



Recognition and Referral Handbook



Produced by Bury Safeguarding Children Board

Updated July 2014

This leaflet has been produced by Bury Safeguarding Children Board to help any person working with children and young people to know how to respond to safeguarding concerns.

This booklet is not intended to replace your own agency safeguarding procedures. If at any point you have a concern for the welfare of a child or young person you should seek further advice/support from your own agency designated safeguarding adviser.

Further information and advice can be also found on the Bury Safeguarding Children Board web site multi-agency [safeguarding procedures](#) page.

The Children Act (1989) and the Children and Families Act (2014) define a child or young person as being below the age of 18 years.

In some situations, you may also have concerns in respect of the welfare of an unborn baby. You can find further information and guidance in respect of pre-birth assessments in the [Greater Manchester Safeguarding Procedures](#), which can be found on the BSCB website.

Is there a difference between child protection and safeguarding?

The language of child protection and safeguarding in England, Wales and Northern Ireland can be confusing. In Scotland the term safeguarding is not used. The NSPCC define safeguarding and child protection as follows:

<p>Safeguarding is: protecting children from harm; preventing damage to children's health or development; making sure that children grow up safely and taking action to make sure children have the best start in life.</p>	<p>Child protection is: <i>part</i> of safeguarding and refers to the action taken to protect specific children who are being abused or who are at risk of abuse.</p>
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What is child abuse?

Child abuse happens when an adult inflicts harm on a child or young person, even, in some cases, if the adult's actions are not deliberate. There are four broad categories of child abuse:

- physical abuse
- sexual abuse
- neglect
- emotional abuse.

Sometimes children are abused by other children.

Child abuse definitions

Physical abuse happens when a child is deliberately hurt, causing injuries such as cuts, bruises and broken bones. It can involve hitting, shaking, throwing, poisoning, burning, slapping or suffocating. It is also physical abuse when a parent or carer fabricates, or induces, the symptoms of an illness in a child.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. It does not necessarily involve violence and the child may or may not be aware of what is happening. Sexual abuse includes: grooming a child with the intention of sexually abusing them; all forms of penetrative and non-penetrative sex; sexually exploiting a child in return for gifts, money or affection; and making, looking at and distributing indecent images of a child.

Neglect is persistently failing to meet a child's basic physical and/or psychological needs resulting in serious damage to their health and development. Neglect may involve a parent's or carer's failure to:

- provide adequate food, clothing and shelter
- protect the child from physical and emotional harm or danger
- supervise the child properly

- make sure the child receives appropriate medical care or treatment.

Emotional abuse is persistent and, over time, it severely damages a child's emotional development. It may involve an adult deliberately trying to scare, humiliate or verbally abuse a child. It may involve a parent or carer who denies the child the love and care they need in order to be healthy and happy. Such adults might be emotionally unavailable; fail to offer their child praise and encouragement; interact with them in an age-inappropriate way; be over-protective, limiting their opportunities to explore, learn and make friends; or expect the child to meet the parent's own emotional needs.

Children witnessing domestic abuse are recognised as suffering from 'significant harm' in the **Adoption and Children Act 2002**, which amended the definition of 'harm' in England and Wales to include the 'impairment suffered from seeing or hearing the ill-treatment of another'.



Recognition

Identification of child abuse can be difficult. This list is not meant to be exhaustive. Your own agency should provide you with the training needed to recognise the signs and symptoms of child abuse.

The BSCB also provides multi-agency safeguarding training. This can be accessed via the BSCB website www.safeguardingburychildren.org.

There is usually no cost to your agency for BSCB multi-agency safeguarding training.

General signs of abuse (source NSPCC factsheet April 2014)

Abused children may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend. Anyone working with children or young people needs to be vigilant to the signs listed below.

Whilst these signs do not necessarily mean that a child is being abused, they probably indicate that the child or family is having some problems which should be investigated.

