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# Safeguarding Children Level 3

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## Objectives

### The learner will:

- Be able to recognise potential indicators of child maltreatment – physical, emotional, sexual abuse, and neglect including radicalisation, child trafficking and female genital mutilation (FGM)
- Understand the impact a parent/carers physical and mental health can have on the well-being of a child or young person, including the impact of domestic violence
- Understand the importance of children's rights in the safeguarding/child protection context
- Know what action to take if there are concerns, including to whom concerns should be reported and from whom to seek advice
- Understand the risks associated with the internet and online social networking
- Be aware of relevant legislation (i.e. Children Acts 1989, 2004 and the Sexual Offences Act 2003)
- Understand what constitutes child maltreatment and be able to identify any signs of child abuse or neglect
- Be able to act as an effective advocate for a child or young person
- Understand the potential impact of a parent's/carer's physical and mental health on the wellbeing of a child or young person in order to be able to identify a child or young person at risk
- Be able to identify their own professional role, responsibilities, and professional boundaries and those of colleagues in a multidisciplinary team and in multi-agency setting
- Know how and when to refer to social care if safeguarding/child protection is identified as a concern
- Be able to document safeguarding/child protection concerns in a format that informs the relevant staff and agencies appropriately
- Know how to maintain appropriate records including being able differentiate between fact and opinion
- Be able to identify the appropriate and relevant information and how to share it with other teams
- Understand key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child and Human Rights Act
- Be aware of the risk of female genital mutilation (FGM) in certain communities, be willing to ask about FGM in the course of taking a routine history, know who to contact if a child makes a disclosure of impending or completed mutilation, be aware of the signs and symptoms and be able to refer appropriately for further care and support
- Be aware of the risk factors for radicalisation and know who to contact regarding preventive action and support for those vulnerable young persons who may be at risk of, or are being drawn into, terrorist related activity
- Be able to identify and refer a child suspected of being a victim of trafficking and/or sexual exploitation
- To develop knowledge, skills and the ability to work together on the processes for safeguarding and promoting the welfare of children, including those suffering, or at risk of suffering, significant harm

- To be able to describe inter-agency roles and responsibilities for safeguarding and promoting the welfare of children.
- To be able to describe, and contribute to, the processes outlined in *What To Do If You're Worried A Child Is Being Abused*, including the purpose of inter-agency activities and the decisions required at each stage
- Understand the need for skills in effective collaboration between agencies to achieve intended outcomes for the child and family members
- Detail the protocols and procedures to be followed, including the ways in which information will be shared across professional boundaries, within and between agencies, and be recorded
- Understand the need for skills in engaging with professionals, children and families throughout the process, including contributing to strategy discussions, child protection conferences and reviews
- Outline the timescales set down in the regulations and guidance that govern the completion of assessments, making plans and timing of reviews
- Describe what to do if they are unhappy with the response given by agencies following a referral or if they have any further worries about a child

## Child Protection Law

The main aim of child protection legislation is safeguarding children from harm. Under this legislation unsuitable people are prevented from working with children and the legislation also ensures that people with the responsibility for the health, safety, education and wellbeing of children are trained in understanding those responsibilities.

### The Children Act (1989)

The Children Act 1989, which came into force in October 1991, provides the current legal basis for child protection. This Act replaces all previous child protection legislation. Central to it is the concept that all children have the right to live a life free from abuse and harm.

The Act at its very heart promotes that the idea is “what is best for the child” and that is of paramount importance over and above what the carer or parent wants for the child. Where the question of whether harm suffered by the child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child. S.31(10) Children Act 1989.

### Sexual Offences Act 2003

The sex offenders register is a register which contains the details of any individual convicted, cautioned or released from prison for a sexual offence against children or adults since 1997.

Under the Sex Offenders Act as amended by the Sexual Offences Act all convicted sex offenders must register with the police.

Notification will be provided to the police by the courts following conviction and both the prisons and probation service following an offenders release back into the community – this will enable the police to monitor when individuals must come to register.

## The Children Act (2004)

The Government's green paper "Every Child Matters" led to the introduction of the Children Act in 2004 which created the legal framework for changing the delivery of services that support children, young people and their families.

This legislation builds on the 1989 Act but does not replace it. It requires local authorities to implement a multi-agency approach to assist in child protection. Page | 4

The Act refers to the term "wellbeing" which specifies five outcomes that are considered to be important and these are that the child:

1. Is healthy
2. Safe
3. Able to enjoy and achieve
4. Can make a positive contribution
5. Has economic well being

Following the death of eight-year old Victoria Climbié in 2000, the Government asked Lord Laming to conduct an inquiry (Laming, 2003) to help decide whether to introduce new legislation and guidance to improve the child protection system in England.

### Victoria Climbié

- Victoria died in February 2000, aged 8 years
- Kouao and Manning were found guilty of murder and sentenced to life imprisonment in January 2001
- Inquiry set up April 2001, chaired by Lord Laming
- Report published on 28 January 2003
- Report makes 108 recommendations

### Summary of Findings

- Victoria was known to three housing departments, four social services departments, two GPs, two hospitals, an NSPCC-run family centre and two police child protection teams
- 'The extent of the failure to protect Victoria was lamentable'
- There were failures at every level and in every organisation

### Key Themes in the Report

- Lord Laming found that child protection was a 'low priority' in every organisation
- Lack of accountability right through the organisations to the most senior level
- Under-funding and under-staffing
- Repeated failures of basic professional practice – local guidance often out of date
- Inadequate staff training for staff on their responsibilities in relation to child protection, or children more generally
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- Under-funding and under-staffing
- Repeated failures of basic professional practice – local guidance often out of date
- Inadequate staff training for staff on their responsibilities in relation to child protection, or children more generally
- Too much, and outdated, local guidance
- Staff inadequately trained in child protection
- Problems in the way information was exchanged and understood

## Sections that are invoked frequently in relation to child safeguarding:

### Section 1 "Paramountcy Principle"

- A child's welfare is paramount when making any decisions about a child's upbringing, known as the "paramountcy principle"
- The court must ascertain the wishes and feelings of the child and shall not make an Order unless this is "better for the child than making no Order at all"
- Every effort should be made to preserve the child's home and family links

### Section 17 – Provision of Services for Children in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

In these cases, assessments by a social worker are carried out under section 17 of the Children Act 1989.

Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer or because they have committed a crime.

The process for assessment should also be used for children whose parents are in prison and for asylum seeking children.

The definition will include any child or young person under the age of 18. Where someone is 18 or over but is still receiving children's services and a safeguarding issue has been raised, the matter should be dealt with through adult safeguarding arrangements. (The Care Act 2014)

### Section 47 – Duty to Investigate

Where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, the local authority is required under section 47 of The Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

The Children Act 1989 places a statutory duty on health, education and other services to help the local authority carry out its social services functions under Part 3 of The Children Act 1989 and section 47 enquiries.

All agencies then have a duty to assist and provide information in support of child protection enquiries.

### Section 46 - Police Powers

Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child could otherwise be likely to suffer significant harm, the officer may:

- Remove the child to suitable accommodation; or
- Take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours.

### Section 44 – Emergency Protection Powers

The court may make an emergency protection order under section 44 of The Children Act 1989, if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if the child:

- Is not removed to different accommodation provided by the applicant; or
- Does not remain in the place in which the child is then being accommodated.

## What changed with The Children Act 2004?

### The Act:

- Creates the post of Children's Commissioner for England
- Places a duty on local authorities to appoint a director of children's services and an elected lead member for children's services, who is ultimately accountable for the delivery of services.
- Places a duty on local authorities and their partners to co-operate in promoting the wellbeing of children, young people and to make arrangements to safeguard and promote the welfare of children
- States the creation of the new Local Safeguarding Children Boards (replacing the non-statutory Area Child Protection Committees) and gives them functions of investigation and review (sections 13 and 14), which they use to review all child deaths in their area
- Updates the legislation on physical punishment (section 58) by limiting the use of the defence of reasonable punishment so that it can no longer be used when people are charged with the offences against a child of wounding, actual or grievous bodily harm or cruelty.

Therefore, any injury sustained by a child which is serious enough to warrant a charge of assault occasioning actual bodily harm cannot be considered to be as the result of reasonable punishment.

## Convention on the Rights of the Child

**Article 2** – States parties shall take all appropriate measures to ensure that the child is protected against any form of discrimination or punishment.

**Article 3** – The best interest of the child shall be a primary consideration.

**Article 6** – Every child has the inherent right to life

**Article 11** – State Parties shall take measures to combat the illicit transfer and non-return of children abroad.

**Article 12** – States parties shall ensure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

**Article 16** – No child shall be subject to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.

**Article 19** – States parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

**Article 27** – States parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

**Article 32** – states Parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

**Article 34** – states parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.

**Article 35** – States parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form

**Article 39** – States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any abuse

## The Human Rights Act 1998

**Article 8** - Everyone has the right to respect for his private and family life, his home and his correspondence

**Article 12** - Men and women of marriageable age have the right to marry and to start a family.

Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

**Safeguarding and promoting the welfare of children is defined as:**

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and

- Taking action to enable all children to have the best outcomes.

## Vulnerability

Children interact with adults and older children in a wide variety and range of settings and organisations. There are many environments in which adults provide education, support, care and leisure to children e.g. schools, hospitals, colleges, youth groups and also the family home.

Child abuse is illegal and whether abuse is deliberate or non-deliberate, the effects on the abused are the same.

As a professional working with children, you have a vital role to play in recognising the signs of abuse and taking action in reporting any concerns or suspicions you may have that someone is being abused. Protecting children and dealing with abuse is a complicated and very difficult area.

### As a professional it is your responsibility to:

- Treat all abuse or potential abuse seriously
- Act on any concerns you may have that someone is being abused
- Know what to do if you have a concern or suspicion
- Know how you can get help and support

## What Is Child Abuse?

Child abuse happens when an adult inflicts harm on a child or young person, even, in some cases, if the adult's actions are not deliberate. There are four broad categories of child abuse:

- Physical Abuse including Female Genital Mutilation (FGM)
- Sexual Abuse
- Neglect
- Emotional Abuse

Sometimes children are sexually abused by other children.

### Child Abuse also includes:

- On-Line Abuse
- Bullying and Cyber Bullying
- Child sexual exploitation
- Female genital mutilation (FGM)
- Domestic abuse
- Grooming

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online.



The NSPCC estimate that over half a million children are abused in the UK each year

## General Signs of Abuse

Abused children may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend. Anyone working with children or young people needs to be vigilant to the signs listed below.

Whilst these signs do not necessarily mean that a child is being abused, they probably indicate that the child or family is having some problems which should be investigated.

- Regularly experiencing nightmares or sleeping problems
- Changes in personality
- Outbursts of anger
- Changes in eating habits
- Showing an inexplicable fear of particular places or making excuses to avoid particular people
- Self-harming (includes head banging, scratching, cutting)
- Not receiving adequate medical attention after injuries
- Showing violence to animals, toys, peers or adults
- Knowledge of "adult issues" e.g. alcohol, drugs, sexual behaviour
- Lacking in confidence or often wary/anxious
- Regressing to the behaviour of younger children
- Regular flinching in response to sudden but harmless actions, e.g. someone raising a hand quickly.
- Wetting the bed
- Missing school
- Obsessive behaviour
- Abusing drugs or alcohol

Whether or not a child's behaviour or appearance is concerning depends on their age or stage of development.

These are signs of potential abuse to look out for in children of specific age groups. Remember that children with learning difficulties, physical disabilities or health-related issues may be at a different developmental stage to most of their peers. However, children who have experienced abuse or neglect from a young age may also display developmental delays compared to children their own age. In such cases, the lack of a clear medical explanation for these delays may be an indicator of abuse.

