

## 4 RECOGNISING THE VULNERABILITY OF CHILDREN IN PARTICULAR CIRCUMSTANCES

### 4.1 INTRODUCTION

- 4.1.1 This module outlines the circumstances of children who may be particularly vulnerable to significant harm and the essential safeguards required. Its purpose is to provide information to assist professionals and public in the recognition of concerns requiring referral to Children's Social Care and Police CAIU.
- 4.1.2 Additional procedures apply where indicated and cross-references to the appropriate section are provided.
- 4.1.3 Contents of this module have been arranged in alphabetical order.

### 4.2 ABUSIVE IMAGES OF CHILDREN & INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

- 4.2.1 An abusive image of a child includes images in photos, films, negatives, video tape, data stored on computers that can be converted into a photo and 'pseudo-photos' (images made by computers graphics, or other means, which appear to be a photo). It also covers electronic images used by video phones and texting.
- 4.2.2 Abusive images may be found in possession of those who use it for personal use or distributed to children as part of a grooming process. [See 9.3](#) for further information and procedures.

### 4.3 BABYSITTING

- 4.3.1 Although there is no minimum age in law below which a child may not lawfully 'baby-sit' a younger child, those who hold parental responsibility are responsible for ensuring a baby-sitter is capable and will provide adequate care, and should take account of:
- Age and maturity of child to be looked after
  - Age, maturity and experience of the proposed baby-sitter
  - Nature of existing relationship between all parties
  - Length of time for which the child is to be looked after
  - The physical environment
  - Availability of back-up from parent/s or other immediately available adult

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- 4.3.2 The NSPCC recommends sixteen as the minimum age for baby-sitting.
- 4.3.3 A baby-sitter aged sixteen or over who wilfully assaults, ill-treats, neglects, abandons or exposes a younger child in a manner likely to cause her/him unnecessary suffering or injury to health (or causes or procures the child to be so treated), **and** the person with parental responsibility who arranged the babysitting are liable to prosecution.

### 4.4 BELIEF IN 'POSSESSION' OR 'WITCHCRAFT'

- 4.4.1 Belief in 'possession' or 'witchcraft' is widespread and not confined to particular countries, cultures, religions or immigrant communities.
- 4.4.2 The children involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self esteem.
- 4.4.3 Children may be perceived as being different or difficult, and this attributed to them being possessed or involved in witchcraft. Attempts to exorcise the child may be made and these may involve severe beatings, burning, starvation, cutting or stabbing and/or isolation. This usually occurs within the child's household.
- 4.4.4 Agencies should look for possible indicators and apply basic safeguarding principles including information sharing across agencies, in order to be able to identify children at risk of this type of abuse. See '*Child Abuse Linked to Accusations of 'Witchcraft' and Possession'* Eleanor Stobart, Research Report No.750, DfES 2006 for further information.

### 4.5 BULLYING

- 4.5.1 Bullying is a common form of deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for the victims to defend themselves.
- 4.5.2 It can take many forms, but the three main types are physical e.g. hitting, kicking, theft; verbal e.g. racist or homophobic remarks, threats, name calling and emotional e.g. isolating an individual from social activities / acceptance by her/his peer group.
- 4.5.3 The damage inflicted by bullying is often underestimated and can cause considerable distress to children to the extent that it affects their health and development. In the extreme it can cause significant harm, including self-harm.

## ESSENTIAL SAFEGUARDS

- 4.5.4 All settings in which children are provided with services or are living away from home must have in place rigorously enforced anti-bullying strategies.

## RESPONSE

- 4.5.5 Bullying may involve an allegation of crime e.g. assault, theft, and harassment and should be reported to the Police at the earliest opportunity. Police response will be in accordance with Crime Reporting by Police Officers Working in Schools (*ACPO DfES Feb. 2004*).
- 4.5.6 Where there are concerns about sexual abuse or serious / persistent physical or emotional abuse, referrals must be made to Children's Social Care.
- 4.5.7 See also Abuse by Children in [9.2](#)

## 4.6 DISABLED CHILDREN

- 4.6.1 UK evidence (cited in *Working Together to Safeguard Children 2006*) suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Advice about vulnerability associated with living away from home provided in [4.10](#) is also relevant.
- 4.6.2 The disabled child may be especially vulnerable due to:
- A need for practical assistance in daily living, including intimate care from what may be a number of carers
  - Carers and staff lacking the ability to communicate adequately with her/him
  - A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
  - Carers working with the child in isolation
  - Physical dependency with consequent reduction in ability to be able to resist abuse
  - An increased likelihood that the child is socially isolated
  - Lack of access to 'keep safe' strategies available to others
  - Communication or learning difficulties preventing disclosure
  - Parents'/ carers' own needs and ways of coping may conflict with the needs of the child
  - Bullying and intimidation

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- Abuse by peers
- Fear of complaining in case services withdrawn
- Some sex offenders may target disabled children in the belief that they are less likely to be detected

