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# Safeguarding

SAFEGUARDING POLICY AND PROCEDURES

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## Introduction

Encounter is an organisation that offers therapeutic help for children that have experienced trauma, and puts the child's welfare at the very heart of everything that it does.

## Statement of Intent

It is our duty to promote and provide a working culture that prioritises the physical and emotional wellbeing for all children and their families who have contact with our service.

Safeguarding : "the process of creating a safe environment for the whole younger generation, as well as protecting those children and young people who are vulnerable or have already been harmed" ( Linton & Webb, 2016).

The following policy and child protection procedures are in line with the [London Child Protection Procedures](#), produced by the London Safeguarding Children Board.

## Who This Policy Applies To

This policy is aligned with national guidelines and the developing culture of evolving practices in the arena of safeguarding children. It recognises that safeguarding is everyone's responsibility, and although it is the duty of local authorities to take the lead role, everyone who has contact with children and their families has a role to play in preventing and protecting children from coming to harm.

It has been written to ensure that all of Encounter's child service users, that is anyone under the age of 18 years, are safeguarded from all forms of abuse, exploitation and discrimination, whether deliberate or inadvertent, and that any action required is in accordance with our written policies and procedures. It is also applicable to any other children who may come into contact with the Encounter staff in a professional setting.

## Context

The legal framework and associated guidance that informs and underpins the Encounter policy and procedures on child protection and safeguarding are as follows:

- The Children Act 1989
- The Protection of Children Act 1999
- The Children and Families Act 2014
- Anti-Social Behaviour, Crime and Policing Act 2014
- The Children Act 2004
- The Safeguarding Vulnerable Groups Act 2006
- The Sexual Offences Act 2003

The key government guidance documents referred to are in the following:

- Working Together to Safeguard Children Guidance (July 2018)
- What to do if you're worried a child is being abused. Advice for Practitioners (March 2015)
- The London Child Protection Procedures (September 2016)
- The London Child Sexual Exploitation Operating Protocol (February 2015)
- Tackling Child Sexual Exploitation Action Plan, (DfE 2011)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)
- Keeping Children Safe in Education (July 2015)
- National action plan to tackle child abuse linked to faith or belief (2012)
- Revised Prevent Duty Guidance: for England and Wales Guidance for specified Authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism ( July 2015)
- The Prevent Duty Departmental Advice for Schools and Child Care Providers June 2015
- Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (2007)
- The Common Assessment Framework (CAF)
- OFSTED's National Minimum Standards relating to Adoption

## Key Policies

We believe that keeping children safe, and practising in a way that protects them and promotes their ongoing wellbeing and welfare, is everyone's responsibility and our highest priority.

We will ensure that all children are equally protected and given equal priority regardless of their age, disability, gender reassignment, race, religion or belief, sex , or sexual orientation.

We recognise that some children have additional barriers that they may face, that stem from having a disability or belonging to a minority ethnic group which can impact on communication or discrimination. In our policy statement we have highlighted and tried to address these additional needs.

We recognise that safeguarding is everyone's responsibility. In order for services to be effective each professional and organisation should play their full part.

We believe that a child-centred approach is essential. For services to be effective they should be based on a clear understanding of the needs and views of children.

## Implementation

We recognise that policies alone don't protect children and we are working continuously in our daily practice to ensure that children's welfare is at the heart of all we do. We have also taken the following practical steps to meet our commitment to keeping children safe:

1. We have identified a child protection lead and outlined the role
2. We have created a booklet for children who use our service that includes information on safeguarding



3. We have signed up to weekly updates from the NSPCC on safeguarding
4. We have committed to annual safeguarding update training for staff and any volunteers
5. We have created a clear and simple procedure pathway to follow if you have concerns about a child who you have contact with within the work environment. See our [Safeguarding Decision Flowchart](#).
6. We are continuously looking at further ways that we can help children feel safe, listened to and respected in our setting.
7. We ask for regular feedback from all our service users and are creating child friendly outcome and feedback systems.
8. We have made our safeguarding policy and procedures easily downloadable via our website, and a copy will be sent as part of an e-information pack to all families on their initial contact with Encounter. A hard copy is available for those without internet access.
9. We have outlined a simple to remember “5 R’s” process of recognising, responding, reporting, recording and referring to help us enact our policy in daily practice.
10. We have made sure our policy and procedures are clearly visible in our setting in both summary and full copy formats.