## Physical Abuse

**Physical abuse** happens when a child is deliberately hurt, causing injuries such as cuts, bruises and broken bones.

It can involve hitting, shaking, throwing, poisoning, burning, slapping or suffocating.

It is also physical abuse when a parent or carer fabricates, or induces, the symptoms of an illness in a child.

### INCLUDING FGM AND OTHER TYPES OF PHYSICAL ABUSE

## Signs of Physical Abuse

### Bruises or Marks

This may include:

- Bruises on the cheeks, ears, palms, arms and feet.
- Abusive bruises often occur on soft parts of the body – such as the abdomen, back and buttocks.
- 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 i.e. belt, shoe etc.
- Large oval shaped bite marks.
- 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
- 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.
- Unexplained head injuries to a baby
- Bruises on babies who are not yet crawling or walking
- Acting out excessive violence either with toys or peers
- Severe bruising to the scalp, with swelling around the eyes and no skull fracture, may occur if the child has been “scalped” – i.e., had their hair pulled violently

### Burns or scalds

Burns include scalds from hot liquids, contact burns from hot objects (such as an iron), burns caused by flames, chemical and electrical burns.

### What are the features of *accidental* scalds in children?

- Accidental scalds usually occur as “spill injuries”, where a toddler reaches out and pulls a hot drink or cooking liquid over themselves.
- This typically leads to a scald affecting the upper trunk, face and/or arms.

- The scald usually has an irregular edge, is variable in depth and deepest at the initial point of contact.
- Children may accidentally scald themselves from hot flowing water, by turning on the hot tap in a sink or bath for example.
- In this case too, the scald is generally asymmetrical with an irregular edge, and usually involves the limbs.

**Most burns are accidental.**

### What are the features of *intentional* scalds in children?

*Most research in this field deals with scalds that require hospital admission.*

- Intentional scalds from hot tap water usually affect the back or lower limbs with or without the buttocks or perineum.
- Intentional scalds are often bilateral and symmetrical. They may also affect both arms and/or both legs in a “glove” or “stocking” manner.
- Characteristically, there is a clear upper limit to the scalded skin area, which is of uniform depth.
- Any burns which have a clear shape of an object, e.g. cigarette burns.
- Burns to the backs of hands, feet, legs, genitals, or buttocks
- Intentional immersion scalds may not affect the skin behind the knee, in the crook of the elbow or the central part of the buttocks: the limbs may be bent at the time of immersion or the buttocks may press against the surface of the bath, which is cooler than the liquid the child is immersed in.
- Intentional scalds may be accompanied by other intentional injuries or signs of neglect.

### What are the features of *accidental* burns on children?

- Toddlers sustain accidental contact burns when they reach out and grab hot objects.
- These burns are typically on the palm of the hand, and are often a single burn.
- Hair straighteners may leave a burn on each side of the hand or ankle.
- A small child may pull the flex of a hot object, such as an iron, down on themselves. Again, this is likely to cause a single burn on an exposed area of skin, or at most two burn areas.
- The edge may not be well demarcated if the skin has only had a glancing contact with the object.

### What are the features of *intentional* burns on children?

- Intentional contact burns are frequently multiple.
- They have a clearly demarcated edge, and the shape may match that of the implement used – e.g. the grid of a hairdryer or iron.
- Burns involve areas of the body other than the hands for example the back, shoulders or buttocks.
- Cigarette burns are very commonly described as intentional burns; several case reports describe intentional cigarette burns on the hands or trunk of the children.
- These may be multiple, circular in shape with a central cratered lesion one to two millimetres in width and of uniform depth.

## Fractures

- Abusive fractures indicate a serious assault on a child.
- Many abusive fractures are not clinically obvious unless x-rays are taken, especially in infants under two years.
- Fractures, particularly rib fractures, may not be accompanied by bruising.
- Rib fractures are highly indicative of abuse in children who have not been in a major accident.
- A femoral fracture in a child who is not walking can be suggestive of abuse.
- Multiple fractures are frequently seen in abused children; these may show different stages of healing.
- A spiral or oblique fracture of the shaft of the humerus is more likely to be due to abuse than accidental causes in young children, but a supracondylar fracture is highly suggestive of accidental injury.
- In infants, it is difficult to distinguish accidental from abusive skull fractures because the commonest type of fracture from both causes is a simple linear fracture.
- Tibia and fibula fractures in children under 18 months are indicative of abuse.
- Multiple fractures are frequently seen in abused children; these may show different stages of healing.

## Abusive Head Trauma

### What do we know about abusive head trauma in children?

Abusive head trauma, involving injury to the brain or bleeding within the structures around the brain is the most serious form of physical child abuse, and these have some of the most severe consequences for the child's future wellbeing. AHT is the leading cause of death among children who have been abused. AHT may arise from shaking, shaking and impact, or impact injuries.

### How do I know if a child may have suffered from abusive head trauma?

Some children will present with clear signs of head injury, even if the cause is not immediately obvious. They will either be unconscious or show signs of brain injury such as fitting, paralysis or extreme irritability.

However, some children may present with less obvious signs, such as increased head circumference, poor feeding or excessive crying. They may also have rib fractures, bruising to the head and/or neck, seizures and apnoea (breathing difficulties).

It is important to look for other injuries, such as retinal haemorrhages, bruises, burns, bites, oral injuries or fractures. These need careful interpretation, as well as investigations for other possible causes of apparent brain injury, as part of the child's assessment.

## Spinal Injuries

### What spinal injuries are caused by abuse?

*Two patterns of injury are described:*

- Spinal neck injuries
- Chest or lower back injuries.

When a child sustains a spinal neck injury from physical abuse they often have co-existing AHT and/or retinal haemorrhages. Neck injuries are more commonly reported in younger infants up to four months.

Spinal injuries to the chest or lower back are reported in older toddlers, from nine months upward, and are accompanied either by signs of spinal injury or an obvious deformity, such as spinal curvature or swelling of the lower back.

Some of these children either die as a result of their injuries or are left with permanent paralysis.

## Oral Injuries

### How can you tell there has been an injury to the mouth?

Unless you are a dentist it is very difficult to tell. However, a child may complain of a pain in their mouth or have difficulty eating, or you may notice that the teeth are discoloured (brown or grey), which may mean that there is an old injury.

## Bites

When an adult bites a child sufficiently hard to leave a mark, it is an assault.

An adult bite on a child is the only physical injury where there is the potential to identify exactly who has attacked the child.

### What do injuries caused by bites look like?

A bite leaves an oval or circular mark, consisting of two symmetrical, opposing, u-shaped arches separated at their base by an open space.

The arcs may include puncture wounds, indentations or bruising from the marks of individual teeth. These marks are what make bites unique.

A bite may be confused with other skin disorders – such as ringworm, drug reaction, and pityriasis rosea. However, most skin disorders will be spread over the body or have other symptoms associated with them.

### Distinguishing children's bites from adults' bites

Children often bite one another and they may also be bitten by animals.

The challenge, therefore, is to recognise when an injury is a human bite and whether it was caused by an adult.

If an adult bite is suspected, practitioners should always follow their organisation's safeguarding procedures by reporting their concerns to the designated person for child protection. A forensic dentist should also be consulted for an opinion as to whether the lesion is consistent with an adult or child, and whether there are characteristics to determine who bit the child.

### Distinguishing human bites from animal bites

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Dogs and other carnivores (such as ferrets or rats) tend to tear the skin and leave deep puncture wounds. These are also much narrower bites than human ones.

### Who is Affected

Physical abuse can happen in any family. But children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.

Babies and disabled children also have a higher risk of suffering physical abuse.

### Facts and Statistics

- 1 in 14 children have been physically abused Radford, L et al 2011
- 19% of contacts to the NSPCC's helpline last year were concerns about physical abuse
- Over 6,800 children were identified as needing protection from physical abuse last year
- The NSPCC's helpline responded to over 11,00 contacts about physical abuse last year

## Female Genital Mutilation (FGM)

### Definition

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna. Religious, social or cultural reasons are sometimes given for FGM.

However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

### The Immediate Effects of FGM include:

- Severe pain
- Shock
- Bleeding
- Inability to urinate
- Damage to nearby organs including the bowel, and even death.

### Long-term consequences include:

- Chronic vaginal and pelvic infections
- Menstrual problems
- Persistent urine infections
- Kidney damage and possible failure
- Cysts and abscesses
- Pain during sex
- Infertility
- Complications during pregnancy and childbirth.
- Infections including tetanus, HIV and hepatitis B and C

### Who is affected?

Most girls are aged 5 to 8, but FGM can happen at any age before getting married or having a baby. Some girls are babies when FGM is carried out. Girls living in communities that practice FGM are most at risk.

Data on FGM is only collected in 27 countries in Africa and also in Yemen (WHO, 2012), but we know FGM is also practiced in other countries in the Middle East and in Asia (House of Commons International Development Committee, 2013).

In the UK, the Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most risk of FGM (2014).

### Legislation

#### Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015

The Female Genital Mutilation Act was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders. An FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison.

As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment.

### Who can apply for an order?

- The person who is to be protected by the order
- A relevant third party (such as the local authority); or
- Any other person with the permission of the court (for example, teachers, health care professionals, police, family member).

FGM Protection Orders are unique to each case and contain legally binding conditions, prohibitions and restrictions to protect the person at risk of FGM.

### These may include:

- Confiscating passports or travel documents of the girl at risk and/or family members or other named individuals to prevent girls from being taken abroad
- Ordering that family members or other named individuals should not aid another person in any way to commit or attempt to commit an FGM offence, such as prohibiting bringing a “cutter” to the UK for the purpose of committing FGM.

The court can make an order in an emergency so that protection is in place straightaway. FGM Protection Orders came into force on 17 July 2015 and apply to England, Northern Ireland and Wales.

### What professionals can do about FGM

FGM is child abuse and against the law. It causes serious physical and emotional harm. Professionals who are worried a child is at risk can call the FGM helpline on **0800 028 3550**.

Families who practice FGM don't think of it as abuse. Professionals need to give families advice and information that is sensitive to their culture and beliefs, but they need to make clear that FGM is illegal.

If a local authority has reason to believe a child is likely to suffer FGM it can apply for a court order to prevent the child being taken abroad for mutilation. This should be to prevent the child from undergoing FGM rather than removing her from her family.

If a child has already undergone FGM she should be offered medical help and counselling. Professionals should also take action to protect any other children in the family and to investigate possible risk to others in the community (London Safeguarding Children Board, 2009).

### Facts and statistics

Over 1,700 victims of FGM were referred to specialist clinics in the last two years NSPCC  
FGM is most commonly carried out when a girl is 5-8 years old HM Government (2011)

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### Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse.

It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Domestic abuse can seriously harm children and young people.



## Types of Domestic Abuse

### Domestic abuse can include:

- Sexual abuse and rape
- Punching, kicking, cutting, hitting with an object
- Withholding money or preventing someone from earning money
- Not letting someone leave the house
- Reading emails, text messages or letters
- Threatening to kill or harm them, another family member or pet.

## Signs, Symptoms and Effects

It's often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

### Children who witness domestic abuse may:

- Become aggressive
- Display anti-social behaviour
- Suffer from depression or anxiety

Not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

## Who is affected

Around 1 in 5 children have been exposed to domestic abuse Radford, L. et al (2011)

Domestic abuse is a factor in 60% of serious case reviews Brandon, M. et al (2012)

## Sexual Abuse

A child is sexually abused when they are forced or persuaded to take part in sexual activities.

