



SAFEGUARDING & CHILD PROTECTION POLICY GUIDANCE

May 2020



Introduction

The City & Hackney Safeguarding Children Partnership (CHSCP) wants everyone who works with children and young people to have their protection and welfare at the heart of what they do. In practice, this means always thinking 'safeguarding first' and ensuring that children are seen, heard and helped. Our aim is to ensure that practice and outcomes for children are at least good, and that staff and volunteers in every agency, at every level, know what they need to do to make children safer.

To help achieve this aim, it is essential that all organisations (both safeguarding partners and all designated relevant agencies) have a clear safeguarding & child protection policy that sets out how they will keep children safe and how they will respond to child protection concerns. [This is a basic requirement of our local safeguarding arrangements.](#)

This guidance provides organisations with a few '*top tips*' about what to include when writing a policy and how to structure it for best effect. Whilst the CHSCP does not prescribe a particular format, organisations should aim to ensure that the core elements of this guidance are included, alongside any sector specific guidance that is relevant to their work.

Further advice on writing safeguarding policies and procedures is available from the [NSPCC](#).

The Focus

A safeguarding & child protection policy must, as the name implies, be child focused. It should explicitly set out the responsibilities that an organisation and the individuals within it have and be sufficiently comprehensive to ensure that children are kept safe in all places and at all times. In essence, the policy needs to ensure it reflects the importance that the organisation places on the protection and welfare of children and young people. The following three questions should always be considered by organisations when developing such a policy:

- Have we reflected statutory requirements and relevant non-statutory guidance?
- Have we considered examples of best practice?
- Without diluting or undermining the first two requirements, how can we reflect these requirements in the context of our organisation (i.e. faith / sport / leisure / arts)?

For the policy to be effective, it needs to be written in a way that is both transparent and simple to understand. The policy must be clear about its intended audience, should be publicised and be available for members of the public to read. The following headings are a useful guide as to how a good policy can be structured. It is not an exhaustive list and other areas can be included. However, sections that involve guidance on how to respond to concerns and who to speak to should be kept as close to the front of the document as possible. By including a 'Toolkit', organisations can include supporting guidance without diluting the focus on the key things that staff and volunteers need to know. **Suggested Policy Headings:**

1. Foreword
2. Purpose of the Policy
3. Commitment to Safeguarding
4. Key Safeguarding Roles
5. What to do if you are worried about a child
6. What to do if you are concerned about a professional or volunteer
7. Escalation / Whistleblowing
8. Safer Recruitment
9. Support for Staff and Volunteers
10. Toolkit

Foreword

Inclusion of a foreword can be helpful to set out a leadership narrative that explains the status of the policy and the expectation of compliance. This will set the tone of the importance of the document. Leadership can also use this opportunity to reinforce that if anyone suspects a child or young person is in immediate danger or is at immediate risk of harm, then they should contact the police by calling 999 without delay. The foreword should be signed by the most senior leader(s) in the organisation, with there being a stated commitment to reviewing the policy at a minimum frequency of yearly or whenever there are changes in relevant legislation or guidance.

Purpose of the Policy

A good policy will always include at its start a brief statement about its overall purpose. As a minimum, the CHSCP expects the following points to be covered:

- That the policy covers all children using the definition of a child as set out in statutory guidance¹. *Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.*
- That the policy is consistent with relevant sector statutory and non-statutory guidance (For example: Charities - 'Safeguarding and protecting people for charities and trustees' / Schools & Colleges - 'Keeping Children Safe in Education 2019')
- That the policy is intended for all those who occupy positions of responsibility, who work, volunteer or come into contact with children and young people as part of their role with the organisation.
- That the policy is publicly available and promoted by the organisation.
- That the policy defines the key safeguarding roles, so that everyone knows who is responsible and to whom a concern can be raised.
- That the policy sets out:
 - the steps to be taken if someone is worried about a child or young person.
 - the steps to be taken if there are concerns about a someone working, volunteering or occupying a position of trust or engaging with children and young people.
 - how to escalate concerns, whistle-blow and share information.
 - how appointments will be made safely.
 - a toolkit of supporting procedures and guidance.