4.6.3 In addition to the universal indicators of abuse / neglect mentioned in 3.3 the following abusive behaviours must be considered:

- Force feeding
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill fitting equipment e.g. callipers which may cause injury or pain, inappropriate splinting

## ESSENTIAL SAFEGUARDS

4.6.4 Safeguards for disabled children are essentially the same as for non disabled children and should include enabling them to:

- Make their wishes and feelings known
- Receive appropriate personal, health and social education, including sex education
- Raise concerns
- Have access to more than one adult with whom they can communicate

4.6.5 Providers of services must have:

- An explicit commitment to, understanding of disabled children's safety and a culture of openness
- Guidelines and training for staff on good practice in intimate care, working with children of the opposite sex, handling difficult behaviour, consent to treatment, anti-bullying strategies, sexuality and sexual behaviour among young people, especially those living away from home

## EMPLOYING A PERSONAL ASSISTANT

### Advice to parents / child

- 4.6.6 If those with parental responsibility wish to employ a personal assistant to help support a disabled child (or if a sixteen or seventeen year old disabled child wishes to employ an assistant), they should be urged to:
- Obtain a Criminal Records Bureau (CRB) check via Children's Social Care
  - Work with an advocacy service in taking up references and interview processes
  - Avoid employing an under sixteen year old as s/he cannot be held legally responsible for harm befalling a child in her/his care
  - Avoid employing anyone about whom they have doubts
  - Consider recruiting someone else if they are unhappy with the person working for them

### CRB checks

- 4.6.7 The potential employee should submit her/his application for CRB checks to Children's Social Care. The potential employee should be advised that the results of this check will be shared with the child / parent.
- 4.6.8 Whilst the check is carried out, potential users of direct payments should continue to receive services commissioned by the local authority.
- 4.6.9 Local authorities must be satisfied that a direct payment used for this service will safeguard and promote the welfare of the child (see [www.everychildmatters.gov.uk/socialcare/disabledchildren/directpaymentsfaqs/childprotection/](http://www.everychildmatters.gov.uk/socialcare/disabledchildren/directpaymentsfaqs/childprotection/)). Once the check is received the responsible manager must decide whether the direct payment can be progressed.
- 4.6.10 If the person is deemed to be unsuitable, the direct payment should be declined, pending a more suitable candidate. The practitioner should discuss the circumstances with the parent or child (and if relevant, their advocate).

### If parent / child decides not to pursue CRB checks

- 4.6.11 If the parent / young person decides not to pursue CRB checks, Children's Social Care has grounds for refusing direct payments only if it has good reason to believe a potential employee is unsuitable.

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- 4.6.12 If Children's Social Care declines a direct payment on these grounds, the reasons should be sensitively shared with the child / parent and clearly recorded.
- 4.6.13 Where a child and/or parent decide not to pursue a CRB check, they (with assistance of an advocate if necessary) should be asked to sign a disclaimer form.

### Contract with parent / carer

- 4.6.14 To cover the possibility that an employee leaves and Children's Social Care is not informed, it may be useful to ask the parent / carer to agree to a simple contract that requires notification of any new potential employee thus facilitating a CRB check (and potentially justifying removal of payment if such notice was not in fact provided).

## ASSESSMENT & SUPPORT

- 4.6.15 Disabled children must receive the same level of protection from harm as other children and the procedures described in modules 3, 5, 6 and 7 apply equally to them.
- 4.6.16 If a disabled child has communication impairments or learning disabilities, special attention should be paid to those needs ([see 9.12](#)). When a child is unable to tell someone of her/his abuse s/he may convey anxiety or distress in some other way, e.g. behaviour or symptoms and carers and staff must be alert to this.
- 4.6.17 Each child should be assessed carefully and supported where relevant to participate in the child protection and criminal justice system, when this is in her/his interests and the interests of justice.
- 4.6.18 Agencies must consider how best to enable a disabled child to give credible evidence and to withstand the rigours of the court process.

## 4.7 DOMESTIC VIOLENCE

- 4.7.1 When there is domestic violence, the implications for children (including the unborn child if the victim is pregnant) in the household must be considered because research indicates a strong link between domestic violence and all types of abuse and neglect.
- 4.7.2 [See 9.5](#) for additional procedures that apply in situations where domestic violence is known or suspected to have occurred.

## 4.8 FIRE SETTING BEHAVIOUR IN CHILDREN

- 4.8.1 Children with fire setting behaviour present a high risk to themselves and other people. Education of both the children and their parents has been shown to be effective.
- 4.8.2 Risk of fire in a home is linked with other factors of social exclusion.
- 4.8.3 'Fire Setting Behaviour in Children and Young People' on [www.hertsdirect.org/safeguardingchildren](http://www.hertsdirect.org/safeguardingchildren) offers guidance on referral, assessment and available service provision.