This doesn't have to be physical contact, and it can happen online. Sometimes the child won't understand that what's happening to them is abuse. They may not even understand that it's wrong.

There are two different types of child sexual abuse. These are called contact abuse and non-contact abuse.

**Contact abuse** is where an abuser makes physical contact with a child, including penetration.

**Non-contact abuse** covers other acts where the abuser doesn't touch the child, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing.

### Child sexual abuse involves:

- Sexual touching of any part of the body, clothed or unclothed, including using an object
- Assault by penetration, including rape or penetration of the mouth with an object or part of the body
- Encouraging a child to engage in sexual activity, including:
  - Sexual acts with someone else
  - Making a child strip or masturbate

- Intentionally engaging in sexual activity in front of a child
- Not taking proper measures to prevent a child being exposed to sexual activities by others
- Meeting a child following sexual grooming, with the intent of abusing them
- Taking, making, allowing someone to take, distributing, showing or advertising indecent images of children
- Paying for the sexual services of a child
- Encouraging a child into prostitution or pornography
- Showing a child images of sexual activity, including photographs, videos or via webcams.

### Child Sexual Abuse Online

When sexual exploitation happens online, young people may be persuaded, or forced, to:

- Send or post sexually explicit images of themselves
- Take part in sexual activities via a webcam or smartphone
- Have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity.

Images or videos may continue to be shared long after the sexual abuse has stopped.

### The following are age-specific signs and indicators of sexual abuse:

#### Infancy to pre-school

- Talking about sexual acts or using sexually explicit language.
- Having sexual contact with other children.
- Using toys or other objects in a sexual way.
- Becoming withdrawn or very clingy.
- Physical signs such as anal or vaginal soreness or an unusual discharge.

#### Middle childhood

- Masturbating in public
- Showing adult-like sexual behaviour or knowledge
- Using toys or other objects in a sexual way
- Becoming withdrawn or very clingy
- Physical signs such as anal or vaginal soreness or an unusual discharge.

#### Adolescence

- Masturbating in public
- Having sexual contact with younger children or older adults.
- Pregnancy when the child does not have a boyfriend.
- Sexually transmitted diseases.

### Any child can be affected by sexual abuse. But they may be more at risk if they have:

- A history of previous sexual abuse
- A disability
- A disrupted home life
- Experienced other forms of abuse.
- 

Young or disabled children may not be able to tell someone what's happening, or may not understand that they're being abused.

### Signs, Symptoms and Effects

- 1 on 20 children in the UK have been abused.
- 1 in 3 children sexually abused by an adult did not tell anyone.
- Over 90% of sexually abused children were abused by someone they knew.

Radford, L. et al (2011)

## Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

- Spend time at places of concern, such as hotels or known brothels
- Not know where they are, because they have been moved around the country
- Go missing from home, care or education.

They may also show signs of sexual abuse or grooming.

### Who is Affected

Sexual exploitation can happen to any young person – whatever their background, age, gender, race or sexuality or wherever they live. **Risk factors include:**

- A history of abuse, particularly sexual abuse
- Recent bereavement or loss
- Homelessness
- Low self-esteem or self-confidence
- Being a young carer
- Being in or leaving care
- Links to a gang through relatives, peers or intimate relationships
- Living in a gang-affected neighbourhood
- Lacking friends from the same age group.

## What research tells us about risk factors

### Gender, age, ethnicity and missing children

In 2011, the Child Exploitation and Online Protection Centre (CEOP) published a thematic assessment analysing 2,083 victims of child sexual exploitation (CEOP, 2013). The study found that:

- **The majority of victims were girls**  
However in 31% of cases, gender was unknown. It is likely that male victims are under-represented due to difficulties in identifying sexual exploitation in boys and young men.
- **14 and 15 year olds are most likely to be noticed by authorities**  
Some victims of sexual exploitation were as young as 9 or 10 years old, however young people most commonly came to the attention of statutory and non-statutory authorities aged 14 or 15.
- **The majority of victims were white**  
61% of the victims were white, 3% were Asian and 1% were black. Ethnicity was unknown in 33% of cases. Children from minority ethnic backgrounds are likely to be under-represented in statistics face because of barriers to reporting and accessing services.
- **Children who go missing are risk of sexual exploitation.**  
Information about whether children went missing was incomplete but 842 children were reported as missing on at least one occasion. We don't know whether these children were sexually exploited before, during or after they went missing.

## Offending Behaviour

Other research has shown that there are links between child sexual exploitation and youth offending. A University College London (UCL) study of 552 victims of child sexual exploitation in Derby found that:

- Nearly 4 out of 10 young people had a history of criminal behaviour
- Male victims (55%) were significantly more likely to have offended than female victims (35%).

Although research shows that there's a link between criminal activity and child sexual exploitation, this study didn't suggest that abuse causes offenders to commit child sexual exploitation.

In some cases, the young person's criminal behaviour began around the time of the exploitation and in other cases offending and child sexual exploitation were both features of the victim's 'generally chaotic lifestyle' (Cockbain and Brayley, 2012).

### Facts and Statistics

Over 2,400 children were victims of sexual exploitation in gangs and groups from August 2010 to October 2011 Berelowitz, S. et al (2012) The most common reasons for children to be trafficked are sexual exploitation and criminal exploitation. National Crime Agency (2014)

Over 230 children were trafficked for sexual exploitation last year National Crime Agency (2014)

## Neglect

It is important to remember that some children are very picky eaters whilst others may refuse to wear a coat regardless of how cold it is outside. A child may also appear to be underweight, but is, in fact, naturally thin.

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Neglect is the ongoing failure to meet a child's basic needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care.

A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents. A child who's neglected will often suffer from other abuse as well.

Neglect is dangerous and can cause serious, long-term damage - even death.

Neglect can have serious and long-lasting effects. It can be anything from leaving a child home alone to the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases, it can cause permanent disabilities. Neglect can be really difficult to identify, making it hard for professionals to take early action to protect a child.

Having one of the signs or symptoms below doesn't necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there's a serious problem.

### Children who are neglected may have:

#### Poor appearance and hygiene

- Be smelly or dirty
- Have unwashed clothes
- Have inadequate clothing, e.g. not having a winter coat
- Seem hungry or turn up to school without having breakfast or any lunch money
- Have frequent and untreated nappy rash in infants.

#### Health and development problems

- Untreated injuries, medical and dental issue
- Repeated accidental injuries caused by lack of supervision
- Recurring illnesses or infections
- Not been given appropriate medicines
- Missed medical appointments such as vaccinations
- Poor muscle tone or prominent joints
- Skin sores, rashes, flea bites, scabies or ringworm
- Thin or swollen tummy
- Anaemia
- Tiredness
- Faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- Poor language, communication or social skills.

## Housing and Family Issues

- Living in an unsuitable home environment for example dog mess being left or not having any heating
- Left alone for a long time
- Taking on the role of carer for other family members.

## Who is affected

Any child can suffer neglect, but some are more at risk such as children who:

- Are in care
- Seeking asylum
- Live with a parent who
  - Has problems with drugs or alcohol
  - Suffers from mental health problems
  - Is in a domestically abusive relationship.

Other things that may make neglect more likely include:

- Living in poverty, unsuitable housing or a deprived area (Thoburn et al, 2000)
- Having parents who were abused or neglected themselves (Harmer et al, 1999)

But neglect happens for many reasons, and there isn't usually one single cause. Just because one or more of these problems exist, it doesn't mean that a child will be neglected.

But we do know that having one or more of these issues increases the risk of neglect.

## Emotional Abuse

It is important to remember that some children are naturally open and affectionate whilst others are quieter and more self-contained. Children also develop at different rates from one another and some may be slightly more or less advanced than other children in their age group.

Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child.

Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development.

Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are usually suffering another type of abuse or neglect at the same time – but this isn't always the case.

## Signs and Symptoms

There often aren't any obvious physical symptoms of emotional abuse or neglect but you may spot signs in a child's actions or emotions.

**Babies and pre-school children who are being emotionally abused or neglected may:**

- Be overly-affectionate towards strangers or people they haven't known for very long
- Lack confidence or become wary or anxious
- Not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc.
- Be aggressive or nasty towards other children and animals.

**Older children may:**

- Use language, act in a way or know about things that you wouldn't expect them to know for their age
- Struggle to control strong emotions or have extreme outbursts
- Seem isolated from their parents
- Lack social skills or have few, if any, friends.

**Older children may:**

- Use language, act in a way or know about things that you wouldn't expect them to know for their age
- Struggle to control strong emotions or have extreme outbursts
- Seem isolated from their parents
- Lack social skills or have few, if any, friends.

**Who is affected**

Children from any background can be at risk of emotional abuse. But some children are more at risk than others – particularly when the family is under additional stress or pressure like:

- Mental health problems
- Domestic abuse
- Drug or alcohol addiction
- Relationship problems or marital break-ups
- Family arguments and disputes
- Financial problems or unemployment
- Immigration, moving away from friends and family or being isolated
- Poverty
- Language problems because of communication difficulties or not speaking English

**Facts and Statistics**

Emotional abuse doesn't just happen at home. Children can also be emotionally abused by adults at school, sports or clubs but this isn't very common. (Sedlak, A. et al, 2010)

1 in 14 children have experienced emotional abuse by a parent or guardian Radford, L et al 2011

Over 18,000 children were identified as needing protection from emotional abuse last year NSPCC 2015

Emotional abuse is the 2<sup>nd</sup> most common reason for children needing protection from Abuse NSPCC 2015

## On-Line Abuse

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

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Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online).

Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

### Signs and Symptoms

Many of the signs that a child is being abused are the same no matter how the abuse happens.

A child may be experiencing abuse online if they:

- Spend lots, much more or much less time online, texting, gaming or using social media
- Are withdrawn, upset or outraged after using the internet or texting
- Are secretive about who they're talking to and what they're doing online or on their mobile phone
- Have lots of new phone numbers, texts or e-mail addresses on their mobile phone, laptop or tablet.

### Risk Factors for on-line Bullying

#### Age

Pre and early teens are a particularly vulnerable age for children online.

From 11-12 children start to explore and take risks online but they haven't yet developed the skills to recognise danger or the resilience against things that might upset them.

Young people may be beginning to explore their sexuality too. They might find adult pornography online or start online relationships with people they do not know (Munro, 2011; Livingstone, 2012).

Teenagers are also more likely to experience cyberbullying than younger children (NSPCC, 2015).



## Gender

Boys and girls may differ in the types of risks they take online and the risks they are exposed to. EUKids Online research (Livingstone et al, 2009) found that boys are more likely to:

- Look for offensive or violent pornography online, or be sent links to pornographic websites
- Meet someone offline who they have talked to online
- Give out personal information.

## Girls are more likely to:

- Be upset by violent or offensive online pornographic content
- Chat online with people they don't know
- Receive unwanted sexual comments
- Be asked for personal information.

Research also suggests that girls are more likely to experience ongoing cyberbullying than boys (Cross et al, 2009).

## Facts and Statistics

1 in 3 children have been a victim of cyberbullying, the number of children who are a victim of cyberbullying doubles in a year. (McAfee survey of children and parents as reported in the Guardian 14 Nov 2014)

1 in 4 children have experienced something upsetting on a social networking site. (Lilley, C Ball, R and Vernon, H)

# Bullying and Cyber Bullying

Bullying is behaviour that hurts someone else – such as 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.

