

Safeguarding Children: and Young People Essential Elements

Your responsibilities

Vulnerable parents

Disclosures of historic abuse

Think family

Early help

Assessment of need/management of risk

Information sharing

Vulnerable Children Groups

PREVENT

Categories of abuse

When to suspect child maltreatment

Resources

Your responsibilities

All staff within health services have a key role to play in safeguarding and promoting the welfare of unborn babies, children and young people. Children are defined as those under the age of 18 years. ([Working Together to Safeguarding Children 2013](#)).

Children have a "Right" (under the UN Convention on the Rights of the Child –1989) to have their best interests as the primary concern when decisions are made about them (Article 3). They also have the right under the UN Convention to:

- Life and healthy development (Article 6).
- Be protected from hurt and mistreatment, physically or mentally (Article 19).
- Be properly cared for and protected from violence, abuse and neglect by their parents and anyone else who looks after them (Article 19).
- Be protected from activity which takes advantage of them and could harm their welfare and development, including sexual exploitation, sale and trafficking. (Article 36).

All staff who come into contact with children and their families have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about a child. This responsibility also applies to staff working primarily with adults who have dependent children. Children may be placed at risk because of their parent/carer health or behaviours.

All health staff who come into contact with children and their families have a minimum responsibility to:

- Have the competences to recognise and understand what constitutes child maltreatment.
- Recognise the potential impact of parent/carers physical and mental health on the well-being of the child.
- Act as an effective advocate for the child.
- Be clear about own and other colleague's roles and responsibilities and professional boundaries.
- Be aware of your Local Safeguarding Children's Board(or national equivalent) Policy and Procedures.
- Know where to seek expert advice and support by knowing the contact details of your local/organisations and Named and Designated Professionals.
- Know when and how to make a referral to your local Children's Social Care Service.
- Know when and how to share Information about child welfare concerns.
- Know how to record details of any concerns and any actions you take including reasons for no action.

You must be trained to the appropriate level in line with [Safeguarding Children and Young people: Roles and Competences for Health Staff \(Intercollegiate Document 2014\)](#)

Vulnerable parents

Many families can suffer challenges in bringing up their children in warm, loving and supportive environments. Parenting capacity can be compromised for many reasons including:

- Domestic abuse.
- Mental and/or physical illness.
- Learning disability.
- Substance misuse.
- Extreme youth.

Sometimes health care providers may have limited or no contact with the children of such parents but in these circumstances practitioners still need to [Think Child, Think Parent, Think Family](#), and maintain a Child-Focused Approach with an emphasis on the best possible outcomes for children and young people.

Disclosures of historic abuse

It is not unusual for people to disclose experiences of abuse once they have reached adulthood. Professional responses to historical allegations of abuse as a child must be not only compassionate but of as high a standard as those to current abuse because:

- The survivor may have significant emotional and psychological trauma and possibly physical illness all requiring ongoing support and treatment.
- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so.
- Criminal prosecution may be possible if sufficient evidence can be carefully collated.

The survivor may not at this stage want to involve the police and professionals receiving such disclosures will have to assess whether information should be shared without consent because it is in the public interest.

Think family

Families have a range of needs and from time to time will require support or services to help meet them. Difficulties that impact on one family member will inevitably have a knock on effect on other family members.

For this reason all practitioners should 'Think Family'. In a system that 'thinks family' both adults and children's services should:

- Have no 'wrong door'.
- Look at the whole family.
- Build on family strengths.
- Provide support tailored to need.

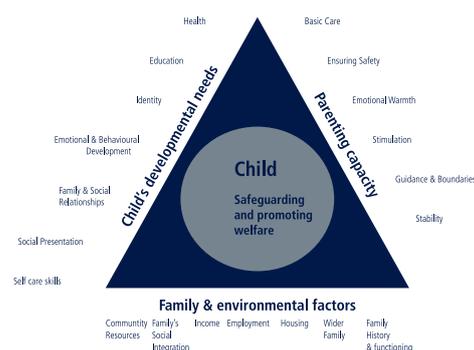
Individual practitioners working with either children or adults or both should:

- Ensure you know who has parental responsibility.
- Know who is living with the child/children.
- Consider the involvement, potential contribution and (when appropriate) the risks associated with all the adults who have a significant influence on a family, even if they are not living in the same house, or are not formally a family member.
- Have ready access to information to enable practitioners to consider impact of parents/carers condition, behaviour, family functioning and parenting capacity.
- Identify and provide responsive services for families that are family focussed.
- **Always prioritise the safety and welfare of children within a family.**

Early help

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, to prevent problems developing or worsening. This is more effective in promoting welfare than reacting later.