- Regularly experiencing nightmares or sleeping problems
- Changes in personality
- Outbursts of anger
- Changes in eating habits
- Showing an inexplicable fear of particular places or making excuses to avoid particular people
- Self-harming (includes head banging, scratching, cutting).
- Not receiving adequate medical attention after injuries.
- Showing violence to animals, toys, peers or adults.
- Knowledge of "adult issues" e.g. alcohol, drugs, sexual behaviour.
- Lacking in confidence or often wary/anxious.
- Regressing to the behaviour of younger children.
- Regular flinching in response to sudden but harmless actions, e.g. someone raising a hand quickly.

Whether or not a child's behaviour or appearance is concerning depends on their age or stage of development. Below are signs of potential abuse to look out for in children of specific age groups. Remember that children with learning difficulties, physical disabilities or health-related issues may be at a different developmental stage to most of their peers. However, children who have experienced abuse or neglect from a young age may also display developmental delays compared to children their own

age. In such cases, the lack of a clear medical explanation for these delays may be an indicator of abuse.

Infancy to preschool

- Doesn't cry or respond to parent's presence or absence from an early age (usually because they have learnt that their parent will not respond to their distress, this is known as a lack of attachment)
- Late in reaching developmental milestones such as learning to speak, with no medical reason
- Acting out excessive violence with other children
- Significantly underweight but eats well when given food
- Talks of being left home alone or with strangers

Middle childhood

- Talks of being left home alone or with strangers
- Lacks social skills and has few if any friends
- Shows lack of attachment to a parent
- Becomes secretive and reluctant to share information
- Acting out excessive violence with other children

School age (5 to 16 years)

- Reluctant to go home after school
- Unable to bring friends home or reluctant for professionals to visit the family home
- Poor school attendance and punctuality, or late being picked up
- Parents show little interest in child's performance and behaviour at school
- Parents are dismissive and non-responsive to professional concerns
- Is reluctant to get changed for PE etc
- Wets or soils the bed
- Acting out excessive violence with other children

Adolescence

- Drinks alcohol regularly from an early age
- Is concerned for younger siblings without explaining why
- Becomes secretive and reluctant to share information
- Talks of running away
- Shows challenging/disruptive behaviour at school
- Is reluctant to get changed for PE etc

Physical abuse

It is normal for children to have cuts and bruises on their bodies caused by accidents which happen whilst they are moving about and/or playing. These are marks that have an acceptable and reasonable explanation.

Marks or injuries which do not have an acceptable explanation may indicate that a child has been abused. This may include:

Bruising

- Bruises on the cheeks, ears, palms, arms and feet
- Bruises on the back, buttocks, tummy, hips and backs of legs
- Multiple bruises in clusters, usually on the upper arms or outer thighs
- Bruising which looks like it has been caused by fingers, a hand, or an object i.e. belt, shoe etc
- Large oval shaped bite marks

Burns or scalds

- Any burns which have a clear shape of an object, e.g. cigarette burns
- Burns to the backs of hands, feet, legs, genitals, or buttocks

Other signs of physical abuse include multiple injuries (i.e. bruising, fractures) inflicted at different times. It is particularly concerning if parents/carers are unable to explain these injuries and it is not clear whether they took the child to receive medical treatment at the time of the injury.

Be vigilant to possible abuse if a child is frequently described as ill by their parent but does not have any symptoms which are obvious to others. In addition, the parent will be unable to provide details of a medical diagnosis for the child's apparent condition.

To find out more about fabricated or induced illness see the [Greater Manchester Safeguarding Procedures](#), which can be found on the BSCB website.

There are other signs and indicators of abuse that are age specific.

Infancy to pre-school

- Unexplained head injuries to a baby.
- Bruises on babies who are not yet crawling or walking.
- Acting out excessive violence either with toys or peers.