Bullying that happens online, using social networks and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

## Bullying includes:

- Verbal abuse, such as name calling and gossiping
- Non-verbal abuse, such as hand signs or text messages
- Emotional abuse, such as threatening, intimidating or humiliating someone
- Exclusion, such as ignoring or isolating someone
- Undermining, by constant criticism or spreading rumours
- Controlling or manipulating someone
- Racial, sexual or homophobic bullying
- Physical assaults, such as hitting and pushing
- Making silent, hoax or abusive calls
- Online or cyberbullying.

- Not doing as well at school
- Asking for, or stealing, money (to give to a bully)
- Being nervous, losing confidence, or becoming distressed and withdrawn
- Problems with eating or sleeping
- Bullying others.

### Facts and Statistics

There were almost 26,000 counselling sessions with children about bullying last year. NSPCC 2015  
Over half of lesbian, gay and bisexual young people have experienced homophobic bullying at school  
Guasp, April (2012)

More than 16,000 young people are absent from school due to bullying. Red Balloon (2011)  
There were 7,296 counselling sessions with young people who talked to ChildLine about online bullying and safety last year. NSPCC 2015

## Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional.

Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed, or that what has happened is abuse.

### Signs, Symptoms and Effects

The signs of grooming aren't always obvious. Groomers will also go to great lengths not to be identified.

Children may:

- Be very secretive, including about what they are doing online
- Have older boyfriends or girlfriends
- Go to unusual places to meet friends
- Have new things such as clothes or mobile phones that they can't or won't explain
- Have access to drugs and alcohol.

### Who is affected

Grooming can affect any child. However, vulnerable children, such as those with disabilities, may be more at risk than others. Groomers will exploit any vulnerability to increase the child or young person's dependence on them, and reduce the likelihood of the child speaking out.

## Child Trafficking

Child trafficking is child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. They are often subject to multiple forms of exploitation. Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

### Children are trafficked for:

- Child sexual exploitation
- Benefit fraud
- Forced marriage
- Domestic servitude such as cleaning, childcare, cooking
- Forced labour in factories or agriculture
- Criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs, bag theft

### Signs, Symptoms and Effects

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. These include a child who:

- Spends a lot of time doing household chores
- Rarely leaves their house, has no freedom of movement and no time for playing
- Is orphaned or living apart from their family, often in unregulated private foster care
- Lives in substandard accommodation
- Isn't sure which country, city or town they're in
- Is unable or reluctant to give details of accommodation or personal details
- Might not be registered with a school or a GP practice
- Has no documents or has falsified documents
- Has no access to their parents or guardians
- Is seen in inappropriate places such as brothels or factories
- Possesses unaccounted for money or goods
- Is permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt
- Has injuries from workplace accidents
- Gives a prepared story which is very similar to stories given by other children.

### Signs an adult is involved in child trafficking

There are also signs that an adult is involved in child trafficking, such as:

- Making multiple visa applications for different children
- Acting as a guarantor for multiple visa applications for children
- Travelling with different children who they are not related to or responsible for
- Insisting on remaining with and speaking for the child
- Living with unrelated or newly arrived children

- Abandoning a child or claiming not to know a child they were previously with.

### What puts children at risk of trafficking

#### Human trafficking happens due to:

- Inequalities between countries, such as different education or employment opportunities
- Poverty
- The effects of war
- Demand for cheap or free labour or a workforce who can be easily controlled and forced into criminal activity
- Low levels of education
- Lack of equal opportunities, discrimination or marginalisation.

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#### However, there are some issues that particularly affect children, such as:

- Ineffective or no child protection services
- Social customs like children being expected to respect and follow the adult in charge
- Failure to uphold children's rights.

This list has been compiled from the experiences of young people from CTAC's advisory group, CTAC's casework and research by Europol (2011).

#### Facts and Statistics

We don't know exactly how many children have been trafficked into or within the UK. Trafficking is a hidden crime and recorded statistics are almost certainly an under-estimate.

There are figures on charges, prosecutions and convictions for trafficking offences in England, Northern Ireland, Scotland and Wales. However, these are very low and don't specify if the victims were adults or children.

- 1 in 5 victims of trafficking are children
- 600 children were identified as potential victims of trafficking last year
- The most common countries for children to be trafficked from are UK, Vietnam, Slovakia, Romania and Nigeria
- The most common reasons for children to be trafficked are sexual exploitation and criminal exploitation.
- The NSPCC have dealt with over 1,100 cases of child trafficking since 2007

National Crime Agency (2014)

## Signs, Symptoms and Effects

The signs of grooming aren't always obvious. Groomers will also go to great lengths not to be identified.

Children may:

- be very secretive, including about what they are doing online
- have older boyfriends or girlfriends
- go to unusual places to meet friends
- have new things such as clothes or mobile phones that they can't or won't explain
- have access to drugs and alcohol.

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In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age.

## Radicalisation?

**Definition:-**

**Radicalization** (or **radicalisation**) is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that:

1. Reject or undermine the status quo or
2. Reject and/or undermine contemporary ideas and expressions of freedom of choice.

### What is the Risk?

Men and women becoming isolated and vulnerable to counter establishment ideology that can ultimately manifest in the committing of crimes such as the murder of Lee Rigby and the IRA terrorist attacks.

### The Drivers of Radicalisation

The Prevent Strategy (Home Office) cites research suggesting that, in relation to Islamist terrorism, the following groups are particularly vulnerable to radicalisation:

- Young people and people from lower income and socio-economic groups
- Those who distrust Parliament and who see a conflict between being British and their own cultural identity
- Those who perceive discrimination, experience racial or religious harassment, and have a negative view of policing.

### **Vulnerability Indicators:**

The lists below are not exhaustive. The early warning signs may or may not indicate a serious problem; they do not necessarily mean that a child is prone to violence towards themselves or others. This provides a basis to check concerns and put in place an appropriate response by getting help for a child before a problem escalates.

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**Identity Crisis** - Distance from cultural / religious heritage and uncomfortable with their place in the society around them; parent or carer who holds extremist views; recent political or religious conversion; voicing opinion drawn from extremist ideology or narrative.

**Personal Crisis** – Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging; change in behaviour or appearance linked to ideological views; recent experience of serious traumatic event; graffiti symbols, writing or artwork promoting extremist messages or images

**Personal Circumstances** – Migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy; association with others who hold extremist views; Possession of literature associated with extremist views, or online material including networking sites.

**Unmet Aspirations** – Perceptions of injustice; feeling of failure; rejection of civic life.

**Criminality** – Experiences of imprisonment; poor resettlement /reintegration; previous involvement with criminal groups; use of extremist or hate crime terms to exclude others or incite violence.

**The Department for Education (DfE)** advice outlines how schools and early years and childcare providers can fulfil their new statutory duty to prevent children from being drawn into terrorism.

As of 1 July, all schools, and registered early years and childcare providers are subject to section 26 of the Counter-Terrorism and Security Act 2015, also known as the Prevent duty, which states that they must have 'due regard to the need to prevent people from being drawn into.

The DfE says protecting children from the risk of radicalisation should be seen as part of providers' wider safeguarding duties, and therefore should not be burdensome.

'For early years childcare providers, the statutory framework for the Early Years Foundation Stage sets standards for learning, development and care for Children from 0-5, thereby assisting their personal, social and emotional development and understanding of the world,' it states.

It says there is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology, but staff should be alert to changes in children's behaviour, including even very young children, which could indicate they may be in need of help or protection. The advice goes on to recommend building children's resilience to radicalisation by promoting 'fundamental British values', as well as enabling them to challenge extremist views such as terrorism or homophobia. It also says

that schools and providers need to be aware of the increased risk of online radicalisation and have clear procedures in place for protecting at risk children.

### Spot the Signs

*“He stopped communicating. Something had changed.”*

*“He said, democracy is bad. Women don’t have to work.”*

*“He used to always say: ‘Please convert and we will be together in paradise.’”*

Do you think that you’ve witnessed people come out with similar statements that seem totally out of character as you know them? If they have, then it’s possible that they’ve been exposed to extremist thinking on the Internet, or have fallen under the influence of a friend, or friends.

Mental health issues should not be considered a factor in isolation, but can exacerbate other vulnerabilities mentioned above. In addition, there are certain behaviour changes that parents are best placed to notice which indicate that their child may have fallen under the influence of an extremist group such as ISIS or the National Front, and are at risk of acting upon their new beliefs:

- Have they become more argumentative and domineering?
- Are they quick to condemn those who don’t agree, and do they ignore viewpoints which contradict their own?
- Do they express themselves in a divisive ‘them and us’ manner about others who do not share their religion or beliefs?
- Has their language changed? Have they asked inappropriate questions, or expressed themselves in a way that sounds scripted?
- Has their circle of friends changed, including on social media, and are they distancing themselves from friends they were previously close to?
- Do their friends express radical or extremist views?
- Have they lost interest in activities they used to enjoy?
- Are they spending increasing amounts of time online, and are they overly secretive about what they are doing?
- Have they changed their style of dress or personal appearance to fit with newfound ideas?
- Have they expressed sympathy with violent extremist groups, condoning their actions and ideology?
- Have they expressed sympathy or understanding for other young people who have joined these groups?

Often the trigger for young people to act on their new-found beliefs is contact with individuals, sometimes through the Internet, who will provide encouragement, practical support and even funding for them to leave their families to travel and join the group.

### ISIS' Online Activities

ISIS and its supporters use the internet and social media to communicate. They know that an increasing number of people depend on it for their news, and that it helps create opinions and stir passions. These are the platforms that they use to target young people.

ISIS is on Twitter, Facebook, Tumblr, Ask.fm, Instagram, YouTube and many other platforms. They lure young people in with the promise of an idyllic life. Page | 32

Often these conversations begin on open social media sites and then move onto private messaging applications. For some young people changes in their online profiles, including their profile image or name, can reflect the fact that they are beginning to associate with extremist ideas.

Young people may even run two online identities, one their 'normal' or old self, the other an extremist identity, often in another name.

## Safeguarding Children Online

It's not always easy to keep track of what children are doing online. But every parent needs to be aware of the risks posed by the internet, which can be a platform for those seeking to sexually exploit children, as well as influencing their minds.

The same tools should apply for safeguarding a child. There are simple steps:

- Parents could consider setting up their own social media profiles, for example on Facebook or Twitter.
- Parents being friends with their children, and follow them on social media.
- Parents being aware of who their children are friends with on Facebook and who they follow on Twitter.
- According to Ofcom, a worrying 1 in 3 12-15 year olds may be in contact with people they don't know via their social networking sites.
- Keep up to date with what they post, and what others are posting on their walls. Use your instinct if something appears inappropriate or out of character.
- Many parents have voiced their concerns about the sheer amount of extremist and graphic content which is readily available online from a simple search. If they are worried that their child may have seen something troubling, they can check their internet history- it is fairly easy to see what pages they have visited using their desktop computer, laptop or tablet.
- They can also turn on the parental safety features that most online platforms offer, which can filter out or block harmful material.
- If you see something that worries you – **talk to the child.**



## How to Act

The first thing to do is to talk to those you consider to be affected. But it's important to remember not to be confrontational when starting the conversation. This is a sensitive subject and needs handling carefully as you don't want to push them away or shut them out. They need to be able to speak to you candidly. So be calm, don't get angry and they're far more likely to open up to you. Encourage them to share their ideas and opinions.

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Many young people who act on their support for ISIS by travelling are often not aware of the realities and consequences of what they are about to do, or the arguments against it.

