How to “Recognise and Respond to Child Abuse and Safeguarding Concerns”

Index

1.0 Introduction

1.1 This guide is intended to help all those working within our schools, whether in a paid or voluntary capacity, identify and respond to child protection concerns and safeguarding matters. It addresses the key issues and helps frame your professional response to safeguarding within an operational setting. It is a general guide with links to supporting material and legislation. There will be bespoke language and method within individual local authorities and it is important you understand how things work locally for you. Your school designated safeguarding lead (DSL) can help you with that local context.

1.2 This guide supports the Focus Learning Trust Safeguarding and Child Protection policy and the key statutory guidance documents in England, Scotland, Ireland and Wales in terms of general operational practice.

1.3 Abuse is abuse and whilst we seek to label different types the principles of recognition and taking positive action are the same.

1.4 One of the re-occurring themes from Serious Case Reviews nationally in recent years has been a lack of professional curiosity with an acceptance of explanation on face value. If something *"doesn't feel right then it probably isn't"* and we should all be supportive of one another in delivering well-evidenced proactive safeguarding practice.

2.0 Recognising Safeguarding Issues

2.1 The key areas of child abuse are physical, sexual, emotional and neglect with a number of specifically recognised, potentially cross-cutting, types of abuse such as peer on peer, child sexual exploitation etc**. It is really important to ask yourself if the story/explanation provided fits with what has been presented or you have seen.**

2.2 Be aware of the toxic trio. In circumstances where Mental Health, Domestic Abuse and substance misuse (Drugs/Alcohol) are all present the threat to children is amplified.

2.3 **Physical Abuse** - Deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It is not uncommon for parents/carers to make up illnesses for a child and even deliberately make them unwell. This is known as fabricated or induced illness.

Can present as:

Bruising

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies, for example 3 to 4 small round or oval bruises on one side of the face and one on the other, which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas

- Variation in colour possibly indicating injuries caused at different times - it is now recognised in research that it is difficult to age bruises apart from the fact that they may start to go yellow at the edges after 48 hours
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg or chest of a small child
- Petechial haemorrhages (pinpoint blood spots under the skin). These are commonly associated with slapping, smothering/suffocation, strangling and squeezing.

Burns

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine or impetigo in which case they will quickly heal with treatment)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scars

- A large number of scars or scars of different sizes or ages, or on different parts of the body, unusually shaped may suggest abuse.

2.4 **Sexual Abuse** – Made to or persuaded to take part in sexual activities. May not be physical and can be on-line. Often a child may not know what's happening is wrong.

Can present as:

- Inappropriate sexualised conduct
- Sexual knowledge inappropriate for the child's age
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts

- Running away from home
- Poor concentration and learning problems
- Loss of self-esteem
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties)

2.5 **Emotional Abuse** - Emotional maltreatment of a child damaging their emotional health, well-being and development. Humiliating, isolating or scaring a child are all forms of emotional abuse as is being exposed to domestic abuse.

Can present as:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- A child scapegoated within the family
- A child's frozen watchfulness, particularly in pre-school children
- A child's low self-esteem and lack of confidence
- A child appearing withdrawn or seen as a 'loner' with difficulty relating to others.

2.6 **Neglect** – Neglect is the ongoing failure to meet a child's basic needs and is the most common form of abuse. Hunger, poor cleanliness, poor health care, a lack of love/care or exposure to danger are all potentially neglectful actions. It can cause serious and long term damage. To-date neglect has featured in 60% of all serious case reviews nationally. Neglect is often difficult to detect in that it is usually a slow ongoing process. Professionals may, out of familiarity, start to unknowingly tolerate lessening standards of child care, and each one of us has different standards with regards to what is acceptable or unacceptable. It is therefore essential that a regular, objective appraisal of the child's presentation and condition is made.

Can present as:

- Being significantly short and/or underweight for the chronological age
- Cold mottled skin or poor skin condition
- Swollen limbs
- Cuts or sores which are slow to heal
- Diarrhoea caused by a poor or inappropriate diet, irregular meals or tension
- Patchy hair or bald spots.

