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# Recognising Abuse and Neglect

## Related guidance

* North East Lincolnshire Threshold Document

North East Lincolnshire Threshold Document [NEL-Threshold-Document-2024-28-FINAL-refresh-May-2025.pdf](https://www.nelincs.gov.uk/assets/uploads/2025/07/NEL-Threshold-Document-2024-28-FINAL-refresh-May-2025.pdf)

## 1. Introduction

These North East Lincolnshire Safeguarding Children Procedures set out how agencies and individuals should work together to safeguard and promote the welfare of children and young people. The target audience is all practitioners (including volunteers) and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children, and operational and senior managers, in:

* Agencies responsible for commissioning or providing services to children and their families and to adults who are parents/carers;
* Agencies with a particular responsibility for safeguarding and promoting the welfare of children.

Many children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-ordinated early help services from agencies such as health; primary care, health visiting, educational establishments such as schools and colleges, family hubs, local authority children's social care, youth justice services and the voluntary, charity, social enterprise, faith-based organisations and private sectors. Some services will be provided as universal services whilst others may be more targeted to meet specific needs, whatever the circumstances of the child:

All agencies and practitioners should:

* Be alert to potential indicators of abuse or neglect;
* Be alert to the risks which individual abusers, or potential abusers, may pose to children;
* Share and help to analyse information so that an assessment can be made of the child's needs and circumstances;
* Contribute to whatever actions are needed to safeguard and promote the child's welfare;
* Take part in regularly reviewing the outcomes for the child against specific plans;
* Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

These procedures are based on theWorking Together to Safeguard Childrenwhich sets out what should happen in any local area when a child or young person is believed to be in need of support. Effective safeguarding arrangements should aim to meet the following two key principles:

Working Together to Safeguard Children [Working together to safeguard children 2023: statutory guidance](https://assets.publishing.service.gov.uk/media/6849a7b67cba25f610c7db3f/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf)

* Safeguarding is everyone's responsibility: for services to be effective, each individual and organisation should play their full part; and
* A child-centred approach: for services to be effective, they should be based on a clear understanding of the needs and views of children.

Working Together to Safeguard Children defines Safeguarding as:

* Protecting children from maltreatment;
* Preventing impairment of children's health or development;
* Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
* Taking action to enable all children to have the best outcomes.

Working Together to Safeguard Children defines Safeguarding and promoting the welfare of children as:

* Providing help and support to meet the needs of children as soon as problems emerge;
* Protecting children from maltreatment, whether that is within or outside the home, including online;
* Preventing impairment of children's mental and physical health or development;
* Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
* Promoting the upbringing of children with their birth parents, or otherwise their family network thought a kinship care arrangement, whenever possible and where this is in the best interest or children;
* Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children’s Social Care National Framework.

## 2. The Concept of Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. TheChildren Act 1989introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and places a duty on local authorities to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Children Act 1989 [Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/contents)

Additionally, a Court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

* The child is suffering, or is likely to suffer, significant harm; and
* The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, 'harm' is defined as the ill treatment or impairment of health and development. Harm can be determined ‘significant’ by “comparing a child’s health and development with what might be reasonably expected of a similar child" (Children Act 1989).

Children Act 1989 [Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/contents)

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 harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion and sadism.

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 (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or impact the child's physical, intellectual, emotional, social or behavioural 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 neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment), which is generally referred to as 'child on child abuse'.

Some children have pre-existing vulnerabilities which may make them more susceptible to further and ongoing abuse. Children with learning difficulties, mental health challenges and who are socially isolated are more likely to be victims of online abuse and may find it difficult to disclose what is happening to them.

## 3. Early Help

Early help means providing support as soon as a need emerges at any point in a child's life, it can prevent further problems arising.

Any child may benefit from early help, but practitioners should, in particular, be alert to the potential need for early help for a child who:

* Is disabled and has specific additional needs;
* Has special educational needs (whether or not they have a statutory Education, Health and Care Plan);
* Is a young carer;
* Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
* Is frequently missing/goes missing from care or from home;
* Is persistently absent from education, including persistent absences for part of the school day;
* There may be vulnerability to modern slavery, trafficking or child exploitation;
* May be vulnerable to being radicalised or exploited;
* Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
* Is misusing drugs or alcohol themselves;
* Has returned home to their family from care.