Commitment to Children & Young People

A clear statement reflecting how an organisation is fundamentally committed to ensuring that all children are safeguarded and effectively protected from harm is important. Under this section, the policy can also reinforce the expectations placed upon those working or volunteering for the organisation. For example:

'Our staff will

- *Remain alert to safeguarding risks and ensure familiarity with this safeguarding policy.*
- *Take all suspicions and/or allegations of abuse or risk to children seriously and respond swiftly in accordance with this policy. This includes taking seriously any allegations made against an adult working or volunteering with children.*
- *Share information appropriately.*
- *Attend safeguarding training.*
- *Escalate matters of concern as required and be alert to our Whistleblowing policy.*
- *Ensure that all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions are recorded in writing.'*

Key Safeguarding Roles

The policy should clearly reference the key safeguarding roles within the organisation. Names, roles and contact details should also be included. As a minimum, this should include the senior lead in the organisation with overall accountability for safeguarding children, a Designated Safeguarding Lead (DSL) and a Deputy DSL. For charities, the Lead Trustee for Safeguarding should also be referenced.

What to do if you're worried about a child

This section of the policy should be consistent with and link to the government's [non-statutory guidance](#) for practitioners – setting set out what to do if someone is worried a child is being abused. This guidance includes four basic steps to follow when worried about a child or young person.

- **Being alert to signs of abuse and neglect**
- **Questioning Behaviours**
- **Asking for Help**
- **Reporting**

The policy should clearly state that if you suspect a child or young person is in immediate danger or is at immediate risk of harm, you should contact the police by calling 999 without delay.

It should also note that law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard their welfare. Accordingly, those working directly with children and young people should take appropriate action wherever necessary to ensure that no child is left in immediate danger and take all reasonable steps to offer a child immediate protection (including from an aggressive parent / carer). (Children Act 1989 S.3 (5)(a) and (b))

It should refer to the option to seek advice from the NSPCC helpline (help@nspcc.org.uk / 0808 800 5000). The NSPCC can help make a determination if a safeguarding referral is required and complete it if necessary.

It should also emphasise that all non-recent (historical) allegations should be responded to in the same way as contemporary concerns.

At the point a concern is identified, the policy should specify a referral should be made to the local authority children's social care or the police without delay. Advice should always be sought from the local authority children's social care and/or the police as to what internal action the organisation is able to take based on the status of any statutory investigation.

Reference should be made to either (or both) of the [threshold documents](#) that have been published by safeguarding partners and are in place in the City of London and Hackney. These documents set out the local criteria for action in a way that is transparent, accessible and easily understood.

They include:

- the process for the early help assessment and the type and level of early help services to be provided
- the criteria, including the level of need, for when a case should be referred to local authority 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 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)
 - section 31 of the Children Act 1989 (care and supervision orders)
 - section 20 of the Children Act 1989 (duty to accommodate a child)
- clear procedures and processes for cases relating to:
 - the abuse, neglect and exploitation of children
 - children managed within the youth secure estate
 - disabled children

Obtaining Feedback

Beyond the basic steps set out above, a good policy will also include a section on how to ensure that a referral made to statutory authorities has been received and the need to clarify and record the action being proposed. It should set out that if feedback is not provided within 5 working days, contact should be made directly with the local authority's children's social care department to determine the status of the referral.

Recording

This section should reinforce that at all stages of the process, staff / volunteers must record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions. As a minimum, this recording must include the following:

- **the nature of the concern first raised, by whom and when;**
- **to whom it is related, i.e. a specific child, adult or organisation;**
- **the points discussed with the DSL and/or any other staff member providing advice.**
- **when and with whom the discussion occurred; the decision reached, whether consent for referral has been obtained or not and reasons for the actions taken.**

What to do if you're worried about a professional or volunteer

The policy should emphasise that the first step in effectively protecting children and young people from professionals or volunteers who want to harm them is to accept that this risk exists and that this risk may exist from the people you work alongside. Staff and volunteers must be prepared to *think the unthinkable*, regardless of how challenging or uncomfortable this might be.

