

SECTION 2

SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

- 2.1 Being Alert to Children's Welfare
- 2.2 Assessing Children in Need
- 2.3 Background Factors Influencing Vulnerability of Children
- 2.4 Significant Harm
- 2.5 Definitions of Abuse
- 2.6 Impact of Abuse and Neglect

SECTION 2

SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

2.1 BEING ALERT TO CHILDREN'S WELFARE

Safeguarding and promoting the welfare of children for the purposes of this guidance is defined 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; and
- Taking action to enable all children to have the best life chances.

This guidance applies to all children who have not yet reached their eighteenth birthday. The fact that a child has reached sixteen 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 his or her status or entitlements to services or protection.

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

2.2 ASSESSING CHILDREN IN NEED

The Department of Health *Framework for the Assessment of Children in Need and their Families* provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child.

The framework is to be used for the assessment of all children in need including those where there are concerns that a child may be suffering significant harm. The definition for Children in Need used in Warwickshire identifies a range of circumstances in which children may be deemed in need if their health or development would be impaired without provision of service.

2.3 BACKGROUND FACTORS INFLUENCING THE VULNERABILITY OF CHILDREN

Many families under great stress nonetheless manage to bring up their children in a warm, loving and supportive environment in which the children's needs are met and they are safe from harm. Sources of stress within families may, however, have a negative impact on a child's health, development and wellbeing, either directly, or because

they affect the capacity of parents to respond to their child's needs. Research tells us that such sources of stress may include the following.

Social Exclusion

Many of the families who seek help for their children, or about whom others raise concerns about a child's welfare, are multiply disadvantaged. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems, be vulnerable to accidents, and lack ready access to good educational and leisure opportunities. Racism and racial harassment are additional sources of stress for some families and children.

Domestic Abuse

Everyone working with women and children should be alert to the frequent inter-relationship between domestic abuse and neglect of children. Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional well-being, despite the best efforts of the victim parent to protect the child. Domestic abuse has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. Older children may also suffer blows during episodes of abuse.

Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. Both the physical assaults and psychological abuse suffered by adult victims who experience domestic abuse can have a negative impact on their ability to look after their children. The negative impact of domestic abuse is exacerbated when the abuse is combined with drink or drug misuse; children witness the abuse; children are drawn into the abuse or are pressurised into concealing the assaults. Children's exposure to parental conflict, even where abuse is not present, can lead to serious anxiety and distress.

Children who are experiencing domestic abuse and/or conflict may benefit from a range of support and services, and some may need safeguarding from harm. Domestic abuse and/or conflict is not in itself a definition of child abuse but, as outlined above, children living in circumstances where this is a feature may be at risk and in need of child protection services.

Mental Health

Mental illness in a parent or carer does not necessarily have an adverse impact on a child, but it is essential always to assess its implications for any children in the family. Parental illness may markedly restrict children's social and recreational activities. Where a parent is suffering from a mental or physical illness, children may have

caring responsibilities placed upon them inappropriate to their years. If they are depressed, parents may neglect their own and their children's physical and emotional needs. In some circumstances, some forms of mental illness may blunt parents' emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Children most at risk of significant harm are those involved in parental delusions, and children who become targets for parental aggression or rejection, or who are neglected as a result of the parent's illness. In addition, post-natal depression can also be linked to both behavioural and psychological problems in the infants of such mothers.

Drug and Alcohol Misuse

As with mental illness, it is important not to generalise, or make assumptions about the impact on a child of parental drug and alcohol misuse. It is, however, important that the implications for the child are properly assessed. Maternal substance misuse in pregnancy may impair the development of an unborn child. Some substance misuse may give rise to behaviour that put children at risk of injury, psychological distress or neglect. Children are particularly vulnerable when parents/carers are withdrawing from drugs. The risk will be greater when the adult's substance misuse is chaotic or otherwise out of control and when both parents are involved. The risk is also greater where there is a dual diagnosis of mental health problems and substance misuse. Children may be at risk of physical harm if drugs and equipment are not kept safely out of reach.

Parental Learning Disability

Where a parent has a learning disability it will be important not to generalise or make assumptions about their parental capacity. They may need support to develop the understanding, resources, skills and experience to meet the needs of their children, particularly if they experience additional stressors such as having a disabled child, domestic violence, poor physical and mental health, substance misuse, social isolation, poor housing, poverty or a history of growing up in care.

It is these additional stressors when combined with a learning disability that are most likely to lead to concerns about the care a child may receive.

Unless parents with learning disabilities are comprehensively supported by a capable relative such as their parent or partner, their children's health and development is likely to be impaired. A further risk of harm to children arises because mothers with learning disabilities may be targeted by men wishing to gain access to children to sexually abuse them.