GPs and their Teams together with Health Visitors, School Nurses and Midwives are a key part of ensuring children, young people and families obtain extra help and support when they need it. They will offer 'early help' through providing care and/or by referral or signposting to other services.



Assessment of need/management of risk

Preventing of harm to children and young people is the purpose of child protection work. To determine if children or young people are at risk or likely risk of harm requires the systematic collection of information to inform a balanced risk assessment in regard to the needs of children and young people.

Sound risk assessment assists practitioners to explore more explicitly with children and families what needs to change, especially in regard to the safety and welfare of a child. In the identification of both 'need' and 'risk' staff should build upon family strengths whilst keeping the needs of the child central.

The Common Assessment Framework (CAF) offers a basis for early identification of children's additional needs, the sharing of information between agencies and the coordination of service provision.

The Framework for the Assessment of Children in Need and their Families (2000 – see triangle diagram) provides a systematic basis for collecting and analysing information to support professional judgments about how to support children and families in the best interests of the child. This will contribute to a balanced risk assessment in regard to determining the presence of safety or danger in a family and thus inform a plan of intervention.

Children Act 1989 – Section 17: A child shall be taken to be in need if:

- S/he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by the local authority under this part.
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision of such services.
- S/he is disabled.

Children Act 1989 – Section 47:

The Children Act 1989 introduces the concept of **significant harm** as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquires to decide whether they should take action to safeguard or promote the welfare of a child who is at risk of significant harm.

Information sharing

It is important that people remain confident that their personal information is kept safe and secure and that practitioners maintain the privacy rights of the individual, whilst sharing information to deliver better services. You must use your professional judgement to decide whether to share information or not, and what information is appropriate to share.

There are [seven golden rules of information sharing](#) which emphasise that if possible consent to share should be obtained from the patient and that any information shared must be necessary, proportionate, relevant, accurate, timely and secure.

Requests for Child Protection Information

The GMC also offers consent guidance and advises that

- 'You should consider all requests for information for child protection purposes seriously and quickly, bearing in mind that refusing to give this information, or a delay in doing so, could increase the risk of harm to a child or young person or undermine efforts to protect them.
- You must respond fully and quickly to a court order asking for information.
- You must also cooperate with requests for information needed for formal reviews – carried out after a child or young person has died or been seriously harmed and abuse or neglect is known, or is suspected, to have been a factor. The purpose of such a review is to learn lessons from mistakes and to improve systems and services for children and young people.
- You should also cooperate with procedures set up to protect the public from violent and sex offenders.'

When working with young people practitioners should be aware of [Gillick Competencies/Fraser Guidelines](#). These are in place to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent if given, can be properly and fairly described as true consent. Bear in mind that abused children may refuse consent because of fear of their abuser/s.

Child Protection Case Conferences

If a child or young person has been identified as in need of protection, local authority children's services are responsible for convening and running child protection case conferences and if the child is found to be at risk of or to have suffered significant harm, producing a child protection plan. At these conferences, family members may attend, but the professionals are responsible for making decisions and drawing up the plan. If a GP has significant involvement with the child or family and knowledge of their circumstances unlikely to be held by other professionals then attendance at the Conference may be beneficial to the child/ren.

If unable to attend in person, the GP role is to ensure a comprehensive report is provided to the Conference and any identified health needs detailed in the child protection plan are met as far as possible.

This may also apply to health needs of the wider family such as parents and significant unrelated adults in the household or extended family.

