



# Safeguarding Children Forums 2007 Programme

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Wednesday 17<sup>th</sup> January 2007

To be Held At:

**Cheltenham Area Civil Service Club, Tewkesbury Road, Cheltenham GL51 9SL**

|       |  |
|-------|--|
| 09:30 | <b>Coffee and Registration</b><br>(Sign up to two Discussion Groups)   |
| 09:45 | <b>Introduction from Board Member</b>  |
|       | <b>Presentations</b><br>(For more information click on the subject below)  |
| 10:00 | Safeguarding Framework   |
| 10:10 | Change for Children  |
| 10:20 | Child Protection Procedures  |
| 10:40 | Serious Case Reviews   |
| 10:50 | Training   |
| 11:00 | <b>Coffee and Cakes</b>  |
| 11:30 | <b>Discussion Groups Round 1</b>   |
| 12:00 | <b>Discussion Groups Round 2</b>   |
|       | <ul style="list-style-type: none"><li>○ Information Sharing</li><li>○ Safe Recruitment</li><li>○ Underage Sexual Activity</li><li>○ Domestic Abuse</li><li>○ Impact of Parental Issues</li><li>○ Children with Disabilities</li><li>○ Allegations Management</li></ul> |
| 12:30 | <b>Question Time</b>   |
| 13:15 | <b>Plenary</b>   |
| 13:30 | <b>Finish</b>  |



[www.gscb.org.uk](http://www.gscb.org.uk)

G l o u c e s t e r s h i r e



S a f e g u a r d i n g C h i l d r e n B o a r d

# Safeguarding Children Forums 2007

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CYPSP

Gloucestershire's Children and Young People's Strategic Partnership

Change for Children Programme

# Introduction

## Aim

- ★ Help you and your organisation put together your own child protection procedures
- ★ Give you information about tackling Domestic Abuse in Gloucestershire
- ★ Give you information about lessons learned from serious case reviews in Gloucestershire
- ★ Help you to recruit staff and volunteers safely
- ★ Get your views about what you need from the GSCB in the next year

# Agenda

S a f e g u a r d i n g C h i l d r e n F o r u m

|              |                                       |   |
|--------------|---------------------------------------|---|
| <b>09:30</b> | <b>Coffee and Registration</b>        |   |
| <b>09:15</b> | <b>Introduction from Board Member</b> | Terry Standing/ Paul Summersby  |
| <b>09:30</b> | <b>Presentations</b>                  | <p>Safeguarding Framework<br/>Change for Children<br/>Child Protection Procedures<br/>Serious Case Reviews<br/>Training</p> <p>Georgie Mackintosh<br/>Duncan Siret<br/>Jane Bee<br/>Nuala Livesey<br/>Isobel Dougan</p>   |
| <b>10:30</b> | <b>Coffee and Cakes</b>               |   |
| <b>10:45</b> | <b>Discussion Groups</b>              | <p>Information Sharing<br/>Safe Recruitment<br/>Underage Sexual Activity<br/>Domestic Abuse<br/>Impact of Parental Issues<br/>Children with Disabilities<br/>Allegations Management</p> <p>Duncan Siret<br/>Jane Bee<br/>Nuala Livesey<br/>Isobel Dougan<br/>Mandy Bell<br/>Val Porter<br/>Georgie Mackintosh</p> |
| <b>12:20</b> | <b>Question Time</b>                  | Panel   |
| <b>12:40</b> | <b>Plenary</b>                        | Duncan Siret  |
| <b>12:45</b> | <b>Finish</b>                         |   |

# Introduction

- ★ GSCB established on 1<sup>st</sup> April 2006
- ★ Replaced the Area Child Protection Committee
- ★ Statutory mechanism for agreeing how the partner agencies co-operate to safeguard and promote the welfare of children and young people under
  - Section 11 of the Children Act 2004
  - Working Together to Safeguard Children
- ★ GSCB in a position to hold agencies to account.
- ★ Safeguarding children is about
  - Protecting children from maltreatment
  - Preventing impairment of children's health or development
  - Ensuring that children are growing up in a safe and effective environment

# Introduction

## GSCB Structure



## GSCB Executive Board – Partner Agencies

- Children & Young People's Directorate, Gloucestershire County Council
- Gloucestershire Constabulary
- Gloucestershire Health Services
- NHS South West
- National Probation Service Gloucestershire
- Children and Family Court Advisory Support Service
- Connexions
- Gloucestershire Voluntary and Community Services
- Gloucestershire District Councils

# Safeguarding Framework

Safeguarding Children Forum

## Georgie Mackintosh

Allegations Management Advisor

Government Office for the South West

# Safeguarding Framework

## Legislation

- ★ Children Act 1989
- ★ Education Act 2002
- ★ Children Act 2004 – Every Child Matters  
Change for Children
- ★ Safeguarding Vulnerable Groups Act 2006

# Safeguarding Framework

## Statutory Guidance

- ★ Working Together to Safeguard Children 2006
- ★ Duty to Make Arrangements to Safeguard and Promote the Welfare of Children
- ★ Children and Young People's Plan
- ★ Safeguarding Children and Safer Recruitment in Education etc.