Sexual abuse

It is normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

'Normal' sexual behaviour in children

Infancy to pre-school

- Kisses and hugs others
- Is curious about and looks at other's private body parts; has limited understanding of privacy needs
- Talks about private body parts

- Uses words such as 'poo', 'bum' and 'willy' freely
- Plays 'house' or 'doctor' games
- Shows, touches, or rubs own genitals, or masturbates as a 'comfort' habit

Middle childhood

- Kisses and hugs others
- Displays an interest in others' private body parts but is aware of the need for privacy
- Talks about and occasionally shows private body parts to others
- Uses words such as 'poo', 'bum' and 'willy' freely and delights in being 'shocking'
- Sometimes uses swear words and/or 'sex' words copied from others
- Plays 'house' or 'doctor' games
- Sometimes touches or rubs own genitals, or masturbates as a comfort habit

Pre-adolescent children (aged 10 to 12 years)

- Kisses, hugs, and may 'date' others.
- Is interested in others' private body parts and in the changes occurring in puberty, is aware of the need for privacy
- May ask questions about relationships and sexual behaviour
- May look at sexual pictures including internet images
- Masturbates in private

Adolescents (aged 13 to 16 years)

- Kisses, hugs, dates others, may have longer term relationships
- Is interested in and asks questions about body parts, relationships and sexual behaviour. Is aware of the need for privacy

- Uses sexual language and talks about sexual acts with peers
- May look at sexual pictures including internet images
- Masturbates in private
- Experiments sexually with adolescents of similar age

The following are age-specific signs and indicators of sexual abuse:

Infancy to pre-school

- Talking about sexual acts or using sexually explicit language
- Having sexual contact with other children
- Using toys or other objects in a sexual way
- Becoming withdrawn or very clingy
- Physical signs such as anal or vaginal soreness or an unusual discharge

Middle childhood

- Masturbating in public
- Showing adult-like sexual behaviour or knowledge
- Using toys or other objects in a sexual way
- Becoming withdrawn or very clingy
- Physical signs such as anal or vaginal soreness or an unusual discharge

Adolescence

- Masturbating in public
- Having sexual contact with younger children or older adults
- Pregnancy when the child does not have a boyfriend
- Sexually transmitted diseases

Neglect

It is important to remember that some children are very picky eaters whilst others may refuse to wear a coat regardless of how cold it is outside. A child may also appear to be underweight, but is, in fact, naturally thin.

Some of the most obvious signs of neglect (eg children being thin, dirty or not wearing a coat) are not in themselves indicators of abuse. However, if, over time, it is clear that a child is not receiving an adequate level of care and supervision appropriate to their age, it may indicate that the child is being neglected. The following are general and age-specific signs of neglect.

General signs of neglect for children of all age groups:

- medical needs are not being met: not being registered with a GP; not being taken to the dentist despite having obvious dental problems; failing to ensure that the school has a child's medication, e.g. asthma inhalers
- not taking the child to see a doctor when they are ill or have been injured

There are other signs and indicators of neglect that are age-specific.

Infancy to pre-school

- Frequent and untreated nappy rash
- Child has numerous accidental injuries and the explanations given suggest a lack of supervision.
- Immunisations are not up to date.
- Child is significantly underweight but eats well when observed.

Middle childhood

- Child has poor school attendance and punctuality and is often picked up late at the end of the day
- A child is frequently tired at school due to a lack of routine at home (eg regular bedtimes)
- Parents are unsupportive and uninterested in the child's education or behaviour
- A child frequently appears to be hungry and does not have a packed lunch or money to buy food

Adolescence

- A child is often tired at school due to a lack of routine at home (eg regular bedtimes)
- A child frequently appears to be hungry and does not have a packed lunch or money to buy food
- Parents are dismissive and non-responsive to professional concerns (eg the need for medical care or taking action over bullying)

Emotional abuse

It is important to remember that some children are naturally open and affectionate whilst others are quieter and more self-contained. Children also develop at different rates from one another and some may be slightly more or less advanced than other children in their age group. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child.

