Safeguarding Children - Level 3

Types of abuse and neglect

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Working Together to Safeguard Children 2015

ABUSE OF DISABLED CHILDREN

By definition of law, Disabled Children are 'Children in Need' (s17 CA 1989). Disabled children are generally more vulnerable to significant harm through abuse and neglect. Additional risks could be raised by

- Attitudes and assumptions
- Reluctance to challenge carers
- Dependency
- Communication barriers
- Lack of participation and choice
- Factors associated with impairment
- Isolation
- Double discrimination
- Spending greater periods of time away from home
- Lack of understanding and training about safeguarding disabled children
- Practices within the Criminal Justice System
- Limited personal safety programmes and personal, social and sex education for disabled young people
- Higher levels of bullying
- Greater use of direct payment and personal budgets

(Safeguarding disabled children – Practice guidance DCSF 2009)

ETHNICITY AND INTER-PROFESSIONAL COMMUNICATION

For black and ethnic minority children assessment should address the impact of racism itself; however assumptions based on race can be as corrosive in its effect as racism itself. (Neil Graham QC – Victoria Climbié murder trial 2000-01)

When working with black and ethnic minority families or practitioners communication can be adversely affected by:

- avoidance
- pretending ethnicity doesn't matter
- misinterpreting what is said or intended
- making judgements based on stereotypes and prejudices
- misplaced assumptions about culture
- reluctance to challenge or probe

'There is some evidence to suggest that one of the consequences of an exclusive focus on 'culture' in work with black children and families, is [that] it leaves black and ethnic minority children in potentially dangerous situations, because the assessment has failed to address a child's fundamental care and protection needs.(Ratna Dutt, director, Racial Equality Unit)
'The wisest course is to be humble when considering the extent of one's own knowledge about different 'cultures' and to take advice whenever it is available'. (Lord Laming – Victoria Climbié inquiry report 2003)

Information Sharing

The 7 golden rules to sharing information:

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the DfEcase. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. DfE, March 2015

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Financial; Sexual; Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Home Office 2013

Child sexual exploitation (CSE)

Involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Signs include:

- Going missing for periods of time or regularly returning home late
- Disengagement from education
- Appearing with unexplained gifts or new possessions
- Association with other young people involved in exploitation
- Older boyfriends/girlfriends
- Sexual health issues
- Changes in temperament/depression
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviours
- Involvement in exploitative relationships or association with risky adults.

Female Genital Mutilation
Female genital mutilation is child sexual abuse and constitutes significant harm. Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM.

Definition
Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is important to note that the procedure has no health benefits.

Prevalence
One or more types of FGM are practised in more than 28 African countries and also by ethnic groups in the southern part of the Arabian Peninsula and along the Persian Gulf. The World Health Organization (WHO) has also reported FGM has occurred in India, Indonesia, Iraq, Kurdistan, Israel, Malaysia and United Arab Emirates. There are also anecdotal reports FGM occurs in several other countries including Colombia, Democratic Republic of Congo, Oman, Peru and Sri Lanka.

Legislation and Statutory Guidance
FGM has been a criminal offence in the UK since 1985. In 2003 the Female Genital Mutilation Act was brought into legislation and under this act the practice of FGM carries a maximum prison term of 14 years for any UK national or permanent resident convicted of carrying it out, or aiding and abetting the process, while in the UK or overseas19. However, there has yet to be a single conviction.

In addition, FGM civil protection order (FGMPO) has been introduced in order to protect girls who are at risk of FGM or girls against whom a FGM offence has been committed. It also introduced a mandatory reporting duty requiring regulated health and social care professionals to report known cases of FGM in under 18s to the police.

Mandatory reporting
The Serious Crime Act 2015 introduced a legal duty for specific professional groups to report to the police any girl who has had FGM. This duty applies when a girl informs the professional that FGM has been carried out on her and/or the professional observes physical signs on the girl appearing to show that FGM has been carried out. The duty applies to all teachers and all regulated health and social care professionals in England and Wales.

(London Child Protection Procedure)

Radicalisation and Extremism
The government's strategy to reduce the risk from terrorism identifies the need not only to stop terrorist attacks but also to prevent people becoming terrorists. The Government's strategy for countering international terrorism is CONTEST and the Prevent strategy forms a part of this. The government has defined extremism as:

Vocal or active opposition to fundamental British values, including democracy, respect and tolerance of different faiths and beliefs. Also included in the definition of extremism is calling for the death of members of the armed forces.