2.7 Specific recognised types of abuse

a) *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, games and mobile phones, is often called cyberbullying

b) *Child sexual Exploitation (CSE)* - Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. 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.

c) *Domestic Abuse* - Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers. Domestic abuse can seriously harm children and young people.

d) *Faith Abuse* - Understanding more about a child's faith and the role faith plays in family life is important for anyone working with children, families or communities. It can help when considering appropriate ways to approach conversations around child protection and child safety. Safeguarding of children should be the focus of all actions. Children need to be protected irrespective of cultural sensitivities. Under UK law, different practices are no excuse for child abuse or neglect.

e) *Honour Based Violence (HBV) including Female Genital Mutilation (FGM)* - Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. 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 or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence and there are no medical reasons to carry out FGM

f) *Forced marriage* - which one or both spouses do not consent to the union, and violence, threats or any other form of coercion are involved.

g) *Peer on Peer Abuse* - Peer on peer abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18.

h) *Radicalisation and extremism* - Radicalisation is when someone starts to believe or support extreme views. They could be pressured to do things illegal by someone else. Or they might change their behaviour and beliefs.

i) *Youth Produced Sexual Imagery (sexting)* - young people (under 18) sharing indecent images, stills or videos, of themselves or of others (i.e. of others under 18) each case on merit, the driver is health and well-being and nor criminalisation of children. Guidance exists from the National Police Chief Council.

j) *Teenage Relationship Abuse* - Teenage relationship abuse is when there is actual or threatened abuse within a romantic relationship or a former relationship. One partner will try to maintain power and control over the other. This abuse can take a number of forms: physical, sexual, financial, emotional or social. This includes coercive and controlling behaviour.

k) *Trafficking* – Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold.

3.0 Responding to Safeguarding Issues

3.1 Stay calm, spend time with the child and use your skill in communicating with children to understand what has gone on. Some key things to consider:

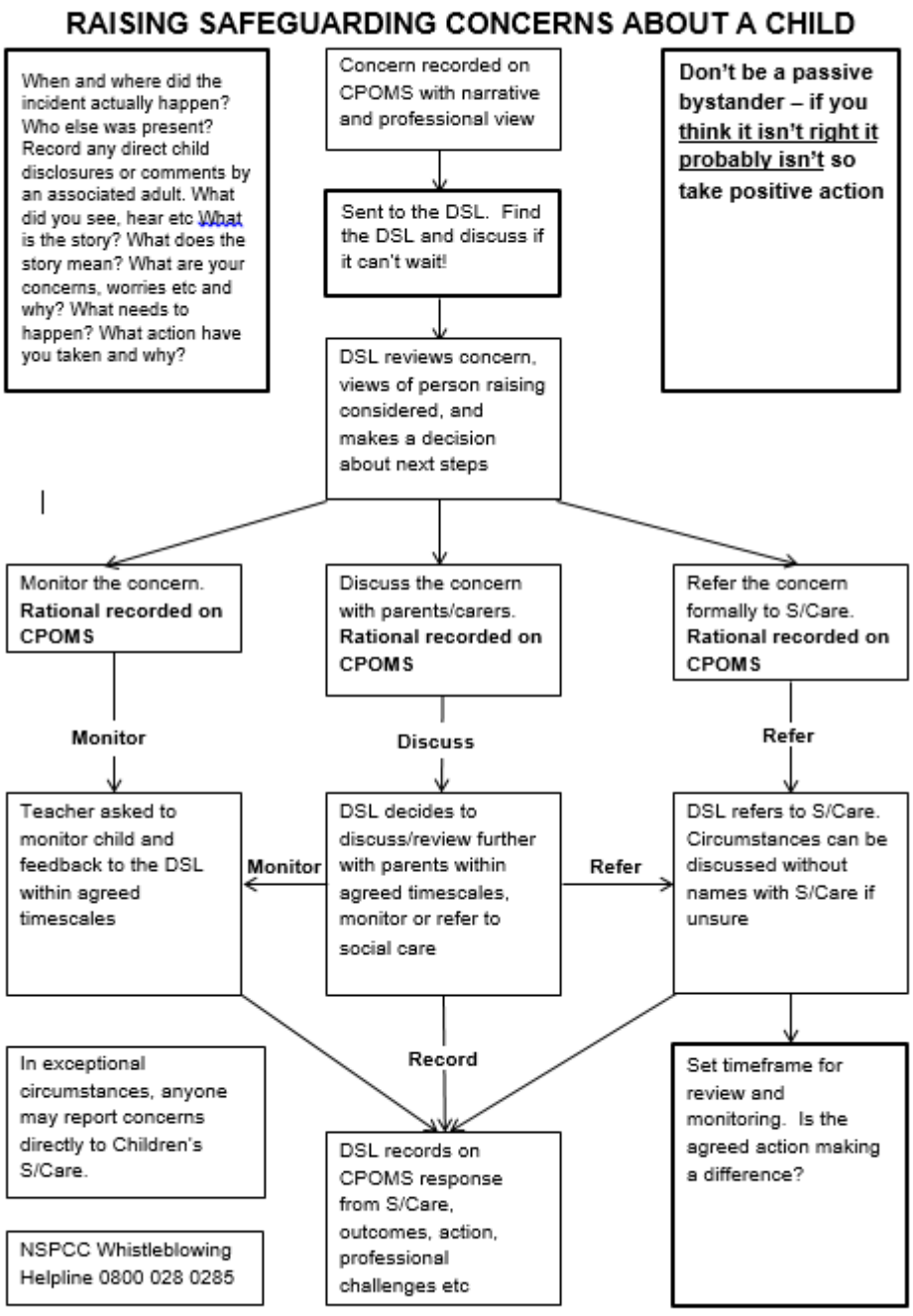
- observe any injuries but should not ask a child to remove or adjust their clothing to observe them
- allow the child to lead the discussion. Do take it seriously even if you find it shocking or unlikely
- ask open questions. You need to ask enough information to know that it is a disclosure that needs to be addressed and immediacy of any danger or significance of harm to the individual. It is not your role to get a detailed account and the individual may have to tell their story several more times.
- accept what the student says without challenge — reassure them that they are doing the right thing and that you recognise how hard it is for them
- do not lay blame or criticise either the child or the perpetrator
- don't make promises on what next nor that it will be confidential — reassure and explain that they have done the right thing and who needs to be told