Child protection Case Reviews and Audits

Each jurisdiction in the UK has a key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

The core functions of such bodies are:

- Developing policies & procedures.
- Communication & raising awareness.
- Monitoring & evaluation.
- Participation in planning and commissioning.
- Reviewing the deaths of all children in their area.
- Undertaking Child Protection Reviews such as Serious Case Reviews (SCRs). Some jurisdictions have a [Child Death Review Process](#) (CDOP):-

Each death of a child is a tragedy for his or her family (including any siblings), and subsequent enquiries/investigations should keep an appropriate balance between forensic and medical requirements and the family's need for support. There are two interrelated processes for reviewing child deaths (either of which can trigger a Child Protection Review such as a Serious Case Review (SCR):

- Rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child.
- An overview of all child deaths up to the age of 18 years (excluding both those babies who are still born and planned terminations of pregnancy carried out within the law) in the agreed local area, undertaken by a panel.

Child Protection Reviews e.g. Serious Case Reviews (SCR):

When a child dies or is seriously harmed, and abuse or neglect is known or suspected to be a factor, the first priority of local organisations should be to consider immediately whether there are other children who are suffering or likely to suffer, significant harm and who require safeguarding. The purposes of a Serious Case Review (SCR) are to:

- Establish what lessons are to be learned about the way in which local professionals and organisations work both individually and collectively to safeguard and promote the welfare of children.

- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
- Improve inter and intra agency working and better safeguard and promote the welfare of children.

Not all serious incidents meet the criteria for a Case Review. However, learning still needs to take place and statutory bodies will have other mechanisms to achieve this – for example Serious Incident Learning Review/Process.

Audits

GPs in certain jurisdictions e.g. England have statutory obligations under Section 11 of the Children Act 2004 and Working Together to Safeguard Children 2013 to ensure their organisation has arrangements in place to safeguard and promote the welfare of children and young people.

GPs as key safeguarding partners may expect to receive requests from their Local Safeguarding Children Board to complete self-assessment audits to ascertain compliance in meeting safeguarding standards. Compliance is mandatory. Failure to complete them or to provide information requested reflects adversely upon the organisation's ability to work together with other agencies to safeguard children. Practices may find it helpful to complete an audit annually even if not requested, to aid Practice organisational development.

Single agency audits assess standards of organisational child protection and safeguarding arrangements. These help organisations understand where they need to improve their safeguarding arrangements and to ensure the work they undertake with children and young people up to the age of 18 meets legislation and regulatory requirements.

Multi-agency audits assess the quality of the child's journey through the Early Help, Child in Need, Child Protection or local authority care systems. The objective is to discover what difference the services, strategies and interventions provided made to the lives of children and their families. This could involve providing extracts from patient records, including records of a child's siblings, parents or other significant adults within the family or household, as evidence of action. It is good practice to seek patient consent before sharing records. However if the child is already in the child protection or care systems or obtaining consent may increase risk of harm, records may be shared without consent.

If in doubt about responding to audit requests, consult the local safeguarding team, or Named Safeguarding GP, also refer to "GMC Protecting children and young people: The responsibilities of all doctors".

Vulnerable Children Groups

The [Children and Families Act 2014](#) is intended to give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life, see [Children in Care](#).

Children at risk from Domestic Abuse

Providers of services where children and young people affected by domestic violence and abuse may be identified should:

- **Ensure staff can recognise the indicators of domestic violence and abuse and understand how it affects children and young people.**
- Ensure clinicians are trained and confident to discuss domestic violence and abuse with children and young people who are affected by or experiencing it directly. The violence and abuse may be happening in their own intimate relationships or among adults they know or live with.
- Put clear information-sharing protocols in place to ensure staff gather and share information and have a clear picture of the child or young person's circumstances, risks and needs.
- Develop or adapt and implement clear referral pathways to local services that can support children and young people affected by domestic violence and abuse.
- Ensure staff know how to refer children and young people to child protection services. They should also know how to contact safeguarding leads, senior clinicians or managers to discuss whether or not a referral would be appropriate.
- Ensure staff know about the services, policies and procedures of all relevant local agencies for children and young people in relation to domestic violence and abuse.
- Involve children and young people in developing and evaluating local policies and services dealing with domestic violence and abuse.
- Monitor these policies and services with regard to children's and young people's needs.

