

ROCHDALE BOROUGH SAFEGUARDING CHILDREN BOARD CHILD PROTECTION PROCEDURES



PART 1

DEALING WITH YOUR CONCERN:

Recognition of Abuse

Consulting about Your Concern

Referring Your Concern to Children's Social Care or the Police

Recording

Definitions

Further copies of this procedure are available at www.rbscb.org

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1.1 Introduction

All those who work or come into contact with children and families have a duty to safeguard and promote the welfare of children. If you have a child protection concern you must follow these procedures.

When in doubt consult

- 1.1.1. You must follow these procedures if you:
- a) work directly or come into contact with children;
 - b) work with adults who are parents or carers;
 - c) work with or supervise others who have contact with children or their parents / carers;
 - d) are a concerned member of the public.

These Procedures will enable you to take appropriate action if you have a concern about the welfare or safety of a child.

- 1.1.2. If you are unable to follow these Procedures, you must consult with the Rochdale Safeguarding Children Unit (see 1.7 Telephone Numbers and Addresses for Consultation and Referral).
- 1.1.3. For the purpose of these Procedures a **child** is defined as any person aged **under 18 years**, including an **unborn child**.
- 1.1.4. Your concern may be about **actual or likely abuse (physical, emotional, sexual or neglect see 1.6 Definitions) of a child by someone**, for example: a family member or friend; a carer or foster carer, a professional, a colleague, a volunteer worker, another child, a stranger, someone using or producing child pornography, somebody using the internet; or a person identified as presenting a risk or potential risk to children (previously known as Schedule One offences (see 1.6 Definitions) having contact with children.
- 1.1.5. Alternatively, your concern may be about **what a child is experiencing**, for example:
- a) a child living in a family where there is domestic violence between adults;
 - b) a child living with an adult who is misusing alcohol, drugs or other substances;
 - c) a child whose welfare is affected by living with an adult who has a mental illness;
 - d) a child who is being sexually exploited;
 - e) a child misusing alcohol, drugs or other substances;
 - f) the exploitation or corruption of a child.

- 1.1.6 Your concern may be about **actual or likely abuse (physical, emotional, sexual or neglect - see 1.6 Definitions) of a child in any setting**, for example: home; school; residential care; foster care; childminder's; youth organisation, etc.
- 1.1.7. You may have concerns, or your existing concerns may have increased, because a **child's whereabouts are unknown**.
- 1.1.8. **The need to ensure the safety and welfare of the child is paramount**.
- 1.1.9. If the child needs **emergency medical attention**, this must be sought immediately and directly from the emergency services. Parents/carers should be kept fully informed. Once the child has been referred for medical attention, continue to follow these Procedures.
- 1.1.10. If you know or suspect that a child is **suffering or is likely to suffer significant harm**, you have a **duty to refer** your concerns immediately to Children's Social Care and/or the Police. If someone tells you about their concerns for a child, you have a duty to ensure that the concerns are referred to Children's Social Care and/or the Police.
- 1.1.11. If you become aware of a **family moving into Rochdale** where there are children who are the subject of a Child Protection Plan from another local authority, you should notify the Rochdale Safeguarding Children Unit immediately (see 1.7 Telephone Numbers and Addresses for Consultation and Referral).
- 1.1.12. These Procedures also apply, when an infant, child or young person dies suddenly and unexpectedly. In these circumstances, you should notify the Rochdale Safeguarding Children Unit immediately (see 1.7 Telephone Numbers and Addresses for Consultation and Referral).
- 1.1.13. You may be uncertain about recognising abuse or neglect and unsure about your concerns. It is important, therefore, that you share your concerns by **consulting** with someone. The following will help you with issues of **recognition** and **consultation**. It will also help you to **refer your concerns** to Children's Social Care or the Police, as well as giving you some advice about **recording**.

