Safeguarding for Children at Risk

Policy and Procedure

Sept 2018

Spiral Sussex

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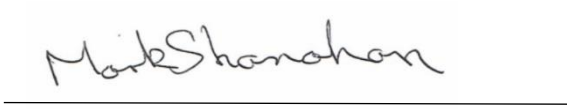
Policy and Procedure

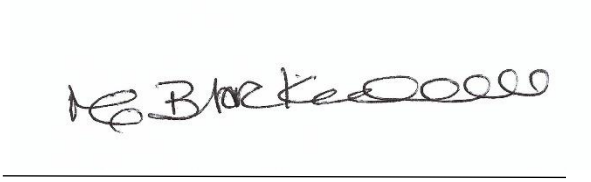
This policy and procedure has been approved by the Trustees Committee of Spiral Sussex which are responsible for its review.

The original signed copy of this policy and procedure is kept at Spiral Sussex's office.

Signed:  Date: 18th September 2018

Name: Mr Mark Shanahan

Chair of Trustees:

Signed:  Date: 18th September 2018

Name: Mr Marc Blackwell

Trustee

Record of adoption and review of this policy and procedure:-

- Adopted:
- To be reviewed: (+2 years from the adopted date)

Safeguarding for Children at Risk

Policy and Procedure

This Policy should forms a part of the "Spiral Sussex Safeguarding Adults and Children at Risk Combined" Policy and Procedure.

SAFEGUARDING OF CHILDREN THE GUIDING PRINCIPLES

Children's Rights All children have the right to be safeguarded from harm and exploitation whatever their:

• Race, religion, first language or ethnicity;

• Gender or sexuality;

• Age;

• Health or disability;

• Location or placement;

• Any criminal behaviour;

• Political or immigration status

Putting Children First

The wellbeing of the child is the paramount consideration in all protection work. In any conflict between the needs of the child and those of the parents/carers, the needs of the child must be put first.

Treating Children as Individuals

Children must be listened to and taken seriously, whatever their level of development or communication. Children's wishes and feelings must be taken into account; children will be involved in decisions about their future in ways appropriate to their age and understanding.

Work with children should be sensitive to the child as an individual with particular needs and circumstances. All children will be treated with respect and accorded full civil and legal rights.

Equality

Each child and family is unique with differing experiences, circumstances and perspectives. Professionals concerned with child protection investigations, must make every effort to identify and ameliorate any disadvantage arising from ethnic origin, culture, religion, language, gender, sexual orientation, class, disability or age. Particular attention should be paid to the vulnerability of children with a disability, special needs or communication difficulties.

Principles underpinning all Work to Safeguard and Promote the Welfare of Children

The Local Safeguarding Children Boards states that all managers, employees, professionals, volunteers, carers, independent contractors and service providers must ensure that their practice reflects an approach which is:

- Child-centred Rooted in child development Focused on outcomes for children
- Holistic in approach
- Ensuring equality of opportunity
- Involvement of children and families
- Building on strengths as well as identifying difficulties
- Integrated in approach
- A continuing process not an event
- Providing and reviewing services
- Informed by evidence

What is Child Abuse?

Definitions The Children Act 1989/2004 provides the legal framework for defining the situations in which Local Authorities have a duty to make enquiries about what, if any, action they should take to safeguard or promote the welfare of children. The Act requires that if the local authority has 'reasonable cause to suspect that a child who lives, or is found in their area, is suffering, or is likely to suffer significant harm, they must make, or cause to be made, such enquiries as they consider necessary....' 'Child' means any child or young person under the age of 18 years old.

The Concept of Significant Harm

- Harm:- means ill-treatment or the 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;

Where the question of whether harm suffered by the child is significant, the child's health and development are examined and considered. His or her health and development shall be compared with that which could reasonably be expected of a similar child. There are no absolute criteria on which to rely to determine what constitutes Significant Harm. It is often a compilation of significant events, both acute and longstanding, which impact on the child's physical and psychological development. 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 ill treatment.

Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is an accumulation of significant experiences, both acute and long-standing,

which interrupt, change or damage the children'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 emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.

To understand and establish significant harm, it is necessary to consider:

- The family context, education, or living situation
- The child's development within the context of their family and 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 ill-treatment or failure to provide adequate care
- The impact on the child's health and development
- The adequacy of care.

