HM Government

What to do if you're worried a child is being abused

Advice for practitioners

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Summary

About this advice

This advice is non-statutory, and has been produced to help practitioners identify child abuse and neglect and take appropriate action in response.

This advice replaces the previous version of *What to do if you're worried a child is being abused*, published in 2006, and complements *Working Together to Safeguard Children* (2015) statutory guidance.

Who is this advice for?

This advice is for anyone whose work brings them into contact with children and families, including those who work in early years, social care, health, education (including schools), the police and adult services. It is relevant to those working in the statutory, voluntary or the independent sector, and applies in relation to all children and young people irrespective of whether they are living at home with their families and carers or away from home.

Guiding principles

1. No matter where you work, you are likely to encounter children during the course of your normal working activities. You are in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected.

2. You should make sure that you are **alert** to the signs of abuse and neglect, that you **question the behaviour** of children and parents/carers and don't necessarily take what you are told at face value. You should make sure you know where to turn to if you need to **ask for help**, and that you **refer** to children's social care or to the police, if you suspect that a child is at risk of harm or is immediate danger (see the section on Taking action for further information).

3. You should make sure that you understand and work within the local multi-agency safeguarding arrangements that are in place in your area. In doing so, you should be guided by the following key principles:

- children have a right to be safe and should be protected from all forms of abuse and neglect;
- safeguarding children is everyone's responsibility;
- it is better to help children as early as possible, before issues escalate and become more damaging; and
- children and families are best supported and protected when there is a co-ordinated response from all relevant agencies.

4. You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If you think that referral to children's social care is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.

Understanding and identifying abuse and neglect

5. Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

6. Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. They may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

7. The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn’t automatically mean a child is being abused.

8. There are a number of warning indicators which might suggest that a child may be being abused or neglected.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

9. There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to. *Working Together to Safeguard Children* (2015) statutory guidance sets out full descriptions.

Physical abuse

10. **Physical abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

11. Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.[1] Babies and disabled children also have a higher risk of suffering physical abuse.

12. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained:
  - bruises or cuts;
  - burns or scalds; or
  - bite marks.

Emotional abuse

13. **Emotional abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.[2]

14. Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities

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[1] Brandon *et al.*, *Building on the learning from Serious Case Reviews: A two year analysis of child protection database notifications 2007-2009*, Department for Education, 2010; https://www.gov.uk/government/publications/building-on-the-learning-from-serious-case-reviews-a-2-year-analysis-of-child-protection-database-notifications-2007-to-2009

[2] Davies and Ward, *Safeguarding children across services: messages from research*, Department for Education, 2011; https://www.gov.uk/government/publications/safeguarding-children-across-services-messages-from-research

to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

15. Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Sexual abuse and exploitation

16. **Sexual abuse** is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

17. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

18. **Child sexual exploitation** is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

Neglect

19. **Neglect** is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

20. Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action.[3] However, while you may be concerned about a child, neglect is not always straightforward to identify.

21. Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their

[3] Brandon, Glaser, Maguire, McCroy, Lushey and Ward, *Missed opportunities indicators of neglect – what is ignored, why and what can be done*, Department for Education, 2014; https://www.gov.uk/government/publications/indicators-of-neglect-missed-opportunities

ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care[4]; and
- Parents who fail to seek medical treatment when their children are ill or are injured.[5]

[4] Powell, C. (2003) *Early Indicators of Child Abuse and Neglect: A Multi-Professional Delphi Study, Child Abuse Review*, 12,1, pp. 25-41
[5] Ibid

Taking action

22. As well as the responsibility of all practitioners to consider the welfare of children, a number of local agencies have specific duties to safeguard and promote the welfare of children.[6] If you work in an organisation with such responsibilities, you should ensure that you take account of them in your day to day work. Even if you work in an organisation without such responsibilities you should be aware of and understand the local multi-agency safeguarding arrangements in place in your area.

23. Even if your primary responsibility does not relate to children, many professionals will have the opportunity to observe and identify behaviour which could indicate a child is being abused or neglected. If you work with children on a regular basis, for example, as a practitioner working in a school or early years setting, you are well positioned to be able to identify abuse or neglect, including peer on peer abuse. Even if you are in a profession where you may not encounter the same children as frequently, for example, as a doctor or a police officer, you will nevertheless be in a position to observe signs of abuse and neglect. A police officer attending domestic abuse incidents, for example, should be aware of the effect of such behaviour on any children in the household.[7] Even if you only encounter children infrequently in your job, for example, if you are a probation officer or a housing officer, you may observe possible abuse and neglect (e.g. when dealing with reports of anti-social behaviour by young people).