From [Domestic violence and abuse pathway](#)

Copyright © NICE 2014.

Looked After Children/ Children

Looked After are by definition children that are cared for by the local authority. The term 'looked after children and young people' refers to children and young people who may be accommodated under a voluntary agreement with their parents or their own, under section 20 (2) (l) of the Children Act (1989) or an Emergency Protection Order under Section 44 of the Children Act (1989).

If new information is received about a child who is looked after where there are concerns or he/she is likely to be suffering from significant harm a decision should be made in consultation with children's social care about whether a strategy discussion is held.

Children with Disabilities

The available UK evidence suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Disabled children may be especially vulnerable to abuse for a number of reasons:

- Increased risk of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse.

Safeguards for disabled children are essentially the same as for non-disabled children.

Children who go missing from Home/Care

The terms 'young runaway' and 'missing' in this context refer to children and young people up to the age of 18 years who have run away from their home or care placement, have been forced to leave, or whose whereabouts are unknown. Children who decide to run away are unhappy, vulnerable and in danger. As well as short term risks to their immediate safety there are longer term implications as well with children and young people who run away being less likely to fulfil their potential and live happy, healthy and economically productive lives as adults.

Children at risk of Sexual Exploitation

Children and young people who are sexually exploited are the victims of child sexual abuse, and their needs require careful assessment. This group may include children who have been sexually abused through the misuse of technology, coerced into sexual activity by criminal gangs or the victim of trafficking. The strong links that have been identified between different forms of sexual exploitation, running away from home, gang activity, [child trafficking](#) and substance misuse should be borne in mind especially when seeing unaccompanied children, temporary residents or those new to the Practice.

Trafficked Children

Children and young people can be trafficked for various reasons, including sexual exploitation, forced labour, domestic servitude, criminal activities, benefit fraud, organ harvesting or illegal adoption.

Unaccompanied Asylum Seeking Children (UASC)

These are 'children who are under 18 years of age who have been separated from their parents and who are not being cared for by an adult who by law or custom has the responsibility to do so' (UNHCR, 1994). In June 2003 guidance was issued that stated where children seeking asylum are alone the 'presumption should be that they fall into Section 20 of the Children Act' (DH, 2003).

Where there are safeguarding concerns relating to the care and welfare of any UASC then these must be investigated in line with local procedures in the area in which they are living, in the same way as any looked after child.

Private Fostering

Parents and private foster carers are legally required to notify their local authority of each instance of private fostering. Professionals who incidentally become aware of private fostering arrangements have a duty to report this to the Local Authority so that the child's circumstances can be investigated and their safety and well-being assured.

Children who are Home-Educated

Many families prefer to educate their children at home and it is their right under UK law to do so. Home educating families do not have to follow the National Curriculum and are not subject to regulation or inspection in the same way as schools. While most home-educated children live happy fulfilled lives, some are socially isolated and 'hidden' from view. GPs and their teams may be the only professionals with whom such children may have contact and therefore should be vigilant when they are seen and be alert for signs of abuse and/or neglect.

Female Genital Mutilation

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. If you are worried about someone who is at risk of FGM or has had FGM, you must share this information with social care or the police. see [Multi-Agency Practice Guidelines on Female Genital Mutilation \(HMG 2011\) \(PDF, 1.63Mb\)](#)

Forced Marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. The [Anti-social Behaviour, Crime and Policing Act 2014](#) makes it a criminal offence to force someone to marry, see [Gov UK Forced Marriage Guidelines and Multi-Agency practice guidelines: Handling cases of forced marriage 2014](#).

PREVENT

The Government's counter terrorism strategy is known as CONTEST. Prevent is part of CONTEST and its aim is to stop people becoming terrorists or supporting terrorism.

The Health Service is a key partner in Prevent and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

Three national objectives have been identified for the Prevent strategy:

Objective 1: Respond to the ideological challenge of terrorism and the threat we face from those who promote it.
Objective 2: Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
Objective 3: Work with sectors and institutions where there are risks of radicalisation which we need to address.

