

Section 1 – Introduction: working together to safeguard and promote the welfare of children and families

Contents

INTRODUCTION [PAGE 2](#)

THE CHILD IN FOCUS [PAGE 4](#)

KEY DEFINITIONS & CONCEPTS [PAGE 5](#)

Children

Children in Need

Children with Additional Needs

Significant Harm

Child Abuse & Neglect [PAGE 7](#)

INTRODUCTION

1.1 These child protection procedures, endorsed by the Durham Local Safeguarding Children Board (LSCB) identify the working practices for all statutory and voluntary agencies and the public to work together to address issues of child protection within County Durham. Working within the framework of these procedures, requires close working relationships, with child protection being a shared responsibility for all. The procedures should be read in conjunction with individual agency procedures.

1.2 These procedures aim to:

- ensure a rigorous co-ordinated response to all children where there are concerns and to ensure an appropriate investigation.
- endeavour that the response prevents further abuse.
- provide a common framework for all professionals ensuring clarity of understanding of roles and responsibilities within all agencies.
- ensure that services are provided to meet the needs of children and their carers.
- minimise the impact of investigations upon families and prevent multiple interviews/examinations.
- ensure that all interventions are compatible with legislation, guidance and best practice.

1.3 All children deserve the opportunity to achieve their full potential. Every Child Matters (2003) defines 5 key outcomes for children to:

- 1 Stay safe
- 2 Be healthy
- 3 Enjoy and achieve
- 4 Make a positive contribution to their community/society
- 5 Achieve economic wellbeing.

1.4 Safeguarding and promoting the welfare of children is defined for the purposes of these procedures as:

- protecting children from maltreatment.
- preventing impairment of children's health or development.
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- undertaking that role so as to enable children to have optimum life chances and to enter adulthood successfully.

- 1.5 Young people at serious risk of harm from community based violence such as gang, Group and knife crime are likely to have significant needs. Agencies and professionals need to ensure that the safeguarding process responds effectively to the needs of children at risk of suffering violence within the community. This may involve both the perpetrators and victims of violent activity.
- 1.6 Everybody who works or has contact with children, parents, and other adults in contact with children should be able to recognise, and know how to act upon, evidence that a child's health or development is or may be being impaired and especially when they are suffering, or at risk of suffering, significant harm. Practitioners, foster carers, and managers should be mindful always of the welfare and safety of children - including unborn children, older children and children living away from home or looked after by the Local Authority in their work.
- 1.7 It is also important to recognise the essential part that members of the public play in helping to protect children from abuse or neglect. Members of the public must also take responsibility and be alert to situations where children may be at risk of being harmed in any way.
- 1.8 Durham Local Safeguarding Children Board (LSCB) is responsible for agreeing the arrangements for professionals from all agencies in the area working with children in accordance with Government guidelines and regulations.
- 1.9 These procedures apply to children and young people up to the age of 18 years including unborn babies. They apply if a child or young person is suffering or likely to suffer significant harm as a result of abuse or neglect. This includes children and young people who:
 - are abused and neglected within their families, including those harmed directly or indirectly in the context of domestic abuse.
 - are abused outside their families by adults known to them.
 - are abused and neglected by professional carers within an institution or anywhere else.
 - are abused by strangers.
 - are abused by other young people.
 - abuse other young people.
 - are involved in prostitution.
 - misuse drugs and alcohol.

THE CHILD IN FOCUS

1.10 Lord Laming reiterated the importance of frontline professionals getting to know children as individual people and, as a matter of routine, considering how their situation feels to them.

1.11 In discharging duties under these sections, the Local Authority must give due consideration to the child's 'wishes and feelings' so far as is reasonably practicable and consistent with the child's welfare and giving due regard to the child's age and understanding. There will be occasions when it is not possible to ascertain the child's wishes and feelings. In these circumstances, professionals should record in writing why it was not reasonably practicable or consistent with the child's welfare to elicit his or her wishes and feelings,

1.12 Effective ongoing action to keep the child in focus includes:

- Developing a direct relationship with the child;
- Obtaining information from the child about his or her situation and needs;
- Eliciting the child's wishes and feelings – about their situation now as well as plans and hopes for the future;
- Providing children with honest and accurate information about the current situation, as seen by professionals, and future possible actions and interventions;
- Involving the child in key decision making;
- Providing appropriate information to the child about his or her right to protection and assistance;
- Inviting children to make recommendations about the services and assistance they need and/or available to them;
- Ensuring children have access to independent advice and support (for example, through advocates or children's rights officers) to be able to express their views and influence decision-making; and
- The importance of eliciting and responding to the views and experiences of children is a defining feature of staff recruitment, professional supervision, performance management and the organisation's broader aims and development.

KEY DEFINITIONS & CONCEPTS

Children

1.13 A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Children in Need

1.14 Children who are defined as being ‘in need’ under Section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of service(s). A child with a disability is a child in need. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child’s health or development without services being provided; and
- The likely effect the services will have on the child’s standard of health and development.

Children with Additional Needs

1.15 Children with additional needs are those children at risk of poor outcomes. Children with additional needs who require extra support from Safeguarding & Specialist Services, Health, or other services are those children where it may be of benefit to complete a Common Assessment.

Significant Harm

1.16 The concept of significant harm is the threshold that justifies compulsory intervention into family life in the best interests of the child and gives local authorities a duty to make enquires as to whether to take action (Section 47, Children Act 1989) to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm. The Act also gives powers to the Police to take emergency action to protect a child from significant harm.

1.17 Similarly, significant harm or its likelihood must be established in court before a Care or Supervision Order can be made on a child if It is satisfied that:

- the child is suffering, or likely to suffer significant harm; *and*
- the harm or likelihood of harm is attributable to a lack of adequate parental care or control (s31, 1989 Children Act)

Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

'Development' means physical, intellectual, emotional, social or behavioural development; '

Health' means physical or mental health; *and*

'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under s31 (10) of the Act:

Where the question of whether harm suffered by a child is significant on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

1.18 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often significant harm is a compilation of significant events, both acute and long – standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the child's assessment of his or her safety and welfare, the family's strengths and supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

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

- the nature of harm, in terms of maltreatment or failure to provide adequate care.
- the impact on the child's health and development.
- the child's development within the context of his/her family and wider environment.
- any special needs, such as a medical condition, communication impairment or disability that may affect the child's development and care within the family.
- the capacity of parents to adequately meet the child's needs.
- the wider and environmental family context.

- 1.20 The child's reactions, perceptions, wishes and feelings should be ascertained and the Local Authority should give them due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding.
- 1.21 To do this, depends on communicating effectively with children and young people including those who find it difficult to do so because of their age, an impairment, or their particular psychological or social situation. This may involve using interpreters and drawing upon the expertise of early years workers or those working with disabled children.

Child Abuse and Neglect

- 1.22 '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 or development. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse a child by inflicting harm, or by failing to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.
- 1.23 Working Together to Safeguard Children (2010) (s1.33-1.36) sets out definitions of the four broad categories of abuse which are used for the purposes of making a child subject of a Child Protection Plan set out below.

(i) Physical Abuse

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

(ii) Emotional Abuse

- 1.25 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

(iii) Sexual Abuse

1.26 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or in the production of sexual images or watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

(iv) Neglect

1.27 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food and clothing, shelter including exclusion from home or abandonment;
- failing to protect a child from physical and emotional harm or danger,
- failure to ensure adequate supervision including the use of inadequate care-takers,
or
- the failure to ensure access to appropriate medical care or treatment.

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