The policy should reflect that it is the personal and professional responsibility of all to report any concerns about professionals or volunteers working with children or young people that involve people:

- **behaving in a way that has harmed, or may have harmed a child or young person;**
- **committing a criminal offence against, or related to, a child or young person; or**
- **behaving towards a child or young person, or groups of children and young people in a way that indicates s/he is unsuitable to work with children**

These behaviours should always be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). They should also be considered in terms of inappropriate relationships being suspected between members of staff and children or young people. For example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see ss16-19 Sexual Offences Act 2003);
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 Sexual Offences Act 2003);
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature e.g. inappropriate text / e-mail messages or images, gifts, socialising etc.;
- Possession of indecent images / pseudo-images of children.

The policy should be explicit that it will be applied where concerns arise in the context of a professional's or volunteer's personal life and/or where concerns arise in respect of a family member and /or close associate of the professional or volunteer.

It should also refer to the fact that in some cases, an allegation of abuse against someone closely associated with a member of staff may also present a risk of harm to children and young people with whom the member of staff might be engaged through their work with the organisation

All non-recent (historical) allegations should be responded to in the same way as contemporary concerns.

The policy must confirm that if an allegation is made against a member of the staff or volunteer, then they are required to report the allegation immediately to their DSL (Deputy DSL if unavailable) and manager. If the allegation concerns one of these roles, do not notify them. Report to another senior member of the organisation or refer directly to the LADO (within 24 hours). Failure to make such a disclosure, whether it concerns a current or historic allegation, will result in immediate suspension and disciplinary proceedings.

Escalation

The policy should reflect the importance of problem resolution being an integral part of professional co-operation and joint working to safeguard children and young people. It should clearly emphasise that effective practice depends on an open approach and honest relationships between staff, professional curiosity and challenge. All aspects should be supported and actively encouraged to embed a culture where children and young people are seen, heard and helped and their outcomes improved.

The policy should explicitly state that if any member of staff or volunteer has concerns about the safety or welfare of a child and feels that they are not being taken seriously or acted upon appropriately, it is their responsibility to take action. In these circumstances, staff should refer to the CHSCP's Escalation Policy and/or their organisation's Whistleblowing policy. Routes for Whistleblowing to regulators should also be included as appropriate.

- [Ofsted - Whistleblowing to Ofsted about Children's Social Care Services](#)
- [The Care Quality Commission \(CQC\) - Whistleblowing – Quick guide to raising a concern with the CQC](#)

- **Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)**
- HMICFRS does not investigate individual complaints or incidents about the police; these will be looked into by the local police force or the Independent Police Complaints Commission (IPCC). To read more about how complaints about the police are dealt with, please see [here](#).
- **Her Majesty's Inspectorate of Probation** - HMI Probation cannot deal with individual cases or with complaints about the National Probation Service, a Community Rehabilitation Company or Youth Offending Service. A complaint about the National Probation Service should be addressed to the Deputy Director of the division or Chief Executive of the Community Rehabilitation Company concerned. A complaint about a Youth Offending Service should be addressed to the manager of the Youth Offending Service concerned.
- **Her Majesty's Inspectorate of Prisons (HMI Prisons)** - HMI Prisons does not deal with complaints from, or on behalf of, individual prisoners. These should be raised with the relevant prison Governor or Director, or with the Prison and Probation Ombudsman.
- **The Charity Commission** - Workers or volunteers can report serious wrongdoing at a charity by following [this guidance](#).

Confidentiality, Consent & Information Sharing

Good information sharing is vital when professionals are worried about people and want to help them. Statutory guidance² relating to children and young people stresses the importance of sharing information relating to concerns of possible harm with the appropriate statutory authorities as early as possible.

The policy should also refer to the non-statutory guidance³ as a source of further advice about information sharing. The advice includes the seven golden rules for sharing information effectively and can be used to supplement this policy and encourage good practice in information sharing.

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 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. Working Together to Safeguard Children 2018](#)

[3. Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers \(HM Government 2015\).](#)

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, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not 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.

