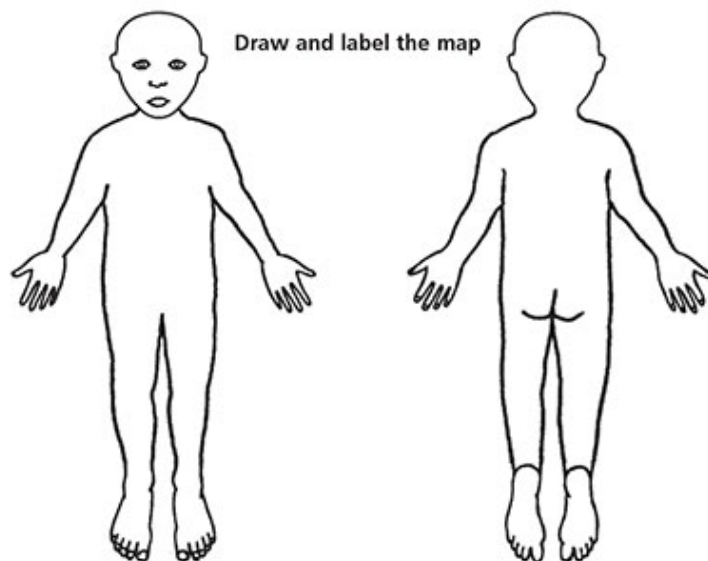
- Image of baby with suspicious bruise

Body map for red book

Body map documentation for birth marks

First Name: Surname: Date of Birth:

Sex: M / F NHS No: GP:



Record amount and colour of birth marks identified.

If 6 or more coffee coloured marks (>0.5cm) refer to a paediatrician.

Review ☐

Refer to paediatrician ☐

Implications discussed with parents? Yes / No

Name of Examiner

Signature of Examiner

Job Title

Date of Examination

NOTES.....

BEFORE DISTRIBUTION, PLEASE ENSURE ALL COPIES ARE LEGIBLE

Top copy to Hospital. Second copy (green) to Health Visitor. Third copy (yellow) to GP. Fourth copy (white) to stay in PCHR.

www.childhoodtumourtrust.org.uk

Dr Carly Jim PhD, Manchester Metropolitan University, Dr Sue Huson MD, FRCP, Vanessa Martin – Childhood Tumour Trust

Body map documentation for birth marks

Non-accidental Injuries are suspected when:

- Injuries to both sides of the body
- Injuries to soft tissue
- Injuries with particular patterns
- An injury that doesn't fit the explanation given
- Delays in presentation
- Untreated injuries
- Bruising on pre mobile babies



There are some patterns of bruising that may mean physical abuse has taken place.

- Abusive bruises often occur on soft parts of the body –such as the abdomen, back and buttocks.
- The head is by far the commonest site of bruising in child abuse.
- Other common sites include the ear and the neck.
- As a result of defending themselves, abused children may have bruising on the forearm, upper arm, back of the leg, hands or feet.
- Clusters of bruises are a common feature in abused children. These are often on the upper arm, outside of the thigh, or on the body.
- Bruises which have petechiae (dots of blood under the skin) around them are found more commonly in children who have been abused than in those injured accidentally.
- Abusive bruises can often carry the imprint of the implement used or the hand.
- Non-accidental head injury or fractures can occur without bruising.
- Severe bruising to the scalp, with swelling around the eyes and no skull fracture, may occur if the child has been “scalped” – ie, had their hair pulled violently.

Implications for practice

- Bruising is the commonest injury in physical child abuse
- A bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given.
- Any child who has unexplained signs of pain or illness should be seen promptly by a doctor.
- Bruises cannot be aged very accurately
- Bruising that suggests the possibility of physical child abuse includes:
 - bruising in children who are not independently mobile
 - bruising in babies
 - bruises that are seen away from bony prominences
 - bruises to the face, back, abdomen, arms, buttocks, ears and hands
 - multiple bruises in clusters
 - multiple bruises of uniform shape
 - bruises that carry an imprint – of an implement or cord
 - bruises with petechiae (dots of blood under the skin) around them.

Some bruising that would require professional inquisitiveness

- Images of hand mark on face, across hand, etc

Petechial bruising can be a sign of abuse or serious illness

- image

Case study 1

- A 14-month-old male is brought in for well-child care and is noted to have this finding on his left ear. Initially, his mother had not noticed it, but later she states that he fell off of the couch yesterday and may have sustained an injury to his ear at that time. She witnessed the fall and he landed on his side on the carpeted floor, but she did not think his ear or head struck the floor. The history does not reveal any other concerning symptoms. A careful physical examination reveals that there is also a smaller bruise on the other ear. There are no other concerning findings and he has no other bruises. He is a happy and otherwise healthy toddler.

Case study photo

- Ear bruising

Case study 2

The mother of a 3-month-old baby is concerned because she noticed that the baby has red eyes. He was fine when he went to bed; no URI symptoms, no cough, no vomiting, and no fevers. He awakened the next day with this finding.

Which of the following is a true statement regarding this finding?

