

PART 1

SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

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SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

Supporting Children and Families

1. In recognising that all children* deserve the opportunity to achieve their full potential, their well-being is now defined in terms of five outcomes:
 - Being healthy
 - Staying safe
 - Enjoying and achieving
 - Making a positive contribution
 - Achieving economic well-being
2. While children need to feel loved and valued, and to enjoy the affection and security of their primary carers, patterns of family life can vary. There is no one perfect way to bring up children. Good parenting, however, is associated with not only caring for a child's basic needs and keeping them safe, but with showing warmth and affection, stimulation and in creating a stable environment where they can experience consistent guidance and boundaries.
3. A wide range of services and professionals provide support to families in the sometimes challenging task of bringing up children effectively. It should be the decision of parents to ask for help and advice and such requests should be seen as a measure of responsibility rather than as parenting failure.
4. Professionals, however, should be prepared to engage parents in a timely and responsive way, recognising that early intervention may prevent problems or difficulties from becoming worse. Only in exceptional circumstances should there be compulsory intervention into family life, in safeguarding a child from significant harm. Such intervention should then endeavour to support families in making their own plans in promoting the welfare and protection of their children, so long as this is consistent with the best interests of the child.
5. All organisations that work with children share a common commitment to safeguard and promote their welfare, and for many that is underpinned by statutory duties. In fulfilling that commitment, all organisations that provide services to children should have in place:

* A child is anyone who has not yet reached their 18th birthday. "Children" therefore means "children and young people" throughout.

- policies in place for safeguarding children that are in accordance with these inter-agency arrangements, setting out priorities and clear lines of accountability
- safe recruitment procedures
- procedures for dealing with allegations of abuse made against staff and volunteers
- effective training and implementation programmes
- a culture of listening to and engaging in dialogue with children
- “whistle-blowing” procedures in a culture of open and constructive challenge

Shared Responsibility

6. The successful mobilisation of services to safeguard and promote the welfare of children – and in particular in safeguarding them from significant harm – relies upon effective joint-working between agencies and professionals who bring different skills and experience to bear. The most vulnerable children will need coordinated help at least from health services, education and children’s social care (social services)* - and quite possibly from other agencies, including the voluntary sector and youth justice services.

7. All agencies and professionals should:

- be alert to indicators of abuse and neglect
- be alert to risks posed by potential abusers
- share and help to analyse information in informing an effective assessment of a child’s circumstances
- contribute necessary actions to safeguard and promote a child’s welfare
- take part in regularly reviewing outcomes for the child against specific plans
- work cooperatively with parents unless this is inconsistent with ensuring the child’s safety

*Children’s social care is now the preferred term adopted in statutory guidance to define the child welfare responsibilities that were previously held by Social Services Departments. Social work staff, in delivering services under The Local Authority Social Services Act 1970, are now deployed within the Children and Life-Long Learning Directorate of the County Council.

Safeguarding and Promoting Welfare

8. There are three aspects of this central feature of the Children Act 2004 (Sec 11) that are not necessarily mutually exclusive:
 - protecting children from maltreatment
 - preventing impairment of children's health and development; and
 - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
9. All aspects are important in contributing to children's well-being in terms of better outcomes.
10. **Child protection** remains a critical aspect of safeguarding and promoting welfare and refers specifically to children who are suffering or are at risk of suffering significant harm. However, all agencies should proactively aim to safeguard and promote the welfare of children so that the need to take action to protect children from harm is reduced

Children in Need

11. Children are defined as being 'in need', under section 17 of the Children Act 1989. They 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 [section 17(10)] plus those who are disabled.
12. Critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 centre upon what will happen to a child's health or development without services being provided, and the likely effect the services will have on the child's standard of health and development. Local Authorities have a duty to safeguard and promote the welfare of children in need.
13. The Assessment of Children in Need and their Families (the Assessment Framework, published in 2000) sets out arrangements for undertaking assessment processes in determining whether a child is "in need" under the Act. It is the basis upon which primarily social workers will prioritise a child's need for supportive help or services, though these are not necessarily confined to services provided by the local authority.

14. Appendix 3 of Working Together (2006) describes a range of questionnaires and scales to evidence assessment and decision-making, e.g. The Strengths and Difficulties Questionnaires (Goodman et al 1997 and 1998).

Understanding Significant Harm

15. Some children are “in need” because they are suffering or are likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention into family life in the best interests of children. It gives local authorities (children’s social care) a duty to make enquiries to decide whether they should take action to safeguard and promote a child’s welfare.

16. A court may make a care order (committing the child to the care of the local authority) or a supervision order (putting the child under the supervision of a social worker, or a probation officer) 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

17. There is however no absolute criteria in judging significant harm. Consideration of the severity of ill-treatment may include the extent of the harm suffered, the context within which it occurred and its duration. Sometimes significant harm arises from a single traumatic event. It may otherwise arise from a combination of significant events, both acute and long-standing, affecting a child’s physical or psychological development.