## Child Protection Lead

Any questions or concerns regarding this policy, or the associated procedures, should be addressed to Andrea Richards, who is the Child Protection Lead.

It is the responsibility of the Child Protection Lead to:

- Create an environment that is conducive to safeguarding children
- Implement Encounter’s Safeguarding Policy and Procedures
- Ensure that the procedures are regularly kept up to date, and are reviewed annually
- Attend annual training to inform and maintain the policy and procedures, as well as manage individual cases

## Procedures

### Overarching Principals

#### Inter-Professional Practice

We recognise that whilst social workers are the leads in inter-agency and inter-professional working, where the protection of a child is concerned and child protection interventions are needed, this becomes a multiagency responsibility. This is especially true with regard to information sharing across sectors and working with local communities, families and children themselves ( HM Government, 2015).

## Working Together July 2018

Working Together 2018 emphasises that no single professional can have a full picture of a child's needs and circumstances, and to ensure that children and families receive the right help at the right time, every practitioner who has contact with the family has a role to play in:

1. Recognising
2. Responding
3. Reporting
4. Recording
5. Referring

It is also essential that every professional should be particularly alert to the potential need for early help for a child who:

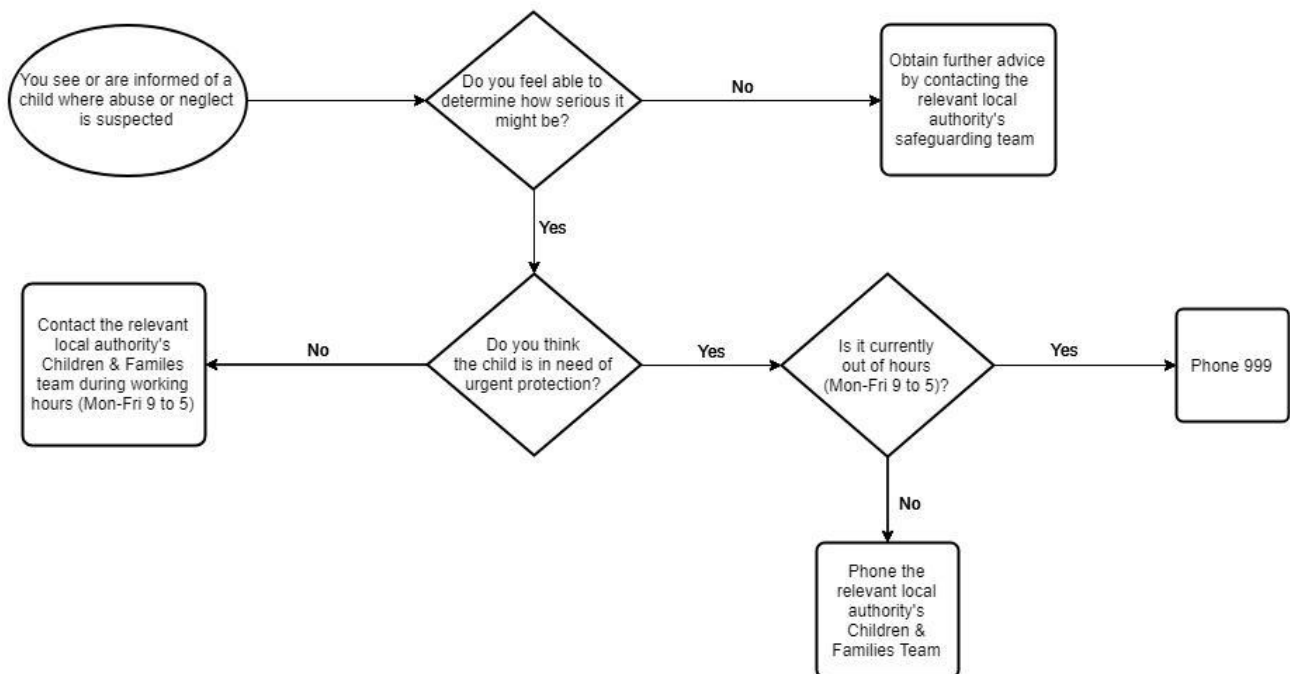
- Has special educational needs
- Is disabled and has specific additional needs
- Is a young carer
- Is displaying signs of engaging in anti-social or criminal behaviour
- Is showing early signs of abuse and/or neglect
- Is in a family whose circumstances present challenges for the child, ie; substance abuse, adult mental health problems and domestic abuse.