This is what they need to know:

- If a young person travels to Syria it will have a huge impact on their family. Families often worry that that person will never be able to live a normal life again.
- Individuals may want to help the people of Iraq and Syria, but the country might not want them there.
- Countless Imams and religious scholars from all corners of the globe have spoken out against ISIS and their message is clear – ISIS is un-Islamic and damages the name of Islam and billions of Muslims alike. They have irrefutably condemned ISIS' actions with religious arguments.

ISIS targets both young men and women. In January of this year the International Centre for the Study of Radicalisation estimated that 60 girls from the UK have now travelled to Syria or Iraq. Also a minimum of 1500 young men have left the UK to fight for ISIS

It's important you make it clear to females that they won't have a choice in whom they marries and may be subject to sexual assault. If a female has a child, they'll also be trained to be a warrior.

Males will be expected to follow orders blindly. They may be expecting 'Call of Duty', but the reality is that they may be expected to show their loyalty by the killing of innocent civilians, most of whom will be Muslims. ISIS frequently executes those who try to leave. There may be no way out.

## Where to Turn

There are people out there whom you can talk to:

- The friends or family
- A trusted community or faith leader
- The child's school, college or university- most will have welfare officers or child safeguarding leads who are trained to help
- The local authority
- The police
- Local health and mental health services

If you have serious concerns you should call your local police on 101.

They can refer you to a trained expert who can help you gain access to support and advice.

The Government programme Channel is aimed at preventing people from being drawn to terrorism.

They work on a case-by-case basis to support people at risk of radicalisation through education, mentoring and support.

## Fundamental British Values

There has been much confusion to what 'Fundamental British Values' are. 4 Children have helped to define Fundamental British Values; they state 'Having checked with the Department for Education (DfE) the statutory requirements for early years' providers are now clear. The fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs are already implicitly embedded in the 2014 Early Years Foundation Stage.'

To help demonstrate what this means in practice, 4 Children have worked up the following examples based on what is in the statutory guidance. They are just that – examples - and not exhaustive.

### **Democracy: making decisions together**

As part of the focus on self-confidence and self-awareness as cited in Personal, Social and Emotional Development:

- Managers and staff can encourage children to see their role in the bigger picture, encouraging children to know their views count, value each other's views and values and talk about their feelings, for example when they do or do not need help. When appropriate demonstrate democracy in action, for example, children sharing views on what the theme of their role play area could be with a show of hands.
- Staff can support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children should be given opportunities to develop enquiring minds in an atmosphere where questions are valued.

### **Rule of law: understanding rules matter as cited in Personal Social and Emotional Development**

As part of the focus on managing feelings and behaviour:

- Staff can ensure that children understand their own and others' behaviour and its 2 consequences, and learn to distinguish right from wrong.
- Staff can collaborate with children to create the rules and the codes of behaviour, for example, to agree the rules about tidying up and ensure that all children understand rules apply to everyone.

### Individual liberty: freedom for all

As part of the focus on self-confidence & self-awareness and people & communities as cited in Personal Social and Emotional development and Understanding the World:

- Children should develop a positive sense of themselves. Staff can provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
- Staff should encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transferring into Reception Class.

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### Mutual respect and tolerance: treat others as you want to be treated

As part of the focus on people & communities, managing feelings & behaviour and making relationships as cited in Personal Social and Emotional development and Understanding the World:

- Managers and leaders should create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
- Children should acquire a tolerance and appreciation of and respect for their own and other cultures; know about similarities and differences between themselves and others and among families, faiths, communities, cultures and traditions and share and discuss practices, celebrations and experiences.
- Staff should encourage and explain the importance of tolerant behaviours such as sharing and respecting other's opinions.
- Staffs should promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural and racial stereotyping.

A minimum approach, for example having notices on the walls or multi-faith books on the shelves will fall short of 'actively promoting'.

### What is not acceptable is:

- Actively promoting intolerance of other faiths, cultures and races
- Failure to challenge gender stereotypes and routinely segregate girls and boys
- Isolating children from their wider community
- Failure to challenge behaviours (whether of staff, children or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

## Homophobia

Homophobia or being homophobic is the having and/or showing of dislike, hatred or prejudice toward homosexual people.

Homophobia can take many forms, it can be subtle such as, being ignored or excluded or being treated less respectfully. Through to the more obvious forms of homophobia such as, insults, intimidation or violence.

Discrimination can occur anywhere, LGBT (Lesbian, gay, bisexual and transsexual) state that homophobia is found within the health service with 24% of patient-facing staff having heard colleagues making negative remarks about lesbian, gay or bisexual people. LGBT also state that 26% of lesbian, gay and bi staff say they have personally experienced bullying or poor treatment from colleagues in the last five years as a result of their sexual orientation.

LGBT in Britain – Hate Crime (2017) found one in five LGBT people have experienced a hate crime or incident because of their sexual orientation and/or gender identity in the last 12 months.

It can also affect education with 45% of LGBT pupils experiencing bullying because of their sexual orientation and 28% experiencing physical assault. This can have an effect on a person right to access education. Eleanor Formby 2013, The impact of homophobic and transphobic bullying on education and employment found 46% of respondents said their aspirations/plans for the future had been affected by experiences/fear of bullying/discrimination connected to their identity.

Homophobia can have a huge impact on LGBT people but also on society in general. People can feel under pressure to act towards LGBT people in a negative way if they witness others behaviour. The concept from Fundamental British Values of mutual respect and tolerance: treat others as you want to be treated should go a long way to dispelling homophobia.

Homophobia is not acceptable and is a protected characteristic under the Equality Act 2010. Any homophobic language or actions should be challenged and if it is occurring within a work place or in education it should be reported.

## Women's Place in Society

Women's role within British society has changed immensely over the years. In the early 1900 women did not have the vote, usually did not work and were seen as a house wife and helper to their husbands.

Now women have the same rights as men and a person's sex is a protected characteristic under the Equality Act 2010. However, some women still experience negative comments and discrimination regarding their sex. For example, there are still some jobs that are thought of to be predominantly male such as, builders and mechanics. Women also often find that they are paid less than their male counterparts for doing the same role.

Women are still considered to be the main childcare provider within a family. Where it is common for a woman to work part time to enable them to care for their children it is very rare for a man to do the same.

These differences can often be reinforced in childhood, for example, a common present for a girl would be a doll and a boy it's a tool box. Or items we buy for a girl are usually pink and for a boy its usually blue. Society expects boys to be interested and participate in sports and are often surprised when girls want to do the same.

This affects society as women are not equality represented in all roles and this can inhibit girls and women in their life choices. Children need to grow up understanding that although men and women have differences, that everyone has the right to be treated equally.

## Hooliganism

Hooliganism is violent, disruptive or unlawful behaviour, usually in a gang. It is very often associated with sporting events.

Hooliganism can occur with any sport but is much more common at football events. There are thought to be 4 main causes of football hooliganism.

1. Seeing their team lose, causing anger and frustration
2. Watching a member of the team acting in an unsportsmanlike manner, which can encourage others to act the same way.
3. Alcohol can often make a person act out of character or more likely to be influenced by others.
4. Peer pressure can be a strong influencing factor. A person can often feel that there is safety in numbers and may act in a way they would not if they were on their own.

Conflicts can occur before and after the event and can involve weapons.

Exeter University's Professor Anthony King has written 2 books about football hooliganism. He says there are 2 different types of hooligan, the first are the elite, the committed hooligans. This group are sometimes dismissed in the press as thugs, but they are committed to a special kind of violence. The second are the more unusual, completely 'normal' fans who have no pre-meditated desire to get involved who then do get involved. They have no prior intention to cause violence but join in once it starts.

Hooliganism effect society in many ways. Firstly, it can affect other people attending that sporting event, the event maybe disrupted, they may get injured or may not go for fear of violence. Secondly, the cost to the public service, such as the extra policing needed and NHS if any injuries occur. And thirdly, the reputation the county or country gets for hooliganism causing stereotyping.

## Risk Factors for Abuse

Any child is at risk of abuse but it is known that there are situations that increase the risk of child abuse. They are:

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**Disabled children** are over three times more likely to be abused or neglected than non-disabled children (Jones et al, 2012).

Some disabled children may not understand that what's happening to them is abuse and that it's wrong. Even if they do, they might not be able to ask for help. If a child is being abused by someone who looks after them or who they rely on to meet their needs, it can be even harder for them to speak out or protect themselves.

Parents and professionals might mistake signs that a child is being abused or neglected as part of a child's impairment. And those working with disabled children may not be trained to spot the signs of abuse and neglect.

Children and families who feel isolated or without support due to a limited number of accessible services, may not know who to turn to for help. Parents who are abusive or neglectful might excuse their behaviour, blaming it on the difficulties of caring for a disabled child.

Professionals focused on supporting parents to meet the needs relating to their child's disability may overlook parenting behaviours that are not good enough. Professionals working in child protection might not have the specialised skills to accurately assess or understand a disabled child's needs, or to communicate with them properly.

### Children in Care

Most children who are in care live safely but a small number do experience harm.

There are a number of risk factors related to being in care which can make children more vulnerable to abuse and neglect.

### Children who experience other forms of abuse

Children who have been abused or neglected in the past are more likely to experience further abuse than children who haven't been abused or neglected (Finkelhor, Ormrod, and Turner, 2007).

This is known as re-victimisation.

Children who are being abused or neglected are also likely to be experiencing another form of abuse at the same time (Finkelhor, 2008). This is known as poly-victimisation.

### Children from black and mixed ethnic backgrounds

There don't appear to be links between ethnic groups and child abuse or neglect.

But children from black and mixed ethnic backgrounds are over-represented in the care system and in the children in need statistics. Children from Asian backgrounds are under-represented.

**This may be a result of a variety of issues including:**

- Racial discrimination
- Language barriers
- Community and cultural norms and practices, such as female genital mutilation or harsh physical discipline
- Inadequate or inappropriate services
- No action being taken for fear of upsetting cultural norms.

(Owen and Statham, 2009).

**Parents, Family and Home**

Problems with mental health, drugs or alcohol, domestic violence or learning disabilities can make it harder for parents to meet their child's needs.

Children living with parents who have one or more of these issues may be more at risk of abuse and neglect.

**Domestic Abuse**

Witnessing or experiencing domestic abuse is a form of child abuse. But children living in homes where there is domestic abuse are also likely to experience other abuse and neglect.

The impact of hearing or witnessing domestic violence can be very traumatic for a child and result in emotional or psychological abuse (Cleaver, Unell and Aldgate, 2011).

Research has also shown a link between domestic abuse and child physical abuse or child sexual abuse (Hester et al, 2007).

**The NSPCC describes how domestic abuse affects children:**

- Living in a home where there's domestic abuse is harmful. It can have a serious impact on a child's behaviour and wellbeing.
- Parents or carers may underestimate the effects of the abuse on their children because they don't see what's happening.
- But children witnessing domestic abuse is recognised as 'significant harm' in law.
- Domestic abuse can also be a sign that children are suffering another type of abuse or neglect (Stanley, 2011).
- The effects can last into adulthood. But, once they're in a safer and more stable environment, most children are able to move on from the effects of witnessing domestic abuse.

**Drugs and Alcohol**

Not all parents who drink or take drugs harm their children, but children living with parents with alcohol or drug problems can be at more risk of harm and neglect.

Drug or alcohol problems can leave parents unable to care for their children or provide the practical and emotional support they need.

## History of Abuse

Being abused or neglected as a child doesn't mean that someone will go on to harm others. But a lot of the people who abuse or neglect children have experienced abuse themselves.

Because the effects of child abuse or neglect can last well into adulthood, some parents who were abused as children struggle to provide safe and appropriate care for their own children.