The following signs may indicate emotional abuse for children of all age groups:

- inappropriate knowledge of 'adult' matters such as sex, alcohol and drugs
- extreme emotional outbursts

- regularly experiencing nightmares or sleep difficulties

There are other signs and indicators of emotional abuse that are age specific.

Infancy to pre-school

- Over-affectionate towards strangers or people they haven't known for very long
- Lacks confidence and is often wary or anxious
- Displays lack of attachment to parent, eg when being taken to or collected from nursery etc
- Is frequently aggressive or nasty towards other children and animals

Middle childhood

- Frequently soils the bed
- Language and behaviour are not socially appropriate
- Struggles to control strong emotions
- Shows lack of attachment to a parent
- Lacks social skills and has few if any friends
- Self-harms, eg scratching, head banging

What to do if you are concerned about a child?

Everyone working with children and families should.....

- Be familiar with and know how to follow your own organisation's safeguarding procedures and protocols
- Know how to contact your agency designated safeguarding adviser
- Know how to seek advice from your local Children's Social Care Team
- Know how to make a referral to your local Children's Social Care Team

Guidance on making a referral

Before referral

- What are your specific concerns?
- Do you have any factual evidence to support your concerns?
- What, if anything, has the child said or done to add to or increase your concerns?
- What, if anything, has the parent/carer said or done to add to or increase your concerns?
- Have you discussed your concerns with either your line manager, or designated safeguarding adviser?
- Have you told the parents of your concerns? (If your concerns relate to **Sexual Abuse, Fabricated/Induced Illness, Female Genital Mutilation(FGM) or Forced Marriage DO NOT** discuss with the parents before seeking advice from Children's Social Care.
- What is the parents' response?
- Have you discussed your concerns with any other professionals?
- Have you made a written record of your concerns?
- Are you clear about what you are asking Children's Services Social Care to do?

When making a referral



The **Multi-Agency Safeguarding Hub (MASH)** is the single point of contact for all safeguarding concerns regarding children and young people in Bury. It brings together designated officers from Children's Services, Police, Education, Probation, Health and Six Town Housing, who are now co-located within Bury police station. The team have responsibility for screening and risk assessing referrals and making decisions as to the most appropriate intervention or signposting to other agencies to meet identified need.

To make a referral you will need to contact the MASH Team on **0161 253 5678** or e-mail childwellbeing@bury.gov.uk or childwellbeing@bury.gcsx.gov.uk

A copy of the multi-agency referral form that needs to be used to make a referral can be accessed on the BSCB website at <http://www.safeguardingburychildren.org/index.aspx?articleid=8934> or in the downloads section of the Bury MBC web page.

If you make your referral by telephone, confirm it in writing within 24 hours.

Within **one working day** of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer (**Working Together to Safeguard Children 2013**)

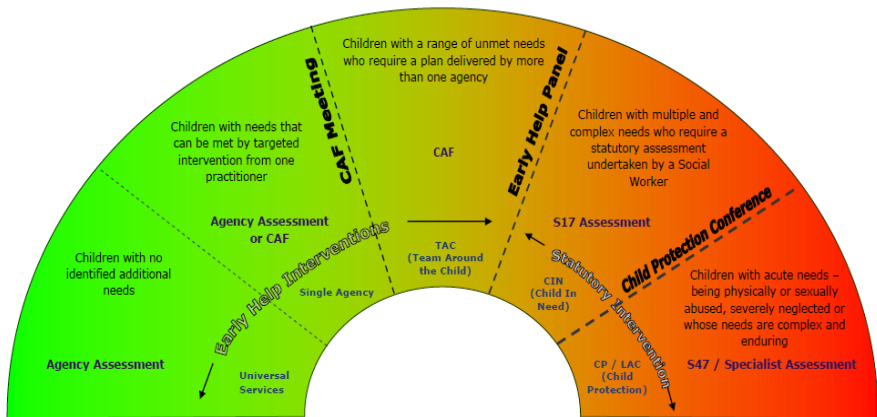
You should receive written confirmation of the outcome of your referral from the Bury MASH team within 48 hours.