It is important to always take account of the child's reactions and his or her perceptions, according to their age and understanding.

Indicators of abuse and neglect

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Abuse:

a form 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 others. Abuse can take place wholly

online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

Physical abuse:

a form of abuse which 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:

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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, although it may occur alone.

Sexual abuse:

involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as

involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

Neglect:

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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

provide adequate food, clothing and shelter (including exclusion from home or abandonment);

protect a child from physical and emotional harm or danger;

ensure adequate supervision (including the use of inadequate care-givers);

or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

• Must be regarded as indicators of possible Significant Harm;

• Must prompt the professional to seek further information;

• Justify the need for careful assessment and discussion with designated/named/lead person, manager, (or in the absence of all those individuals, an experienced colleague);

• May require consultation with and/or referral to Children's Social Care. In an abusive relationship the child may:

• Appear frightened of the parent(s);

• Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

• Persistently avoid child health services and treatment of the child's illnesses;

• Have unrealistic expectations of the child;

• Frequently complain about / to the child and fail to provide attention or praise (a high criticism / low warmth environment);

• Be absent;

• Be misusing substances;

• Persistently refuse to allow access on home visits;

• Be involved in domestic violence;

• Be socially isolated.

Consideration must be given to the impact on the care of the child of any issues / problems affecting the parents e.g. substance misuse, mental health problems, learning disabilities, childhood experiences of severe neglect.

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into or have substantial access in the household. It should be recognised that those who pose a risk to children often will not be honest with others.

Staff should be mindful of this. Of particular note are carers who present a risk due to either fabricating or inducing illnesses within the children they are responsible for.

Recognising Physical Abuse

This section provides information about the sites and characteristics of physical injuries that may be observed in abused children. It is intended

primarily to assist staff in the recognition of bruises, burns and bites which should be referred to Children's Social Care and / or require medical assessment.

The following are often regarded as indicators of concern:

• An explanation which is inconsistent with an injury;

• Several different explanations provided for an injury;

• Unexplained delay in seeking treatment;

• Parents/carers who are uninterested or undisturbed by an accident or injury;

• Parents who are absent without good reason when their child is presented for treatment;

• Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury) or may represent fabricated or induced illness;

• Family use of different doctors and A&E departments;

• Reluctance to give information or mention previous injuries.

Burns and Scalds

It can be difficult to distinguish between accidental and non- accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

• Circular burns from cigarettes are characteristically punched out lesions 0.6 - 0.7 cm in diameter, and healing, usually leaves a scar;

• Friction burns resulting from being dragged;

• 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 her/his 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. Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

• The history provided is vague, non-existent or inconsistent with the fracture type;

• There are multiple fractures or old fractures (in the absence of major trauma, birth injury or underlying bone disease);

• Medical attention is sought after a period of delay when a fracture has caused symptoms e.g. swelling, pain or loss of movement;

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse Self-Harming and Siblings Caution must be used when interpreting an explanation by parents/carers that an injury or series of injuries was self-inflicted or caused by a sibling. This is especially important in young or disabled children not able to offer a reliable explanation themselves. Due consideration must be given to the possibility that the injury may:

• Be non-accidental, particularly if the explanation appears discrepant for the nature of the injury;

• Possibly have occurred in circumstances where neglect is a consideration.

In these circumstances a referral to the Spiral safeguarding team should be made.

Recognising Emotional Abuse

Emotional Abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. Indicators of Emotional Abuse are also often associated with other forms of abuse. Recognition of Emotional Abuse is usually based on observations over time and the following offer some associated indicators:

Parent / Carer and Child Relationship Factors

• Abnormal attachment between a child and parent / carer e.g. anxious, indiscriminate or failure to attach;

• Persistent negative comments about the child or 'scape-goating' within the family;

• Inappropriate or inconsistent expectations of the child e.g. over-protection or limited exploration. Child Presentation Concerns

• Delay in achieving developmental, cognitive and / or other educational milestones;

• Failure to thrive / faltering growth;

• Behavioural problems e.g. aggression, attention seeking;

• Frozen watchfulness, particularly in preschool children;

• Low self-esteem, lack of confidence, fearful, distressed, anxious;

• Poor relationships with peers, including withdrawn or isolated behaviour. Parent / Carer Related Issues

• Dysfunctional family relationships including domestic violence;

• Parental problems that may lead to lack of awareness of child's needs e.g. mental illness, substance misuse, learning difficulties;

• Parent or carer emotionally or psychologically distant from the child;

• Contextual factors may include: • Child left unsupervised / unattended;

• Child left with multiple carers;

• Child regularly late attending, or, not being collected from school;

• Child repeatedly reported lost / missing;

• Parent/carer regularly unaware of child's whereabouts;

• Child regularly not available for meetings with childcare workers.

Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear.

This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Where there are any concerns about the neglect of a child in a household, consideration must be given to the possibility that other children in the household may also be at risk of neglect or abuse.

Behavioural Indicators

• Inappropriate sexualised conduct;

• 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;
• 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);

• Running away.

Physical Indicators

• Pain or itching of genital area;

• Vaginal discharge;

• Sexually transmitted infections;

• Blood on underclothes;

• Pregnancy;

• Physical symptoms e.g. injuries to genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infection, presence of semen on vagina, anus, external genitalia or clothing.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Child Related Indicators

• An unkempt, inadequately clothed, dirty or smelly child;

• A child who is perceived to be frequently hungry;

• A child who is observed to be listless, apathetic and unresponsive with no apparent medical cause; displaying anxious attachment; aggression or indiscriminate friendliness;

• Failure of a child to grow or develop within normal expected patterns with an accompanying weight loss or speech / language delay;

• Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies;

• Unmanaged / untreated health / medical conditions including poor dental health; • Frequent accidents or injuries;

• A child frequently absent from or late at school;

• Poor self esteem;

• A child who thrives away from the home environment.

Indicators in the Care Provided

• Failure by parents or carers to meet basic essential needs e.g. adequate food, clothes, warmth, hygiene, sleep;

• Failure by parents or carers to meet the child's health and medical needs e.g. poor dental health, failure to attend or keep appointments with health visitor, GP or hospital, lack of GP registration, failure to seek or comply with appropriate medical treatment;

• A dangerous or hazardous home environment including failure to use home safety equipment, risk from animals;

• Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating;

• A lack of opportunities for child to play and learn;

• Child left with adults who are intoxicated or violent;

• Child abandoned or left alone for excessive periods;

• Neglect of pets.

Where there are any concerns about the neglect of a child in a household, consideration must be given to the possibility that other children in the household may also be at risk of neglect or abuse.

Obesity

Obesity in children is an increasingly common problem in the general population and differentiating when there is a Safeguarding issue can be difficult and complex. Neglect can result in poor supervision of food intake, or an inappropriate diet being offered to the child with resultant excessive weight gain. A sedentary lifestyle with limited opportunity for physical activity, when combined with an inappropriate diet, can result in excessive weight gain.

It is important to take into account:

a. The impact of the obesity on the child, particularly evidence that the child is developing medical complications (e.g. undue breathlessness), restrictions in day to day activities or social/emotional difficulties as a result of their obesity;
b. The context/is there other evidence of emotional harm or neglect.

Excessive calorie intake is the cause of most childhood obesity. In a very small proportion of obese children there is an underlying medical cause. The parent/carer is responsible for monitoring their child's diet and seeking appropriate advice/support if the child or adolescent is overweight or obese. The management of obesity in children therefore requires parental engagement to enable and support their child to adopt healthy eating patterns, participate in age appropriate levels of physical activity and attend medical and dietetic appointments as necessary. Parental failure to engage with an appropriate management plan in a child who is severely obese and/or is developing serious complications of obesity should be considered a safeguarding issue.

Ref: Sussex Child Protection & Safeguarding Procedures

Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

• identify children and families who would benefit from early help

• undertake an assessment of the need for early help

• provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child Staff should, in particular, be alert to the potential need for early help for a participant who:

• is disabled and has specific additional needs

• has special educational needs (whether or not they have a statutory Education, Health and Care Plan)

• is a young carer

• is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups

• is frequently missing/goes missing from care or from home

• is at risk of modern slavery, trafficking or exploitation

• is at risk of being radicalised or exploited

• is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse

• is misusing drugs or alcohol themselves

• has returned home to their family from care

• is a privately fostered child