- A. It is caused by ruptured blood vessels in the sclera.
- B. Coughing is a common cause in infants.
- C. This finding is suspicious for attempted strangulation.
- D. A and C.

Case study 2 photo

- Bloodshot eye in baby

<https://learning.nspcc.org.uk/research-resources/pre-2013/bruises-children-core-info-leaflet/>

Online safety

UK Council for
Internet Safety

Safeguarding Children and Protecting Professionals in Early Years Settings

Online Safety Considerations for Managers

February 2019

Online abuse

How safe are our children? 2019

An overview of data on
child abuse online

Key findings from 2019

Our 2019 report found:

- year on year increases in the numbers and rates of police-recorded online child sexual offences in England and Wales and Northern Ireland
- increases in police-recorded offences of obscene publications or indecent photos in all four UK nations over the last five years
- increases in the number of URLs confirmed by the Internet Watch Foundation (IWF) as containing child sexual abuse imagery since 2015
- less than half of children aged 12 to 15 say they know how to change their settings to control who can view their social media
- the majority of parents, carers and members of the public agree that social networks should have a legal responsibility to keep children safe on their platforms.

UK Council for
Internet Safety

Safeguarding Children and Protecting Professionals in Early Years Settings

Online Safety Guidance for Practitioners

February 2019

SEXUAL BEHAVIOURS

TRAFFIC LIGHT TOOL



Roberto, age 3 persistently attempts to touch the genitals of his male teachers.



Assessing this behaviour

In each scenario professionals must ask themselves a number of questions before deciding on which traffic light colour applies:

- Is the presenting behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour occurring in a public or private space?
- Is this a cause for concern?
- Are other children or young people showing signs of alarm or distress as a result of the behaviour?

Professionals must consider organisational guidelines including protocols on underage sex before taking action. It is important to think about:

- Does action need to be taken?



SEXUAL BEHAVIOURS

TRAFFIC LIGHT TOOL

Behaviours: age 0 to 5 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/starts up/trouses down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

What is green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What is amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What is red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

What can you do?

Red behaviours indicate a need for immediate intervention and action.

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Brook Sexual Behaviour Traffic Light Tool adapts the permission from Brook's Reproductive Health, 2013, Traffic light guide to sexual behaviour in children and young people (online, updated and revised, Broome, Brook's Reproductive Health, 2013).

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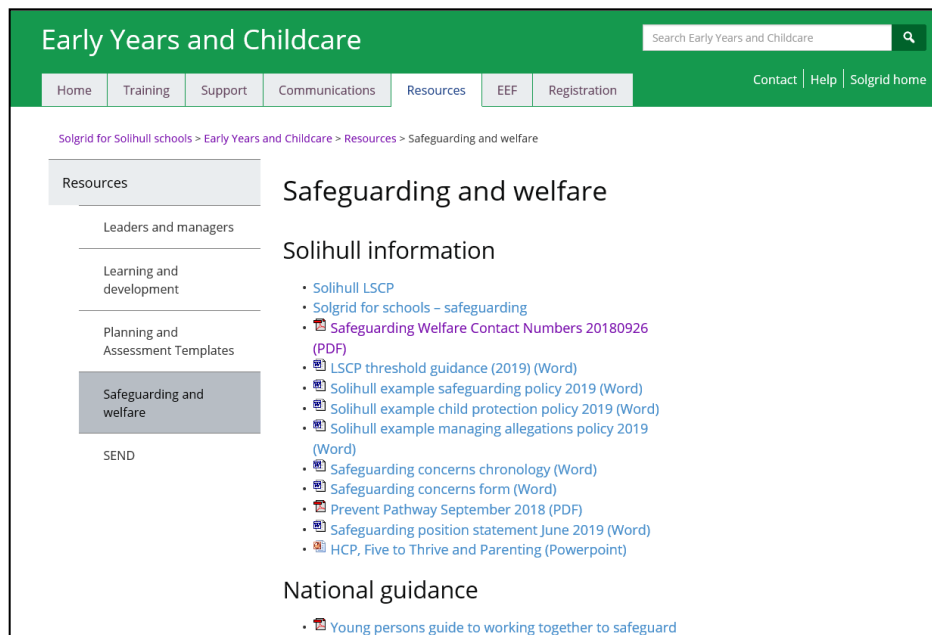
NSPCC Child Abuse and Neglect – responding to abuse

- Listening to children



<https://www.youtube.com/watch?v=bvJ5uBIGYgE>

Evaluation –feedback/ forward



What have you found most useful?
Solihull support and next steps?
Leaders network meetings –termly
Need for future DSL sessions –contents?

Action planning

What could you do to monitor the effectiveness of safeguarding in your setting?

Solihull Local Safeguarding Children Partnership

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Welcome to Solihull LSCP

Solihull LSCP has three key priorities for 2019/2020:

To support the delivery of Early Help services

To help partners understand and adopt behaviours and influences to address neglect and evaluate different tools and approaches.

To help children at risk of exploitation and provide support into adulthood



Solihull LSCP Procedures Manual



Reporting a Concern
Useful contact details if you're worried about a child