

RESPONDING TO ABUSE AND NEGLECT

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1. INTRODUCTION

These North East Lincolnshire SCB Child Protection Procedures set out how agencies and individuals should work together to safeguard and promote the welfare of children and young people. The target audience is professionals (including unqualified staff and volunteers) and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children, and operational and senior managers, in:

- Agencies responsible for commissioning or providing services to children and their families and to adults who are parents;
- Agencies with a particular responsibility for safeguarding and promoting the welfare of children.

Many children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need early co-ordinated help services from health agencies such as GPs and health visiting, educational establishments such as schools and colleges, Children's Centres, local authority children's social care, the private, voluntary, community and independent sectors, including youth justice services. Some services will be provided as universal services whilst others may be more targeted to meet specific needs, whatever the circumstances of the child:

All agencies and professionals should:

- Be alert to potential indicators of Abuse or Neglect;
- Be alert to the risks which individual abusers, or potential abusers, may pose to children;
- Share and help to analyse information so that an assessment can be made of the child's needs and circumstances;
- Contribute to whatever actions are needed to safeguard and promote the child's welfare;
- Take part in regularly reviewing the outcomes for the child against specific plans;
- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

These procedures are based on the [Working Together to Safeguard Children](#) which sets out what should happen in any local area when a child or young person is believed to be in need of support. Effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective, each individual and organisation should play their full part; and

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- A child-centred approach: for services to be effective, they should be based on a clear understanding of the needs and views of children.

Working Together to Safeguard Children defines Safeguarding 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.

2. THE CONCEPT OF SIGNIFICANT HARM

Some children are in need because they are suffering, or likely to suffer, Significant Harm. **The Children Act 1989** introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Additionally, a Court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, 'harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of domestic violence and abuse.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

3. EARLY HELP

The agencies in North East Lincolnshire have agreements in place such as the, **Family Support Pathway and Threshold of Need Child Concern Model** which provide effective ways to identify emerging problems and potential unmet needs for individual children and families as well as clear guidance and procedures for all professionals, including those in universal services and those providing services to adults with children.

The local Threshold document includes information as follows:

- The process for the early help assessment and the type of Early Help services to be provided;

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- The criteria, including the level of need, for when a child should be referred to North East Lincolnshire Council children's social care for assessment and for statutory services under:
 - Section 17 of the Children Act 1989 (children in need);
 - Section 47 of the Children Act 1989 (safeguarding);
 - Section 31 of the Children Act 1989 (care proceedings);
 - Section 20 of the Children Act 1989 (duty to accommodate a child).

4. DEFINITIONS OF CHILD ABUSE AND NEGLECT

The following definitions are based on those identified in Working Together to Safeguard Children 2015:

PHYSICAL ABUSE

Physical Abuse 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 fabricates the symptoms of, or deliberately induces illness in a child;

EMOTIONAL ABUSE

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations 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;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger;
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

SEXUAL ABUSE

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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of, pornographic materials, watching sexual activities or 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.

In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under **s5 Sexual Offences Act 2003**.

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 may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent 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);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs.

North East Lincolnshire Professionals have produced Practice Guidance and a Protocol when working with families where you have concerns about neglect. **Click here to view the NEL LSCB Neglect Page.**

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse, which can be impacted on by for example domestic violence and abuse in the household or a cluster of problems faced by the adults.

In addition, research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships.

It should therefore be considered in responding to concerns that the Home Office definition of Domestic Violence and Abuse (2013) is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- 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."

5. POTENTIAL RISK OF HARM TO AN UNBORN CHILD

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. where there is information known about domestic violence, parental substance misuse or mental ill health).

These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care to the baby.

6. PROFESSIONAL AND AGENCY RESPONSE

All professionals, whether paid or voluntary, in all agencies and organisations, where they come in to contact with children and young people, or similarly, all those who work in some way with adults, who may be parents or carers, should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to gather and analyse information as part of an assessment of the child's needs.

Each agency and the North East Lincolnshire Safeguarding Children Board have child protection procedures in place to support and provide information about how and what action to take when there are concerns about a child. Those child protection procedures will include information about how to:

- Identify potential or actual harm to children;
- Discuss and record concerns with a first line manager / in supervision;
- Analyse concerns by completing an assessment;
- Discuss concerns with the agency's designated safeguarding children advisor (able to offer advice and decide upon the necessity for a referral to LA children's social care).

Professionals in all agencies should use their knowledge and agency resources to contact local children's social care or the police about their concerns directly and to complete the appropriate referral form, if there are urgent concerns.

In such circumstances a formal referral to North East Lincolnshire children's social care, the police or accident and emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the nominated safeguarding children adviser, or the completion of an assessment.

All professionals in agencies with contact with children and members of their families must make a referral to North East Lincolnshire children's social care if there are signs that a child or an unborn baby:

- Is suffering Significant Harm through Abuse or Neglect;
- Is likely to suffer significant harm in the future.

The timing of such referrals should reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm.

In urgent situations, out of office hours, the referral should be made to the children's social care emergency duty team / out of hours service.

7. HEARING AND OBSERVING THE CHILD

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns;
- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to North East Lincolnshire children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

8. PARENTAL CONSULTATION

Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to North East Lincolnshire children's social care **unless** seeking agreement is likely to place the child at risk of significant harm through delay or from the parent's actions or reactions; For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or induced illness has taken place.