Confidentiality and the sharing of information

- 1.1.14. This guidance is about sharing information for the purpose of safeguarding and promoting the welfare of children. Information must be shared to keep children safe from harm. In many cases, it is only when information from a range of sources is put together that a child will be seen to be in need (under Section 17 of the Children Act 1989), or at risk of harm (under Section 47 of the Children Act 1989).
- 1.1.15 You may be anxious about the legal or ethical restrictions on sharing information, particularly with other agencies. The law allows the disclosure of confidential information necessary to safeguard a child, if there are reasons to believe a child is experiencing or at risk of suffering significant harm. A failure to share information that might prevent a serious incident or even a child death, is more likely to expose you to criticism. See **Information Sharing Guidance for Practitioners DfCSF 2008**
- 1.1.16 The approach to confidential information should be the same, whether any proposed disclosure is internally within one organisation (e.g. within a school, or within Children's Social Care), or between agencies (e.g. from a teacher to social worker)

Confidentiality and children's rights

- 1.1.17 Children may disclose abuse, or indicate possible abuse but request that what they tell you is kept "secret". As the protection of children relies on information being shared amongst those who need to know, promises to keep such confidentiality can never be given.
- 1.1.18 You should tell the child that you will have to share the information, who with, and when you will have to do it.

1.2 Recognition of Abuse

- 1.2.1. Workers and their managers involved with children should know how to recognise and act upon indicators of abuse or potential abuse.
- 1.2.2. Workers and their managers involved with adults who are parents/carers should know how to recognise and act upon indicators of abuse or potential abuse.
- 1.2.3. Workers and their managers involved with an adult or child should know how to recognise and act upon indicators that their client may pose a risk of harm to a particular child or to children in the local community.
- 1.2.4. Workers and their managers involved with children should know how to recognise and act upon indicators that a colleague may pose a risk of harm to a particular child or children. They should be aware of the need to maintain a safe environment for children.
- 1.2.5. Definitions of child abuse and lists of signs and symptoms are useful, but should not narrow the vision and sensitivity of those who are involved in the care of children. **Of paramount importance is the constant alertness to the risk of child abuse in all families, cultures and communities. For definitions of physical abuse, neglect, emotional abuse and sexual abuse see 1.6 Definitions.**
- 1.2.6. Working Together to Safeguard Children (HMSO 2006) draws attention to the need to improve the recognition of abuse and neglect amongst children who are disabled. **(see guidance on Safeguarding Children with Disabilities HMSO).**
- 1.2.7. It is good practice to ask a child why they are upset or how a cut or bruise was caused, or to respond to a child wanting to talk to you. Such action promotes good child protection practice, as it helps to clarify what may have been vague concerns and is, therefore, likely to result in the appropriate action being taken.
- 1.2.8. If you are concerned about a child you should consider their need to be kept informed and supported.
- 1.2.9. It is good practice to be as open and honest as possible with parents/carers about the concerns
- 1.2.10. **However you must not discuss your concerns with parents/carers** in the following circumstances where:
 - a) **Sexual abuse** is suspected;
 - b) **Organised or multiple abuse** is suspected. This involves either a number of abusers acting together to abuse, or recruit for abuse, one or more children; or one person abusing, or recruiting for abuse, a number of children across a number of families, within institutions or within the wider community;
 - c) **Fabricated or induced illness in children;**
 - d) Contacting parents/carers would place a child, you or others at risk;

- e) You are concerned about a forced marriage. (See RBSCB Forced Marriage Protocol)

**You must document your reasons for informing or not informing
parents/carers of your concerns**

1.3 Consulting about your Concern

- 1.3.1. The purpose of consultation is to discuss your concerns and to decide what action is necessary.
- 1.3.2. If you are concerned about a child, you must **share your concerns**. Initially, you should talk to the person who is responsible for your work and/or the child protection person for your agency.
- 1.3.3. The outcome of this discussion may be that there is a child protection concern and this must be referred to Children's Social Care or the Police (see 1.4 Referring your Concern to Children's Social Care or the Police).
- 1.3.4. However, in the following circumstances you must **consult externally** with the Rochdale Safeguarding Children Unit, Children's Social Care Office and the Police (see 1.7 Telephone Numbers and Addresses for Consultation and Referral):
- a) If you are **unable to consult promptly** with the person responsible for your work and/or the designated person for child protection for your agency;
 - b) If, after consulting, you are **still unsure** whether or not there are clear child protection concerns;
 - c) If there is some **disagreement or conflict** between you and the person consulted;
 - d) If the **allegation is about the person with whom you would normally consult**;
 - e) **If you work alone or are a member of the public** and do not have a senior or designated person to consult with, within your organisation.
- 1.3.5. **Consulting externally is not the same as making a referral**, but the outcome of a consultation may be that a referral needs to be made to either the Children's Social Care or the Police.
- 1.3.6. You can consult externally with the Rochdale Safeguarding Children Unit or your local Children's Social Care Office (see 1.7 Telephone Numbers and Addresses for Consultation and Referral).
- 1.3.7. A written record of the consultation will be kept by the agency you consult with and you will receive a copy of this.
- 1.3.8. The outcome of any consultation should be that:
- a) you are clear about whether or not you need to make a referral to Children's Social Care or the Police under these Procedures;
 - b) you have decided what further action, if any, needs to be taken and by whom;
 - c) you are aware of the need to follow any relevant single agency procedures.