Children who are Disabled

The particular needs of children with disabilities may make initial recognition more difficult. Disclosures of abuse may be less likely from children who are disabled because of communication difficulties, or isolation, or lack of awareness. Children who are disabled may have less access to safety/abuse prevention programmes. Signs may be more subtle, more confusing or explained away as resulting from a child's disability. Some disabled children may receive intimate personal care, possibly from a number of carers, which may increase a risk of exposure to abuse and make it more difficult to maintain physical boundaries.

Recognition of the abuse of a child who is disabled does not need specialist skills, but the application of existing knowledge to the particular vulnerability of these children, who will be children in need.

Child Victims of Trafficking

Trafficking is the control, movement and exploitation of children or adults. It can involve, but not exclusively, children being exploited for the purposes of benefit fraud, in situations such as domestic service, labour exploitation or within the sex trade industry. Some children enter the country as unaccompanied asylum seekers, or students or as visitors. Children are also brought in by adults who state they are their dependants, or are met at the airport by an adult who claims to be a relative.

Some children may be brought in via internet transactions, foster arrangements and contracts as domestic staff or tricked into a bogus marriage for the purposes of forcing them into prostitution.

The offence of Trafficking is covered by the Asylum and Immigration Act 2004, as well as the Sexual Offences Act 2003, and the National Immigration and Asylum Act 2002.

If it is suspected that a child is the victim of trafficking, the Police or the local Children's team should be contacted.

Female Genital Mutilation

Female Genital Mutilation, also regarded as physical abuse, is a collective term for procedures which include the removal of part of or all of the external genitalia for cultural or other non-therapeutic reasons. The procedure is typically carried out on girls aged between 4 & 13, although in some cases Female Genital Mutilation has been carried out on newborn infants or young women before marriage or pregnancy. A

number of girls have been known to die as a result of blood loss or infection.

Female Genital Mutilation is a criminal offence in the UK under the Prohibition of Female Circumcision Act 1985. This was replaced by the Female Genital Mutilation Act 2003 which also makes it an offence for nationals or permanent UK residents to carry out Female Genital Mutilation abroad, or to aid and abet, counsellor procure the carrying out of Female Genital Mutilation abroad, even in countries where the practice is legal.

Suspensions arise in a number of ways that a child is to be taken abroad for Female Genital Mutilation. These include:-

- Knowing the family belongs to a community which practices Female Genital Mutilation
- Making preparations for the child to take a holiday, arranging vacations or absence from school
- Child may talk about a "special procedure" to take place

Indicators that Female Genital Mutilation may have taken place include:-

- Prolonged absence from school with noticeable behavioural changes
- Long periods away from classes or other normal activities
- Problems with bladder or menstrual problems

Midwives and doctors may be aware that Female Genital Mutilation has taken place in an older woman and this may prompt concern for female children in the same family.

2.4 SIGNIFICANT HARM

The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children. The Local Authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (Section 47).

A court may only make a Care Order (committing the child to the care of the Local Authority) or Supervision Order (placing 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

- that the harm or likelihood of harm is attributable to a lack of adequate parental care or control.

The legal definition of significant harm is contained within Appendix 3.3 but 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 emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

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

- the family context;
- 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; and
- the adequacy of parental care.

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

2.5 DEFINITIONS OF ABUSE

Abuse is 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 (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

The following definitions of abuse and the guidance on recognition are given to assist professional staff and those providing services to children in assessing whether abuse may have occurred. These definitions of categories of abuse in which a child is suffering or is likely to suffer significant harm apply throughout these Procedures. They will be used when considering whether a child is in need of a Child Protection Plan.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance 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-givers, 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.

Deprivational abuse is the deliberate and malicious withholding of a child's needs and is a form of neglect.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Emotional Abuse

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 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 participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children to frequently 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.

2.6 IMPACT OF ABUSE AND NEGLECT

The sustained abuse or neglect of children physically, emotionally or sexually, can have major long-term effects on all aspects of a child's health, development and well-being.

The harm may be physical, such as neurological damage, physical injuries, impaired growth, disability or, in the extreme, death.

The harm may be emotional and impact on a developing child's mental health, behaviour and self-esteem and is especially damaging in infancy. Domestic abuse, adult mental health problems and substance misuse may feature in the families where children suffer emotional harm.

The harm may be psychological, manifesting itself in behaviour problems, such as aggression, long-term difficulties with social functioning and relationships, educational difficulties or intellectual impairment.

Sexual abuse can lead to disturbed behaviour, including self-harm, inappropriate sexualised behaviour which may endure into adulthood. The severity of the harm increases the longer the abuse occurs, the more extensive the abuse and the older the child. The severity of harm is also linked to the extent of premeditation and the degree or threat of coercion. The child's ability to cope with the experience of

sexual abuse, once recognised or disclosed, is strengthened by support of a non-abusive adult or carer who believes the child, offers protection and helps the child to understand the abuse.