Agencies in North East Lincolnshire should refer to the localThreshold of Need document, which provides effective ways to identify emerging and potential unmet support needs for individual children and families as well as clear guidance and procedures for all practitioners, including those in universal services and those providing services to adults with children. The provision of early help services should form part of a continuum of support to respond to the different levels of need of individual children and families.

Threshold of Need document [NEL-Threshold-Document-2024-28-FINAL-refresh-May-2025.pdf](https://www.nelincs.gov.uk/assets/uploads/2025/07/NEL-Threshold-Document-2024-28-FINAL-refresh-May-2025.pdf)

The practitioners in North East Lincolnshire are supported through training and supervision to understand their role in identifying new and emerging threats, including online abuse, grooming, sexual exploitation, criminal exploitation and radicalisation.

They continue to develop their knowledge and skills in sharing information with other practitioners to assist with early identification and use of assessments such as Early Help Assessments.

The local Threshold document includes information as follows:

* The process for the early help assessment and the type of early help services to be provided;
* The criteria, including the level of need, for when a child should be referred to North East Lincolnshire children's social care front door for assessment and for statutory services under:Section 17 of the Children Act 1989 (children in need);Section 47 of the Children Act 1989 (safeguarding);Section 31 of the Children Act 1989 (care proceedings);Section 20 of the Children Act 1989 (duty to accommodate a child); and
* Clear procedures and processes for cases relating to:The abuse, neglect and exploitation of children;Children managed within the youth secure estate;Disabled children.
* Section 17 of the Children Act 1989 (children in need);
* Section 47 of the Children Act 1989 (safeguarding);
* Section 31 of the Children Act 1989 (care proceedings);
* Section 20 of the Children Act 1989 (duty to accommodate a child); and
* The abuse, neglect and exploitation of children;
* Children managed within the youth secure estate;
* Disabled children.

## 4. Definitions of Child Abuse and Neglect

The following definitions are based on those identified in Working Together to Safeguard Children and Keeping Children Safe in Education:

### 4.1 Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or another child or children.

### 4.2 Physical Abuse

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 fabricates the symptoms of, or deliberately induces illness in a child.

### 4.3 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

* Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
* Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate;
* Imposing age or developmentally inappropriate expectations 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;
* Seeing or hearing the ill-treatment of another e.g. where there is domestic abuse;
* Serious bullying (including cyberbullying);
* Causing children frequently to feel frightened or in danger;
* Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### 4.4 Sexual Abuse

Sexual abuse involves forcing or inciting a child or young person into 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 assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse may also include non-contact activities, such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse can be perpetrated by any adult regardless of gender. Professionals should also be aware that children can perpetrate sexual harm and harmful sexual behaviour intervention would need to be considered.

In addition; Sexual abuse includes abuse of children through sexual exploitation which occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

* A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
* Sexual activity with a child under 16 is also an offence;
* It is an offence for a person to have a sexual relationship with a 16- or 17-year-old if they hold a position of trust or authority in relation to them;
* Where sexual activity with a 16- or 17-year-old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
* Non-consensual sex is rape whatever the age of the victim; and
* If the victim is incapacitated through drink or drugs, or the victim or their family has been subject to violence or the threat of violence, they cannot be considered to have given true consent; therefore, offences may have been committed.

### 4.5 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 misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse towards a career, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent 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 caregivers);
* Ensure access to appropriate medical care or treatment.

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

Childhood obesity alone is a concern but not usually a child protection concern. This can change in the context of escalating health concerns when the parents are not engaging with or seek to undermine the support being offered to them. Obesity usually exists in a wider context of concerns about neglect or emotional abuse so practitioners should consider what else is going on in the child’s life.

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse, which can be impacted on by for example domestic abuse in the household or a cluster of problems faced by the adults.

### 4.6 Domestic Abuse

The Domestic Abuse Act 2021 says that behaviour is ‘abusive’ if it consists of any of the following:

* Physical or sexual abuse;
* Violent or threatening behaviour;
* Controlling or coercive behaviour;
* Economic abuse;
* Psychological, emotional or other abuse.