1.4 Referring your Concern to Children's Social Care or the Police

General

- 1.4.1. A decision will need to be made about who is going to make the referral to Children's Social Care or the Police. This can differ from agency to agency, **but everyone with a child protection concern has a responsibility to ensure that the referral is made.** It is important that the person with first-hand information either makes the referral or is available to give their information.
- 1.4.2. All **child protection concerns must be referred** to Children's Social Care or the Police. A prompt referral will ensure that all subsequent action can be taken without unnecessary delay.

Talking to parents/carers

- 1.4.3. In most cases, parents/carers should be informed of the intention to refer but, there are exceptions to this (see exceptions listed in 1.2.10).
- 1.4.4. If parents/carers have not been told about the intention to refer, it will be necessary to discuss with Children's Social Care or the Police, when making the referral, how the parents/carers are to be informed.

Before the referral is made

- 1.4.5. When making a child protection referral, provide as much of the following information as possible, but **do not delay the referral if some of this is not readily available.** A multi agency child protection referral form is available for you to use at www.rbscb.org
- 1.4.6. **Essential Information.** Try and have as much of this information available before a referral is made:
- a) Full names and dates of birth of the child, carers and any other family members;
 - b) Child's full address and telephone number;
 - c) Daytime address and contact telephone numbers for parents/carers;
 - d) Child and family's language;
 - e) Reason for the referral, including description of any injuries observed (use skin maps) details of any allegations made, discussions with the child or others, details of any witnesses. Include any relevant dates/times/places of alleged incidents;
 - f) Action taken and people contacted since the concern arose;
 - g) Any immediate or impending danger to the child;
 - h) Ethnic origin, religion and cultural background;
 - i) Special needs of the child and/or parents/carers;
 - j) Language requirements of child or parents/carers (Family members must not be used as interpreters).

- 1.4.7 **Useful Information.** Provide the following information, if this is readily available:
- a) Previous addresses of the family;
 - b) Addresses of other family members or significant people not living with the child;
 - c) Information regarding contact between any alleged abuser and other children, i.e. in work, community, extended family or other settings;
 - d) Schools, nurseries etc. attended by the child and other children in the family;
 - e) Name/address/telephone number of General Practitioner;
 - f) Name/address/telephone number of health visitor/school health practitioner;
 - g) Hospital/ward/consultant/named nurse/date admitted/discharged;
 - h) Name/address/telephone number of other professionals involved with the family;
 - i) Child's legal status (e.g. Residence Order, Care Order) and details of anyone not already mentioned who has parental responsibility;
 - j) Previous concerns and any relevant background information;
 - k) Based on your knowledge of the child and family, you may well have an opinion about how the child and family are likely to react to the referral and any subsequent Child Protection Enquiries, including any factors that may place the child or others at further risk (e.g. where there is domestic violence).

Making the referral to the Police where your concern is about abuse or risk of abuse from SOMEONE NOT KNOWN to the child or the child's family.

- 1.4.8 If your concern is about abuse, or risk of abuse, from **SOMEONE NOT KNOWN to the child or the child's family**, you should make a telephone referral directly to the Police (see 1.7 Telephone Numbers and Addresses for Consultation and Referral). This **must** be confirmed in writing within 48 hours (see 1.5 Recording)
- 1.4.9. If you are unsure about whether to refer your concerns to the Police rather than Child Care Services, you can consult with the duty childcare social worker or with the Rochdale Safeguarding Children Unit.