18. Some children live in family and social circumstances where their health and development are neglected. For them the corrosive elements of emotional, physical (and sometimes sexual) maltreatment cause impairment to the extent of constituting significant harm. In each case it is necessary to consider the implications of maltreatment alongside the family’s strengths and supports.

19. Under Section 31 of the Children Act 1989, as amended by the Adoption and Children Act 2002:

- Harm means ill-treatment or impairment of health or development, including impairment suffered from seeing or hearing ill-treatment of another;
- Development means physical, intellectual, emotional, social or behavioural development;
- Health means physical or mental health; and

- Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical.

Child Abuse and Neglect

20. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

Physical Abuse

21. 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 or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

22. Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed upon children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

23. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

24. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

25. 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 abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Keeping Children Safe in Specific Circumstances (Alphabetical listing)

Abuse Linked to Belief in "Possession" or "Witchcraft" or in other ways related to Spiritual or Religious Belief

26. Such abuse is not confined to particular countries, cultures or religions. Such abuse generally occurs when a carer views a child as being "different", attributes this to the child being "possessed" or involved in "witchcraft", and attempts to exorcise him/her. The attempt to "exorcise" may involve severe beating, burning, starvation, cutting or stabbing, and/or isolation, and usually occurs in the household where the child lives.
27. When this type of abuse is identified safeguarding procedures should be evoked and agencies should also work to prevent such abuse by identifying children at risk and intervening.

Adult Mental Health

28. Adult mental health services have a responsibility in safeguarding children when they become aware of or identify a child at risk of harm. These services may include the following: forensic, psychotherapy, alcohol and substance misuse, learning disability and psychiatric services. Children and young people who may be at risk may be identified as a result of direct work that is being undertaken or in response to requests for assessments. It is essential that there is effective communication between adult mental health services and children's social care services in order to safeguard a child/young person from significant harm.

Bullying (and peer abuse), extending to intimidation or harassment

29. Bullying is deliberately hurtful behaviour, usually repeated over a period of time on others who may find it difficult to defend themselves. It can take several forms including physical abuse, verbal or emotional taunts, and sometimes sexual abuse. Children from black and minority

ethnic groups and children with disabilities are particularly vulnerable. The effects of bullying should never be underestimated.

30. All settings which provide services to children or where children are living away from home must have in place, rigorously enforced anti-bullying strategies. Any form of intimidation that increases the risk of significant harm, and not appropriately dealt with by parents/carers etc, may raise clear child protection concerns.
31. Residential staff and Prison Services personnel should be mindful of these difficulties and not dismiss sexually harmful behaviour as “normal” interaction between young people or adopt high thresholds before taking appropriate action. Separate consideration may need to be given for example to previous episodes of victimisation of each party.
32. **Work with children and young people who abuse others – including those who sexually abuse/offend – should recognise that such children are likely to have considerable needs themselves and also that they may pose a significant risk of harm to other children.** Evidence suggests that children who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences. Such children and young people are likely to be children in need, and some will in addition be suffering or at risk of suffering significant harm, and may themselves be in need of protection. Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others. **A separate protocol exists for addressing the needs of children displaying sexually harmful behaviour.**
33. Three key principles guide this work with children and young people:
 - there should be a co-ordinated approach on the part of youth justice, children’s social care, education (including educational psychology) and health (including child and adolescent mental health) agencies;
 - the needs of children and young people who abuse others should be considered separately from the needs of their victims; and
 - an assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour

Child Abuse Images on the Internet and Child Abuse and Information Communication Technology

34. The internet has become a mechanism whereby child abuse images can be widely distributed. It also provides a forum where adults can attempt to establish contact with children with a view to “grooming” them for inappropriate or abusive relationships. Staffordshire Safeguarding Children Board will endeavour to raise awareness with regard to the safe use of the internet as part of its role in preventing abuse and neglect, with practice guidance for both professional and home settings anticipated as being available by the end of 2007.

35. Refer also online to The Child Exploitation and Online Protection Centre.

Children and Families from Black and Ethnic Minority Groups

36. Children from black and ethnic minority groups, along with their families, are likely to have experienced harassment, racial discrimination and institutional racism. This can result in considerable harm. All agencies working with children and families from black and ethnic minority groups must consider the effects of racism, including the effect racism may have on the response of the family to the intervention, as part of their assessment. Assessment should account for the fact the effects of racism differ for different communities and individuals. Equally as important as individual assessments which account for the effects of racism, is the need for organisations to address institutional racism.