## Learning Disabilities

Just because a parent has learning disabilities or learning difficulties it doesn't mean they can't be a great mum or dad. But some parents can struggle to understand what they need to do to provide appropriate care for their child.

In some cases, this can lead to a child being neglected. However, research shows that helping parents to identify and understand their child's needs can reduce the risk of a child being neglected (Clever, Unell, and Aldgate, 2011).

## Mental Health

Most parents or carers with a mental health problem give their children the love, care and support they need to thrive. But when parents are ill themselves, they may struggle to look after their children the way they are able to when they are well.

For families without strong support networks, this can result in children having to take on extra responsibilities, such as caring for other family members.

Research has also highlighted that some parental mental health problems (such as suicidal or self-harming behaviour, psychopathy or anxiety) could place children at risk of abuse or neglect. It is a common feature in serious child abuse cases.

Mental illness in the perinatal period, just before and just after birth, is known to interrupt healthy parent-child bonding, referred to as "attachment" (Jütte at al, 2014).

## Families Under Pressure

All families come under pressure from time to time. But increased or continued stress can seriously affect how well a parent can look after their child.

### Research shows that parents:

- With a low income are more likely to feel chronically stressed than parents with higher incomes
- Living in poorer neighbourhoods have high stress levels. (Jütte at al, 2014).

## Living in Poverty

### Children who grow up in poverty might:

- Live in a poorly maintained, unsafe or temporary home
- Have to move often due to repeat evictions
- Have disruptive neighbours.



Someone who is being abused may feel unable to leave their abusive partner and their home. Housing worries on top of money worries can put a lot of stress on parents. This can stop them being able to provide the practical and emotional support that children need.

Poor housing and multiple moves are common features in serious child abuse cases. Research has found that children living in the most deprived neighbourhoods have a greater chance of being on a child protection plan or being taken into care than children in the least deprived areas (Jütte at al, 2014).

There's also a link between physical discipline, stress and lower socio-economic groups.

### **Lack of Support**

Support from family, friends, neighbours or the wider community can give parents the resources and emotional support they need to help keep their child safe. But sometimes parents don't have this support. This might be because they live in an isolated area or because they have language difficulties or cultural differences.

Sometimes the services they need just aren't available or they aren't able to access them. This can put children at a higher risk of harm and research has found that there are clear links between social isolation and child abuse or neglect (Jütte at al, 2014).

## **Reasons a Child Keeps Abuse Secret**

Coping with abuse and its effects is very difficult for children and it's also hard for them to talk about it. Depending on their age and maturity they might simply not understand what is happening to them or have the words to describe it.

They may also be very aware that there will be consequences if they decide to speak out. For example, they might be afraid of the abuser finding out and worried that the abuse will get worse.

They may also feel that there is no one that they can tell, or that they won't be believed. In some cases, children don't even realise that they've been abused and may believe that what they've experienced is quite normal. Those who do know that what has happened to them is wrong might be too ashamed to reveal it.

## **What are the laws for professionals reporting child abuse in the UK?**

There are no specific mandatory regulations in the UK requiring professionals to report suspicions about child abuse to the authorities. However, professionals who work with children report their concerns and are expected to co-operate and exchange information.

In England, sections 11 and 12 of the Children Act 2004 place a statutory duty on agencies to co-operate to safeguard and promote the welfare of children.

In paragraphs nine and ten of the introduction to the government guidance Working together to safeguard children it states that,

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“Everyone who works with children - including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers - has a responsibility for keeping them safe.”

Professionals who fail to report cases of abuse or neglect do not currently face criminal penalties for non-reporting; however they may be subject to professional disciplinary proceedings or held to account through Serious Case Review reports or professional negligence cases.

Governments in Scotland, Wales and Northern Ireland have issued their own guidance on child abuse reporting.

## Processes for safeguarding and promoting the welfare of children

Roles and responsibilities of key professionals in the safeguarding processes

### Children Act 1989 – duty to co-operate

Where a local authority is either providing services to children and families or is conducting enquiries into possible significant harm there is a duty on other persons to co-operate under s17(1–3) and s47(9–11)

The persons are:

- Any local authority
- Any local education authority
- Any local housing authority
- Any health authority
- Any authorised person

## Everybody's Business

‘**All** those who come into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.’

HM Government (2006) *What To Do If You're Worried A Child Is Being Abused*. Department for Education and Skills, London.

**There are three key ways of being involved:**

- Making referrals
- Providing information for children's social care
- Providing help/services as part of an agreed plan

## Key Terms

**These are the key terms used during the safeguarding process:**

- Referral to children's social care
- Initial assessment
- Strategy discussion
- Child protection enquiry
- Child protection conference
- Core assessment
- Child protection plan
- Core group

### Initial Assessment

A brief assessment of each child referred to children's social care to determine:

'whether the child is in need, the nature of any services required, and whether a further more detailed core assessment should be undertaken'

Department of Health, Department for Education and Employment and Home Office (2000) *Framework for the Assessment of Children in Need and their Families*. The Stationery Office, London. Paragraph 3.9.

Within ten days of receiving a referral, the child protection team must make an initial assessment of the case (although urgent cases should be dealt with much sooner than this). This initial assessment is designed to gather information about the child's circumstances. The social worker will meet with the child, the family and liaise with other relevant professionals such as teachers, health visitors, police and healthcare staff. What happens next depends on the findings of this initial assessment.

The assessment may find that the child is not at any immediate risk of harm. In this case the social worker will arrange for any necessary additional support to be provided to the child and family. The case will then be reviewed and closed when appropriate.

If the child is found to be disabled or the assessment finds that their health and development is likely to suffer without local authority intervention, the child will be classed as in need, as defined by Section

17 of the Children Act 1989. This means that the local authority is now legally obliged to provide the necessary services and support.

If the assessment finds that the child has already suffered or is at risk of significant harm, then the child protection team will convene a Strategy Discussion.

## Strategy Discussion

- Convened if actual or likely significant harm is suspected
- To enable children's social care, along with other agencies, to decide whether to initiate enquiries under s47 Children Act 1989
- To determine what further information is required
- To decide any steps necessary to safeguard the child and specify who will be responsible
- To consider what parents are told, when and by whom

**This is a meeting between child protection staff and other relevant bodies such:**

- Police
- GP
- Health visitor
- School nurse
- Paediatrician
- Senior ward nurse
- Teacher
- Any other relevant professional involved in the initial referral

## Core Assessment

Section 47 enquiries are conducted through a Core Assessment, carried out by an experienced child protection social worker. This builds on the information already received and may require specific examinations by other professionals (medical, psychological, emotional or developmental tests). The outcome of a Section 47 enquiry may range from 'no further action necessary' through 'further monitoring needed' to the convening of a Child Protection Conference.

## Initial Child Protection Conference

**Key purposes:**

- To bring together and analyse information about a child following s47 enquiries
- To make judgements about the likelihood of a child suffering significant harm in the future
- To decide what future action is needed to safeguard and promote the welfare of the child and with what intended outcomes

## Core Group

A core group of those present continues to meet after the initial child protection conference to monitor the case's progress. To include the key worker, the child (if appropriate), family, professionals working with the family, foster carers.

### Tasks:

- To meet within 10 working days of initial child protection conference and then as required
- To arrange provision of services
- To develop, implement and refine the child protection plan
- To provide a forum for working with the child/parents/family

## Child Protection Plan

One of the things the child protection conference considers is whether the child should become subject to a Child Protection Plan. The overall aim of a child protection plan is to ensure the child is safe from harm and remains that way. As long as it is in the best interests of the child, this will involve offering support and services to the family.

### A typical plan would:

- Describe the needs of the child and what services are required to meet these needs
- Include specific child-focused outcomes
- Contain realistic strategies to achieve these outcomes
- Set out when and where the child will be seen by the lead social worker
- Identify the roles and responsibilities of family members and professionals
- Include a contingency plan in case circumstances change and require prompt action
- Describe how progress will be reviewed and judged.

The child protection plan is explained and agreed with the child in a way that they will understand. The plan is reviewed after three months and at intervals of no more than six months thereafter.

Child protection plans remain in force until the child is no longer considered at risk, moves out of the local authority area (in which case the receiving authority should convene its own child protection conference) or reaches the age of 18.

## What do I need to know about confidentiality and information sharing?

In England, **Working together to safeguard children** places great emphasis on information sharing. The guidance states, "Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services.

Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children."

If a professional believes that a child may be at risk of, or is suffering, significant harm and that they need to refer them to the appropriate authorities, they need to consider whether they have a duty of confidentiality to the child.

If this is so, they may share information if they have the consent of the child or if they believe, based on their professional judgment that the sharing The information sharing guidance identifies some circumstances in which the sharing of confidential information without consent would normally pass the public interest test.

**These are:**

- "when there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering, significant harm
- To prevent significant harm to a child....., including through the prevention, detection and prosecution of serious crime."

If a professional is unsure of what constitutes "reasonable cause to believe" they should discuss their concerns either with their line manager or the member of staff who has the lead role for child protection.

Concerns should always be acted upon and any decision on whether to share information or not should always be recorded. Any information shared should always be accurate, up to date, shared appropriately and securely: only with the person or people who need to know and limited to information relevant to purpose.

**Six key points on information sharing:**

1. Explain at the outset, openly and honestly, what and how information will be shared
2. Always consider the safety and welfare of a child or young person when making decisions on whether to share information about them
3. Seek consent to share confidential information. You may still share information if, in your judgement, there is sufficient need to override that lack of consent
4. Seek advice where you are in doubt
5. Ensure the information is accurate and up to date, necessary, shared only with those people who need to see it, and shared securely
6. Always record the reasons for your decision – whether it is to share information or not

***HM Government (2006) What to Do If You're Worried A Child Is Being Abused.***

***Department for Education and Skills, London. Appendix 3***

No professional should assume that someone else will pass on the Information which they think may be critical to the safety and wellbeing of the adult/child.

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If a professional has concerns about the adult/child's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed. (The Care Act 2014)

All organisations must have arrangements in place which set out clearly the processes and principles for sharing information between each other, with other professional and the SAB (The Care Act 2014)

**It is your responsibility to familiarise yourself with your organisations policy on sharing information**

## Common Law Duty of Confidentiality

**This exists where:**

- Public bodies hold information of a private or sensitive nature about individuals for the purpose of carrying out their functions – i.e., people have provided information on the understanding it will be needed for these purposes.
- In the case of medical or other records this also applies to the person to whom the information relates
- There is a formal confidential relationship – e.g. between a doctor and patient, social worker and client, counsellor and client
- There is an informal confidential relationship – e.g. between a teacher and pupil where the pupil has asked the teacher to treat as confidential specific information

***HM Government (2006) What To Do If You're Worried A Child Is Being Abused.***

***Department for Education and Skills, London. Appendix 3***

The common law provides that where there is a confidential relationship, the person receiving the confidential information is under a duty not to pass on the information to a third party.

But the duty is not absolute and information can be shared without breaching the common law duty if...

- The information is not confidential in nature *or*
- The person to whom the duty is owed has given explicit consent *or*
- There is an overriding public interest in disclosure *or*
- Sharing is required by a court order or other legal obligation

## Consent

Consent must be **'informed'**.

The person giving consent should understand:

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- Why information needs to be shared
- Who will see their information
- The purpose to which their information will be put
- The implications of sharing that information

Consent can be:

**Explicit** – obtaining explicit consent is good practice; can be expressed orally or, preferably, in writing

**Implicit** – consent can legitimately be implied if the context is such that information sharing is intrinsic to the activity, especially if that has been explained at the outset – e.g., when conducting a common assessment or when a GP refers a patient to a specialist with the patient's agreement.