Checking if Children are the subject of a Child Protection Plan where your concern is about abuse or risk of abuse from SOMEONE KNOWN to the child or the child's family.

- 1.4.10. The Rochdale Safeguarding Children Unit holds information about all children who are the subject of a Child Protection Plan and/or for whom there have been child protection concerns within the previous 2 years. This information is only available to professionals who have a concern about abuse or risk of abuse to a child.
- 1.4.11. If your concern is about abuse or risk of abuse from **SOMEONE KNOWN to the child or the child's family**, you should check if the Child is the subject of a Child Protection Plan, before making a referral directly to Children's Social Care and or the police. The names of Children who are the subject of a Child Protection Plan can be checked by contacting the Rochdale Safeguarding Children Unit, who will check their records and phone back immediately with any relevant information and any advice you require.
- 1.4.12. Details of your 'check' of children who are the subject of a Child Protection Plan will be held by the Rochdale Safeguarding Children Unit for 2 years.

Making the referral to Children's Social Care or Police where your concern is about abuse or risk of abuse from SOMEONE KNOWN to the child or the child's family.

- 1.4.13 If your concern is about abuse or risk of abuse from **SOMEONE KNOWN to the child or the child's family**, having checked to see if the Child is the subject of a Child Protection Plan, you should make a telephone referral directly to Children's Social Care (see 1.7 Telephone Numbers and Addresses for Consultation and Referral). Tell them that you are making a referral following these Child Protection Procedures. This should be confirmed by a written referral within 48 hours (see 1.5 Recording).
- 1.4.14. If you are unsure about whether to refer your concerns to Children's Social Care rather than the Police, you can consult with The Rochdale Safeguarding Children Unit or with the Children's Social Care.

After the referral has been made to Children's Social Care

- 1.4.15 Following your referral, an Initial Assessment will be made by Children's Social Care, who will then make decisions about subsequent action, for example:
- a) action to ensure the immediate safety of the child;
 - b) making Child Protection Enquiries (under section 47 of The Children Act 1989);
 - c) a decision about the need for a Child Protection Conference;
 - d) offering services to the family;
 - e) referral to another agency;
 - f) no further action.
- 1.4.16 Whatever decision is made:
- a) If you are a professional who has made the referral, you should be informed of the outcome and the reasons for any decisions made within one working day;
 - b) If you are actively involved in the Child Protection Enquiries or with the child, you should be fully informed throughout;
 - c) If you are a member of the public, you may only be told that action has been taken but may not be given further details. This is due to the need for confidentiality.
- 1.4.17. Where Children's Social Care have completed Child Protection Enquiries (under section 47 of The Children Act 1989), they should promptly write to parents/carers, professionals, and agencies who have been significantly involved, notifying them of the outcome.
- 1.4.18. If you have any concerns about how the referral has been dealt with, discuss these with the relevant Children's Social Care Team Manager or Officer in charge at the Police. Where there is disagreement between the referrer and the Children's Social Care and/or the Police, The Rochdale Safeguarding Children Unit will attempt to negotiate a consensus. If, after this, you are still not satisfied, you should put your concerns in writing to the Children's Social Care Team Manager and send a copy to the Service Manager at the Rochdale Safeguarding Children's Unit Manager.

1.5 Recording

General

- 1.5.1. You should record the following details at the first available opportunity and at each stage of the process:
- a) the reason for the referral;
 - b) a description of any observed injuries use skin maps (i.e. site, size, colour etc.) and who has seen them;
 - c) any allegations made and who witnessed them;
 - d) any discussions with the child or others (these should be recorded word for word);
 - e) dates/time/places of alleged incidents;
 - f) any known witnesses to the alleged abuse;
 - g) Action taken and people contacted (including when the referral was made, to whom, their response and any agreed action).
- 1.5.2. The record should indicate the original source of all information given and be clearly signed and dated by the author.
- 1.5.3. You must send a written copy of this referral information to the agency to which the referral was made to, within 48 hours.
- 1.5.4. This record may be needed within your agency for:
- a) any subsequent Child Protection Conference;
 - b) any court action by Police or Children's Social Care;
 - c) any work with the family.
- 1.5.5. Many agencies have additional requirements for recording for example: Education, Health (excluding the private sector), Housing (excluding Housing Associations and the private sector), Learners & Young People Service and Probation. Please follow your individual agency protocol for recording.