The Prevent Strategy
The Prevent Strategy sets out the following responsibilities for staff who engage with the public:
• Frontline staff who engage with the public should understand what radicalisation means and why people may be vulnerable to being drawn into terrorism as a consequence of it.
• They need to be aware of what the government means by the term 'extremism' and the relationship between extremism and terrorism.
• Staff need to know what measures are available to prevent people from becoming drawn into terrorism and how to challenge the extremist ideology that can be associated with it.
• They need to understand how to obtain support for people who may be being exploited by radicalising influences.
• Staff and organisations can access training through their local safeguarding children board.

Children and young people can be radicalised in different ways.

• They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child's radicalisation,
• They can be exposed to harmful, extremist ideology in the immediate or extended family through the impact of extreme beliefs held by family members. including parents/carers and siblings who live with the child, or person(s) who live outside the family home but have any influence over the child's life;
• They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable.

A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming.

(London Child Protection Procedure)

Section 47(Children Act 1989):

Where a local authority are informed that a child who lives, or is found, in their area or have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare. The local authority is under a duty to make enquiries where it has reasonable cause to suspect a child is suffering significant harm and take action to safeguard and promote the child's welfare.

The Children Act 1989 uses the concept of significant harm to justify compulsory intervention in family life.

There are no absolute criteria for identifying significant harm. The severity of ill-treatment depends on:

- the degree and extent of physical harm
- the duration and frequency of abuse and neglect
- the extent of premeditation
- the degree of threat and coercion, sadism and/or unusual elements

Harm is defined in the Children Act 1989 section 31(9) as: ill-treatment (including sexual and physical abuse) impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural) as compared to a similar child

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

Section 17 (Children Act 1989)

It is the duty of the Local Authority to safeguard and promote the welfare of children within their area who are in need and to promote the upbringing of such children by their families. By providing a range and level of services appropriate to those children's needs.

His health or development is likely to be significantly impaired, or further impaired, without the provision of services

A child shall be taken to be in need if—

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled,

A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part -

- "development" means physical, intellectual, emotional, social or behavioural development; and

- "health" means physical or mental health.

Local Authority Designated Officer (LADO)

LADO involved in the management and oversight of individual cases. The LADO should provide advice and guidance to employers and voluntary organisations, liaising with the police and monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

The LADO should be consulted when a member or staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child. Possibly committed a criminal offence against or related to a child or behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.

Keeping children safe in education 2015

Who has the responsibility for Safeguarding and Child Protection?

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

The Local Safeguarding Children Board (LSCB)

- The LSCB's are statutory boards that have been set up as part of the Children Act 2004 reforms, and requires all organisations that work with children to cooperate to keep children safe from harm.
- A Local Safeguarding Children Board is made up of representatives from a range of public agencies with a common interest and with duties and responsibilities to children in their area.
- It has the responsibility for ensuring effective interagency working together to safeguard and protect children in the area.
- The LSCB's agree how local services and professional should work together to safeguard and promote the welfare of children - they must ensure that clear local procedures are in place to inform and assist anyone as part of their professional role has concerns about the safety of a child.

Serious Case Reviews

- To provide a sound analysis of what happened in the case, and why and what needs to happen in order to reduce the risk of recurrence;
- All reviews of cases meeting the SCR criteria should result in a report which is published and readily accessible on the LSCB's website for a minimum of 12 months. Thereafter, the report should be made available on request.
- LSCBs should publish, either as part of the SCR report or in a separate document, information about: actions which have already been taken in response to the review findings; the impact these actions have had on improving services; and what more will be done.
- SCRs are not inquiries into how a child died or was seriously harmed, or into who is culpable. These are matters for coroners and criminal courts, respectively, to determine as appropriate.

Themes from Serious Case Reviews

- Lack of knowledge / understanding of the men in the household
- Focus on needs of adults and not impact on children of adults needs
- Risk factors i.e. Domestic Abuse and the cumulative nature of risk overlooked
- Professionals too willing to take at face value what families tell them – lack of challenge or evidence based practice
- Staff inadequately trained in child protection
- Problems in the way information was exchanged and understood

The principles and parameters of a good assessment

High quality assessments:

- are child centred;
- are rooted in child development and informed by evidence;
- are focused on action and outcomes for children;
- are holistic in approach, addressing the child's needs within their family and wider community;
- ensure equality of opportunity;
- involve children and families;
- build on strengths as well as identifying difficulties;
- are integrated in approach;

- are a continuing process not an event;
- lead to action, including the provision of services;
- review services provided on an ongoing basis; and
- are transparent and open to challenge

One which investigates the following three domains,

- o the child's developmental needs including whether they are suffering, or likely to suffer, significant harm
- o parents' or carers' capacity to respond to those needs; and
- o the impact and influence of wider family, community and environmental circumstances.