# Safeguarding Framework

## Key Duties: Local Authorities

- ★ to promote co-operation between LA and partner organisations, i.e. children's trust arrangements (CA 2004 s10)
- ★ to establish a Local Safeguarding Children Board (CA 2004 s13)
- ★ to establish and operate databases relating to above duties (CA 2004 s12)

# Safeguarding Framework

## Key Duties: Local Authorities (continued)

- ★ to exercise their functions with a view to safeguarding and promoting the welfare of children in education settings      (EA 2002 s175)
- ★ to promote and safeguard the welfare of children in need in their area; to co-operate in their interests; to make enquiries re significant harm      (CA 1989 s17 & 47)

# Safeguarding Framework

## Key Duties: Other Organisations

- ★ to have regard to the need to safeguard and promote the welfare of children when discharging their functions or commissioning services for children (CA 2004 s11)
- ★ to participate in LSCBs (CA 2004 s13)
- ★ to exercise their functions with a view to safeguarding and promoting the welfare of children i.e. schools/colleges (EA 2002 s175 & 157)



# Safeguarding Framework

S a f e g u a r d i n g   C h i l d r e n   F o r u m

## Working Together

- ★ Organisations and individuals
- ★ Practitioners and front-line managers
- ★ Senior strategic and operational managers

**SAFEGUARDING CHILDREN IS  
EVERYONE'S BUSINESS**

# Change for Children

S a f e g u a r d i n g   C h i l d r e n   F o r u m

## Duncan Siret

Safeguarding Children Manager

# Change for Children

Safeguarding Children Forum

★ CYPSP Programme Board is responsible for implementing the Gloucestershire Change for Children Programme through the Multi-agency **Children and Young People's Plan**.

Key organisations involved in planning and providing services for children and young people across Gloucestershire are now working to the same plan.



# Change for Children

★ This aims to ensure that CYP are helped to achieve these 5 outcomes

- ★ Be Healthy
- ★ Stay Safe
- ★ Enjoy their lives and achieve their potential
- ★ Contribute to their local community
- ★ Achieve a good standard of living

★ Safeguarding is a key aspect of the “Stay Safe” outcome.

★ Establishment of the GSCB was part of the C4C programme.

★ The GSCB is linked with the CYPSP Programme Board.

# Change for Children

## What is happening:

- ★ Anti-bullying
- ★ Children with Disabilities
- ★ Education Improvement Partnerships
- ★ Joint Area Review
- ★ Shared Data (ICT Development)
- ★ Lead Professional
- ★ Common Assessment
- ★ Integrated Services
- ★ Consultations
- ★ Information Sharing
- ★ CYP Directorate
- ★ Extended Services
- ★ Children Centres
- ★ Teenage Pregnancy Strategy

# Safeguarding Procedures

S a f e g u a r d i n g   C h i l d r e n   F o r u m

## Jane Bee

Safeguarding Children Development  
Officer (education)

# Safeguarding Procedures

★ The Gloucestershire Safeguarding and Promoting the Welfare of Children Procedures is an online document of procedures that **apply to all staff** working with children and young people.

★ The Procedures were formally known as the Green Manual, as it was available in hardcopy format.

★ Since it was revised in early 2006, the procedures are now only available online through the GSCB website.

★ This decision was made in light of the many changes in Safeguarding that were anticipated.

# Safeguarding Procedures

Section 1: Standards of Conduct

Section 2: Responding to concerns/ allegations of abuse

Section 3: Responding to allegations of abuse by staff

# Serious Case Reviews

S a f e g u a r d i n g   C h i l d r e n   F o r u m

## Nuala Livesey

Nurse Consultant Child Protection

Gloucestershire PCT

# Serious Case Reviews

## When should a Serious Case Review be carried out?

- ★ When a child dies and abuse is known or suspected to be a factor
- ★ When a child sustains a potentially life threatening injury or their health and/or development is impaired as a result of abuse
- ★ When a child has been subjected to particularly serious sexual abuse

# Serious Case Reviews

- ★ When a parent has been murdered and a homicide review is being initiated
- ★ When a child has been killed by a parent with mental illness
- ★ When the case gives rise to concerns about inter-agency working to protect children from harm

# Serious Case Reviews

## Purpose of Serious Case Reviews

- ★ To establish whether there are any lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children
- ★ To identify clearly what those lessons are, how they will be acted on, and what is expected to change as a result, and
- ★ As a consequence, improve inter-agency working and better safeguard and promote the welfare of children

# Serious Case Reviews

## The Serious Case Review Process

- ★ The Safeguarding Board decide whether or not the case meets the criteria
- ↓
- ★ A Serious Case Review Panel is established with representation from at least social care, education and health services
- ↓
- ★ The Review Panel considers in the light of each case, the scope of the review process
- ↓
- ★ The timescale is set. In all cases lessons should be learnt and acted on as quickly as possible, certainly no longer than 4 months from the decision to carry out the review

# Serious Case Reviews

## The Serious Case Review Process (continued)

- ★ Individual agencies secure the records and carry out an individual management review
- ↓
- ★ The GSCB Overview report will bring together and draw overall conclusions from, the information and analysis contained in the individual management reviews, and any other parts of the review process (such as the child death review process).
- ↓
- ★ Once the overview report has been agreed by the contributing organisations the GSCB will translate the recommendations into an action plan which is signed up to at senior level by each of the organisations that need to be involved.

