

Safeguarding Children (Level 1 & 2) - For all clinical staff & non clinical staff.

Introduction

This briefing supports you in understanding what we mean by safeguarding children and child protection, the different ways a child or young person may be abused or neglected and what action you should take if you ever have concerns that a child is being harmed.

All health care staff regardless of role, are required to fulfil their statutory duty under Working Together to Safeguard Children (2013) and Section 11 of the Children's Act (2004) to safeguard and promote the welfare of children.

The Children's Act (1989) defines a child as anyone who has not reached their 18th birthday, including the unborn child and 19 if disabled. The fact that a child has become 16 years of age, is living independently, is in further education, a member of the armed services, is in hospital or in custody does not change his or her status or entitlement to services or protection under the Children's Act (1989). All children should have the opportunity to achieve their full potential.

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

Child protection is the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

Effective child protection is essential as a part of wider work to safeguard and promote the

welfare of children. All healthcare staff has a duty to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

Key Statutory and Non-Statutory Guidance

Children's Act 1989

This is the main piece of legislation that underpins child protection work. The Act's ultimate purpose is to make the UK better and safer for children of all ages. This act introduced the following principles:

- The welfare and safety of the child are always paramount and the rights of children will always come above the rights of any adult
- It is in children's best interests to be brought up in their own families wherever possible
- Local authorities have a duty to safeguard and promote the welfare of vulnerable children
- Moved from parental rights to children's rights therefore introducing the concept of 'parental responsibility'
- Parental responsibility diminishes as the child acquires sufficient understanding to make his or her own decisions

Children's Act 2004

The Children's Act (2004) came into force following the death of Victoria Climbié and the follow on review of child protection by Lord Laming.

Some of the principles the act introduced are:

- Improve and integrate children's services – to improve local working to safeguard and promote children's wellbeing – placing a duty to co-operate on all services.

- Early help / intervention – to prevent unnecessary escalation of issues or problems
- Private fostering

A privately fostered child is a child under the age of 16 (18 if disabled) who is cared for and accommodated by someone other than a parent or close relative* for more than 28 days. * Close relatives are Step parents, Grandparents, brothers/sisters or Aunts/Uncles. If we are aware of a child is being privately fostered, we need to notify Children's services for the area the child lives.

Children's services also need to be informed of any 16 to 18 year olds who are homeless.

UN Convention of the Rights of the Child

In 1989, the world's leaders officially recognised the human rights of all children and young people under 18 by signing the UN Convention on the Rights of the Child. It came into force in the UK in 1992.

The Convention says that every child has:

- The right to a **childhood** (including protection from harm)
- The right to be **educated** (including all girls and boys completing primary school)
- The right to be **healthy** (including having clean water, nutritious food and medical care)
- The right to be treated **fairly** (including changing laws and practices that are unfair on children)
- The right to be **heard** (including considering children's views)

We are duty bound to ensure these rights are upheld.

Human Rights Act

The Human Rights Act is a UK law passed in 1998. It means that you can defend your rights in the UK courts and that public organizations (including the Government, the Police and local councils) must treat everyone equally, with fairness, dignity and respect.

Sexual Offences Act 2003

The Sexual Offences Act aims to clarify what constitutes a crime of a sexual nature against children, young people and adults.

The age of consent remains 16 for both boys and girls regardless of sexual orientation. Any sexual activity with a child under the age of 13 – regardless of it being consensual or not is an offence under the act. It is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

The position of trust offences in the Act covers all children under 18. They are mainly designed to protect young people aged 16 and 17 who, even though they are over the age of consent, are potentially vulnerable to sexual abuse from people in positions of trust or authority (i.e. teachers, carers, voluntary staff, health professionals etc.)

Child Abuse

The term *child abuse* describes a range of ways in which people harm children or young people (unborn to 18) knowingly, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or groups of children.

Child abuse can be physical, emotional, and sexual or neglect. In many cases, children are subjected to a combination of types of abuse e.g. neglect and emotional abuse.

While some types of abuse are caused by someone doing something that harms the child, others are the result of failing to take steps to keep children safe and well.

Definitions of Abuse

There are four recognised categories of abuse:

1. Physical

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm can also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

What might you see that would lead you to suspect a child is being physically abused?

- Actual injury / physical signs – bruises – especially in areas not usually injured or bruises / marks on babies and children who are not mobile, fractures, pinch marks, bites, dipping scalds, bruised eyes, burns, marks from an implement, Female genital mutilation
- Emotional and psychological reactions may include – failure to reach potential, poor attention, damaged self-esteem, defended/distant, hardened
- Behaviours – fearful of adult reaction, frozen watchfulness, flinching, refusal to return somewhere or to someone, winching

Female Genital Mutilation (FGM)

FGM is illegal in England, and is a form of physical abuse. It is also an offence to take a girl abroad for the procedure. A person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majoria, labia minora or clitoris except for clinically necessary surgical operations

FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia. The majority of cases of FGM are thought to take place between the ages of 5 & 8.

2. Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological

needs, likely to result in the serious impairment of the child's health or development.

Neglect can occur during pregnancy as a result of maternal substance abuse.

Neglect may involve a parent or carer failing to: - provide adequate food, clothing, shelter (including excluding from home or abandonment); Protecting a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); ensure access to appropriate medical care or treatment.

What might you see that would lead you to suspect a child is being neglected?

- Actual injury/physical signs - Low weight, sores, chronic head lice, poor dental hygiene, under developed, ill-fitting, dirty clothes and shoes, not dressed warmly enough in cold weather, appearing very dirty, with matted and unwashed hair or smelling bad, untreated or delayed treatment for illness and physical injuries
- Behaviour signs may include – voracious appetite, frozen watchfulness, withdrawn, unsupervised children, left alone at home, frequently late for school, troublesome, disruptive behaviour, or withdrawn and passive, running away from home.
- Emotional and psychological reactions may include self-berating, and failure to develop normally due to lack of stimulation/care

3. Sexual

Forcing or enticing a child or young person to take part in sexual activities (including prostitution), not necessarily involving a high level of violence, whether or not he child is aware of what is happening.

The activities may involve physical contact such as assault by penetration (rape or oral sex), and non-penetrative acts such as kissing,

masturbation, rubbing, and touching children outside of clothing.

The activities may also include non-contact activities, such as involving children 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 exploitation is a form of sexual abuse, in which a young person is manipulated or forced into taking part in a sexual act. This could be as part of a relationship which seems to be normal and loving in return for attention, affection, money, drugs, alcohol, or somewhere to stay.

What might you see that would lead you to suspect a child is being sexually abused?

- Actual injury/physical signs – bruise's on breasts, thighs, buttocks, genital injuries, vaginal and urinary tract infections
- Behavioural signs – sexually explicit behaviour and knowledge, masturbation, terror of men/man/one person, self-harming, anxious about going to a particular place or seeing a particular person, becoming aggressive, extreme mood swings such as brooding, crying or fearfulness, deterioration in school results, starts wetting the bed again having been previously dry. Adolescent victims more likely to do poor at school, abuse drugs or alcohol, self-harm, have unprotected sex with numerous partners.
- Emotional and psychological problems may include anxiety, depression, aggression, obsession, somatic complaints, insecure

In addition, signs that a child or young person is a victim of child sexual exploitation may include:

- Going missing for periods of time or regularly coming home late

- Missing school or not taking part in education
- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections
- Drug or alcohol misuse

4. Emotional

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to the 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 the 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 (domestic abuse)

It may involve serious bullying (including cyber bullying) 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, though it may occur alone.

What might you see that would lead you to suspect a child is being emotionally abused?

- Actual injury/physical signs – stunted growth, failure to thrive, speech delay, retreating
- Behaviours – needy, over passivity, hyperactivity, rocking, self-harming
- Emotional psychological reactions – self-denying, poor self-esteem, worthlessness, insecure, anxious/distant, fatalistic
- Indirect signs – striving, listlessness, unkempt appearance, nightmares

Child Trafficking

Child trafficking is the recruitment and movement of children for the purpose of exploitation. This can be moving children from one country to another or moving children within a country.

Child trafficking is a form of child abuse in itself but is usually accompanied by other forms of abuse and neglect. Children have been trafficked to or within the UK for different forms of exploitation including: sexual exploitation, benefit fraud, forced marriage, criminal activity (such as pickpocketing, begging), cannabis cultivation or domestic servitude

Radicalisation

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups.

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm.

Potential indicators could include:-

- Use of inappropriate language
- Possession of violent, extremist literature
- Behavioral changes
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

Prevalence

Approximately 50,500 children in the UK are known to be at risk of abuse right now (children who have a child protection plan).

A study carried out by the NSPCC on 11-17 year olds found that:-

- 1 in 20 children (19%) had been severely maltreated
- One in 20 children (4.8%) have experienced contact sexual abuse.
- One in 14 children aged 11-17 (6.9%) have experienced severe physical violence at the hands of an adult.
- One in seven children aged 11-17 (13.3%) have been neglected. Almost one in ten (9.8%) have experienced severe neglect.
- One in 14 children aged 11-17 (6.8%) have experienced emotional abuse.
- Just under one in five children aged 11-17 (17.5%) have experienced domestic violence between adults in their homes.

Safeguarding Children and Adult Concerns

All professionals working with adults, who have children, need to be alert to family circumstances which present challenges for children, such as substance and alcohol abuse, adult mental and physical ill-health, domestic abuse, and learning disability. These can at times adversely affect children. The impact of which will depend on the child's own resilience and strengths and weaknesses of their particular circumstance.

Substance and Alcohol Abuse

Parental substance or alcohol use does not automatically have an adverse impact on children but it can increase their vulnerability. When parents misuse drugs and alcohol, their ability to appropriately care for their children is often compromised. It is also associated with higher levels of family dysfunction.