It does not matter whether the behaviour consists of a single incident or a course of conduct. The perpetrator of the abuse and the victim of the abuse have to be aged 16 or over and are ‘personally connected’ as intimate partners, ex-partners, family members or individuals who share parental responsibility for a child. There is no requirement for the victim and perpetrator to live in the same household.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child to parent abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent.

Domestic abuse in teenage relationships is just as severe and has the potential to be as life threatening as abuse in adult relationships.

### 4.7 Harm Outside the Home

Working Together to Safeguard Children recognises that, as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), exploitation by criminal gangs and organised crime groups such as serious youth violence and county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

### 4.8 Technology Assisted Abuse

Technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse and other risks online as well as face to face. In many cases abuse and other risks will take place concurrently both online and offline.

Children can also abuse other children online, this can take the form of abusive, harassing, and misogynistic/misandrist messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography, to those who do not want to receive such content. Children can also be groomed online and through social media by people coercing or manipulating them to sexually or criminally exploit them or seeking to radicalise them.

See Online Safety procedure

### 4.9 Child on Child Sexual Violence and Sexual Harassment

### Child on Child Sexual Violence and Sexual Harassment

Keeping Children Safe in Education Part five: Child on Child Sexual Violence and Sexual Harassmentsets out how schools and colleges should respond to all signs, reports and concerns of child-on-child sexual violence and sexual harassment, including those that have happened outside of the school or college premises, and/or online.

Keeping Children Safe in Education Part five: Child on Child Sexual Violence and Sexual Harassment [Keeping children safe in education 2024: part one](https://assets.publishing.service.gov.uk/media/66ce094e8e33f28aae7e1f6d/Keeping_children_safe_in_education_2024_part_one.pdf)

Sexual violence and sexual harassment can occur between two or more children of any age and sex, from primary through to secondary stage and into college. It can occur also through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face-to-face (both physically and verbally) and are never acceptable.

Sexual Violence

Child on child sexual violence refers to sexual offences under the Sexual Offences Act 2003 as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: they intentionally touch another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

NOTE- Schools and colleges should be aware that sexual assault covers a very wide range of behaviour so a single act of kissing someone without consent, or touching someone’s bottom/breasts/genitalia without consent, can still constitute sexual assault.

Sexual Harassment

Child on child sexual harassment means ‘unwanted conduct of a sexual nature’ that can occur online and offline and both inside and outside of school/college. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Sexual harassment can include:

* Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
* Sexual jokes or taunting;
* Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes. Schools and colleges should be considering when any of this crosses a line into sexual violence – it is important to talk to and consider the experience of the victim;
* Displaying pictures, photos or drawings of a sexual nature;
* Upskirting (this is a criminal offence); and

Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:

* Consensual and non-consensual sharing of nude and semi-nude images and/or videos. Taking and sharing nude photographs of under 18s is a criminal offence.UKCIS Sharing nudes and semi-nudes: advice for education settings working with children and young peopleprovides detailed advice for schools and colleges;
* Sharing of unwanted explicit content;
* Sexualised online bullying;
* Unwanted sexual comments and messages, including, on social media;
* Sexual exploitation; coercion and threats; and
* Coercing others into sharing images of themselves or performing acts they’re not comfortable with online.

UKCIS Sharing nudes and semi-nudes: advice for education settings working with children and young people (https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people)

It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

See:Addressing Child-on-child Abuse: a Resource for Schools and Colleges (Farrer and Co.)which is intended to be used as a resource and reference document for practitioners.

Addressing Child-on-child Abuse: a Resource for Schools and Colleges (Farrer and Co.) <https://www.farrer.co.uk/news-and-insights/addressing-child-on-child-abuse-a-resource-for-schools-and-colleges/>)

See also: Harmful Sexualised Behaviour Practice Guidance & Procedure.

## 5. Potential Risk of Harm to an Unborn Child

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. where there is information known about domestic abuse, parental substance misuse or mental ill health).