# Serious Case Reviews

## Internal Management Reviews

The aim of this review is to look openly and critically at individual and organisational practice to see whether the case indicates that changes could and should be made and, if so, to identify how those changes will be brought about.

The senior officer for the organisation will be responsible for accepting the report and for ensuring that any recommendations are acted on.

Serious Case Reviews are not part of any disciplinary enquiry or process, but the information that emerges may indicate that disciplinary action should be taken under established procedures

# Serious Case Reviews

## What goes wrong: Concerns most often expressed from SCR Reports (40)

|   |    |
|---|----|
| <input type="checkbox"/> Inadequate sharing of information        | 25 |
| <input type="checkbox"/> Poor assessment processes                | 23 |
| <input type="checkbox"/> Ineffective decision making              | 21 |
| <input type="checkbox"/> A lack of interagency working            | 17 |
| <input type="checkbox"/> Poor recording of information            | 15 |
| <input type="checkbox"/> Lack of information on significant males | 9  |

Learning from Past Experience – A Review of Serious Case Reviews 2002 DH

# Training

S a f e g u a r d i n g   C h i l d r e n   F o r u m

**Isobel Dougan**

Safeguarding Children Trainer

# Training

- ★ GSCB training is a vital part of the child protection process.
- ★ The GSCB child protection training provides professionals with the skills, knowledge and ability to work together effectively when there are child protection concerns.
- ★ GSCB training is delivered to multi agency groups of professionals whose work brings them either directly or indirectly into contact with children and young people.
- ★ Practitioners included in the training are designated child protection representatives from schools, play groups, voluntary sector agencies, along with health visitors, paediatricians, police, probation & many more.

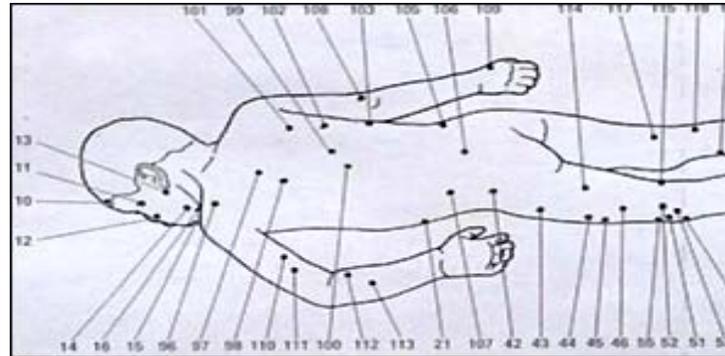
# Training

- ★ Child protection training raises general awareness of child protection issues.
- ★ It looks at the four main categories of abuse and the signs which might alert you to possible abuse.
- ★ It examines what to do if you suspect a child is at risk of abuse and guides you through the child protection procedures that need to be followed.
- ★ It also looks at how the system has in the past failed some of our children and how investigations into these failings have helped to change our thinking towards safeguarding children and shaped the legislation that underpins our child protection procedures.

# Training

Victoria Climbié

1991 to 2000



# Training

## Courses

These courses are run throughout the year.

- Introduction to Child Protection
- Revision and Update Child Protection
- Working Together in Child Protection Conferences and Core Groups
- Crossing Bridges
- Domestic Abuse: Safeguarding Children
- Safeguarding Children and Young People with Disabilities

The GSCB is also considering an e-learning package

# Next we will have a break

During Registration we asked you to sign up to two of the Discussion Groups available.

The Discussion Group Leaders will introduce the topic and then invite further discussion and questions which will be collated as part of a Special report in one of our future Newsletters.

A separate session will be held at the end of this Discussion Group Session, when we will invite your questions to the Board.

We would like to give half an hour to each session, after which we ask you to move to the next allocated group.

[www.gscb.org.uk](http://www.gscb.org.uk)

G l o u c e s t e r s h i r e



S a f e g u a r d i n g Children Board

## Safeguarding Children Forums

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# Coffee & Cakes



CYPS

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Change for Children Programme

# Discussion Group

- ★ **Information Sharing**
- ★ **Safe Recruitment**
- ★ **Underage Sexual Activity**
- ★ **Domestic Abuse**
- ★ **Impact of Parental Issues**
- ★ **Children with Disabilities**
- ★ **Allegations Management**

# Question Time

**Your questions will be submitted to the Board or we will try and answer them now.**

# Plenary

**If you would like to subscribe to notification of updates to the GSCB website please send us an e-mail with the subject heading**

**“subscribe” to [updates@gscb.org.uk](mailto:updates@gscb.org.uk)**

**Future GSCB Newsletters will contain responses to your questions and a summary of this event.**

**[www.gscb.org.uk/newsletter.htm](http://www.gscb.org.uk/newsletter.htm)**

[www.gscb.org.uk](http://www.gscb.org.uk)

G l o u c e s t e r s h i r e



S a f e g u a r d i n g C h i l d r e n B o a r d

Thank you for attending the  
Safeguarding Children Forums 2007

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# Finish



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# Domestic Abuse



Belinda Heaven  
Emotional & Physical Health  
Consultant



# Definition

“Any incident of threatening behaviour, violence or abuse (Psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender and sexuality.”