Under this section, guidance on how to manage confidentiality and consent should also be included. Guidance on the sharing and processing of personal information in the [London Child Protection Procedures](#) is currently being reviewed. On completion, this should also be referenced.

Safer Recruitment

As part of a stated commitment to safe recruitment practices, the policy should set out the organisation's commitment to a range of minimum standards for safer recruitment/appointments. This should include a specific section on vetting and criminal records checks. Minimum standards should include:

- Organisations committing to recruiting staff and volunteers safely, ensuring that all necessary steps are taken and checks made, in line with best practice and legal requirements.
- Organisations having a recruitment and selection policy in place that includes explicit reference to safeguarding children and young people.
- Organisations including a generic statement in every job description that outlines the safeguarding expectation of the post-holder. For example: *"Everyone has a responsibility to safeguard and promote the welfare of children, young people and vulnerable adults. The post holder will undertake the appropriate level of training and is responsible for ensuring they understand and work in line with the relevant safeguarding policies and associated guidance."*
- Organisations including a definition in each job description of the supervision that a post-holder will receive
- Organisations requiring a new DBS check at enhanced level for relevant roles consistent with existing legislation.
- Organisations conducting repeat checks every three years on every member of staff who works directly with, or has regular contact with, children and young people.
- Organisations recommending all members of staff register on the [DBS annual update service](#).
- Organisations taking up a minimum of two references, one of which must be from the most recent employer
- Organisations ensuring that every member of staff or volunteer engaged in recruitment receives and can evidence that they have received recent safe recruitment training.

Support for Staff & Volunteers

The policy should affirm that should its staff or volunteers be affected by issues of abuse or other concerns expressed by children and young people, then they are entitled to seek support. Contact details for in-house occupational health / counselling services should be included here.

Toolkit

By including a 'Toolkit' at the back of the policy, organisations can highlight supporting guidance without diluting the focus on the key things that people need to know. **The following sections provide a range of examples of what should be included.**

Principles

Working within the footprint of the CHSCP, organisations should seek to enhance their stated principles by reflecting those set out in the local safeguarding arrangements in the City of London and Hackney.

- **Safeguarding is everyone's responsibility.** We will champion the most vulnerable and maintain a single child-centred culture.
- **Context is key.** We will have an unswerving focus on both intra-familial and extra-familial safeguarding contexts across the City of London and the London Borough of Hackney.
- **The voice of children and young people.** We will collaborate with children and young people and use their lived experience to inform the way we work. We will regularly engage with them as part of our core business and ensure their voices help both design and improve our local multi-agency safeguarding arrangements.
- **The voice of communities.** Improving our understanding of the diverse communities across our footprint, we will regularly communicate with, listen to and engage local communities in our work. We will harness their experience to both inform and improve the way we safeguard and promote the welfare of children and young people.
- **Enabling high quality safeguarding practice.** We will promote awareness, improve knowledge and work in a way that is characterised by an attitude of constructive professional challenge.
- **Fostering a culture of transparency.** We will enable staff and volunteers to learn from individual experience and **continuously improve** the quality of multi-agency practice.

Equality and Diversity – Anti-Discriminatory Practice

A statement about equality and diversity should be included. Suggested text from the NSPCC states: *'we will make sure that all children and young people have the same protection regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.'*⁴

National Guidance and Legislation

The following sets out the key legislation, statutory and non-statutory guidance supporting child safeguarding that is relevant to all organisations in England:

- [The Children Act 2004](#)
- [The Children Act 1989](#)
- [Working Together to Safeguard Children 2018](#) - Statutory guidance covering the legislative requirements and expectations on individual services to safeguard and promote the welfare of children.
- [What to do if you're worried a child is being abused](#) – advice for practitioners 2015 - Non-statutory and has been produced to help practitioners identify child abuse and neglect and take appropriate action in response.
- [Information sharing advice for safeguarding practitioners 2018](#) - Guidance on information sharing for people who provide safeguarding services to children, young people, parents and carers.