Multi Agency Assessment

".. there is evidence of the importance of coordinated multi-agency assessment for families with complex, entrenched and multiple difficulties and that children were more likely to be returned home safely after a period of being looked after, where multi-agency assessments had been conducted.
Good outcomes for children are likely to be enhanced in the context of a professional culture of good communication and information sharing and there are examples of successful practice in this regard using the Common Assessment Framework and the model of the 'team around the child' (TAC)".

Boddy et al (2009)

Managing Risks

Risk of immediate harm' continues to predominate the landscape of work with children and families.

Indeed, the focus seems to be on two specific types of harm:

- children who are deemed at risk of physical or sexual abuse (i.e. immediate harm)
- those who are potentially at risk of neglect or emotional abuse

The dominance of immediate harm over concerns about long-term welfare may reflect:

- continuing over-emphasis on risk at the expense of children in need
- media attention on child deaths and a culture of naming and shaming

- thresholds for intervention developed by agencies
- the difficulty of assessing neglect and emotional abuse
- a lack of professional confidence about how to work with children and families.

Managing risk and minimising mistakes in services to children and families

scie 2005

Factors effecting decision making

- Values and attitudes
- Past experiences
- Inadequate information
- Lots of information but little analysis
- Exaggeration of hierarchy
- Initial framing
- Groupthink

Dangers of group thinking

'The tendency for groups to reach consensus does not lead to middle-of-the-road decisions, but to 'extreme' ones; that is, the group will shift to one extreme or the other, either being very cautious or very risky'

'The strong tendency for groups to avoid conflict acts against critical thinking'

Munro, E. (2002)

Exaggeration of hierarchy

'In some cases, worker's assumed positions in an inter-professional hierarchy became exaggerated.

Professionals with a lower perceived status deferred to the opinions of others who were perceived as hierarchically superior'

Reder, Duncan and Gray (1993)

Assessments - Challenging Circumstances and Challenging Information

Keep judgments under constant critical review

- Assessments are fallible, and contexts constantly changing. Therefore, professionals need to keep their judgments under constant critical review Munro (2008)
- There is a tendency to persist in initial judgments or assessments and to re-frame, minimise or dismiss discordant new evidence. Bias is inevitable and comes from the many ways our minds can distort, avoid or exaggerate information.
- 'One of the most common, problematic tendencies in human cognition … is our failure to

review judgments and plans – once we have formed a view on what is going on, we often fail to notice or to dismiss evidence that challenges that picture.' p9   Fish, Munro and Bairstow (2009)

- Professionals may search only for information that supports their preferred view – 'many errors occur because of confirmation biases'

'Ratcheting' - persisting with a viewpoint in spite of apparent evidence that it is wrong *Gambrill (2005)*

- Social workers need to take active steps to work against 'our human tendency to seek only the information that we wish to find' Holland (2004)
- Dangers of a tendency to 'unconflicted adherence' where new information or risk of harm is discounted and the current strategy maintained without challenge or change Hollows (2003)

Strengthen and preserve families

- Requires workers who can assess, intervene and advocate on behalf of vulnerable and at-risk families
- A systemic and ecological framework
- Focus on strengths as well as problems and deficits
- Case management
- Crisis intervention
- Immediate and long-term response
- Any solution or intervention has to take account the historical and cultural context of the family being served

Managing Risk

It will be necessary to:

1. Clarify inter-agency responsibilities: the steps each agency will take and who is leading the risk assessment.
2. Gather/share information from all sources: e.g. from family/child, agency records or chronologies, Assessment Framework Triangle, etc.
3. Make sense of the information/(evidence) gathered. Use Resilience Matrix to help analyse the information. This should be done on a co-operative basis. The child and family should be included in the process, unless doing so would increase the risk to the child.
4. Make a plan: Need to have a single agency plan or multi-agency Child or Young Person's Plan for use with children where there is a concern about their well-being.
5. Management of Risk: Risk assessment is only part of the process. A clear and ongoing risk management plan is also essential.