### If there is a duty of confidence to a child or young person.....

- A 16- or 17-year-old can give, or refuse, consent to sharing
- A child under 16 with the capacity to understand and make their own decisions can give, or refuse, consent to sharing
- Children over 12 may generally be expected to have sufficient understanding to give, or refuse, consent to sharing
- Younger children may also have sufficient understanding

When assessing a child's understanding – explain issues in a way that is suitable for their age, language and likely understanding, and use their preferred mode of communication where applicable.

## Sharing Information without Consent

'Where consent cannot be obtained to the sharing of the information or is refused or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient **public interest** must be judged by the practitioner on the facts of each case.

Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.'



## Public Interest

### Examples include:

- To protect children from harm
- To promote the welfare of children
- To prevent crime and disorder

In some circumstances, public interests may weigh against sharing – e.g. in maintaining public confidence in the confidentiality of certain services

### Sharing confidential information without consent will normally be justified in the public interest:

- When there is evidence that the child is suffering or is at risk of suffering significant harm *or*
- Where there is reasonable cause to believe that a child may be suffering or at risk of significant harm *or*
- To prevent significant harm arising to children and young people or serious harm to adults, including through the prevention, detection and prosecution of serious crime

### Proportionality

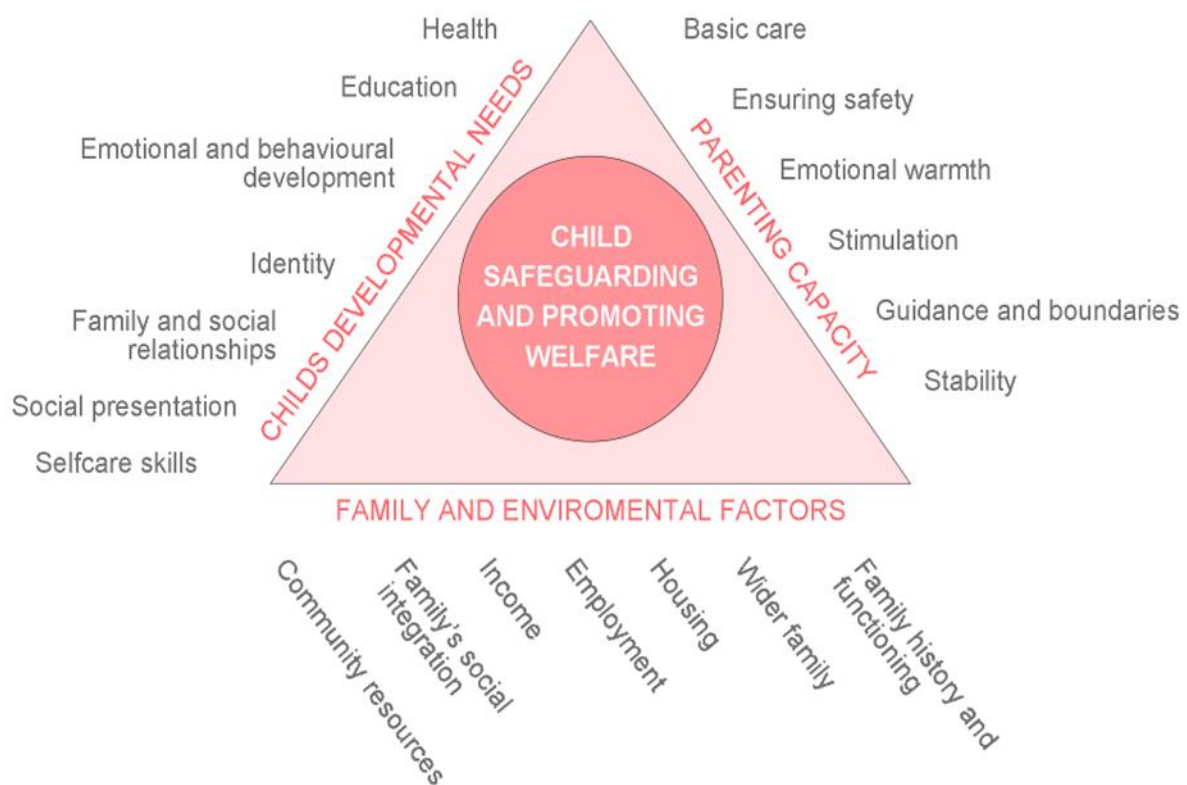
- Key factor in deciding whether or not to share confidential information: is the proposed sharing a proportionate response to the need to protect the public interest in question?
- Weigh up what might happen if the information is shared against what might happen if it is not, and make a decision on a reasonable judgement
- Where there is a clear risk of significant harm to a child, the public interest test will almost certainly be satisfied
- However, there will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate

### Eight Key Questions to Inform Decision-Making

1. Is there a legitimate purpose for you or your agency to share the information?
2. Does the information enable a person to be identified?
3. Is the information confidential?
4. If the information is confidential, do you have consent to share?
5. Is there a statutory duty or court order to share the information?

6. If consent is refused, or there are good reasons not to seek consent to share confidential information, is there a sufficient public interest to share information?
7. If the decision is to share, are you sharing the right information in the right way?
8. Have you properly recorded your decision?

During the assessment process all of the issues in the Assessment Framework Triangle will need to be considered as part of the Safeguarding Process. Page | 50



## Child Disclosure

During the course of your work you could be faced with a vulnerable child who wants to talk to you about an abusive situation.

**When this occurs, it is essential that you are aware of what is going on and your responsibility in relation to:**

- Disclosure
- Recording
- Referring
- Processes that are followed by the organisation where you are on assignment or employed.

If a child disclosed to you about abuse s/he has suffered, please remember that there are specialist teams of personnel within the children and family social services and police who are trained to investigate these situations.

You should not ask the child lots of questions – this is not your role. You simply need to find out just enough about the alleged abuse to make a decision whether or not to refer the disclosure.

**Never use leading questions – ask the child open questions such as:**

- Please explain to me what happened
- Can you explain a little bit more
- Can you tell me more about it

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It is vital that you do not contaminate any evidence that is provided by the child by putting words into his or her mouth or asking leading questions as this could affect the case if it went to court.

Please remember that if a child discloses information to you it is because they choose to do so as they see you as significant and someone that they can trust.

You should be supportive as this will encourage the child to disclose further if they feel ready.

**Make sure:**

- That the child realises that you take what they have said very seriously
- Let them know how brave you think they are and that you understand how hard it must be for them
- Ensure that they child understands that they are not to blame
- Remain calm and reassuring
- Explain that you cannot promise to keep what they are telling you as a secret and that you will have to involve a manager to maintain safety
- Do not make promises about things that you cannot do or make happen
- Record accurate, factual, objective and legible notes as soon as possible after the event.
- Report it to your manager or appropriate agency as soon as possible.

## Advocacy

### TRAINING & CONSULTANCY LTD

The Advocacy Services and Representations Procedure (Children) (Amendment) Regulations 2004 State that advocacy is about empowering children and young people to make sure that their rights are respected and their views and wishes are heard at all times. In relation to complaints, they intend advocacy to mean the provision of assistance and representation to individuals to make complaints.

**They describe the role of an advocate should include a duty to:**

- Keep a written or electronic record of complaints made, the procedure followed and the outcome
- Arrange for the investigation
- Appoint an independent person
- Monitor the progress of the complaint
- Keep the child making the complaint and key people informed at all stages
- Ensure timescales are adhered to

- Make observations and suggestions to the local authority on any action to take following an investigation.

## Recording

It is possible that any notes you make at the time of disclosure can be used in a court of law as evidence. Your records should be a true reflection of what actually happened based on facts and not assumptions.

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During the disclosure you should write down some words and phrases whilst the child is talking – these will be useful to trigger your memory when you make a report following the disclosure. This should only be done if the child agrees and is willing for you to make notes.

Immediately following the disclosure record exactly what the child said in as much detail as you can remember.

It is important to use the child's own words and vocabulary even if those words do not make a great deal of sense.

What is most important is that there is an accurate record of what has been said by the child and not your interpretation of what s/he has said.

You should also record your own verbal and non-verbal responses to the disclosure – this will evidence that you used a non-leading approach. The environmental context in which the disclosure was made is also valuable information for the investigation team.

The emotional context in which the child disclosed information to you e.g. in a joking fashion, distressed, upset or in a very matter of fact way will provide valuable clues for the investigation team.

If a child repeats statements or certain words record these as consistency in what a child states repeatedly gives strength to the evidence. Ensure you only record facts and not your opinions.

**There are lots of reasons or triggers that can lead to a child reporting abuse, including:**

- Realising that the abuse they've suffered is wrong
- Not being able to cope with the abuse any more
- The abuse getting worse
- Wanting to protect other children from being abused
- The desire to see the abuser punished
- Reaching a point where they trust someone enough to tell them
- When someone notices some signs and asks them directly

Some children never directly reveal that they're being abused, no matter how close the relationships they have with the people around them. That's why it's so important to act on any concerns you may have.

## Making a Referral

You should have the courage to make report the disclosure to start the child protection process. Many of the reasons that adults may not refer an allegation of abuse include:

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- Will the child be exposed to further abuse
- Will the referral cause a family break up
- Fear of reprisal
- Concerns about having to give evidence in court
- Worrying that a situation has been misinterpreted or overreacted to
- Assuming that somebody else will deal with the situation
- Believing that the child is lying

It is essential to remember that by referring this will ultimately lead to the breaking of the cycle of abuse that the child is enduring.

### If there is a physical injury

- Ask the child and parent how it happened, make a note on the skin map if appropriate and consider the need for urgent treatment
- Make a note of what the child says on a skin map
- Do not over-question or ask leading questions

### Medical Examination

No one other than a qualified medical practitioner is competent to diagnose the nature, extent or severity of an injury.

### Who do you report to?

**If a child has disclosed to you or you suspect child abuse, you must report to:**

- Your manager as soon as possible.
- If it is involving your manager, then report to their manager
- If necessary, you can report directly to social services
- If a crime has been committed or you think that the child is in immediate danger call the police on 999

## Skills in Communicating Concerns

### Responses to Concerns

#### Immobilisation

Strategy: acknowledge the difficulties and mirror the service user

#### Denial

Strategy: focus on facts and information that does not fit with what they are saying – ‘I hear your explanation but...’

### Fear

Strategy: acknowledge the fear, explore what the user’s fears are – ‘I can see you are anxious...’

