

What to do if you are worried or concerned about a child or young person



We recognise that it can be difficult for people who have concerns about the safety and wellbeing of a child to seek help. You may be worried in case you are wrong or do not know what to do for the best, but it is important to share your concerns to ensure the child gets any help or support they might need.

Making a referral is the best way to support the child, so by sharing your concerns you could:

1. Quickly alleviate your fears by finding out additional information that explains what you have observed
2. Increase the support available to the child and their family
3. Put a stop to abuse

Who can I discuss my concerns with?

You can choose to share your concerns with any of the following:

- Group Contact
- Local Safeguarding Officer
- Lead Safeguarding Officer
- NSPCC
- Local Authority Designated Officer

Please refer to your Local Safeguarding plan for relevant contact details.

1.	Talk to your local Group Leader	If it is about them, jump to step 2. If you believe the child is at immediate risk jump to step 2.
2.	Talk to your Local Safeguarding Officer	If it about them, jump to step 3.
3.	Talk to Woodcraft Folk's Lead Safeguarding Officer	If it about them, contact the General Council Safeguarding Lead
4.	Refer to the Local Safeguarding Children Board	A referral is only made if we believe the child is in need of additional support or in need of protection
5.	Inform the Police	The Police are only contacted if we believe the child is in need of immediate protection

What to look for...

A concern should be raised if any of the following circumstances have or are happening to a child:

- Physical abuse
- Emotional abuse
- Neglect
- Sexual abuse

These types of abuse can often overlap, so in some cases a child may suffer from more than one type of abuse.

Recognising abuse

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

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, 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 or, or deliberately induces, illness in a child.

Indicators include:

- Multiple or repetitive bruising/scratches of different ages
- Fingertip bruising
- Grip/slap marks
- Bite marks
- Unconscious child-may have been poisoned/is bleeding internally
- Injuries/fractures in children who are not mobile
- Allegedly unnoticed fractures in children – fractures cause pain
- Inappropriate clothing – used to cover up bruises

Neglect

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, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Indicators include:

- Slow growth and development
- Chronic nappy rash
- Cold and puffy hands and feet
- Child's basic needs consistently not met e.g. food, warmth, clothing, hygiene, safety, affection, stimulation
- Situations where young children are left alone without a carer
- Children deliberately exposed to grave risks
- Parents/carers fail or refuse to seek medical advice, therapeutic input or medical treatment

Emotional Abuse

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, 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 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 ill-treatment of another. It may also 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.

Indicators include:

- Lack of self-esteem, identify and positive self-image
- Withdrawn aggressive behaviour, self-harm, mutilation, substance misuse, suicide attempts
- Eating disorders
- Children who appear to be unused to praise or encouragement
- Children who are rejected by a parent/carer/sibling
- Experiencing bullying at school, in the community, by another family member
- Experiencing racism or other discrimination such as in connection to appearance, gender, sexuality, disability etc.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person 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 (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 images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Indicators include:

- Sexual acts
- Excessive sexual play and masturbation
- Sexually transmitted disease
- Pregnancy especially concealed
- Witnessing sexual acts
- Self-harm/substance misuse/suicide attempts
- Eating disorders
- Nightmares/disturbed sleep
- Wetting/soling etc.
- Significant changes to behaviour/personality
- Persistent offending, non-school attendance, running away

IT IS IMPORTANT TO NOTE THAT SOME CHILDREN MAY DEMONSTRATE SOME OF THE ABOVE INDICATORS OF ABUSE – IT DOES NOT AUTOMATICALLY MEAN THEY ARE BEING ABUSED. IF A CHILD DEMONSTRATES A NUMBER OF DIFFERENT INDICATORS, AND PARTICULARLY IF THEIR BEHAVIOUR CHANGES PLEASE REFER.

What to do if you have a concern about a child?

1. Do not keep your worries/concerns/fears to yourself!
2. It is not your role to investigate your concern, simply to refer – so please do not ask questions at this first stage but make contact with an appropriate Officer.
3. Discuss it with your group leader or your Local Safeguarding Officer. If you would like to discuss it with somebody outside your group please contact Woodcraft Folk's Lead Safeguarding Officer on 0845 217 8939.
4. Record your thoughts, feelings and as much detail of the events/statements that made you think/feel that way. Include any indicators from the list below that you have witnessed.
5. Complete Woodcraft Folk's incident report proforma, included in Woodcraft Folk's Safeguarding procedures.
6. Together we will make a decision about whether we believe the child is in need of additional support or if they are in need of protection. If we believe the child is at risk or in need of protection we will contact your Local Safeguarding Children's Board for advice and to make a referral.

Alternatively if we think that the child or family are in need of some additional support please make time to talk to the child and a suitable adult. This is best done with two volunteers rather than one to one. The discussion at this point should cover the following points:

- You have noticed that there seem to be some issues at the moment which are making the child/young person unsettled or unhappy or unable to get on with their life. Does the child/young person/family (whoever you are talking to) agree that this is the situation? How would you and they describe the issues?
- Are there things that are going on already that are helping? What are they?
- What would they like to happen? What would improvement look like?
- Is there a role for the group/organisation in helping to make things better?
- One option might be to consider an early help assessment. Explain what this is, and that it can only happen with the consent of the relevant people i.e. child/young person if of sufficient understanding, and parent or someone with parental responsibility. Outline the possible benefits of such an assessment.
- Check out whether the child/young person or family is aware of this having been done previously. If so, ask for details.
- Check out which other agencies are involved with the child/young person and family.
- Agree next steps with the child/young person and family.

If you believe that the child is **immediate danger** or risk ring the Police without hesitation and ask to speak to their Child Protection Team.

What are the indicators that a child and/or their family might benefit from early help services?

The Child Assessment Framework: a guide for practitioners, published by the CWDC in 2009 suggests that over and above access to high quality universal services, some children and young people have additional needs relating to their development, education, health, social welfare or other areas. It points out that,

These needs will in many cases be cross-cutting and might be associated with:

- disruptive or anti-social behaviour
- overt parental conflict or lack of parental support/boundaries
- involvement in, or risk of, offending
- poor attendance or exclusion from school
- experiencing bullying
- special educational needs
- disabilities
- disengagement from education, training or employment post-16
- poor nutrition or inadequate clothing
- ill health
- substance misuse anxiety or depression
- experiencing domestic violence
- housing issues
- teenage pregnancy and parenthood (including the risk of pregnancy and early parenthood, as well as actual pregnancies and parenthood among young people)
- young carers who exhibit additional needs which are as a direct result of their caring responsibilities, e.g. truancy/lateness, ill health, housing issues

Clearly, these are examples rather than an exclusive list, and in many cases (e.g. substance misuse or mental health issues) may relate to problems experienced either by the child or young person themselves or by someone close to them.

Record Keeping

Good record keeping or documentation is very important.

This will help when individuals are unavailable or change role/job and provide an essential tool for others who are responding to the incident.

Try and collate your findings in chronological order, demonstrate how the process has been managed and show actions taken (by who, when and why).

Records are a good source of evidence for enquiries and could also be used in court proceedings.

You should use clear, straight forward language when recording, be concise, and be accurate not only in fact, but also in differentiating between opinion and judgement.