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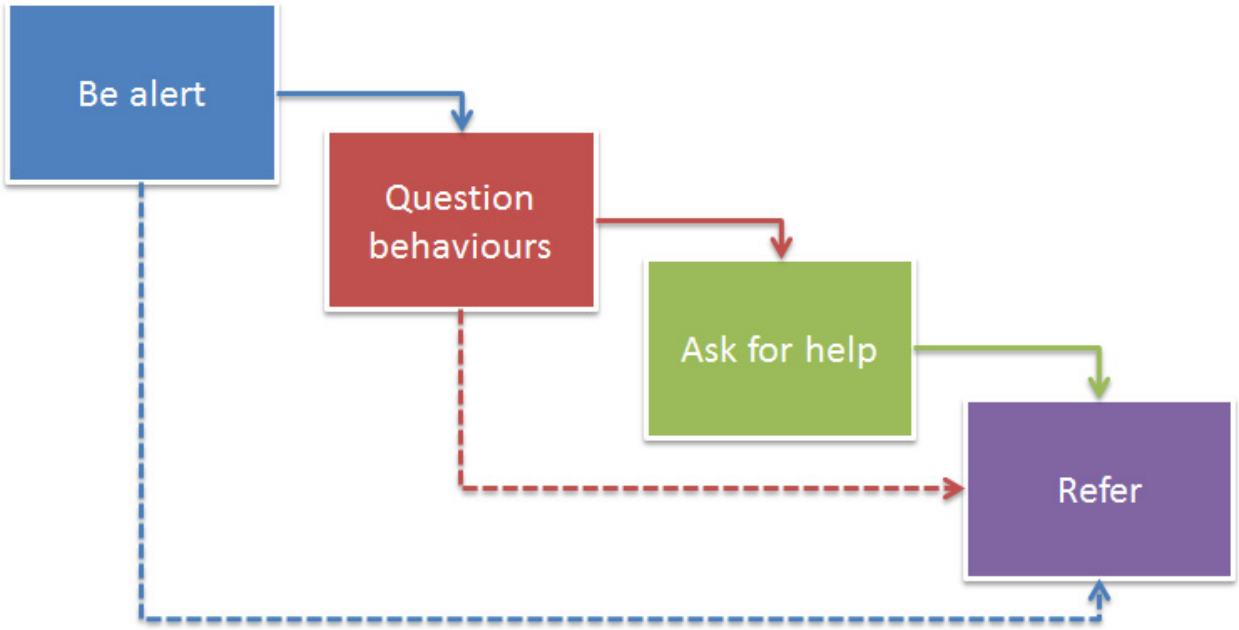
[6] For example, under section 11 of the Children Act 2004 or section 175 of the Education Act 2002.
[7] See *In plain sight: Effective help for children exposed to domestic abuse*, CAADA's 2nd National Policy Report, February 2014; http://www.caada.org.uk/documents/In_plain_sight_effective_help_for_children_exposed_to_domestic_abuse.pdf

24. There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.



25. It may not always be appropriate to go through all four stages sequentially. **If a child is in immediate danger or is at risk of harm, you should refer to children's social care and/or the police**. Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

26. You should record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.

Being alert to signs of abuse and neglect

27. The first step is to be alert to the signs of abuse and neglect, to have read this document and to understand the procedures set out in your local multi-agency safeguarding arrangements. You should also consider what training would support you in your role and what is available in your area.

Questioning behaviours

28. The signs of child abuse might not always be obvious and a child might not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual and try to speak to the child, alone, if appropriate, to seek further information.

29. If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe. You will need to decide the most appropriate action to take, depending on the circumstances of the case, the seriousness of the child's allegation and the local multi-agency safeguarding arrangements in place. You might refer directly to children's social care and/or the police, or discuss your concerns with others and ask for help. At all times, you should explain to the child the action that you are taking. It is important to maintain confidentiality, but you should not promise that you won't tell anyone, as you may need to do so in order to protect the child.

Asking for help

30. Concerns about a child's welfare can vary greatly in terms of their nature and seriousness, how they have been identified and over what duration they have arisen. If you have concerns about a child, you should ask for help.