## Considerations of 'Significant Harm'

It is vital to be mindful of the signs and symptoms of 'significant harm' in all cases. This should be an integral part of the clinicians work throughout the period of contact with a family.

The term 'significant harm' is defined in the Children Act (1989) as 'ill treatment or impairment of health or development', and it justifies an initial child protection investigation under section 47 of said act.

## Safeguarding Decision Flowchart



## 1. Recognise

The ability to recognise behaviour that may indicate abuse is of fundamental importance. Whether the abuse occurred on our premises or in the home, or in any other setting in which the service user may find themselves, all those playing a role in meeting the child's needs should be aware and be informed so that possible abuse can be recognised, investigated and acted on.

### Staying aware of risk:

It is important to understand that the nature of working in high risk environments and continually working with clients who have experienced high levels of abuse and/or neglect can alter how you view risk over time. In order to help address this issue we will ensure that we engage in regular updates of training and information in this field.

We have also signed up to weekly updates from the NSPCC.

Our CPD commitments require regular safeguarding training and a commitment to stay up to date with changes in government guidance in this area.

### Types of Abuse and Neglect

Child abuse and neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults, as well as cases where the standard of care does not adequately support the child's health and development.



Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

Abuse can occur in a family, or an institution or community setting, and the perpetrator may or may not be known to the child.

Working Together to Safeguard Children 2018 defines four broad categories of abuse which are used for the purposes of registration:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse ( including domestic violence)

These categories overlap and an abused child frequently suffers more than one form of abuse.

It is also important to recognise that issues such as domestic abuse, drug and alcohol misuse and parent mental health often coexist and have been defined as 'the toxic trio' ( Brandon et al, 2012). It is therefore important to consider the possibility of other issues when one of these problems is known to be present in a family.

## *Physical Abuse*

Physical abuse can take many forms including hitting, shaking, throwing, burning, scalding, suffocating, poisoning and bullying.

It is important to note that a baby who cannot yet walk or crawl does not typically have bruises, although you need to consider underlying health condition, blood disease or infection. Frequent falls can often be used as an excuse for children with lots of bruises.

## *Emotional Abuse*

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

1. Bullying or intimidation
2. Exploitation or corruption of children
3. Conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person
4. Domestic abuse

Some level of emotional abuse is involved in most types of ill treatment of children, although it is possible for emotional abuse to occur in isolation.

## *Sexual Abuse*

Child sexual abuse has been defined as the act of exploiting a child or young person, who has not reached an age or maturity to be able to give informed consent to involvement in any kind of sexual activity. (HM Government, 2015b).

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Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, and includes penetrative (i.e. vaginal or anal rape or buggery) and non-penetrative acts.

It may also include non-contact activities, such as involving children in looking at pornographic materials, or involved in the production of such material, watching sexual activities or encouraging children to behave in sexual inappropriate ways.

Sexual abuse also includes sexual exploitation, where children or young people are sexually exploited in the community, and female genital mutilation.

## *Neglect*

Neglect involves the persistent failure to meet a child's basic physical, medical and/or psychological needs, likely to result in the serious impairment of the child's health and development.

Neglect involves the failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs.

Neglect can also occur when the nourishment and nutrition provided for the child isn't a balanced diet, issues such as obesity, diabetes and rickets are seen in children due to diet-related neglect.

Neglect may include keeping children from attending school regularly.

It is important to highlight that babies in particular can be more vulnerable in cases of neglect.

## Safeguarding Disabled Children

Any child with a disability is by definition a 'child in need' under Section 17 of the Children Act 1989.

Disabled children are more vulnerable to experiencing significant harm through physical, sexual, emotional abuse and/or neglect than children who do not have a disability. Having multiple disabilities increases the child's risk of abuse and neglect.

Safeguards for disabled children are essentially the same as for non-disabled children. However, particular attention should be paid to promoting a high level of awareness of the risks of harm, high standards of practice, and awareness of barriers to communication that may make it difficult for the child or young person to tell others what is happening.

Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the guidance, in the same way as with any other child.

Please also see the national guidance [Safeguarding Disabled Children - Practice Guidance](#), which provides a framework of collaborative multi-agency responses to safeguard disabled children.

## Domestic Abuse

Domestic abuse is defined by the Home Office as:

*" Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have intimate partners or family members,*

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*regardless of gender or sexuality. This can encompass psychological, physical, sexual, emotional and financial abuse"*

**Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating everyday behaviour.

**Coercive behaviour** is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and victims are not confined to one gender or ethnic group. It has been widely understood for some time that coercive control is a core part of domestic violence. It is important to recognise coercive control as a complex pattern of overlapping and repeated abuse, perpetrated within a context of power and control.

A defining characteristic of domestic abuse is where the behaviour is intentional and is calculated to exercise power and control within a relationship.

Children of any age who are living with a parent who is experiencing domestic abuse (statistically this is more likely to be their mother), are vulnerable to harm through physical, sexual, emotional abuse and/or neglect. The legal definition of significant harm includes "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home" (Lindon & Webb, 2016).

Domestic abuse may also include women or girls who perpetrate abuse against men and boys, within same sex relationships and from a child. It's important for professionals to consider the possibility that teenage boys and girls could be experiencing abuse within an intimate partner relationship.

For further guidance please refer to the London Safeguarding Children Board's [Safeguarding Children Abused through Domestic Violence](#).

## Children and Young People Vulnerable to Child Sexual Exploitation (CSE)

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people ( or a third person or persons) receive 'something' (e.g. money, gifts, accommodation, drugs, alcohol, cigarettes, food, affection) as a result of them engaging in sexual activities with an adult. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain.

In all cases, those exploiting children or young people have power over them by virtue of their, age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's restricted choice resulting from their social/economic and/or emotional vulnerability.

The following points are important to consider:

1. CSE as a form of abuse can apply to all children and young people, not just those under the age of consent. Children age 16 or 17 can still be sexually exploited, and children from any ethnic or religious background can be victims.
2. CSE can occur in a wide range of relationships, contexts and exploitive situations, including bullying.
3. There is typically a power imbalance between perpetrator and victim.
4. The victim commonly has limited choice, resulting from their various vulnerabilities, but may not recognise the limitations of their ability to choose.
5. Increasingly, the use of technology (particularly mobile phones and social networking) is involved in incidences of CSE.
6. A victim cannot consent to their abuse; children are not responsible for being sexually exploited.

There are a number of characteristic warning signs that a child may be being sexually exploited. These include, but are not limited to:

- Going missing for periods of time or regularly coming home late
- Regularly missing school or education or not taking part in education
- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older 'boyfriends' and 'girlfriends'
- Suffering from sexually transmitted infections
- Mood swings or changes in emotional wellbeing
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour

If there is suspicion or disclosure of child sexual exploitation, then the manager should make a referral to the local authority safeguarding service, to enable them to determine what further enquiries and action needs to occur both immediately and longer term (see [Safeguarding Decision Flowchart](#)).

## Children Missing from School

A minimum standard of safety should be afforded to children not attending school. This includes children who are registered with schools and to missing from school, children who have poor attendance, children who are not registered with a school, and children educated at home where there are concerns about their welfare.

When a child is absent or missing from school, it can lead to situations where they could become at risk of significant harm. The child may be absent or missing because they are suffering physical, sexual or emotional abuse and/or neglect. This may mean that the child/young person is also being sexually exploited.

If it becomes apparent to the Encounter therapist that the child is missing school, it would be important to contact the relevant school staff to share concerns (permission will be obtained in initial registration documentation to make this kind of contact).

## Vulnerable Adolescents

Children can be vulnerable to threat from both within their family and from outside of their family. The extra-familial threats might arise at school or other educational environments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including but not exclusive to:

- Exploitation
- Peer Abuse
- Bullying
- Gang involvement

## Internet, Cyber-Bullying & Grooming

This is a constantly changing area of concern and something we have a duty and need to stay updated about, by accessing both NSPCC information and other government updates.