Where a professional decides not to seek parental permission before making a referral to North East Lincolnshire children's social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to North East Lincolnshire children's social care. Professionals should consult with their line manager/designated safeguarding advisor, if at all practicable, for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

- The reason for proceeding without parental agreement must be recorded;
- The parent's withholding of permission must form part of the verbal and written referral to children's social care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

A child protection referral from a professional cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

9. URGENT MEDICAL ATTENTION

If the child is suffering from a serious injury, the professional must seek medical attention immediately from accident and emergency services and must inform North East Lincolnshire children's social care, and the duty consultant paediatrician at the hospital.

Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:

- LA children's social care local to the hospital and the child's home address (may be two different LA children's social care) are notified by telephone that there are child protection concerns;

- A strategy meeting/discussion has been held, if appropriate, which should then include relevant hospital and other agency professionals.

10. MAKING A REFERRAL

Referrals should be made to North East Lincolnshire children's social care for the area where the child is living or is found.

If the child is known to have an allocated social worker, the referral should be made to them or in their absence to the social worker's manager or a duty children's social worker. In all other circumstances referrals should be made to the duty officer.

The referrer should confirm verbal and telephone referrals in writing, within 48 hours.

Where an assessment has been completed prior to referral, these details should also be conveyed at the point of referral.

North East Lincolnshire children's social care should **within one working day** of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

For further details see Referrals Procedure.

11. CONCERNS RAISED BY A MEMBER OF THE PUBLIC

When a member of the public telephones or approaches any agency with concerns about the welfare of a child or an unborn baby, the professional who receives the contact should always:

- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;
- Take basic details:
 1. Name, address, gender and date of birth of child;
 2. Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), professionals providing other services, a lead professional for the child.
- Discuss the case with their manager and the agency's designated safeguarding children advisor to decide whether to:
 1. Make a referral to North East Lincolnshire children's social care;
 2. Make a referral to the lead professional, if the case is open and there is one;
 3. Make a referral to a specialist agency or professional e.g. educational psychology or a speech and language therapist;
 4. Undertake an Early Help Assessment.

Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

The opportunity for a face to face meeting or interview should be offered to the member of the public to clarify information and offer advice, if needed.

The member of the public should also be given the number for their North East Lincolnshire children's social care and encouraged to contact them directly. The agency receiving the initial concern should **always** make a referral to North East Lincolnshire children's social care and to the lead professional if there is one, in case the member of the public does not follow through (which can happen).

Some people may prefer not to give their name to North East Lincolnshire children's social care, or they may disclose their identity but not wish for it to be revealed to the parent/s of the child concerned. Wherever possible, professionals should respect the referrer's request for anonymity. However professionals should not give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

12. HISTORICAL ABUSE

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed. The person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children may trigger the allegation.

Reports of historical allegations may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns and the Referral Procedure should be followed. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for, children.

Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
- Criminal prosecutions can still take place despite the fact that the allegations are historical in nature and may have taken place many years ago.

If it comes to light that the historical abuse is part of a wider setting of institutional or organised abuse, the case will be dealt with according to the Organised and Complex Abuse Procedure.

13. ADULT SERVICES RESPONSIBILITIES IN RELATION TO CHILDREN

Adult services and professionals working with adults need to be competent in identifying the client or patient's role as a parent. They need to be able to consider the impact of the adult's condition or behaviour on:

- A child's development;
- Family functioning;
- The adult's parenting capacity.

Where a professional working with adults has concerns about the parent's capacity to care for the child and considers that the child is likely to be harmed or is being harmed, they should immediately refer the child to the police or LA children's social care, in accordance with their agency's child protection procedures.

Requests for information about a child, which are often made to health professionals such as GPs or specialist services for mental health or substance misuse, by North East Lincolnshire children's social care should be directed to the correct professional and not dealt with by administrative staff or intermediaries.

Adult Services, whether commissioning and provider organisations, employ safeguarding children professionals to take the lead on safeguarding children matters. The roles and responsibilities of designated and named safeguarding children professionals should be clear and accessible to all staff and made known to partner agencies to assist in the process of sharing information.

14. SCHOOLS AND EDUCATIONAL ESTABLISHMENTS

One of the main sources of referrals about children is schools, which means all schools whether maintained, non-maintained or independent schools, including academies and free schools, alternative provision academies and pupil referral units. 'School' includes maintained nursery schools.

All schools and colleges must have regard to the statutory guidance **Keeping Children Safe in Education; Statutory Guidance for Schools and Colleges (September 2016)** when carrying out their duties to safeguard and promote the welfare of children. This guidance from the Department for Education has been issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Education (Non-Maintained Special Schools) (England) Regulations 2011.

'Keeping children safe in education' contains information on what schools and colleges should do and sets out the legal duties with which schools and colleges must comply. It should be read alongside the statutory guidance 'Working Together to Safeguard Children' 2015, which applies to all the schools referred to above, and departmental advice '**What to do if you are worried a child is being abused 2015- Advice for practitioners**'.

The different schools and education settings for all age groups should have systems in place to promote the welfare of children and a culture of listening to children taking in to account their views and wishes.

Each establishment should have a designated professional lead for safeguarding. This role should be clearly set out and supported with a regular training and development program in order to fulfil the child welfare and safeguarding responsibilities. Arrangements within each school should set out the processes for sharing information with other professionals and the local LSCB.

All school and college staff have a responsibility to provide a safe environment in which children can learn.

All school and college staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed. All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual children.

All educational establishments including Free Schools, Academies, Children's Centres/ nurseries, public schools and colleges must have safe recruitment policies and procedures in place.

Clear policies and procedures in accordance with the local LSCB procedures for managing allegations against people who work with children must be in operation.