These concerns should be addressed as early as possible before the birth using North East Lincolnshire'sPre Birth Protocol, to ensure a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care to the baby.

See Pre Birth Protocol

## 6. Recognising and Responding to Concerns

All practitioners, whether paid or voluntary, in all agencies and organisations, where they come in to contact with children and young people, or similarly, all those who work in some way with adults, who may be parents or carers, should:

* Be alert to potential indicators of abuse or neglect;
* Be alert to the risks which individual abusers or potential abusers, may pose to children;
* Be alert to the impact on the child of any concerns of abuse or maltreatment;
* Be able to gather, use their professional curiosity and analyse information as part of an assessment of the child's needs.

All agencies will have robust safeguarding policies and procedures in place to support and provide information about how and what action to take when there are concerns about a child. Those safeguarding policies and procedures will include information about how to:

* Identify potential or actual harm to children; whether this is when problems are first emerging, or where a child is already known to local authority children's social care;
* Discuss and record concerns with a first line manager / in supervision;
* Analyse concerns by completing an assessment;
* Discuss concerns with the agency's designated safeguarding children advisor (able to offer advice and decide upon the necessity for a referral to North East Lincolnshire children's social care Integrated Front Door);
* Use constructive challenge amongst colleagues within agencies and between agencies. Where a member of staff from any agency is concerned that concerns or agreed actions regarding a child are not being addressed or acted upon in a timely and consistent manner.

Practitioners in all agencies should use their knowledge and agency resources to contact local children's social care and/or the police about their concerns directly and follow thereport a concern about a child process referralmust be followed.

report a concern about a child process referral [Concern about a child | NELC](https://www.nelincs.gov.uk/health-wellbeing-and-social-care/childrens-social-care/report-a-concern-about-a-child/)

There are additional duties for schools to safeguard and promote the welfare of children and young people (Keeping Children Safe in Education). In essence, these require all school staff to have knowledge of the signs and symptoms of abuse and an understanding of the local early help and child protection arrangements.

Schools also have additional responsibilities in cases of suspected Female Genital Mutilation (FGM), child on child abuse, and children at risk of exploitation. In addition, patterns identified in schools may also be reflective of the wider issues within a local area and it would be good practice to share emerging trends with safeguarding partners.

In any case, a formal referral to North East Lincolnshire children's social care Integrated Front Door, the police or accident and emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the nominated safeguarding children adviser or the completion of an assessment.

All practitioners working in agencies with contact with children and members of their families must make a referral to North East Lincolnshire children's social care Integrated Front Door if there are signs that a child or an unborn baby:

* Is suffering significant harm through abuse or neglect;
* Is likely to suffer significant harm in the future.

If identification or disclosure of harm or risk of harm is identified, this should be referred immediately to the Integrated Front Door.

In urgent situations, out of office hours, the referral should be made to the North East Lincolnshire children's social care emergency duty team / out of hour's team.

It is important that practitioners are aware the Data Protection Act 2018 and the GDPR place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure. The Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Note:The Data Protection Act 2018 and UK GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

## 7. Hearing and Observing the Child

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

* Clarify the concerns;
* Offer re-assurance about how the child will be kept safe;
* Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the making of a referral to North East Lincolnshire children's social care Integrated Front Door, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the practitioner has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

## 8. Parental Consultation

Concerns which have been raised, should, be discussed with the parent to inform them of a referral to North East Lincolnshire children's social care Integrated Front Doorunlessthe discussion is likely to place the child at risk of significant harm through delay or from the parent's actions or reactions; For example in circumstances of induced illness, honour based violence and female genital mutilation.

Where a practitioner decides not to inform the parents before making a referral to North East Lincolnshire children's social care Integrated Front Door, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to North East Lincolnshire children's social care Integrated Front Door. Practitioners should consult with their line manager/designated safeguarding advisor, if at all practicable, for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

* The reason for proceeding without parental agreement must be recorded;
* The parent's withholding of permission must form part of the verbal and written referral to LA children's social care;
* The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

A child protection referral from a professional cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

## 9. Urgent Medical Attention

If the child is suffering from a serious injury, the practitioner must seek medical attention immediately from accident and emergency services and must inform North East Lincolnshire children's social care Integrated Front Door, and the duty consultant paediatrician at the hospital.

Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:

* North East Lincolnshire children's social care are notified by telephone that there are child protection concerns;
* A strategy meeting/discussion has been held, which should then include relevant hospital and other practitioner from other relevant agencies.

## 10. Making a Referral

Referrals should be made to North East Lincolnshire children's social care Integrated Front Door for the area where the child is living or is found. If the child is known to have an allocated social worker, the referral should be made to them or in their absence to the social worker's manager or a duty children's social worker. In all other circumstances, referrals should be made to the Integrated Front Door.

The referrer should confirm verbal and telephone referrals in writing, within 24 hours.

Where an assessment has been completed prior to referral, these details should also be conveyed at the point of referral.

North East Lincolnshire children's social care Integrated Front Door shouldwithin one working dayof receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

For further details, see:Report a concern about a child process.

Report a concern about a child process [Concern about a child | NELC](https://www.nelincs.gov.uk/health-wellbeing-and-social-care/childrens-social-care/report-a-concern-about-a-child/)

## 11. Concerns Raised by a Member of the Public

When a member of the public telephones or approaches any agency with concerns about the welfare of a child or an unborn baby, the practitioner who receives the contact should always:

* Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;
* Take basic details:Name, address, gender and date of birth of child;Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), practitioners providing other services, a lead practitioner for the child.
* Discuss the case with their manager and the agency's designated safeguarding children advisor to decide whether to:Make a referral to North East Lincolnshire children's social care Integrated Front Door;Make a referral to the lead practitioner, if the case is open and there is one;Make a referral to a specialist agency or practitioner e.g. educational psychology or a speech and language therapist;Undertake an assessment.

1. Name, address, gender and date of birth of child;
2. Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), practitioners providing other services, a lead practitioner for the child.
3. Make a referral to North East Lincolnshire children's social care Integrated Front Door;
4. Make a referral to the lead practitioner, if the case is open and there is one;
5. Make a referral to a specialist agency or practitioner e.g. educational psychology or a speech and language therapist;
6. Undertake an assessment.

Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

The opportunity for a face-to-face meeting or interview should be offered to the member of the public to clarify information and offer advice, if needed.

The member of the public should also be given the number for North East Lincolnshire children's social care Integrated Front Door and encouraged to contact them directly. The agency receiving the initial concern shouldalwaysmake a referral to North East Lincolnshire children's social care Integrated Front Door and to the lead practitioner if there is one, in case the member of the public does not follow through (which can happen).

Some people may prefer not to give their name North East Lincolnshire children's social care Integrated Front Door, or they may disclose their identity but not wish for it to be revealed to the parent/s of the child concerned. Wherever possible, practitioners should respect a referrer's request for anonymity. However absolute anonymity cannot be guaranteed, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

Referrals should not be deemed as unfounded without a full and thorough multi-agency exploration or assessment, including talking with the referrer and the agreement of the appropriate manager. Referrals should also not be described as malicious in professional conclusions, due to the risks associated with this language.

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## 12. Non-recent (Historical) Abuse

Non-recent abuse(also known as historical abuse) is an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old.

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed. The person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children may trigger the allegation.

Reports of historical allegations may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns and theReport a concern about a child processshould be followed. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for, children.

Report a concern about a child process [Concern about a child | NELC](https://www.nelincs.gov.uk/health-wellbeing-and-social-care/childrens-social-care/report-a-concern-about-a-child/)

Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

* There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
* Criminal prosecutions can still take place despite the fact that the allegations are historical in nature and may have taken place many years ago.

## 13. Adult Services Responsibilities in Relation to Children

Adult services and practitioners working with adults need to be competent in identifying the service users' or patient's role as a parent. They need to be able to consider the impact of the adult's condition and/or behaviour on:

* A child's welfare and development;
* Family functioning;
* The adult's parenting capacity.

Where a practitioner working with adults has concerns about the parent's capacity to care for the child and considers that the child is likely to be harmed or is being harmed, they should immediately refer the child to the police or North East Lincolnshire children's social care Integrated Front Door, in accordance with their agency's child protection procedures.