Abuse in this context comes in the following forms:

- Sexual exploitation via internet and technology
- Sexual grooming of children via the internet, often made possible through the vulnerability created by children using mobile technology, especially mobile phones with cameras.
- Online threats, including the proliferation of indecent images of children, online exploitation, trans-national child sexual abuse and contact child sexual abuse initiated online.
- Online exposure to pornography
- Online grooming, a process by which any kind of sexual abuser creates and develops a relationship with a child or young person, making possible a pattern of sexual abuse
- The use of webcam technology and real time images by groups and individuals to sexually exploit children and young adults
- Cyber- Bullying

## Spirit Possession and/or Witchcraft

Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them. The belief includes the child being able to use the evil force to harm others. In such cases, the child might be involved in the parent's ideation.

A child may suffer emotional, physical and sexual abuse and neglect if they are labelled and treated as being possessed with an evil spirit. Significant harm may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. Dismissing the belief may be harmful to the child involved.

For supplementary guidance, please refer to the Government's guidance

[Safeguarding Children from Abuse Linked to a Belief in Spirit Possession.](#)

## Female genital mutilation (FGM)

The World Health Organisation defines FGM as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons"

FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical and emotional abuse. Where a child is thought to be at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure. Any information or concern that a child is at immediate risk of, or has undergone, FGM should result in a child protection referral following the [Safeguarding Decision Flowchart.](#)

For supplementary guidance please refer to the London Safeguarding Children Board's [Safeguarding Children at Risk of Abuse through Female Genital Mutilation \(2016\).](#)

## Forced Marriage

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.

Suspensions that a child may be forced into marriage include:

- A family history of older siblings leaving education early and marrying early
- Depressive behaviour including self-harming and attempted suicide
- Being kept at home by their parents; being unable to complete their education
- A child always being accompanied including to school and doctors' appointments
- A child talking about an upcoming family holiday that they are worried about
- A child directly disclosing that they are worried they will be forced to marry

Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim and an appropriate initial response is vital.

Professionals should not minimize the potential risk of harm or attempt to be a mediator.

Professionals should see the child immediately, on their own, in a secure and private place and contact the agency's named child protection person and the police Child Abuse Investigation Team (CAIT).

If the child is in immediate danger, dial 999.

For supplementary guidance, please refer to the London Safeguarding Children Board's [Safeguarding Children Abused Through Domestic Violence \(2007\)](#)

Forced Marriage Unit's multi-agency guidance on dealing with forced marriage can be found here [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322307/HMG\\_MULTA\\_AGENCY\\_PRACTICE\\_GUIDELINES\\_v1\\_180614\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTA_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf)

## Honour Based Violence

The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community'.

Honour based violence cuts across all cultures and communities. The perceived immoral behaviour which could precipitate a murder include:

- Inappropriate make-up or dress
- The existence of a boyfriend
- Kissing or intimacy in a public place
- Rejecting a forced marriage
- Pregnancy outside of marriage
- Being a victim of rape
- Inter-faith relationships
- Leaving a spouse or seeking divorce

A child who is at risk of honour based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member. Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. These include:

- House arrest and excessive restrictions
- Denial of access to the telephone, internet, passport and friends
- Threats to kill
- Pressure to go abroad

There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

When receiving a disclosure from a child, professionals should recognise the seriousness and immediacy of the risk of harm.

Professionals should not minimise the potential risk of harm or attempt to be a mediator.

Professionals should see the child immediately, on their own, in a secure and private place and contact the agency's named child protection person.

If the child is at risk of honour based violence a child protection referral should be made to the agency's named child protection person and the police Child Abuse Investigation Team (CAIT). If the child is in immediate danger, dial 999.



For supplementary guidance please refer to the London Safeguarding Children Board's [Safeguarding Children Abused Through Domestic Violence \(2007\)](#)

## Radicalisation

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that:

1. reject or undermine the status quo; or
2. reject and/or undermine contemporary ideas and expressions of freedom of choice.

One of the key issues for professionals is how to take account of the risks presented by extremism and radicalization as part of safeguarding children and young people.

The process of radicalisation involves a complex interplay between individual, family and community factors, including identity and belonging, alienation and boredom, passive support for far right extremism as well as intergenerational attitudes and beliefs.

Emphasis is placed on prevention.