Home Office 2004

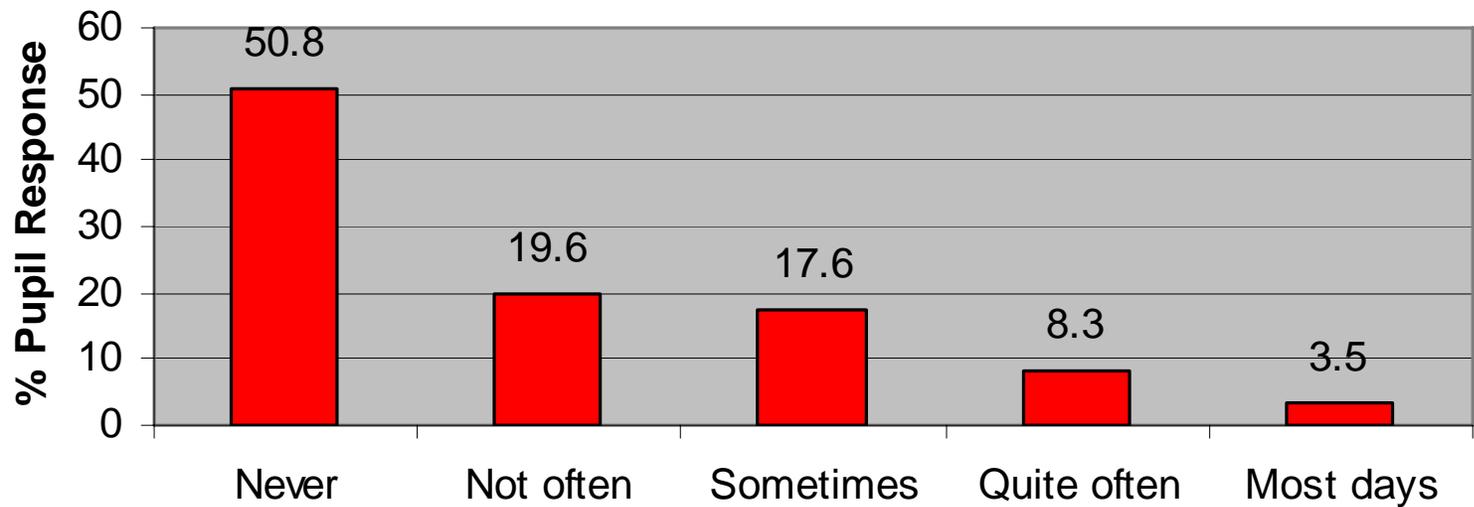


# Statistics

- Domestic abuse constitutes 25% of ALL recorded violent crime
- 1:3 Women will experience it
- On average a women will be attacked 35 times before reporting it
- A Women is assaulted by her partner every minute in the UK

# On-line Pupil Survey

Have you ever personally witnessed or been subject to, domestic violence?





# Why is it Important ?

- Changes in the Children's Act 1989 defining "harm" amended in April 2005 s120 of Adoption & Children Act 2002

*"impairment suffered from seeing or hearing the ill-treatment of another"*

- Ofsted framework is changing to incorporate well-being from Sept 2005
- New Home Office Guidance



# Who is Affected

- Anyone & Everyone
- “Children are often more aware of problems than parents realize, but they don’t always understand what is happening and why”.

Joseph Rowntree





# What do Children Know about Domestic Abuse?

- 30% of children knew someone who has experienced DA children and 37% of primary, were familiar with term DA
- Children learnt about DA at school, on television or through parents.
- Girls “appear to grow in their appreciation of the dangers and complexities as they get older, boys’ attitudes seem to harden”  
(Mullender et al, 2002)





# Short Term Effects

- Children who witness abuse are 2.5 times more likely to experience emotional, behavioural and social problems
- It is not only traumatic in itself but is likely to adversely impact upon a child's behaviour and performance at school

[www.crimereduction.gov.uk](http://www.crimereduction.gov.uk)



# What to look for

- Diminished ability to empathise
- Lower rating in social competence
- Aggressive to other children
- Difficulties with friends
- Confusion
- Running Away
- Physical Symptoms



# Long Term Effects

- Misuse of drugs and alcohol
- Depression & Anxiety
- Low or no self esteem
- Teenage pregnancy
- Bitterness/Anger/Guilt/Grief & Sadness
- Self Harm & Eating Disorders
- Difficulty forming appropriate relationships



# Potential Outcomes ?

- Will children and young people who live with domestic abuse go on to become perpetrators?
- There is no evidence to suggest that this will be the case .....however children model the behaviour they see at home in the adults/carers they live with
- More research is required!



# How to Support Children

- “Children love the opportunity to talk about themselves and are also able to notice the things they do well in their lives.”