Prevent focusses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity.

If you are concerned that a vulnerable individual is being exploited in this way you can raise these concerns in accordance with your organisation's policies and procedures. Your local Safeguarding Team can advise and identify local referral pathways.

Categories of abuse

(Definitions based on those in [Working Together to Safeguard Children 2013](#))

Physical abuse

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

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 can occur during pregnancy as a result of maternal substance misuse.

Once the child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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).
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Emotional abuse

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capacity, 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 the child 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 to a child, though it may occur alone.

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. It may involve

- Physical contact, including assault by penetration (rape or oral sex).
- Non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
- Non-contact activities such as involving children looking at, or in the production of, sexual images.
- Watching sexual activities or encouraging children to behave in sexually inappropriate ways.
- 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.

Cyber/Internet abuse

Cyber-bullying involves the use of information and communication technologies to support deliberate, repeated, and hostile behaviour by an individual or group that is intended to harm others.

New technologies have become central to modern life. They make it possible for people across the world to have instant communication with one another. They allow for the rapid retrieval and collation of information from a wide range of sources, and provide a powerful stimulus for creativity. People may discuss sensitive topics which, face to face, they might find difficult.

However, these technologies are also potentially damaging. They can enable children and young people to access harmful and inappropriate materials. Those they engage with may not be directly known to them and because of the anonymity offered by the internet children and young people may be harmed or exploited.

It is important to familiarise yourself with local E-safety processes: Policies, procedures and practices; education, training and information.

Peer abuse

Peer abuse can be defined as one who brings mistreatment, insult or deception in excessive amounts to another individual of the same peer group. This can be done physically, mentally, emotionally, sexually or through social media.

Safe recruitment

Recruitment processes should include guiding principles leading to safe employment outcomes such as:

- Legal and regulatory requirements are met including consideration of equality and diversity;
- Potential applicants are aware of the organisation's commitment to the safety and well-being of vulnerable people;
- Employers are convinced as far as possible at each stage of recruitment and selection that the candidate is suitable for the specific post, safe to practice and the best candidate to move to the next stage of the process;
- Employers are satisfied of the candidate's identity, qualifications and registration status.