*"In order for schools and childcare providers to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation should be seen as part of schools' and childcare providers' wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences".*

(The Prevent Duty Departmental Advice for Schools and Child Care Providers (June 2015))

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children or young people at risk of radicalisation may display different signs or seek to hide their views. Staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require staff to carry out unnecessary intrusion into family life, but as with any other safeguarding risk they must take action when they observe behaviour of concern.

If a concern regarding radicalisation, is identified then Encounter's safeguarding procedures apply and it is important to discussing this with children's social care if it is deemed necessary. In Prevent priority areas, the local authority will have a Prevent lead that can also provide support.

## Parental Responsibility

Whoever has parental responsibility must ensure that a child's basic needs are met. These are:

- That they are kept safe, protected, and are shown warmth and love



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- Bonding - a general term relating to the many different kinds of relationships people develop and maintain.
- Attachment - the provision of a secure base and a focus for proximity seeking and safe-haven behaviours at times of heightened anxiety. In an attachment relationship there is a sense of turning to someone else safety and security.

It is important to remember that parents are not perfect and lose their patience and get cross at times. It's about looking at the whole situation and supporting the parent to manage their own needs too.

Adults who are culpable of emotional abuse carry on regardless of how distressed the child becomes. Some abusive adults even appear to gain some pleasure from inflicting pain.

## Parent-Child Interactions that are Concerning

Parent behaviours affect children and therefore practitioners should be aware of parent-child interactions that are concerning, and other general parental behaviours.

Parent behaviours that create a vulnerability:

- Misusing drugs and alcohol
- A sudden change in the parent's mental health and wellbeing, or having a significant mental illness.
- Domestic abuse. Children don't have to be hit to be harmed. They feel scared if their carer is in danger.

At the same time, it is important to remember that a 'warning sign' does not automatically mean a child may be being abused or neglected, but it does indicate that a child is vulnerable (HM Government, 2015c). It is the exposure to the risk that increases the child's vulnerability.

A useful definition of vulnerability in this context is

"Vulnerability pertains to the innate characteristics of the child and those imposed by their family circle and the wider community which might threaten or challenge healthy development and therefore impact on the child's well being and welfare".

## 2. Responding

An appropriate response is vital. No report, disclosure or concern about possible abuse should ever be ignored.

To determine the most appropriate response, find out whether you are dealing with an allegation from a child against an adult or another child or peer. Is the disclosure alleging abuse to themselves or to another? Is it the reporting of a concern or suspicion? What, precisely, is alleged to have happened?

## Responding to Concerns

Depending on the level of the concern, discuss with supervisor or contact the relevant team. Ask the person how things are at home and school if there is a good opportunity. Contact social worker if in doubt or have serious concerns for welfare.

## Responding to Disclosure

Listening is the most important thing. Try not to lead or probe with too many questions. Remain calm and demonstrate interest and concern while asking any questions. Inform the person sharing with you that concerns they have raised must be recorded and passed on so that possible abuse can be dealt with, and that this will be done on a limited “need to know” basis, with as few others as possible knowing the identity of the complainant, and that all in the chain of reporting will respect confidentiality.

Reassure that they have done the right thing in reporting their concerns and that you will do everything you possibly can to help. Do not make unrealistic promises.

Is the concern significant enough to contact a social worker or the local authority safeguarding teams? If so, move on to reporting. If unsure, contact the relevant local safeguarding team for clarification.

Contact information for local authority safeguarding teams can be found in the safeguarding file.

## 3. Reporting

We have a duty to report any concerns regarding the welfare of a child.

See [Safeguarding Decision Flowchart](#) to help guide decision making on reporting pathway and procedure.

## 4. Recording

In the case of a disclosure, the manager should record precisely what has been alleged, using the words of the complainant. Records should include accurate quotation. It should also, if felt appropriate, include factual observations about the observable physical and emotional state of the individual sharing their concerns with you.

All concerns and referrals must be recorded in the clients notes and file (kept in accordance with HCPC guidelines).

All correspondence and contact with other professionals should also be documented and kept in the client notes.

## 5. Referring

See the [Safeguarding Decision Flowchart](#) for decision making. Refer back to the social worker, the initial referring party or local safeguarding team.



All referrals should be documented on the appropriate paperwork and kept with the child's clinical notes.