Westminster Women's Aid (2001)



# Someone to talk to

*"Someone to talk to them about what they are feeling and to help them to understand why it is better that they have left.... You need people to understand how you are feeling and help you to cope with the changes."*

**(Boy, aged 15 who has experienced domestic abuse at home, quoted in Mullender et al., 2002)**



# Increasing Awareness



- Making it acceptable to discuss this subject
- Being aware of the risk areas such as when the child has contact with the absent parent



# How can professionals help children who experience domestic abuse?

- Work with the child at their pace – remember children may feel they need to be given “permission” to talk
- When there is DA ensure that children are spoken to directly, that they feel reassured about confidentiality and that appropriate action is taken, making referrals on where necessary
- Provide children who have experienced DA with age appropriate information
- Keep children informed at all times and involved in subsequent decision-making
- Improve awareness and understanding of DA amongst all children



# Links with Child Protection



- 1:3 Child Protection cases involve domestic abuse
- Nearly 75% of children on the Child Protection register live in households where there is domestic abuse



# The Gloucestershire Experience

- Incidents of Domestic Abuse reported 6187 2004/5 figures
- 40% were repeat incidents.
- 48% of murders in the County in last 4 years have been domestic related.
- Estimated cost of domestic abuse 230 million pounds every year



# Useful Websites and contacts

- [www.refuge.org.uk](http://www.refuge.org.uk)
- [www.womensaid.org.uk](http://www.womensaid.org.uk)
- Gloucestershire Support & Advocacy Project 01452 500115
- NSPCC Helpline 0808 800 5000 or email [helpline@nspcc.org.uk](mailto:helpline@nspcc.org.uk)
- [www.thehideout.org.uk](http://www.thehideout.org.uk)



## SAFEGUARDING CHILDREN FORUMS 2007

### Discussion Groups: Information Sharing

#### The concept of Information Sharing

WTSC06 states that "Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm depends upon effective joint working between agencies and professionals that have different roles and expertise.

Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-ordinated help from health, education, children's social care, and quite possibly the voluntary sector and other agencies, including youth justice services."

"Improving information sharing practice is therefore a cornerstone of the Government Every Child Matters strategy to improve outcomes for children."

The GSCB will support Partner Agencies in building constructive relationships to facilitate agencies in sharing and analysing information so that an assessment can be made of the child's needs and circumstances.

[www.everychildmatters.gov.uk/informationsharing](http://www.everychildmatters.gov.uk/informationsharing)

Here are a few extracts from the Information Sharing Guidance 2006:

- Practitioners must have a clear understanding of when and how information must be shared.
- Information sharing should form part of day-to-day practice.
- The Data Protection Act is not a barrier to sharing information.
- The Data Protection Act ensures that personal information is shared appropriately.
- The guidance is a framework to help practitioners share information professionally and lawfully – thereby working together effectively.
- It is also important to understand the circumstances when sharing is inappropriate.

#### 6 Key points when Sharing Information

For the full document please, select this link:

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00065/>

1. Where appropriate explain to children and families
2. Consider the safety and welfare of the child
3. Respect the wishes of children and families
4. Seek advice when in doubt
5. Share accurately, securely, carefully and on time
6. Record all decisions

1. You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime (see glossary for definition in the Information Sharing Guidance) including where seeking consent might lead to interference with any potential investigation.