What helps?
Routinely playing own 'devil's advocate' in considering alternative actions, explanations or hypotheses.
- Supervision should provide a safe but challenging space to oversee and review cases with the help of a fresh, experienced, pair of eyes and to systematically guard against either rigid adherence to a particular view or the opposite tendency to jump from one theory to another without resolution. Laming (2003)
- Managers at all levels must ensure a 'learning culture' with an ethos in which reflective practice and self-questioning are accepted and actively promoted – a non-judgemental acceptance that errors are inevitable makes it easier to recognise, acknowledge and learn

from them.   Burton, S. (2009)
- The single most important factor in minimising errors is to admit that you might be wrong.

Safer Settings

- Operate safer recruitment procedures, including value based interviewing
- Have effective policies and procedures in place which are communicated to staff, including child protection and intimate care

- Encourage open discussions amongst the staff group about good and poor practice and facilitate constructive challenge of each other
- Ensure that safeguarding is openly discussed and staff are aware of the possibility that abuse might happen within their workplace
- Have effective whistle blowing procedures
- Have safeguards in place where boundaries may be blurred through friendship networks amongst staff and parents
- Encourage communication and contact with parents and ensure they are kept well informed about their child's day to day experiences

Wonnacott, J. (2010) Serious Case Review Overview Report Executive Summary in respect of Nursery Z Plymouth Safeguarding Children Board

Professional risk

"Professional boundaries are vital in social care work because we are working on a deep level with vulnerable people. This means that we have a responsibility to them to do things to the best of our ability and to ensure that our help and support does not damage or disenfranchise them. Working with difficult issues can also be very stressful and draining work, and professional boundaries help us to manage ourselves and our emotions. "   **(Frank Cooper)**

Professional Risk

- Collude with family in order to avoid the real issues ('it would damage my relationship');
- Act without theoretical base and systematic, structured approach to intervention;
- Maintain unrealistic, optimism about the family, against all the evidence;
- Becomes over-involved and over-identified with a family, so that he or she 'can't see the wood for the trees' and misses the significance of family patterns of behaviour by focusing only on the content of events and crises;
- Avoid recognising and dealing with his/ her own personal feelings and values, including cultural and religious values;
- Avoid contact with the child or family due to acknowledged fears for personal safety

Inter-agency risk

- Undefined boundaries of roles and responsibilities
- The absence of clear, written procedures to guide intervention;
- The existence of hidden agendas that affect formal activity;
- The presence of competition and hostility between professionals;
- The avoidance of overt disagreement about the management of the case

Legal Frameworks

Children Act 1989

Section 17 - Duty to assess child in need
Section 20 - accommodation
Section 31 - Care and Supervision orders
Section 44A and 44B - Emergency Protection Order
Section 46 - Police Protection Order
Section 47 - Duty to investigate suspected maltreatment
Section 48 - Enables courts to provide local authorities with powersnto locate a child in need of protection when making an EPO for a child whose whereabouts are not known
Section 49 - Makes it an offence to abduct or induce, assist or incite a child to run away whilst in care, subject of an EPO or in police custody
Section 50 – Recovery Order instructs anyone who knows the whereabouts of a child within the description of section 49 to reveal them, or produce the child if they are in a position to do so

Protection of Children Act 1978 (as amended by Sexual Offences Act 2003) – an absolute prohibition on the taking, making circulating and possession with a view to the distribution of any indecent photograph of a child under 18

Criminal Justice Act 1984 – Section 160 makes possession of indecent photographs or pseudo photographs of a child an offence

Safeguarding Children Guidance (please follow the links below to access documents)

Working Together to Safeguard Children 2015

Information Sharing 2015

What to do if you are worried a child is being abused 2015

Keeping Children Safe in Education 2015

Safeguarding Disabled Children

FGM Guidance 2015

The Prevent Duty

London Safeguarding Children Board Procedures

Kingston CSE Strategy

Richmond CSE Strategy

LSCB Multi-agency Threshold Document

Resolution and Escalation Protocol

Single Point of Access (SPA) Protocol

Children Act 1989

Education Act 2002

Children Act 2004

Children and Families Act 2004

Who to Contact

The Single Point of Access (SPA), the single gateway for all incoming contacts to children's services, providing telephone and web-based support to professionals, the public, children, young people and their parent and carers.

<div align="center">

Contact Details
Kingston: 020 8547 5008
Richmond: 020 8891 7969

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