- When you make your referral, agree with the recipient of the referral, what the child and parents will be told, by whom and when
- Ensure that you have all the child's details ready to hand:
 - Names, address, date of birth
 - Gender, ethnic origin, language, religion
 - Family members/other significant people
 - GP and name of any other professionals involved (if known)
 - Child's current whereabouts
- Provide as much information as possible about the:
 - Details of the concern – dates and times of any incidents
 - Source of information
 - What action you have already taken
 - Details of parents/carers' response to the concerns
 - Information about other children in the household or family

- Whether the child has any disabilities or special needs
- Establish the name of the worker taking the referral and clarify what is being recorded
- Establish what are the next steps
- Establish what you should do if there are any further concerns

The thresholds for intervention are shown below. Further details can be found in the “Thresholds for Intervention” document on the BSCB website

<http://www.safeguardingburychildren.org/OtherInfo/EDocumentSearch.htm>.



This guidance is intended to provide professionals with clear thresholds that should be applied consistently to ensure the right help is given to a child at the right time - research gives a consistent message that for children who need additional help every day matters.

SINGLE AGENCY ACTION FOR SAFEGUARDING CHILDREN

Disclosure of abuse or likelihood of abuse
Observation of injury or neglect
Knowledge and observation of emotional abuse

Refer to Named Officer/Designated Contact/
CP Designated Officer/ line manager

Referring agency to liaise with other agencies on a need to
know basis

Inform parents/carers that you will refer to Children's Services Social Care
UNLESS

- Child may be put in increased risk of further harm (eg sexual abuse or fabricated or induced illness or forced marriage)
- Risk to worker

Immediate referral to Children's Services Social Care

Telephone discussion with
MASH Team (Tel: 0161 253 5678) or
Emergency Duty Team outside of office hours
(Tel: 0161 253 6606)
Do NOT leave message on answer machine
Confirm referral in writing within 48 hours

Participate in initial and core assessment
undertaken by Children's Services Social
Care. Provide further reports/information as
necessary.

Receive feedback
from Children's
Services Social
Care on action

REFERRAL – ‘CHECKLIST’

- Who you are/your role
- Subjects
 - Child/ren’s Names
 - Address
 - Date/s of Birth
 - Gender
 - Ethnic Origin
 - Language
 - Religion
 - Details of GP
- Significant Adults
 - Names
 - Dates of Birth
 - Relationship to child
 - Any other adults known to be living with family
 - Address
- Your involvement; how long for/ what you have said/done so far
- Relevant information: evidence (eg response of family; whether child has any disabilities or special needs)
- Positives within the family
- If expressing an opinion, be clear (distinguish fact/opinion/hearsay)
- Chronology of events
- Clarify who is taking the referral & what is being recorded
 - What are Children’s Services Social Care going to do next?
 - What are you expected to do next?
 - What should you do if there are further concerns?
- **Share all concerns with family**

After making a referral

- Report the outcome to your line manager
- Record the decision or action agreed
- Check progress if you haven't heard anything
- Continue to make records of any further concerns and report them if appropriate

INFORMATION SHARING



Working Together to Safeguard Children 2013 places great emphasis on information sharing. The guidance states, "Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Early sharing of information is the 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. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children."

The guidance goes on to state, "Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:

- all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB
- no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care."

Contact details for making a referral to Children's Social Care

Multi-Agency Safeguarding Hub

Bury Police Station
Dunsters Road
Bury
BL9 0RD

Tel: 0161 253 5678

Emergency Duty Team (Outside Office Working Hours)

Tel: 0161 253 6606

For referral/consultation about allegations against people working with children and young people:

Mark Gay
LADO
Safeguarding Unit
18/20 St Mary's Place
Bury BL9 0DZ

Tel: 0161 253 5342/0161 253 6168

E-mail: M.Gay@bury.gov.uk