Requests for information about a child, which are often made to health practitioners such as GPs or specialist services for mental health or substance misuse, by LA children's social care should be directed to the correct practitioner and not dealt with by administrative staff or intermediaries.

Adult Services, whether commissioning and provider organisations, employ safeguarding children's practitioners to take the lead on safeguarding children matters. The roles and responsibilities of designated and named safeguarding children practitioners should be clear and accessible to all staff and made known to partner agencies to assist in the process of sharing information.

## 14. Schools and Educational Establishments

One of the main sources of referrals about children is schools, which means all schools whether maintained, non- maintained or independent schools, including academies and free schools, alternative provision academies and pupil referral units. 'School' includes maintained nursery schools.

All schools, educational establishments and colleges must have regard to the statutory guidanceKeeping Children Safe in Educationwhen carrying out their duties to safeguard and promote the welfare of children.

Keeping Children Safe in Education [Keeping children safe in education - GOV.UK](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)

'Keeping children safe in education' contains information on what schools and colleges should do and sets out the legal duties with which schools and collegesmustcomply. It should be read alongside the statutory guidance 'Working Together to Safeguard Children', which applies to all the schools referred to above, and departmental advice 'What to do if you are worried a child is being abused: Advice for Practitioners'.

What to do if you are worried a child is being abused: Advice for Practitioners (<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf>)

The different schools and education settings for all age groups must have systems in place to promote the welfare of children and a culture of listening to children taking in to account their views and wishes.

Each establishment must have a designated safeguarding lead. This role should be clearly set out and supported with a regular training and development program in order to fulfil the child welfare and safeguarding responsibilities. Arrangements within each school should set out the processes for sharing information with other practitioners and the Safeguarding Children Partnership.

All school and college staff have a responsibility to provide a safe environment in which children can learn.

All school and college staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.

All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of school or college and online. All staff should be clear as to the school’s or college’s policy and procedures with regard to child-on-child abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

Schools and colleges should be aware of the importance of:

* Making clear that there is a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. It should never be passed off as ‘banter’, ‘just having a laugh’, ‘a part of growing up’ or ‘boys being boys. Failure to do so can lead to a culture of unacceptable behaviour, an unsafe environment and in worst-case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it;
* Recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported;
* Challenging physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

See:Keeping Children Safe in Education Part five: Child on Child Sexual Violence and Sexual HarassmentandAddressing Child-on-child Abuse: a Resource for Schools and Colleges (Farrer and Co.).

Keeping Children Safe in Education Part five: Child on Child Sexual Violence and Sexual Harassment [[Keeping children safe in education - GOV.UK](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)n](https://www.keepingchildrensafeineducation.co.uk/)

Addressing Child-on-child Abuse: a Resource for Schools and Colleges (Farrer and Co.) [Addressing child-on-child abuse: a resource for schools and colleges](https://www.farrer.co.uk/news-and-insights/addressing-child-on-child-abuse-a-resource-for-schools-and-colleges/)

In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual children.

All educational establishments including Free Schools, Academies, Children's Centres/ nurseries, public schools, and colleges must have safe recruitment policies and procedures in place.

Clear policies and procedures in accordance with the Safeguarding Children Partnership Procedure for managing allegations against people who work with children must be in operation (seeManaging Allegations Against People who work with Children Procedure).

## 15. Further Information

Working Together to Safeguard Children [Working together to safeguard children 2023: statutory guidance](https://assets.publishing.service.gov.uk/media/6849a7b67cba25f610c7db3f/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf)

Keeping Children Safe in Education [Keeping children safe in education - GOV.UK](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)

Information Sharing: Advice for Safeguarding Practitioners [Information sharing advice for safeguarding practitioners - GOV.UK](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

Child Protection Evidence Resource [Child Protection Evidence - RCPCH Child Protection Portal](https://childprotection.rcpch.ac.uk/child-protection-evidence/)

Contextual Safeguarding Network from the University of Bedfordshire [Contextual Safeguarding Research Durham University](https://www.contextualsafeguarding.org.uk/)