Skin Maps

- 1.5.6. Where injuries have been observed, anatomically correct skin maps must be used to record the site size and colour. Skin maps are available on pages 16 & 17.

Photographs

- 1.5.7. Photographs of injuries form an integral part of the medical examination/investigation of a child suspected of suffering from abuse. These should be taken on the direction of the consultant paediatrician responsible for the case and only by a qualified medical photographer. Consent should be obtained from the child's parent or guardian, using the appropriate Health Service consent form.

1.6 Definitions

Child

1.6.1 For the purpose of these Procedures a child is defined as any person aged under 18 years, including an unborn child.

Parental Responsibility - sections 3 and 4 Children Act 1989 & Section 3 Adoption & Children Act 2002

1.6.2. Parental responsibility means all the rights, duties, powers, responsibilities and authority, which by law a parent of a child has in relation to the child and his property.

1.6.3 The birth mother of a child will always have parental responsibility, unless it is extinguished by the making of an adoption order to another person or an order freeing the child for adoption.

1.6.4 Where the child's father and mother are married to each other at the time of the birth, they both have parental responsibility for the child.

1.6.5 Where the child's mother and father are not married to each other at the time of the birth, the general rule is that the mother has sole parental responsibility for the child. However, if a child's birth is registered or re-registered from 1 December 2003 and the unmarried father is named on the Birth certificate, this also gives him parental responsibility.

1.6.6 Other ways in which a father can obtain parental responsibility are by:

- a) drawing up an agreement with the mother (a parental responsibility agreement), which is a specific form that has to be signed by both parents and lodged with the court;
- b) marrying the mother; or
- c) the court making a parental responsibility order, if the parents cannot agree on the father having parental responsibility.

Abuse and neglect

1.6.7 Somebody may abuse or neglect a child by inflicting harm, or by knowingly not preventing harm. Children may be abused in a family, an institutional setting, or, more rarely, by a stranger.

Significant Harm

1.6.8 Significant Harm (Children Act 1989)

Harm means ill-treatment or the impairment of health or development, where:

- a) health means physical or mental health;
- b) development means physical, intellectual, emotional, social, or behavioural development;
- c) Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical such as seeing the ill treatment of another.

There is no absolute criterion for defining significant harm. It may be one single incident or a combination of both acute and long standing circumstances that interrupt, change or damage the child's physical or emotional development

The question whether harm suffered by a child is 'significant' turns on the child's health or development. His/her health or development shall be compared with that which could reasonably be expected of a similar child.

1.6.9 Section 120 of The Adoption and Children Act 2002 updates the definition of harm in The Children Act 1989 s.31 (9). It includes the “impairment suffered from seeing or hearing the ill-treatment of another.” This makes the case for the need to refer when professionals have concerns regarding the impact of domestic violence on Children. For further information in respect of Significant Harm see appendix 5.2 (‘Relevant Legislation, Government Guidance and Regulations’) the full version of the Child Protection Procedures.

Physical abuse

1.6.10 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/carer fabricates the symptoms of, or deliberately induces illness to a child.

Emotional abuse

1.6.11 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 feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capabilities, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve serious bullying, 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

Sexual abuse

1.6.12 Sexual abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative acts (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities such as involving children in looking at or in the production of sexual online material, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

1.6.13 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 misuse. Once a child is born it may involve a parent/carer failing to:

- a) provide adequate food & clothing, shelter including exclusion from home or abandonment;
- b) protect a child from physical harm or danger;
- c) ensure adequate supervision (including the use of inadequate caregivers);
- d) ensure access to appropriate medical care or treatment.

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

Allegations of abuse made against a person who works with children (Previously known as professional abuse)

1.6.14 When considering allegations of abuse made against a person who works with children, the term 'person' is taken to mean:

a) a member of an organisation or agency (whether religious or secular, voluntary, private or statutory), who is entrusted with the care, welfare or education of children or has contact with them in the course of their work;

or

b) whose work with children is regulated by an overseeing or registration body.

Child to child abuse

1.6.15 Child to child abuse can take a number of forms. Children can abuse each other emotionally, physically or sexually. The abuse can take place in various settings, home, school, residential care homes, foster homes, on the streets, etc.