37. Failure to consider the effects of racism, or assumptions that certain abusive practices are ‘culturally normal’, can fail to protect children from forms of significant harm and all interventions should account for this fact.

Children in Hospital, about whom there are or have been concerns about significant harm, who are medically fit for discharge

38. It is essential for the above noted children that co-ordinated, inter-agency liaison occurs prior to their discharge, to ensure that plans are put in place to safeguard and promote their welfare following discharge. This must include registration with a GP. No child for whom there have been child protection concerns should be discharged from hospital without:

- the permission of the consultant in charge of the child’s care or a paediatrician above the grade of senior house officer, and
- based upon a social work assessment in establishing that the home environment is safe

Children and Families Living in Temporary Accommodation and Mobile Families

39. Children who experience frequent changes of address and/or are placed in temporary accommodation can be subject to particularly transient lifestyles. They are likely to lose contact with previous support networks and may become disengaged from services. Effective systems must be put in place and robust action taken to ensure that as soon as such vulnerable children are identified, services from health, education and specialist services if required are put into place. For children living with Services families their own welfare personnel should be engaged. Knowledge of children living in unsuitable accommodation should be reported to senior officers.

40. Inter-authority co-operation and notification must be in place in terms of children's social care placing children in accommodation in other Local Authorities, with the placing authority remaining responsible.

Children and Families Who Go Missing

41. Professionals who are working with families where a child is subject to a child protection plan (including concerns about an unborn child who may be at risk of significant harm) should be alert to the onset of missed appointments or failed visits. These may indicate that the family may have moved out of the area. Where children who are subject to child protection plans evade professional monitoring and intervention, the local authority (children's social care) and the Police should be advised immediately. A separate missing children protocol has been developed that recognises the vulnerability of children who go missing from a range of settings including looked after placements.

Children/Young People Involved in Prostitution (vulnerable to sexual exploitation)

42. Children and young people who are vulnerable to sexual exploitation should be seen primarily as victims of abuse. Their needs require careful assessment, since problems are often hidden from view.

43. The Safeguarding Children Board has developed a separate protocol regarding Child Prostitution.

Children Living Away From Home

44. The abuse and exploitation of children living away from home, particularly those estranged from their primary carers, continues to be widely reported. It has to be seen in the context of overall development of such children and a concern for achieving the best possible outcomes on their behalf. Particular settings include:

- Foster care, including where children are "privately" fostered
- Residential care

- Residential health and/or education settings
- Young Offenders Institutions
- Secure units
- Student “exchanges”

Disabled Children

45. Children with disabilities are statistically at increased risk of abuse and exploitation. Their vulnerability is affected by having to rely upon intimate personal care from a range of different formal and informal carers. Some disabled children may also have an impaired capacity to resist or avoid abuse. They may have communication difficulties which make it difficult to convey to others what is happening to them.
46. Safeguards for disabled children are the same for non-disabled children, and the same thresholds apply, requiring effective inter-agency collaboration.

Domestic Violence

47. Domestic violence exposes children/young people to direct and indirect risks and may have a damaging effect on their long-term health and development. All children who are exposed to violence between family members may therefore be considered children in need. Those at risk of significant harm will require urgent steps to protect them and to promote their welfare. A Domestic Violence policy has been developed to assist in this area of work locally. It recognises the vulnerability of unborn children and of the need for antenatal services being alert to the possibility of violence during pregnancy.

Fabricated or Induced Illness

48. Circumstances in which concerns are raised about a child suffering or been likely to suffer significant harm as a result of a parent/caregiver who has fabricated or induced illness are particularly complex and require robust inter-agency consideration and review. Where concerns extend to the identification of life-threatening events, consideration should be given to undertaking covert video surveillance as appropriate, when reference should be made to guidance contained in Fabricated and Induced Illness (2002) DofH.

Female Genital Mutilation

49. Female genital mutilation is not an uncommon practice within certain ethnic minority populations. The Prohibition of Female Circumcision Act 1985 makes female genital mutilation an offence except on specific physical or mental health grounds. It should be regarded as a potentially serious child protection concern.

50. If a child is suspected of being the subject of FGM or is likely to be, the local authority may exercise its powers under Section 47 of the Children Act 1989. A local policy acknowledges the critical role of midwifery and obstetric staff in being alert to risks that may apply to children in individual families. An inter-agency strategy meeting will need to be convened in any particular circumstances that identify a child at risk of this procedure.

Foster Care

51. Fostering represents a critical resource in providing substitute care for vulnerable children. Foster carers are increasingly required to meet a range of challenges that this brings and to have their particular skills recognised. Foster care however is necessarily provided in the privacy of the carer's own home. It may be more difficult within these environments to identify potentially difficult and abusive situations and for the child to find a "voice" outside the family. Social workers therefore are formally required to visit children at least within statutory intervals and speak to them alone within these settings. Evidence of these visits must be recorded.