2. You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.

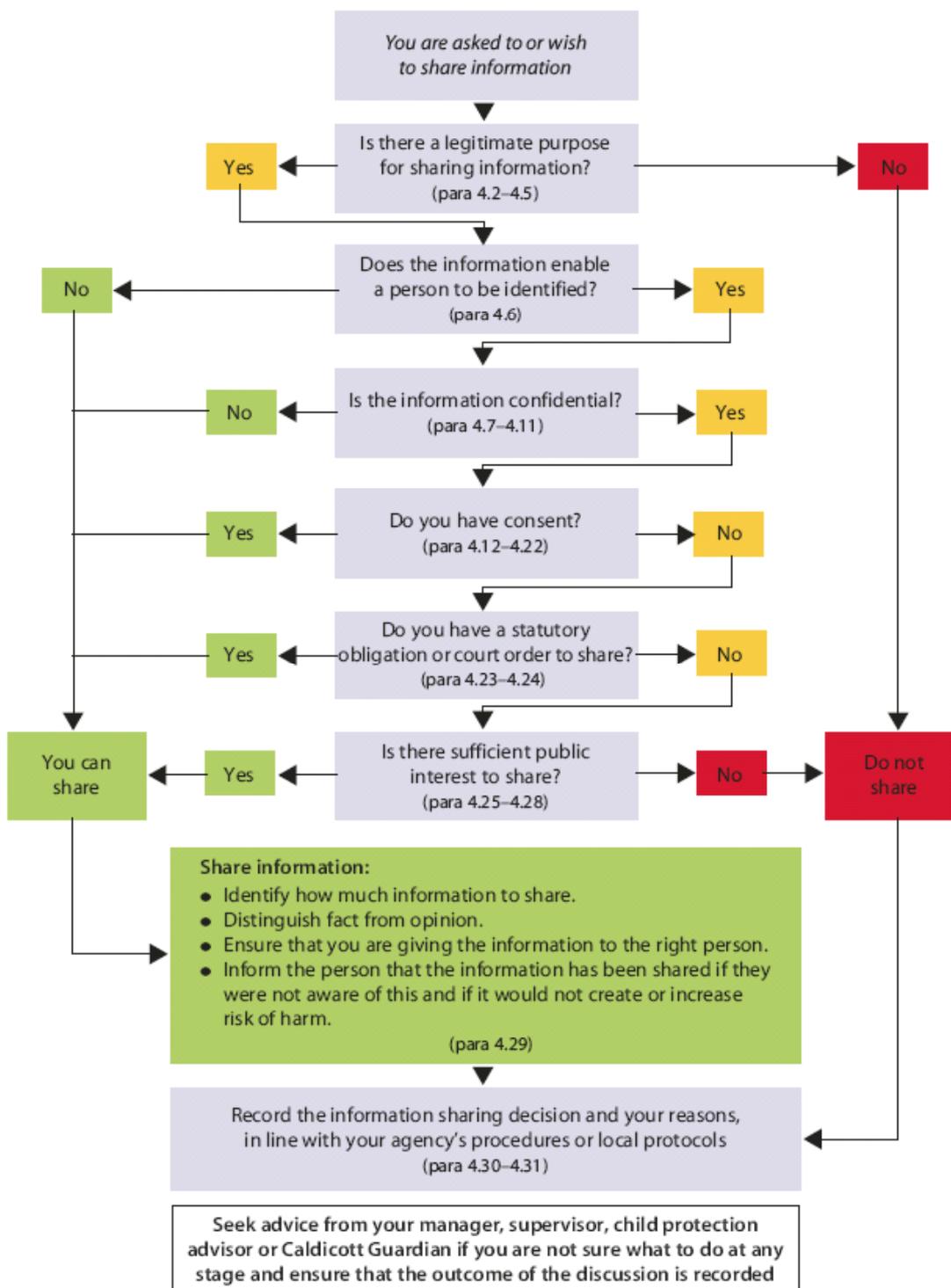
3. You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgement on the facts of the case; there is sufficient need to override that lack of consent.

4. You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.

5. You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.

6. You should always record the reasons for your decision – whether it is to share information or not – there must be an audit trail.

#### When information must be shared





## SAFEGUARDING CHILDREN FORUMS 2007

### Discussion Groups: Underage Sexual Activity

Extract from GSCB Policy:

Guidance for staff working with young people involved in under-aged sexual activity Version 04

See [www.gsrb.org.uk/procedures](http://www.gsrb.org.uk/procedures)

#### Mandatory Procedures:

- 1. A child under 13** is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm to the child. Cases involving under 13s should always be discussed with a nominated child protection lead in the organisation. Advice can be sought from the Safeguarding Children Service (01452 583636). Where the allegation concerns penetrative sex, or other intimate sexual activity occurs, there would always be reasonable cause to suspect that a child, whether girl or boy, is suffering or is likely to suffer significant harm. There should be a presumption that the case will be reported to children's social care, leading to a Strategy Discussion. All cases involving under 13s should be fully documented including detailed reasons where a decision is taken not to share information or to pursue a formal investigation.
- 2. Young people aged 13 – 15.** Consideration should be given in every case of sexual activity involving a child aged 13-15 as to whether there should be a discussion with other agencies and whether a referral should be made to children's social care, making an assessment using the criteria above. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern. Cases of concern should be discussed with the nominated child protection lead and subsequently with other agencies if required. Where confidentiality needs to be preserved, a discussion can still take place as long as it does not identify the child (directly or indirectly). Where there is reasonable cause to suspect that significant harm to a child has occurred or might occur, there would be a presumption that the case is reported to children's social care and a strategy discussion should be held to discuss appropriate next steps. Again, all cases should be carefully documented including where a decision is taken not to share information.
- 3. Where a Risk is Identified:** Whenever an assessment (using the criteria listed above) identifies a risk to the health, safety and welfare of the young person or concerns that they may be at risk of sexual exploitation, all professionals should act in accordance with Section 2 of the Child Protection Procedures.
- 4. Young People aged 16 – 18:** Sexual activity over the age of 16 is not an offence (unless with a family member or adult in a position of trust), but young people under the age of 18 can still be offered the protection of the Child Protection Procedures. Professionals must be alert to the possibility of exploitation, prostitution and assault.
- 5. Sexual partner over the age of 16:** Where the identity of an over-age sexual partner is known it must be checked with the Police Child Protection Unit to establish whether this is repeated behaviour. This may provide additional information relevant to the assessment of risk. Disclosure of the identity of the under-age partner is not required at this stage. This is not a formal referral and only in exceptional circumstances will such a check lead to a criminal investigation.
- 6. Disclosure of information without the young person's consent:** Where concerns about a young person's welfare leads to the disclosure of information without their consent, they must (except in the most urgent situations) be informed of who is being given what information and why. Should such disclosure lead to a formal enquiry or police investigation, the young person must be provided with appropriate support and counselling.
- 7. Provision of services:** At no stage should these procedures prevent the young person accessing (or continuing to access) relevant advice and services concerning contraception, condoms, pregnancy and abortion.



