

## Recognition of Neglect

Neglect occurs when carers/parent fail to meet a child's basic needs for food, warmth, love, safety, education, health; including medical care.

## Neglected children may

- Appear delayed in their development
- Appear thin or always hungry
- Be morbidly obese
- Be inadequately supervised
- Have frequent accidents
- Be inadequately clothed
- Be dirty or smelly
- Have untreated injuries or illness
- Not be attending school regularly
- Have untreated dental caries
- Have animal or insect bites

## Children may

- Appear withdrawn or anxious
- Be over-friendly
- Lack confidence or self-esteem
- Self-harm or run away
- Have a change in behaviour – aggressive, depressed, eating disorders

## Carers may

- Be overly-critical and lack warmth
- Lack concern for the child's welfare
- Blame the child unreasonably

## What should you do if you suspect abuse?

### **DO NOT ASSUME SOMEONE ELSE WILL BE DOING SOMETHING ABOUT IT – IT IS YOUR RESPONSIBILITY TO ACT AND SHARE INFORMATION APPROPRIATELY**

- Always take account of the view of the child
- Take note of any inappropriate interactions between carer and child
- Make detailed contemporaneous notes which are signed and dated
- Consider the presence of any risk factors when forming your view (described previously).
  
- You should discuss concerns with someone else – who this will be depends on your position within your agency, procedures within individual departments and your level of expertise in the area.

## Escalation of concerns may be discussed with:

- Your line manager/Safeguarding Lead
- Designated Nurse or Named Doctor Safeguarding Children for the CCG.

## FURTHER INFORMATION

What To Do If You're Worried A Child Is Being Abused (Department of Health 2003)

Working Together to Safeguard Children (DOH 2015)

NICE Clinical guideline no.89 "When to suspect child maltreatment" (NICE 2009)

Barnsley Safeguarding Children Board Child Protection Procedures

[www.barnsley.gov.uk/safeguardingchildren](http://www.barnsley.gov.uk/safeguardingchildren)

## KEY CONTACT DETAILS

### **Named GP Safeguarding Children**

Lee Oughton (01226) 433786

### **Designated Doctor Safeguarding Children**

Dr Saqib Iqbal (01226) 433150

### **Designated Nurse Safeguarding Children**

Angela Fawcett (01226) 433708/433731

### **Named GP Safeguarding Vulnerable People**

Lee Oughton (01226) 433786

### **Assessment and Joint Investigation Team**

01226 772423

### **Social Care Emergency Duty Team**

01226 787789

### **Disabled Children Team**

01226 774050



Barnsley Clinical Commissioning Group

# ESSENTIAL STAFF INFORMATION SAFEGUARDING CHILDREN

"The Welfare of the Child is Paramount"  
The Children Act 1989

This leaflet provides information about child protection and your responsibilities in this area.

Please see the flowchart (CCG intranet) for further information "Who Do I contact if I am Concerned about the Welfare of a Child?"

**Definition: Children Act (2004) a child is "Anyone who hasn't reached their 18<sup>th</sup> birthday"**

**A "looked after" child is a child cared for by the local authority**

**Always be aware of cultural, religious, race, gender, disability and sexual orientation issues. Never make assumptions about individuals.**

**Internet safety and social networking poses problems regarding children and young people around security of their personal information.**

Please contact (01226) 433708/433731 for further information or enquiries regarding further training on safeguarding and diversity issues.

### **Your responsibility as an employee:**

- Recognising potential indicators of child maltreatment – Physical abuse including fabricated and induced illness, emotional abuse, sexual abuse and neglect including child trafficking and Female Genital Mutilation (FGM)
- Understanding the potential impact of a parent/carers physical and mental health on the wellbeing and development of a child or young person including the impact of domestic violence the risks associated with the internet and online social networking, an understanding of the importance of children's rights in the safeguarding/child protection context and the basic knowledge of relevant legislation (Children Acts 1989 & 2004 and of Sexual Offences Act 2003)
- Taking appropriate action if they have concerns, including appropriately reporting concerns safely and seeking advice.

The following factors may make children more vulnerable to abuse:

### **Factors in parents/carers may include:**

- Social exclusion, including poverty, racism, young unsupported parents
- Low educational attainment
- Poor mental health, deliberate self-harm and suicide attempts
- Poor physical health
- Substance misuse, including alcohol
- Domestic abuse
- Family crises
- Poor personal experience of being parented.

### **Factors in children/young people may include:**

- Disability
- Behaviour problems
- Developmental problems e.g. bed wetting
- Young age, especially non-mobile
- Poor school attendance
- Placed in Care

### **The four categories of abuse:**

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect.

### **Recognition of Physical Abuse**

Injuries which are unexplained or inconsistent with the history

- Vague or inconsistent histories
- Injuries which are not consistent with the developmental age of the child – non-mobile
- Unexpected delay in presentation
- Different histories given to different people
- Frequent injuries or multiple injuries of differing ages
- Bite marks – consider size, shape and history.

### **Bruising**

- Eye, mouth or face
- In non-mobile babies (cannot move to injure themselves)
- Bruises of recognition shape eg hands, belt etc.

### **Burns & Scalds**

- Clear outlines of objects
- Symmetrical injury (can be immersion in water, clear demarcation lines like socks)
- Cigarette burns
- Backs of hands or soft tissue that is not usually exposed to hot objects.

### **Fractures**

- Under 1 year – up to 40% may be non-accidental
- Spiral fracture, especially humerus
- Distal metaphyseal or epiphyseal fracture of long bones
- Rib fractures
- Presence of healing fractures which have not previously received medical attention.

### **Fabricated or induced illness in a child**

- Numerous physical complaints not conforming to any recognisable pattern
- Symptoms or signs that do not match the history given.

### **Recognition of Sexual Abuse**

This includes non-contact activities eg inappropriate exposure to pornographic materials as well as contact activities. Judgements must be made in the light of the developmental age of the child.

### **Signs include:**

- Sexually transmitted infections
- Genital and rectal itching and soreness

- Unexplained genital bleeding
- Injury to the genital area
- Sexualised behaviour (acting out)
- Sexually explicit knowledge
- Pregnancy
- Changes in behaviour.

### **Recognition of Child Sexual Exploitation**

- Drug or alcohol misuse
- Offending
- Recruiting others into exploitative situations
- Repeat sexually –transmitted infections, pregnancy and terminations.
- Estranged from their family
- Low self-esteem or self confidence
- Missing from home or care
- Absence from school
- Poor mental health/ attempts at suicide

### **Emotional abuse may be difficult to recognise.**

#### **Children may:**

- Appear withdrawn or anxious
- Be over-friendly with strangers
- Lose confidence or self esteem
- Run away
- Self harm
- Have a change in behaviour e.g. becoming aggressive, depressed, overactive, wetting, soiling, eating disorders.

#### **Carers may:**

- Be overly critical and lack warmth
- Lack concern for the child's welfare
- Blame the child unreasonably.

### **Child Trafficking**

The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons."

### **Female Genital Mutilation**

Female Genital Mutilation (FGM) is a crime that affects some of the most vulnerable girls and women in our society.

Health professionals have a duty to record FGM in the patient record if they become aware of it. If the mother has had FGM risks to female children should be considered to safeguard the child.

### **Radicalisation**

All professionals should access Prevent training, which will inform them of the risks to young people of radicalisation.