Migrant Children: Child Victims of Trafficking and Unaccompanied Asylum Seeking Children

52. The UK is a destination country for trafficked children and young people and such children enter the UK through various means. They are exploited through force, coercion, threat and the use of deception and human rights abuses such as debt bondage, deprivation of liberty and lack of control over one's labour. Sexual and labour exploitation also occurs. If it is suspected that a child is the victim of trafficking the police or children's social care should be informed. (Refer to 'The Trafficking Toolkit' – www.crimereduction.gov.uk/toolkits).

53. Some trafficked children may initially present as unaccompanied asylum seeking children (UASC) although all UASC are not trafficked. UASC are particularly vulnerable, separated from their carers, their country and support networks and have often experienced significant trauma and bereavement in their early life. Children's social care should carry out assessments on all UASC, irrespective of their immigration status and provide services based on this assessment, also irrespective of their immigration status.

Parental Learning Disability

54. Generalised assumptions about the parenting capacity of parents with a learning disability are inappropriate although these parents are likely to require support with parenting, particularly where additional stresses are apparent and where there is a lack of comprehensive support for parents. Where long-term support is unavailable the health and development of their children is likely to be impaired.

55. Children of parents with a learning disability are also at increased risk of inherited learning disability and more vulnerable to psychiatric disorders and behavioural problems. They may also assume caring responsibilities from an early age.

56. A specialist assessment may be needed and is recommended. In planning support, research suggests that group education combined with home based support increases parenting capacity.

Privately Fostered Children

57. These are subject to arrangements made without the involvement of the local authority. They are particularly vulnerable. They include children sent from abroad to enhance their educational opportunities.

58. Private foster carers and those with parental responsibility are required to inform the local authority where these arrangements apply. Other professionals should also notify the local authority where such an arrangement comes to their attention. New measures in the Children Act 2004 strengthen and enhance the private fostering notification scheme and provide additional safeguards.

Sexually Harmful Behaviour

59. Children and young people who display inappropriate sexual behaviour are vulnerable in their own right. Their behaviour should be understood within the context of their life experiences. Inappropriate behaviour is seldom an isolated event and needs careful and systematic assessment and intervention, involving the young person and his/her family.

60. Staff need to be aware of how their own values and beliefs about sexual behaviour impact on decisions made and actions taken. There is a clear need to involve a range of agencies in the care and planning for these children/young people. Children's social care in partnership with the NSPCC and the Youth Offending Service, provide a specialist service throughout the county. A separate protocol informs local arrangements in this area of work.

Social Exclusion

61. Multiple disadvantages – (chronic poverty, social isolation, racism and the problems associated with living in a disadvantaged area) is a significant source of stress for children and their families and can result in self and other agency referrals for support. The impact of social exclusion on a child's welfare and development should be taken seriously as part of an assessment, including the indirect effects on children through its association with parental depression, learning disability and long-term physical health problems.

Substance Misuse

62. Serious substance misuse by parents or other adults is sometimes seen as the single-most influential pre-disposing risk factor to children's welfare. It has featured recurrently in some of the most prominent case examples reviewed by the Safeguarding Children Board that have resulted in death or life-threatening injuries to children (in accord with the procedure outlined in Part 8). Substance misuse during pregnancy can be particularly significant in causing direct and indirect harm to the unborn baby.

Unborn Children

63. Protecting unborn children is an important aspect of local arrangements. Mothers' access to routine health care and to support ante-natally is a significant objective in safeguarding the welfare of children. The concealment of a pregnancy, especially to the point of delivery, has been seen locally to pose a particular risk indicator warranting rigorous inter-agency collaboration.

64. Evidence for Health Staff.

Babies who are non-mobile or under 6 months of age

Any bruising in a child who is non-mobile is a cause for concern and must always be fully assessed. A bruise should never be interpreted in isolation and must always be considered in the context of the child's medical and social history, development and any explanation given. (Maguire et al 2005 and Sugar et al 1999).

For further guidance on bruises on babies who are non-mobile or under 6 months of age, please go to Section 4b.

65. Where concerns are identified ante-natally, the same procedures apply in undertaking assessments and in convening child protection conferences where those criteria are met. Unborn children can become subject to an inter-agency child protection plan, as any other child, and a separate protocol exists in detailing arrangements for safeguarding their welfare.

Young Carers

66. There are a significant number of children who care for their own parents. Their parents may be suffering from physical illness/disabilities, or effects of chronic mental illness, learning disabilities or substance misuse. Young people need to be supported and assisted in these circumstances in reaching their potential, as well as being able to enjoy their own childhood. Occasionally, within this context, some young people may be at risk of significant harm and

agencies should generate effective exchanges of information in providing appropriate support in safeguarding their welfare.