3.2 Is the disclosure from an individual alleging abuse to themselves or another? Is this the reporting of a concern or suspicion? Does it involve another child, a teacher/volunteer or friends/family away from school?

3.3 Is the response what you would expect? I.e. has medical attention been sought promptly? Are parents being protective?

3.4 Is it something that needs addressing right now? Is it something that requires some planning before the end of the school day?

3.5 Flow Chart for raising safeguarding concerns



4.0 Reporting Safeguarding Issues

4.1 Report your concerns to your designated safeguarding lead as soon as possible with this the default action.

4.2 Is it something that needs addressing right now? Is it something that requires some planning before the end of the school day?

4.3 Concerns about a staff member may not always be apparent as safeguarding concerns. Something might at first appear to be related to equality, a practice issue or generally about the conduct of a staff member.

4.4 **Parental consent** – You should seek to discuss concerns with parents/carers and, where possible seek agreement to make a referral unless this may, either by delay or the behavioural response it prompts place the child at increased risk of Significant Harm. If there is an intention to inform the safeguarding trustee then similar consent should be sort and recorded.

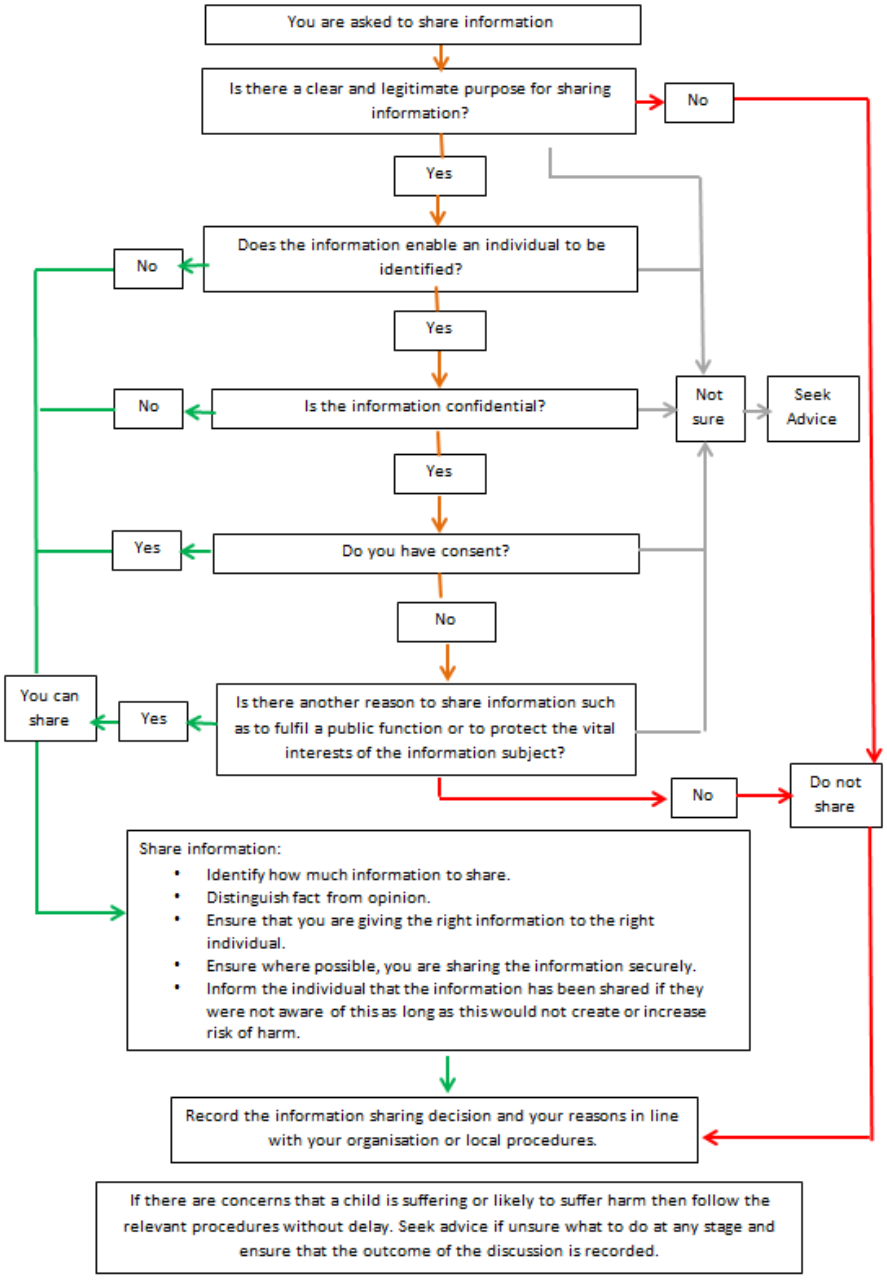
4.5 Not to seek parental permission before making a referral to Children's Social Care must be recorded and the reasons given. Likewise where a parent has agreed to a referral this must be recorded and confirmed on the relevant Referral Form.

4.6 Having taken full account of the parent's wishes if it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded
- The Children's Social Care team should be told that the parent has withheld her/his permission

4.7 **Information sharing** – Children have a right to be heard and safe. The General Data Protection Regulations 2018 (GDPR) do not prevent information sharing with Social Care without consent if you think a child is suffering or likely to suffer significant harm.

4.8 Flow chart to guide information sharing;



4.9 **Significant Harm** – This is a subjective test addressed in the Children act 1989. It includes;

- Harm means ill-treatment or impairment of health or development including for example impairment suffered from seeing or hearing the ill-treatment of another
- Development means physical, intellectual, emotional, social or behavioural development
- Health means physical or mental health
- Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical.

4.10 The Adoption and Children Act 2002 broadens the definition of Significant Harm to include the emotional harm suffered by those children **who witness domestic violence or are aware of domestic violence within their home environment**.

4.11 In your recording and referrals the severity of any ill-treatment may include;

- The degree and extent of physical harm
- The duration and frequency of abuse or neglect
- The extent of premeditation
- The degree of threats and coercion
- Evidence of sadism, and bizarre or unusual elements in child sexual abuse

4.12 A single traumatic event may constitute Significant Harm. In other circumstances Significant Harm is caused by the cumulative effect of significant events, both acute and long-standing, or the damaging impact of neglect which interrupt and change or damage the child's physical and psychological development.