For most organisations, this core legislation and guidance is supplemented by sector specific guidance. Organisations should reference relevant publications in this section. i.e. Keeping Children Safe in Education 2019, Safeguarding and Protecting People for Charities and Trustees 2017 (updated 2019).

Some organisations, such as schools may also be subject to specific legal duties. For example:

The Prevent duty - Departmental advice for schools and childcare providers June 2015

Mandatory reporting of Female Genital Mutilation (FGM) - Section 5B of the 2003 Act¹ introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty came into force on 31 October 2015.

Linking to [Appendix B of Working Together 2018](#) also provides a range of material published by the Department for Education.

Local Guidance & Associated Policies

The London Safeguarding Children Board provides a comprehensive range of specific guidance within [Part B3 of the London Child Protection Procedures](#) and is a useful reference tool. This link should be included in the policy, with the option for particular sections being included as stand-alone guidance. For example, some organisations (such as schools / colleges) will need to explicitly reference the Prevent Duty, children missing education, online safety and Female Genital Mutilation. Organisations can also include other associated policies. Examples might include:

- **Attendance**
- **Mental Health & Behaviour**
- **Bullying**
- **Complaints & Compliments**
- **Confidentiality**
- **Disciplinary procedures**
- **Health & Safety**

- **Injuries & accidents**
- **Online abuse (Including filtering and monitoring if providing internet connectivity)**
- **Personal / imitate care needs of children**
- **Physical contact with children**
- **Providing medication to children**
- **Safe use and management of facilities (i.e. changing room / signage / health & safety)**
- **Taking, storing and sharing of photographs & images**
- **Violence Against Women and Girls**

Definitions

Reference to any definitions should be consistent with relevant legislation and statutory guidance⁵. The following sets out suggested text for this section:

A Child

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection⁶.

Safeguarding

Safeguarding and promoting the welfare of children is defined for the purpose of statutory guidance under the Children Acts 1989 and 2004 respectively as:

- *Protecting children from maltreatment.*
- *Preventing impairment of children's health or development.*
- *Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.*
- *Taking action to enable all children to have the best outcomes.*

[5. Working Together to Safeguard Children 2018](#)

[6. Working Together to Safeguard Children 2018](#)

Child Protection

Child Protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

A Child in Need

Children who are defined as being 'in need', under the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under Section 17 of the Children Act 1989 are:

- *What will happen to a child's health or development without such services being provided.*
- *The likely effect the services will have on the child's standard of health and development.*

Harm

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 Abuse.

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.

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).*

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.

Signs and Symptoms of Child Abuse

The following narrative sets out suggested text for this section. This is largely drawn from statutory guidance, Working Together 2018.

Abuse and Neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Child welfare concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the Internet. In the case of Female Genital Mutilation, children may be taken out of the country to be abused.

They may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and wellbeing.

The warning signs and symptoms of child abuse and neglect can vary from child to child. **Disabled children** may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and

communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child.

Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

There are a number of warning indicators that might suggest that a child may be being abused or neglected. Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed.
- Children with clothes which are ill-fitting and/or dirty.
- Children with consistently poor hygiene.
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason.
- Children who don't want to change clothes in front of others or participate in physical activities.
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry.
- Children who talk about being left home alone, with inappropriate carers or with strangers.
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason.
- Children who are regularly missing from school or education.
- Children who are reluctant to go home after school.

- Children with poor school attendance and punctuality, or who are consistently late being picked up.
- Parents who are dismissive and non-responsive to practitioners' concerns.
- Parents who collect their children from school when drunk, or under the influence of drugs.
- Children who drink alcohol regularly from an early age.
- Children who are concerned for younger siblings without explaining why.
- Children who talk about running away and
- Children who shy away from being touched or flinch at sudden movements.

There are four main categories of abuse and neglect: **physical abuse, emotional abuse, sexual abuse and neglect**. Each has its own specific warning indicators, which you should be alert to. Working Together to Safeguard Children (2018) statutory guidance sets out full descriptions.

The definitions and indicators are not meant to be definitive but only to serve as a guide to assist you and so that you can seek further advice. It is important too, to remember that many children and young people may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in their family, relationship problems between their parents/carers etc. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.