31. You should discuss your concerns with your manager, a named or designated professional or a designated member of staff. For example:

- for **schools' staff** (both teaching and non-teaching), concerns should be reported via the schools' or colleges' designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to children's social care;
- for **early years practitioners**, the Early Years Foundation Stage sets out that providers should ensure that they have a practitioner who is designated to take a lead responsibility for safeguarding children who should liaise with local statutory children's services agencies. **Childminders** should take that responsibility themselves and should notify children's social care (and, in emergencies, the police) if they have concerns about the safety or welfare of a child;
- for **health practitioners**, all providers of NHS funded health services should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named practitioners should promote good practice within their organisation, provide advice and expertise for fellow practitioners, and ensure safeguarding training is in place; and
- for **the police**, all forces have child abuse investigation units or teams, which normally take responsibility for investigating child abuse cases. If you are a police officer with concerns about a child or young person, you can speak to your child abuse investigation unit or team for advice.

You can also seek advice at any time from the NSPCC helpline – help@nspcc.org.uk or 0808 800 5000. Next steps might involve undertaking an early help assessment or making a referral directly to children's social care/the police.

32. **If you have concerns about the safety or welfare of a child and feel they are not being acted upon by your manager or named/designated safeguarding lead, it is your responsibility to take action**.

Early help assessment

Early help means providing support as soon as a problem emerges. As part of your area's local multi-agency safeguarding arrangements there will be processes in place around the assessment of children who may benefit from early help.

An early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. Any frontline practitioner from any agency working with children, young people and families, including the voluntary and community sector, can undertake an early help assessment.

You might, therefore, act as the lead professional for an early help assessment, or be asked to participate in such an assessment. Whatever the case, you will need to work closely with other practitioners to decide whether the child and family would benefit from coordinated support from more than one agency.

Referring to children's social care

33. If, at any time, you believe that a child may be a child in need[8], or that a child is being harmed or is likely to be, you should refer immediately to local authority children's social care. This referral can be made by any practitioner. **If you see further signs of potential abuse and neglect, report and refer again**.

34. When referring a child to children's social care, you should consider and include any information you have on the child's development needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment.

[8] Children are considered to be 'in need' under s17 of the Children Act 1989 if:

- they are unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a satisfactory level of health or development without the provision of services;
- their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- they are disabled.

Information sharing

It is important to remember that throughout the four stages, sharing information is an intrinsic part of any practitioner's role. The decisions about how much information to share, with whom and when can have a profound impact on people's lives. You should weigh up what might happen if the information is shared against the consequences of not sharing the information. Early sharing of information is key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. For more information on sharing information which includes a myth-busting guide see *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers*.

What happens after a referral has been made to children's social care?

35. Once you have made a referral, a social worker should respond within one working day telling you what further action they have decided to take.

36. You might be asked to participate in further assessment of the child, either through an **early help assessment,** through a **child in need** assessment (section 17 of the Children Act 1989) or a **child protection** enquiry (section 47 of the Children Act 1989), which will be led by a social worker.

37. If the social worker suspects that a child is suffering, or is likely to suffer, significant harm (i.e. their health and/or development has been or would be impaired compared with that which could reasonably be expected of a similar child), the local authority will hold a **strategy discussion** to determine the child's welfare and plan rapid future action. A strategy discussion can take place following a referral or at any other time, including during the assessment process. You should be prepared to contribute to these discussions by providing information and agreeing what action is required.

38. If concerns are substantiated and the child is judged to be at continuing risk of significant harm an **initial child protection conference** is convened to make decisions about the child's future safety, health and development. If you are involved with the child and family, for example if you are a teacher, a police officer or a health worker, you will be invited. You may also be involved if you have expertise in the particular type of harm suffered by the child or in a child's particular condition, for example, a disability or long term illness.

39. The conference will decide the membership of the **core group** of practitioners and family members who will develop and implement the child protection plan. The core group will meet within 10 working days of the conference. If you are a member of the core group you will help to develop and implement the child protection plan.

40. *Working Together to Safeguard Children* (2015) statutory guidance sets out this process in further detail.

Protection orders and powers

41. Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers – children's social care, the police or the NSPCC – must act quickly to secure the immediate safety of the child. This can be via an emergency protection order (under section 44 of the Children Act 1989) or police protection powers (under section 46 The Children Act 1989).

Further information

Useful resources and external organisations

- When to suspect child maltreatment (National Institute for Health and Care Excellence, 2009)

Other relevant departmental advice and statutory guidance

- Working Together to Safeguard Children (2015)
- Keeping Children Safe in Education (2015)
- Information Sharing – Advice for practitioners providing safeguarding services to vulnerable children, young people, parents and carers (2015)
- Multi-Agency Practice Guidelines: Female Genital Mutilation (2014)
- Statutory framework for the early years foundation stage (2014)

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