## **SAFEGUARDING CHILDREN FORUMS 2007**

### **Discussion Groups: Domestic Abuse**

Through research and training, awareness has grown with regard to the prevalence of Domestic Abuse. There is a clear link between child protection and Domestic Abuse with nearly 75% of children on the Child Protection Register living in households where Domestic Abuse occurs. It is also clearer that Domestic Abuse affects children and young people living in such households more deeply than was previously thought. It is therefore important that staff at all levels develop an awareness of Domestic Abuse issues and the impact on pupils in their schools.

**Domestic Violence and what Working Together to Safeguarding Children states in respect of recognition of abuse and neglect:**

- It is estimated that a third of domestic abuse starts or escalates during pregnancy and can pose a threat to an unborn child, as assaults on pregnant women frequently involve punches or kicks directed at the abdomen.
- In 2004 the Government's definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners.
- physical abuse of children frequently coexists with domestic violence. Older children may also suffer blows during episodes of violence.
- Domestic abuse causes harm to children through the risk of physical harm, the emotional impact of witnessing domestic abuse and neglect through a parents ability to meet a child's needs.
- Domestic abuse can have a negative impact on the ability to look after children leading to neglect.
- The impact of domestic abuse can be exacerbated when the violence is combined with substance misuse.
- "harm" includes the impairment suffered from seeing or hearing the ill-treatment of another.

**Behaviour issues that may indicate the child witnesses Domestic Violence:**

- Absenteeism
- ill health
- bullying
- anti-social behaviour
- drug and alcohol misuse
- self-harm
- psychosocial impacts



## SAFEGUARDING CHILDREN FORUMS 2007

### Discussion Groups: Children with disabilities

#### Recognition of abuse in children with disabilities

Concerns about the welfare of children with disabilities should be acted upon in the same way as concerns about another child. Abuse indicators must not mistakenly be attributed to the disability, nor should it be assumed that the child will not be able to give credible evidence or withstand the court process.

DfES has issued guidance "Safeguarding Disabled Children: A resource for Local Safeguarding Children Board" ([www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk))

Some key points from this guidance include:

- Disabled children are particularly vulnerable to abuse, due to the number of residential, care, health settings they come across;
- Disabled children have the same right to be protected from harm as non-disabled children;
- Concerns about child with disabilities should be dealt with in the same way as other children, through logging a child welfare concern and making a referral. There is a tendency for indicators of abuse to be explained as a function of impairment;
- The ways in which the general problems encountered with recognising and acting on neglect are compounded when the child is disabled.

#### Indicators of abuse that need to be considered for disabled children:

In recognising abuse, be aware that children with disabilities often experience greater barriers to disclosing abuse than non-disabled children.

- A parent/carer describes a child with disabilities as not able to communicate any preferences at all, or does not use/learn the child's preferred method of communication;
- Equipment is issued to a child but seems to be unavailable for the child's use (for example, communication board or electric wheelchair); and
- Treatment is offered but not taken up.
- If someone tells you that a child's injury or behaviour is a normal part of their disability make sure you verify this opinion.

#### Certain types of harm experienced by disabled children that are not always recognised:

- Failure to meet the communication needs of a hearing impaired child to the point where his or her development is impaired;
- Physical interventions (including restraint) are not carried out in accordance with good practice guidelines;
- Inappropriate behaviour modification through, for example, the deprivation of medication or food, limiting movement, removing essential equipment;
- Misuse of medication;
- Invasive procedures which are unnecessary or carried out against the child's will, or by people without the right skills or support;
- Being denied access to medical treatment;
- Ill fitting or inappropriate equipment which may cause pain or injury;
- Being denied mobility, communication or other equipment.
- Those who perpetrate abuse (both within and outside the child's home) may also be perceived as quality caregivers with good relationships with children, families and professionals.

**The neglect of health needs may include:**

- Poor, uncoordinated or non-existent assessment of need;
- Poor equipment, adaptation and aids, which may result in harm. For example, a child who is constantly being made sore by an ill fitting back brace with no-one addressing this;
- Tampering with equipment to restrict liberty. For example, removing batteries out of an electric wheelchair might equate to a non-disabled child being locked in a room or having their legs tied;
- Neglect of basic health care needs. For example, teeth cleaning, hair washing;
- Denying or restricting access to food and nourishment. For example, if a child cannot help themselves to a drink it is abusive to withhold drink as a punishment or for malicious reasons.

**Various other factors which need to be considered****Poverty**

Families with disabled children are at increased risk of poverty and, at the same time, impairment can create additional costs. The financial pressures on a family and carers may increase stress, and stress can be a factor or indicator of risk of abuse. The child may become the focal point of the tensions or be seen to be the cause of the stress.