Physical Abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse. Physical harm may also be caused when a parent or carer fabricates the

symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment. Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries,
- Children with unexplained or unusual fractures or broken bones and
- Children with unexplained bruises or cuts, burns, scalds or bite marks.

Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

It is important to remember that neglect is not simply confined to "poor parents". Neglect can also happen in families that are affluent and this needs to be considered during all interventions. Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe.
- Children who are left hungry or dirty.
- Children who are left without adequate clothing, e.g. not having a winter coat.
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence.
- Children who are often angry, aggressive or self-harm.
- Children who fail to receive basic health care and
- Parents who fail to seek medical treatment when their children are ill or are injured.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunity to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers. Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong.
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'.
- Parents or carers blaming their problems on their child and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Child Sexual Abuse

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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 commit acts of sexual abuse, as can other children. Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age.
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have.
- Children who ask others to behave sexually or play sexual games and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

Child Sexual Exploitation (CSE)

CSE is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in exploitation.
- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being.

- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late and
- Children who regularly miss school or education or don't take part in education.

Child Criminal Exploitation (CCE)

Child Criminal Exploitation is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology

County Lines

A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Peer-on Peer Abuse

Children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying).
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- Sexual violence, such as rape, assault by penetration and sexual assault.
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.

- Up-skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- Sexting (also known as youth produced sexual imagery) and
- Initiation/hazing type violence and rituals.⁷

Radicalisation / Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

Handling Concerns and Disclosures

The following sets out suggested text for this section:

- **Listen carefully to the child.** Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to 'shut down', retract or stop talking.
- **Let them know they've done the right thing.** Reassurance can make a big impact to the child who may have been keeping the abuse secret.
- **Tell them it's not their fault.** Abuse is never the child's fault and they need to know this.
- **Say you believe them.** A child could keep abuse secret in fear they won't be believed. They've told you because they want help and trust you'll be the person to believe them and help them.
- **Don't talk to the alleged abuser.** Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child.
- **Explain what you'll do next.** If age appropriate, explain to the child you'll need to report the abuse to someone who will be able to help.

- **Don't delay reporting the abuse.** The sooner the abuse is reported after the child discloses the better. Report as soon as possible so details are fresh in your mind and action can be taken quickly.⁸

You Should:

- Make a written record of the information (where possible in the child/adult's own words), including the time, date and place of incident/s, persons present and what was said.
- Sign and date the written record.

You Should Not

- Attempt to deal with the situation yourself.
- Make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents.
- Keep the information to yourself or promise confidentiality.
- Take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator or parents or carers.

The NSPCC provide comprehensive guidance about what parents, members of the public and professionals should do if a child reveals abuse.⁹

Making a Referral – Top Tips

When making a referral, include as much of the following information as possible:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren.
- Address and (where relevant) school / nursery attended.
- Identity of those with parental responsibility.
- Names and date of birth of all household members.
- Where available, the child's NHS number and education UPN number.
- Ethnicity, first (and preferred) language and religion of children and parents;

⁸ NSPCC

⁹ [What to do if a child reveals abuse - NSPCC](#)

- Any special needs of children or parents.
- Any significant / important recent or historical events / incidents in child or family's life.
- Cause for concern including details of any allegations, their sources, timing and location; Include the child or young person's explanation in her/his own words as near verbatim as possible (or other form of communication). Similarly, include the adult's explanation (if known).
- Include any questions which were asked, as near verbatim as possible.
- Child's current location and emotional and physical condition.
- Whether the child needs immediate protection.
- Details of alleged perpetrator, if relevant.
- Referrer's relationship and knowledge of child and parents.
- Known involvement of other agencies / professionals (e.g. GP).
- Information regarding parental knowledge of, and agreement to, the referral.
- The child's views and wishes, if known.

Make sure the referral form:

- Is free from jargon / Is sensitive to diversity issues.
- Separates fact from opinion / Includes all relevant information.
- Is clear and concise and legible / Includes the worker's professional judgment.



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