4.13 When judging what constitutes Significant Harm it is necessary to consider:

- The family context, including the family's strengths and supports
- The child's development within the context of the family and within the context of the wider social and cultural environment
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- The nature of harm in terms of the ill-treatment or failure to provide adequate care
- The impact on the child's health and development
- The adequacy of parental care

4.14 Where the question of whether harm suffered by a 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 (S31 Children Act 1989). It is important always to take account of the child's reactions, and their perceptions, according to the child's age and understanding.

4.15 When responding to suspected youth produced sexual imagery the actual images must not be viewed. In determining the response the DSL will consider if the circumstances are *'experimental'* or *'aggravated'* (Wolak and Finkelhor, 2011).

4.16 If the school has decided that involving other agencies is not necessary, consideration should be given to deleting the images. It is recommended that pupils are asked to delete the images themselves and

confirm they have done so. This should be recorded, signed, and dated. Any refusal to delete the images should be treated seriously, reminding the pupil that possession is unlawful.

5.0 Recording Safeguarding Issues

5.1 You should record exactly what the concern is, your professional opinion and any action taken. This will be recorded using CPOMS. Use the guidance in 6.3 and 6.5 below to help frame your records. Remember that your record needs to tell the story, stand up on their own to anyone reading it and make sense months or years later if necessary.

5.2 Where the school decides not to refer the incident to Social Care or the police the justification should be clearly recorded by the DSL.

6.0 Referring Safeguarding Issues

6.1 The DSL should gather enough information to make any referral and make the decision what action to take: i.e. whether to monitor and record the concern or to refer it to Social Care. Ordinarily only the DSL or their deputy should be making referrals but urgent matters should not be delayed by this requirement. This prevents numerous referrals being made for the same incident, it allows consistency of process and the designated person can build relationships with the referral agencies. **If it is urgent go find the DSL and talk it through.**

6.2 If there is any doubt as to whether a concern reaches the threshold for a referral discuss the matter with Social Care. This can be done on “no names” basis.

6.3 **Aggravating factors** – Any of the following issues potentially aggravate safeguarding situations and should be commented on in any referral;

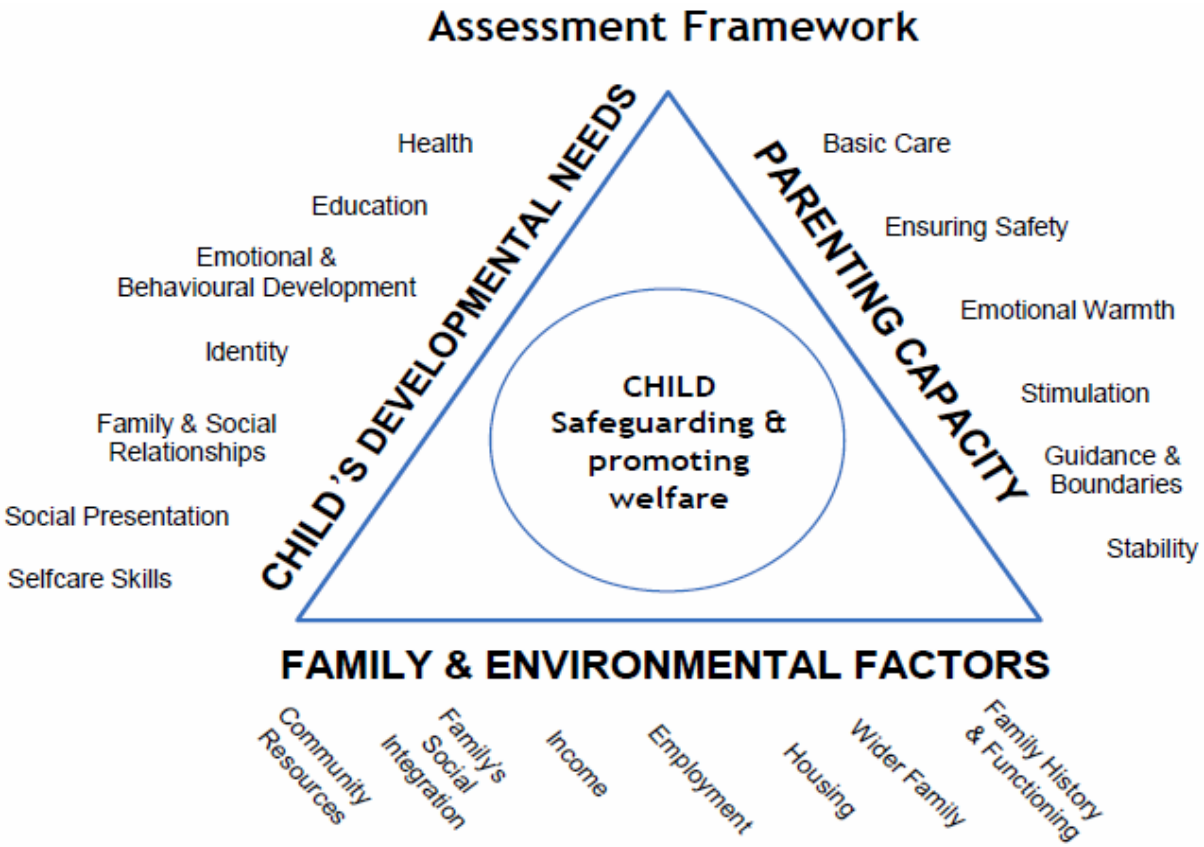
- The incident involves an adult
- Coercion, blackmail or grooming, or if there are concerns about capacity to consent (for example owing to special educational needs)
- Circumstances are unusual for the young person’s developmental stage or are violent
- Previous involvement of a similar nature
- Significant age gap between parties (CSE etc)