**Social isolation**

For many disabled children their opportunities to take part in social activities, hobbies or clubs are limited and significantly less than non-disabled children. This means disabled children have less access to trusted adults or peers outside their circle of immediate carers. It also means less opportunity for them to have a variety of experiences and relationships. If the only relationships or contact they have are abusive they may have nothing to compare this with and, therefore, not know that it is wrong.

**Physical factors**

A child may be at increased risk of harm if the environment restricts their ability to avoid, or remove themselves from, abusive or potentially abusive situations. An understanding of a disabled child's environment will help to develop an appropriate response to a referral to children's social care. For example:

- the child's access internally to the different parts of the home/school;
- access to and facilitation of external communication systems - private use of telephones, e-mail, internet; and
- facilitation and access to external contacts and activities.

The GSCB offers a training course with regards to Safeguarding Children and Young People with Disabilities, as it is sometimes difficult to identify abuse in disabled children. The course also examines the increased potential for abuse amongst disabled children.



## **SAFEGUARDING CHILDREN FORUMS 2007**

### **Discussion Groups: Allegations Management**

#### **How To Deal With Allegations Of Abuse Against Staff And Volunteers Working With Children**

##### **KEY PRINCIPLES:**

##### **If you manage or supervise staff working with children:**

- Ensure staff and volunteers in your agency, organisation or group know to whom to report concerns or allegations i.e. the designated manager, supervisor or leader;
- Refer to LSCB procedures throughout the process;
- Ensure no action is taken that may undermine or jeopardise a police or social care investigation, particularly in the early stages of the process;
- Liaise with the Local Authority Designated Officer (LADO) throughout the process;
- Consider the advice, guidance and training you give to staff and volunteers, including during recruitment and induction, about expectations of behaviour and safe practice.

##### **If you are a staff member or volunteer working with children:**

- Make sure you know to whom you should report any concerns or allegations about a colleague or any other adult working with children;
- Report concerns or allegations as soon as possible, do not hold on to information however trivial or insignificant it may seem;
- Make sure you follow any professional or organisational codes of practice that may be in place and be aware of appropriate professional boundaries at all times.

##### **INITIAL ACTIONS:**

##### **By any person receiving an allegation or having a concern:**

###### **DO**

- Treat the matter seriously and keep an open mind;
- Inform your designated senior manager immediately, or their deputy or other manager/supervisor if the senior manager is unavailable, or is the subject of the allegation;
- Make a written record of the allegation or concern as soon as possible after receiving information or observing behaviour that causes concern, including the date, time, person/s involved and what was said or observed. Sign and date this record and forward it to your designated manager.

###### **DO NOT**

- Attempt to investigate or deal with the situation yourself;
- Make assumptions, offer alternative explanations or diminish the seriousness of the alleged incident/s;
- Keep the information to yourself or promise confidentiality;
- Discuss the allegation or concerns with anyone other than those defined in your LSCB's or organisation's procedures for managing allegations against staff.

##### **By the designated senior manager:**

###### **DO**

- Act in a timely manner and follow due process;
- Inform the person reporting the allegation or concern what action you will take, in accordance with procedures and with regard to information sharing protocols;
- Contact the LADO within one working day of receipt of allegation;
- Obtain written details of the allegation from the person reporting the incident/s (see above);
- Countersign and date the written details on receipt and keep secure;
- Maintain a written record of any discussions (with whom), action taken, decisions made (with reasons), including dates, times etc and keep secure;
- Collate any information you have about (i) the child, parents/carers, siblings and (ii) the person against whom the allegation has been made e.g. address, dates of birth, previous concerns etc. and (iii) any potential witnesses;
- Maintain confidentiality;
- Help all parties understand the process.

## **DO NOT**

- Act alone or disregard LSCB and your organisation's procedures;
- Dismiss, disbelieve or minimise the allegation or concern on the basis of your knowledge or opinion of the member of staff/volunteer concerned or the child;
- Investigate the incident, interview or discuss with the member of staff or volunteer, child concerned or potential witnesses, unless advised to do so by the LADO or a strategy meeting;
- Inform parents/carers of the child/ren until advised to do so by the LADO or a strategy meeting;
- Automatically suspend or dismiss the member of staff without seeking further advice.

## **INITIAL CONSIDERATION OF AN ALLEGATION**

### **By the LADO and designated senior manager:**

Does the allegation indicate that the person has

- behaved in a way that has harmed or may have harmed a child;
- possibly committed a criminal offence against, or related to, a child; or
- behaved in a way that indicates s/he may be unsuitable to work with children.

Which may lead to

- a police investigation;
- a social care enquiry and assessment
- consideration of disciplinary action by the employer

If these criteria do not apply, and depending on evidence and individual circumstances, it may be the case that no further action is taken under allegations procedures following initial consideration.

**Gloucestershire's Local Authority Designated Officer (LADO) is:**

Jane Bee [jane.bee@gloucestershire.gov.uk](mailto:jane.bee@gloucestershire.gov.uk) Tel: 01452 426994

**Children and Families Helpdesk Tel: 01452 42 6565**

Georgie Mackintosh DfES Allegations Management Adviser [georgie.mackintosh@gosw.gsi.gov.uk](mailto:georgie.mackintosh@gosw.gsi.gov.uk) 07876 146312