## Key Points for the Interview

- Achieve the goal of the interview
- Maintain a positive relationship
- Work in an empowering way
- Be respectful
- Do not put yourself under any personal/excessive risk

## Communicating Concerns

### The worker must:

- Not give any false information
- Not collude
- Not minimise or discount
- Not play happy families – ‘It will all work out just fine’
- Not indicate their own views but maintain a professional focus
- Give information
- Be supportive and respectful
- See the work through to its conclusion
- Feel grounded in their own authority

## What to do if you are unhappy with the response or if there are new concerns

### Managing ongoing concerns within your place of work

- If you are unhappy with the response from your designated person, work within work place procedures to clarify the action they are proposing and their reasons for this
- Remember that everyone has a right to make a referral to children’s social care if they are worried about a child

## Response from Children's Social Care

*What To Do If You're Worried A Child Is Being Abused* states that following receipt of a referral children's social care should:

- Make a decision within one working day and record this decision (12.1)
- Acknowledge receipt and feedback on the decisions
- (if an initial assessment is required) involve relevant agencies that are working with or known to the child and family (16.4)

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## Professionals' Rights and Responsibilities

**When considering the needs of children, professionals should:**

- Be fully involved in decisions and future plans (43.1)
- Be fully involved in discussions about a possible child protection conference
- Request children's social care convene a child protection conference if they have serious concerns about adequate safeguarding (43.3)

*HM Government (2006) What To Do If You're Worried A Child Is Being Abused. Department for Education and Skills, London*

## Inter-Agency Communication

**Communication during the Safeguarding Processes**

- Many professionals can be involved
- There is the possibility of distortion or loss at each contact
- Communication medium may vary – e.g., face to face, email, phone, letter, interpreter
- Each professional has values, beliefs, experiences and sensitivities which affect communication
- Professional rivalry and stereotyping may impact
- Organisational structures available for information recording and transfer

## Closed Professional System

- Several professionals or a single worker develop a fixed view and become inaccessible to contrary information or observation
- Observations that are inconsistent with beliefs are minimised and the worker's thinking is unchallenged

## Polarisation

- Two subsystems of the network emerge with viewpoints that progressively diverge
- Information or ideas are rarely exchanged between the two groups
- Families receive contradictory messages

## Exaggeration of Hierarchy

- Professionals with a lower perceived status defer to the opinions of others who are perceived as hierarchically superior
- Power and status associated with a particular role dominate a case and overshadow the thinking of other workers

## Lack of Shared Understanding

A paediatrician reflected to the Inquiry:

‘I cannot account for the way people interpreted what I said. It was not the way I would have liked it to have been interpreted.’

Social workers from different boroughs had contrasting recollections about whether their telephone conversation had resulted in a transfer of case responsibility between them.

A social worker was unclear whether an instruction on the file ‘completing the assessment’ meant she should write up existing information or conduct further interviews

*Cm 5730 (2003) The Victoria Climbié Inquiry. Report of an inquiry by Lord Laming. The Stationery Office, London. Paragraph 1.43.*

## Professional Networks

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Professionals require a secure setting in order to undertake safeguarding work.

### This includes:

- Adequate training
- Regular support and supervision
- Clear procedures
- Adequate funding and staffing
- Manageable caseload
- Continuity in management
- Administrative support
- Low staff turnover



# National Institute for Health and Clinical Excellence

## Nice Clinical Guideline 89 (2009)

### When to Suspect Child Maltreatment

Child maltreatment includes neglect, physical, sexual and emotional abuse, and fabricated or induced illness.

To **consider** child maltreatment means maltreatment is one possible explanation for the alerting feature or is included in the differential diagnosis.

To **suspect** child maltreatment means a serious level of concern about the possibility of child maltreatment but is not proof of it.

- Infant (aged under 1 year)
- Child (aged under 13 years)
- Young person (aged 13 – 17 years)

NICE guidance states it is good practice to follow the below process to help you decide whether to consider, suspect or exclude maltreatment:



Take into account the whole picture of the child or young person.

#### Sources of information include:

- History
- Report of maltreatment or disclosure
- Child's appearance, demeanour or behaviour
- Symptoms

- Physical signs
- Result of an investigation
- Interaction between parent or carer and the child or young person

### Seek an explanation

In an open and non-judgemental manner from both the parent and the child

Seek appropriate expertise if you are concerned about a child or young person with a disability

An unsuitable explanation is one that is implausible, inadequate or inconsistent:

- With the child or young person's presentation, normal activities, existing medical condition, age or developmental stage, or account compared to that given by the parents or carers

Cultural practice (e.g. female genital mutilation) is an unsuitable explanation for hurting a child or young person.

Record in the child or young person's clinical record exactly what is observed and heard from whom and when.

You should also record why this is of concern.

## Consider Maltreatment

When hearing about or observing an alerting feature, look for other alerting features of maltreatment, then do one or more of the following:

1. Discuss with a relevant child health specialist or designated professional for safeguarding children
2. Gather collateral information from other agencies and health disciplines having used professional judgement about whether to explain the need to gather this information for an overall assessment of the child.
3. Ensure review at a date appropriate to the concern
4. Look out for any repeated presentations of this or any other alerting features

## Suspect Maltreatment

If an alerting feature or consideration prompts you to suspect child maltreatment you should refer the child or young person to children's social care following the Local Safeguarding Children Board procedures.

This may trigger a child protection investigation and supportive services may be offered to the family following an assessment or alternative explanations may be identified.

## Exclude Maltreatment

Exclude maltreatment when a suitable explanation is found for alerting features.

This may be the decision following discussion of the case with a more experienced colleague or after gathering collateral information as part of considering child maltreatment.

Record all actions taken in previous stages and the outcome

**Alerting features in the following categories may lead you to consider or suspect child maltreatment:**

Physical features

Sexual abuse

Neglect

Emotional, behavioural, interpersonal and social functioning

Clinical presentations

Fabricated or induced illness

Parent – or carer-child interactions

### Physical Features

**Consider** any serious or unusual injury with an absent or unsuitable explanation.

**Suspect** bruising in the shape of a hand, ligature, stick, teeth mark, grip or an implement.

Suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition and if the explanation for the bruising is unsuitable.

Examples include:

- Bruising in a child who is not independently mobile
- Multiple bruises or bruises in clusters
- Bruises of a similar shape and size
- Bruises on any non-bony part of the body or face including the eyes, ears and buttocks
- Bruises on the neck that look like attempted strangulation
- Bruises on the ankles and wrists that look like ligature marks.

## Bites

**Suspect** child maltreatment if there is a report or appearance of a human bite mark that is thought unlikely to have been caused by a young child.

**Consider** neglect if there is a report or appearance of an animal bite on a child who has been inadequately supervised.

## Lacerations (cuts), Abrasions and Scars

**Suspect** child maltreatment if a child has lacerations, abrasions or scars and the explanation is unsuitable.

Examples include lacerations, abrasions or scars:

- On a child who is not independently mobile
- That are multiple
- With a symmetrical distribution
- On areas usually protected by clothing (for example, back, chest, abdomen, axilla, genital area)
- On the eyes, ears and sides of face
- On the neck, ankles and wrists that look like ligature marks.

## Thermal Injuries

**Suspect** child maltreatment if a child has burn or scald injuries:

- If the explanation for the injury is absent or unsuitable or
- If the child is not independently mobile or
- On any soft tissue area that would not be expected to come into contact with a hot object in an accident (for example, the backs of hands, soles of feet, buttocks, back) or
- In the shape of an implement (for example, cigarette, iron) or
- That indicate forced immersion, for example:
  - Scalds to buttocks, perineum and lower limbs
  - Scalds to limbs in a glove or stocking distribution
  - Scalds to limbs with symmetrical distribution
  - Scalds with sharply delineated borders.

## Cold Injury

**Consider** child maltreatment if a child has cold injuries (for example, swollen, red hands or feet) with no obvious medical explanation.

**Consider** child maltreatment if a child presents with hypothermia and the explanation is unsuitable.

## Fractures

**Suspect** child maltreatment if a child has one or more fractures in the absence of a medical condition that predisposes to fragile bones or if the explanation is absent or unsuitable.

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### Presentations include:

- Fractures of different ages
- X-ray evidence of occult fractures (fractures identified on X-rays that were not clinically evident). For example, rib fractures in infants.

## Sexual Abuse

**Suspect** sexual abuse if a girl or boy has a genital, anal or perianal injury (as evidenced by bruising, laceration, swelling or abrasion) and the explanation is absent or unsuitable.

**Suspect** sexual abuse if a girl or boy has a persistent or recurrent genital or anal symptom (for example, bleeding or discharge) that is associated with behavioural or emotional change and that has no medical explanation.

**Suspect** sexual abuse if a girl or boy has an anal fissure, and constipation, Crohn's disease and passing hard stools have been excluded as the cause.

**Consider** sexual abuse if a gaping anus in a girl or boy is observed during an examination and there is no medical explanation (for example, a neurological disorder or severe constipation).

**Consider** sexual abuse if a girl or boy has a genital or anal symptom (for example, bleeding or discharge) without a medical explanation.

**Consider** sexual abuse if a girl or boy has dysuria (discomfort on passing urine) or ano-genital discomfort that is persistent or recurrent and does not have a medical explanation (for example, worms, urinary infection, skin conditions, poor hygiene or known allergies).

**Consider** sexual abuse if there is evidence of one or more foreign bodies in the vagina or anus. Foreign bodies in the vagina may be indicated by offensive vaginal discharge.

## Neglect

**Consider** parents or carers who repeatedly fail to attend essential follow-up appointments that are necessary for the health and wellbeing of their child

**Suspect** – the child is persistently smelly or dirty – (children often become smelly or dirty during the course of the day. However, the nature of the child's smell may be so overwhelming that the possibility of persistent lack of provision or care should be taken into account.

## Emotional, behavioural, interpersonal and social functioning:

**Consider:** unusual, unexpected or developmentally inappropriate response by a child to a health examination or assessment (e.g. extreme passivity, resistance or refusal)

**Suspect:** repeated or coercive sexualised behaviours or preoccupation in a prepubertal child (e.g. sexual talk associated with knowledge, drawing genitalia or emulating sexual activity with another child).

## Clinical Presentations

**Consider:** poor school attendance that the child's parents or carers know about that is not justified on health (including mental health) grounds, and home education is not being provided

**Suspect:** repeated apparent life-threatening events in a child, if the onset is witnessed only by one parent or carer and a medical explanation has not been identified.

## Fabricated or Induced Illness

**Consider:** child's history, physical or psychological presentation, or findings of assessments, examinations or investigations, leads to a discrepancy with a recognised clinical picture, even if the child has a past or concurrent physical or psychological condition

**Suspect:**

As before plus one or more of the following:

- Reported symptoms and signs only observed by, or appear in the presence of a parent or carer
- An inexplicably poor response to treatment
- New symptoms are reported as soon as previous ones stop
- Biologically unlikely history of events
- Despite a definitive clinical opinion being reached, multiple opinions are sought and disputed by the parent or carer and the child continues to be presented with a range of signs and symptoms
- Child's normal daily activities are limited, or they are using aids to daily living more than expected

## Parent – Or Carer – Child Interactions

**Consider:**

Potentially harmful parent-or carer-child interactions (emotional abuse) including:

- Negativity or hostility towards or rejection or scapegoating of a child or young person
- Developmentally inappropriate expectations of or interactions with a child, including inappropriate threats or methods of disciplining
- Exposure to frightening or traumatic experiences including domestic abuse
- Using the child to fulfil the adult's needs e.g. in marital disputes
- Failure to promote the child's appropriate socialisation e.g. not providing stimulation or education, isolation or involving them in unlawful activities

**Suspect** Persistent harmful parent-or carer-child interactions as aforementioned

## Sharing information about children and young people

Good communication between all parties is essential.

If worried seek advice from designated professionals for safeguarding children.

If concerns are based on information given by a child, explain to the child:

1. That you may be unable to maintain confidentiality
2. Explore the child's concerns about sharing this information
3. Reassure the child that they will continue to be kept informed about who the information is being shared with and what action is being taken.

### Obstacles

Obstacles should not stop action to prevent harm.

**They include:**

- Concern about missing a treatable disorder
- Fear of losing a positive relationship with a family – discomfort of disbelieving, thinking ill of, suspecting or wrongly blaming a parent or carer
- Divided duties to adult and child patients and breaching confidentiality
- An understanding of the reasons for the maltreatment, and that there was no intention to harm the child
- Losing control over the child protection process and doubts about its benefits
- Stress, personal safety, fear of complaints

***The full NICE guidance can be downloaded from: [www.nice.org.uk/CG89](http://www.nice.org.uk/CG89)***