6.4 You must use the mechanism for referral within the Local Authority in which the child resides or in the case of a concern about a professional the school locality.

6.5 In your referral professionally analyse what you are saying! Some really important things to consider:

- When and when did the incident actually happen? Date/time and location
- Who else was present?
- Record any direct child disclosures or unsolicited comments by an associated adult.
- What did you see, hear etc
- What's the story?
- What does the story mean?
- What are your concerns, worries etc and why?
- What needs to happen?
- What action have you taken and why?

6.6 Children's Social care will be considering the child within the assessment context below. Understanding this will help with any referral you make or indeed what monitoring or support the school might provide if the threshold for referral is not met.



6.7 **Outcomes with Social Care** – there are only four broad options following a referral. These are;

- Already an open case and sent to the social worker/team dealing
- Multi-Agency Safeguarding Hub (MASH) – immediate strategy discussion with agencies (S47)/information gathering
- Early Help – Child in need of support (S17)
- No further action (NFA)

6.8 A decision must be made by Social Care one working day (Working Together 2015/KCSIE 2018)

6.9 **Escalation** – if you are not content with the response from Social Care you should challenge the decision and explain why. There should be a local Escalation policy which invariably starts with a conversation with a team manager.

6.10 **The Child Protection Conference** - Where concerns are substantiated and the child is judged to be at continuing risk of significant harm a child protection conference should be held. One consideration at the conference is whether it will be possible to work collaboratively with the parents or whether an element of coercion will be required. The major part of the conference is taken up with the assessment of risk by the multi-agency group which uses various factors to determine the level of risk. One is to treat the concerns about the child as cumulative. Another is to focus is on the likelihood of the incident of abuse being repeated. Another focuses on specific parental behaviour resulting in abuse or neglect. Consideration is occasionally given to the existence of family dysfunction and patterns of relating that are harmful to children which may be very resistant to change. The main factors leading to a decision to place a child on a child protection plan are the perceived severity of the abuse or neglect, the existence of secondary concerns and information about the previous involvement of the family with other agencies.

6.11 Allegations Management - concerns about staff members

- Speak with the Head who will discuss the matter with the Local Authority Designated Officer.
- If the concern is about the Head contact the Safeguarding Trustee
- The Head will keep records of all concerns and their outcome
- You can get further advice from the Focus Learning Trust National Safeguarding Advisor, Simon Atkinson, on 07384 520314