Physical or verbal bullying and behaviours such as isolation, name calling and hitting can be damaging, especially when persistent. In most cases the relevant agency needs to deal with this promptly through their internal policies and procedures. However, there may be some instances of bullying where parents/carers or professionals may be aware of the problem but are unable or unwilling to protect the child.

Sudden Unexpected Infant and Child Deaths

1.6.16 A child or young person under the age of 18 who dies unexpectedly and the cause of death is not ascertained, or where the circumstance of the death gives rise to concern.

Organised or multiple abuse

1.6.17 Organised or multiple abuse involves either:

a) a number of abusers acting together to abuse, or recruit for abuse, one or more children;

or

b) one person abusing, or recruiting for abuse, a number of children across a number of families, within institutions or within the wider community.

Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy)

1.6.18 Fabricated or induced illness in children occurs when significant harm is caused to a child by the actions of a parent/carer who deliberately fabricates or induces the symptoms of ill health to a child. The actions may be as a result of omission or commission and include such behaviours as:

a) Deliberately giving false history of illness which leads to unnecessary medical investigation;

b) deliberate burning or other damage to the skin to induce symptoms;

c) removal of, or tampering with, necessary medical equipment;

d) withholding essential medication;

e) introducing foreign material to tests (e.g. adding blood to urine) or other behaviour which causes damaging or unnecessary tests to be performed on the child;

f) deliberately inducing fits in the child;

g) deliberate poisoning.

Child Sexual Exploitation

- 1.6.19 Sexual Exploitation of children and young people under 18 involves exploitative situations, context & relationships where young people (or a third person or persons) receive 'something' (egg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.
- 1.6.20 Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment of gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised in the main by the child or young persons limited availability of choice resulting from their social/economic or emotional vulnerability.

Online Child Abuse

- 1.6.21 Online child abuse is the searching for, sharing and downloading of indecent or obscene images (photographs and pseudo-photographs *) of children, or images of children being physically and/or sexually abused. It is, also, approaching children online with the intention of developing a sexual relationship in the "real" world (so-called "grooming"). Such approaches can involve the assumption of a false identity, in particular the pretence of being a child, although this is not always the case. Other forms of online child abuse include children being sent indecent or obscene images, being asked to send indecent images of themselves or their friends, being engaged in sexually explicit talk, and being encouraged to perform sexually explicit acts on themselves or their friends (so-called "cybersex").

*Digital images or animations

Forced Marriage

- 1.6.22 Forced marriage is a marriage conducted *without* the valid consent of both parties, where some element of duress is a factor. This can happen to children under 18. This is different from an arranged marriage, which is a respected tradition in many cultures. (See RBSCB Forced Marriage Protocol).

Domestic violence

- 1.6.23 Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults (age 18 and over) who are, or have been, intimate partners or family members, regardless of gender – these include mother, father, son, daughter, brother, sister, grandparent, in-laws, and step family.

Child Trafficking

- 1.6.24 'Trafficking of persons' shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat of or use of force or other forms of coercion, or abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar, servitude or the removal of organs.

A Person Identified as Presenting a Risk or Potential Risk to Children (Formally Schedule One Offences/offenders)

1.6.25 Schedule One offences are criminal offences of physical abuse, sexual abuse and neglect against children. These offences are listed in Schedule One of the Children and Young Persons' Act 1993 and subsequent amending legislation.

Out of office hours **0845 602 1043**

Bury

Office hours **0161 253 5465**

Out of office hours **0161 253 5454**

Lancashire

Office hours **0845 053 0009**

Out of office hours **0845 053 0009**

Manchester

Office hours **0161 203 3232**

Out of office hours **0161 255 8250**

Oldham

Office hours **0161 911 3790**

Out of office hours **0161 770 6936**

General

These Procedures are written in accordance with:

The Children Act

HMSO 1989

Working Together to Safeguard Children,

DfES 2006

Framework for the Assessment of Children in Need and their Families,

DH et al, 1999

What to do if you are Worried that a Child is Being Abused,

DH et al, 2003

The Children Act,

HMSO 2004

Adoption and Children Act

HMSO 2002

Safeguarding Children & Young People From Sexual Exploitation

DfCSF 2009

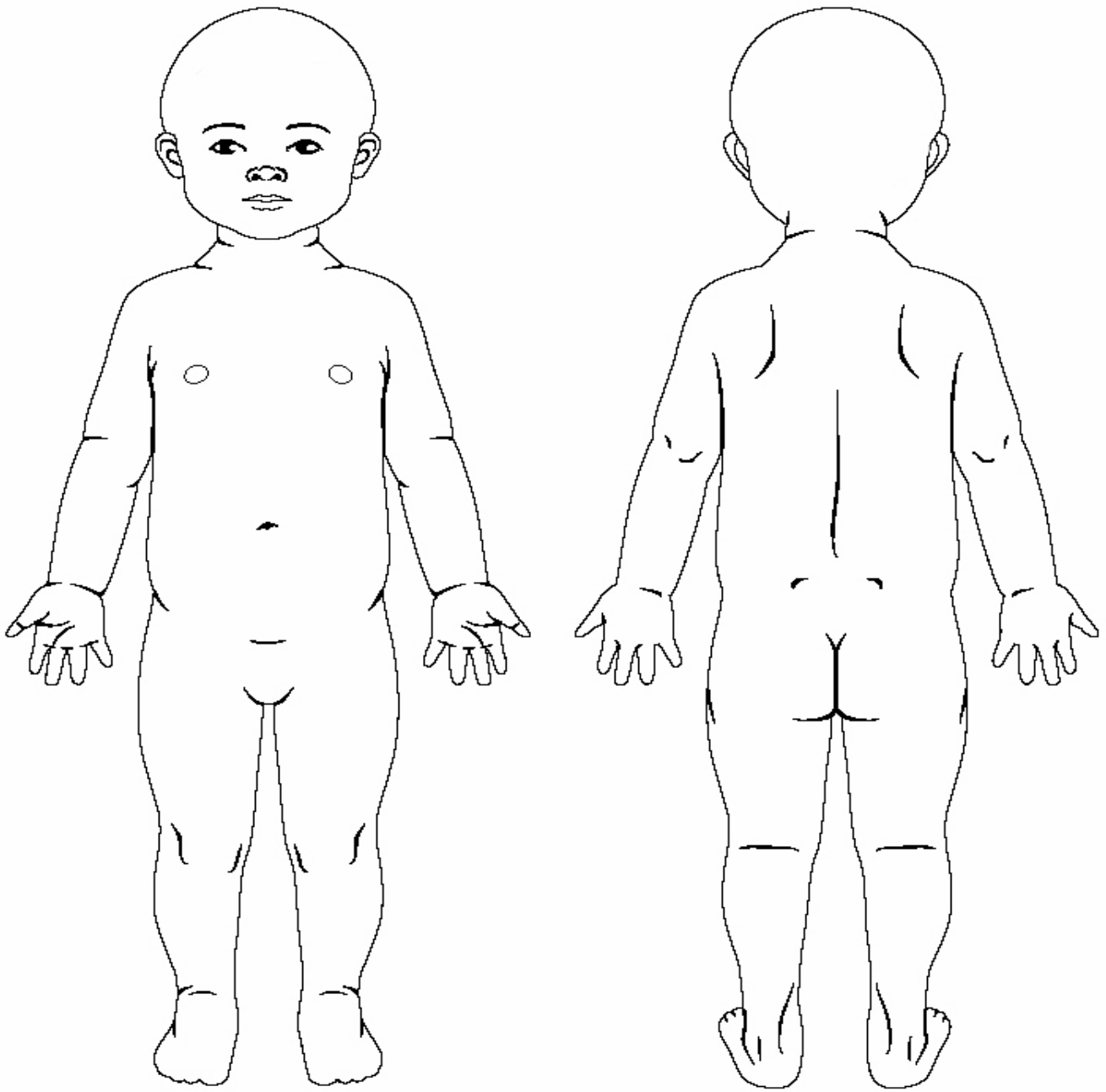
Domestic Violence Act

HMSO 2006

Safeguarding Children who may have been Trafficked

HMSO 2008

1. BABY/TODDLER SURFACE ANATOMY SKIN MAP



CHILD SURFACE ANATOMY SKIN MAP