Children can have lower levels of school achievement, poor mental health, increased risk of anti-social behaviour, and increased risk of drug and alcohol dependency in adulthood. Children may also have caring responsibilities which are inappropriate for their age.

If an adult is misusing drugs and/or alcohol, and their level of abuse indicates their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling upon a child, a referral needs to be made to children's services. All pregnant ladies who are abusing drugs or alcohol require a referral to children's services for a pre-birth assessment.

Adult Mental and Physical Ill-Health

The majority of parents who suffer significant mental ill-health are able to care for and safeguard their child(ren) and/or unborn child, but it is essential always to assess the implications for each child in the family.

The following parental risk factors may justify a referral to Children's Services for an assessment of the child's needs:

- Previous history of parental mental health especially if severe and/or enduring condition
- Predisposition to, or severe post natal illness
- Self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child
- Non-compliance with treatment, reluctance or difficulty in engaging

with necessary services, lack of insight into illness or impact on child

- Mental illness combined with domestic violence and/or relationship difficulties
- Unsupported and/or isolated mentally ill parents
- Parental inability to anticipate needs of the child

The following child related factors may justify a referral to Children's Services for an assessment of the child's needs:

- A child acting as a young carer
- Child having restricted social and recreational activities
- A child missing school
- Child's physical and emotional needs neglected
- Impact has been observed on child's growth, development, behaviour and/or mental / physical health,
- The parent / carer's needs or illnesses taking precedence over the child's needs
- Insufficient alternative care for the child within extended family to prevent harm

Domestic Abuse

Domestic abuse is a broad description of abusive relationships that develop within the home / family environment where power is exercised to the detriment of at least one party. Without intervention, the evidence is that it is likely to get worse.

Such situations may involve threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults / young people who live in the same household or where one lives in the household and the other is a regular visitor e.g. partners, ex-partners and family members.

Domestic abuse may be exacerbated by other factors e.g. mental illness, substance misuse (including alcohol), homelessness and housing need, pregnancy, new birth and separation.

Domestic abuse can have a serious impact on a child's (including the unborn baby if the victim is pregnant), development and emotional well-being. Domestic abuse is recognised as emotional abuse to children.

Many young people in relationships also experience domestic abuse and therefore likely to be children in need or likely to suffer from significant harm.

In incidents of domestic abuse, Information must be shared and appropriate referrals to children's services made, even if this is initially without knowledge of the parties involved or contrary to their specific wishes.

Learning Disability

A learning disability can be defined as:-

- A significantly reduced ability to understand new and complex information, to learn new skills (IQ <70), a reduced ability to cope independently, which started before adulthood, with a lasting effect on development

The ability of parents with learning disability to provide a reasonable standard of care will depend on their own individual abilities, circumstances and the individual needs of the child.

The issues which most frequently give rise to concern in relation to parents with learning disabilities are a lack of skills, understanding or knowledge of the child's needs, rather than deliberate abuse, but can lead to a lack of adequate care of the children. Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their child.

The quality of care experienced by the child determines whether or not a referral to

children's services should be made for assessment.

Sharing Information

Collaboration between health professionals and other agencies is essential in the interests of children. Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection.

Staffs in adults' services are aware that problems faced by clients who have parenting responsibilities are often likely to affect children and other family members. However this information is not always shared and opportunities to put preventative support in place for the children and family are missed. Where an adult receiving services is a parent or carer, sharing information where appropriate with colleagues in children's services could ensure that any additional support required for their children can be provided early.

Obtaining informed consent for sharing information is very important and best practice, and in many cases a legal requirement. However, you may not need consent if it is inappropriate to seek it (e.g., if you have a statutory duty to share – or where a child or young person is at risk of significant harm). Being open and honest, including being clear about information sharing and respecting people's wishes wherever possible, will help maintain trust and confidence within your professional relationship of working with the client.

The data protection act (1998) is not a barrier to sharing information if there are concerns for a child's safety and wellbeing.

Further information for sharing information can be found at www.gov.uk/.../information-sharing-for-practitioners-and-managers

Making a referral to Children's Services (Children's Social Care)

If a child is considered to be a 'child in need' or a child in need of protection, a referral should be made to children's social care.

If you are unsure if the threshold for referral has been met, speak to your line manager or the named gp for child protection

There must be no delay in making the referral and it should be made before the end of your shift/working day. In an emergency, the referral can be made over the telephone but must then be confirmed in writing on the appropriate referral form within 24 hours.

Referral processes are different in each county. Please follow the specific guidance for each county (referral to children's social care for each county can be found on a search engine like google). For Hertfordshire it is the Red Headed form. Telephone number 0300 123 4043.

If you have reason to believe the child is in imminent danger of harm the police should be called using the 999 emergency services number.

Completing the referral form.

- Be concise, avoiding long explanations
- Try to use bullet points to clearly state your concerns for the child
- Fully complete all professional's contact details
- Ask about siblings and the schools they attend
- Ask who has parental responsibility