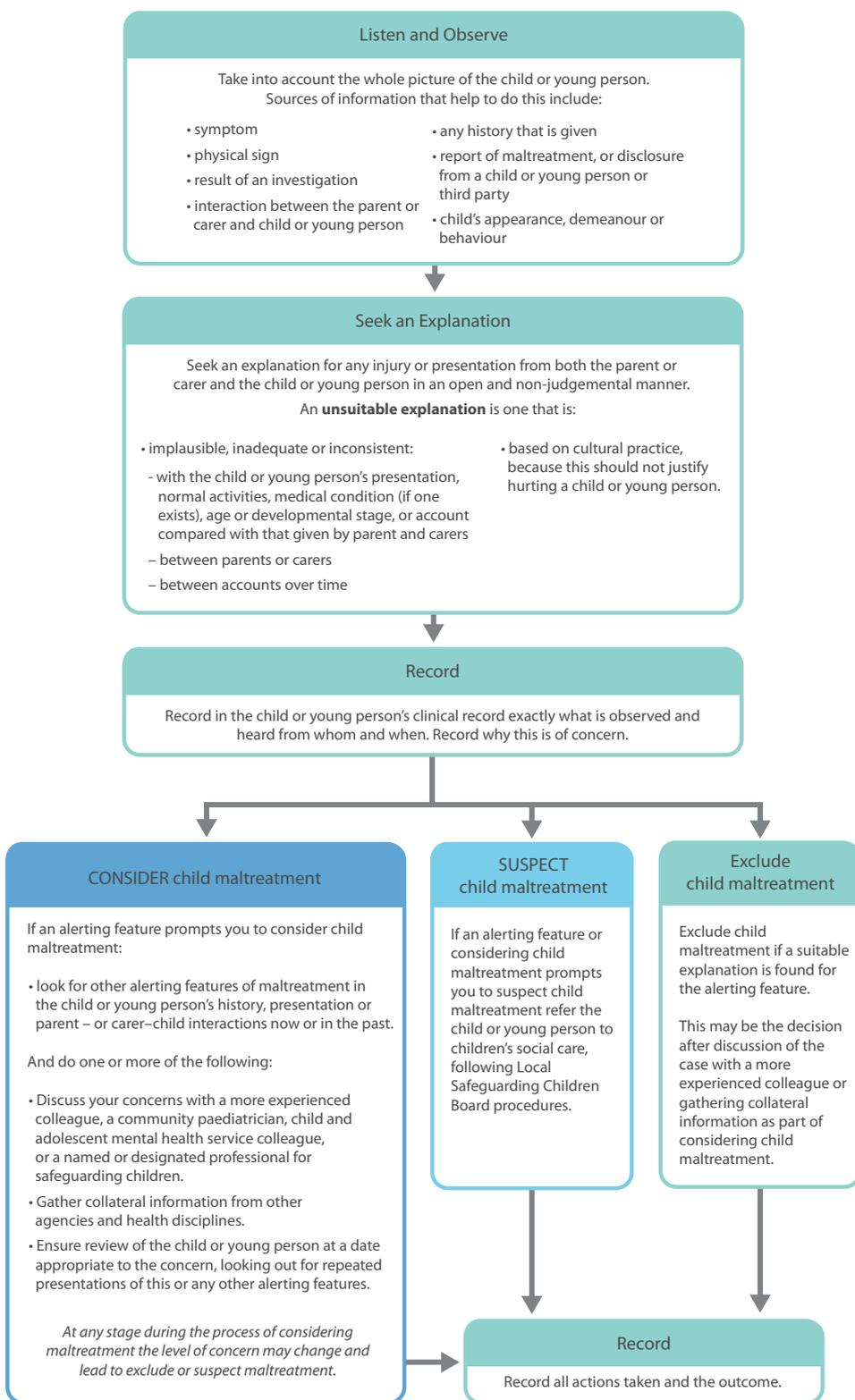
Managing allegations against staff

Despite all efforts to recruit safely there will be occasions when allegations of abuse against children are raised. The allegations may relate to the person's behaviour at work, at home or in another setting. All allegations of abuse of children by those who work with children must be taken seriously.

Allegations against people, who work with children, whether in a paid or unpaid capacity, cover a wide range of

WHEN TO SUSPECT CHILD MALTREATMENT - QUICK REFERENCE GUIDE

Using this guidance - Flowchart



NICE Guidelines - When to Suspect Child Maltreatment - Quick Reference Guide - Using this guidance - Flowchart

circumstances. If you are aware of a person who works with children and has:

- Behaved in a way that has harmed a child, or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child in a way that indicates he/she is unsuitable to work with children.

All such allegations made against adults working with children must be referred to the Local Authority Designated Officer (LADO) who provides advice and guidance to employers and voluntary organisations, liaises with the police and other agencies and monitors the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

Resources

Article 19 of the United Nations Convention on Rights of the Child

England

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children March 2013

Northern Ireland

Child Protection resources

Co-operating to Safeguard Children 2003 and *ACPC Regional Child Protection Policies and Procedures 2005*

Standards for Child Protection Services 2008
UNOCINI *Understanding the Needs of Children in Northern Ireland*

Scotland

Children and Young People (Scotland) Bill 2014,

Scottish Government, 2013 *Child Protection Guidance for Health Professionals*,

Scottish Government (2012) *National Risk Assessment Framework*,

Scottish Government 'Getting it Right for Every Child' (GIRFEC),

Scottish Government, 2010 *National guidance for child protection in Scotland*

Wales

2011 *All Wales Child Protection Procedures, Children's Rights in Wales*.

2012 *A guide for Safeguarding Children and Vulnerable Adults in General Practice*

CEOP internet safety

GMC (2012) *Protecting children and young people: The responsibilities of all doctors*

NICE CG89 *When to suspect child maltreatment*

NSPCC *Working to end child cruelty across the UK*