## 4.9 FORCED MARRIAGE

- 4.9.1 Forced marriages of children may involve non-consensual and/or underage sex, emotional and possibly physical abuse and should be regarded as a child protection issue and referred to Children's Social Care.
- 4.9.2 For further information and additional procedures, [see 9.9](#).

## 4.10 LIVING AWAY FROM HOME

- 4.10.1 Revelations of widespread abuse and neglect of children living away from home have done much to raise awareness of the particular vulnerability of children in these circumstances.
- 4.10.2 These circumstances include boarding schools, children's homes, foster carers, private fostering, hospitals, prisons, young offender institutions, secure training centres, secure units, army bases, foreign students and foreign exchange visits.
- 4.10.3 Disabled children are particularly vulnerable when living / staying in such settings ([see also 4.6](#)).
- 4.10.4 In addition to sexual and physical abuse, such children may experience emotional abuse and neglect, including peer abuse, bullying and substance misuse, which are a particular threat in institutional settings.
- 4.10.5 Practice with respect to recognition and response, conducting of enquiries, as well as recruitment of staff or carers is as described in modules [3](#), [6](#) and [14](#) respectively.

## ESSENTIAL SAFEGUARDS

- 4.10.6 Safeguards which should be observed in such settings (and explicitly addressed in contracts with external providers) include the need for:
- Children to be valued and respected: staff must communicate directly with them using appropriate verbal and / or non-verbal means and recognise the importance of ascertaining their wishes and feelings
  - Care providers to be appropriately recruited, assessed and trained
  - Children to have access to a trusted adult outside of the institution / family and the institution itself be open to the external world and scrutiny
  - Clear procedures for complaints, safeguarding concerns, concerns about staff / carers and 'whistle blowing' arrangements
  - Respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability
  - Effective supervision and support, extending to temporary staff and volunteers

## LOOKED AFTER CHILDREN

- 4.10.7 Social workers should ensure that a looked after child has opportunities to see her/him alone regularly and at key points.
- 4.10.8 The independent reviewing officer should also ensure s/he has the opportunity of seeing and speaking to the child on their own (if age and developmentally appropriate).
- 4.10.9 When there are concerns about significant harm to a child, s.47 enquiries are applicable on the same basis as they are to children who live with their own families, but 9.13 provides additional procedures relevant to these circumstances.

## Children placed for adoption

- 4.10.10 Where a child is placed for adoption, the child remains a looked after child, until the Adoption Order is made and the three preceding paragraphs apply equally for these children. Module 10 provides additional procedures relevant if allegations are made against approved adopters.

## PRIVATE FOSTERING

- 4.10.11 A 'private fostering arrangement' is one made without the involvement of Children's Social Care for the care of a child under the age of sixteen (under eighteen, if disabled) by someone other than a parent or close relative for twenty eight days or more. This may include children sent from abroad, asylum seeking and refugee children, teenagers staying in short term arrangements with friends or other non relatives and language students with host families.
- 4.10.12 Under the Children Act 1989 private foster carers and those with parental responsibility are required to notify the local authority of their intention to privately foster or have a child fostered.
- 4.10.13 Teachers, health and other professionals should notify Children's Social Care of any private fostering arrangements that come to their attention, unless they are satisfied Children's Social Care has been notified of the arrangement.
- 4.10.14 Children's Social Care must satisfy themselves as to the suitability of the private foster carers, their household and accommodation.
- 4.10.15 Where advance notice is given, this should be prior to the commencement of the arrangement [The Children (Private Arrangements for Fostering) Regulations 2005]. There are powers to impose requirements on the carer or, if there are serious concerns about an arrangement, to prohibit it (see local private fostering procedures for details of assessment and review processes).
- 4.10.16 Children's Social Care must visit privately fostered children at regular intervals (a minimum of six weekly visits in the first year and thereafter a minimum of twelve weekly) to ensure that their welfare is being satisfactorily safeguarded and promoted and that private foster carers and parents are provided with any required advice.
- 4.10.17 The Children Act 1989 creates a number of offences in connection with private fostering, including the failure to notify an arrangement or to comply with any requirement or prohibition imposed by Children's Social Care. Certain people are disqualified from being private foster carers.

## FOREIGN EXCHANGE VISITS

- 4.10.18 Children on foreign exchange visits typically stay with a family selected by the school in the host country. Where this is for a period of less than twenty eight days they are not 'privately fostered'.

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- 4.10.19 In these circumstances the only agency involved is Children's Services (Education), with the school making arrangements to select host families and to negotiate the provision of families abroad.
- 4.10.20 In the event that any child in a household is subject to a child protection plan or is the subject of a s.47 enquiry, the household should (until there is a satisfactory resolution of concerns) be regarded by the school as unsuitable to receive a pupil from an overseas school.
- 4.10.21 Schools should take reasonable steps to ensure that relevant schools abroad take a comparable approach.

### CHILDREN IN HOSPITAL

- 4.10.22 *The National Service Framework for Children, Young People and Maternity Services (NSF) September 2004* sets out standards for hospital services.
- 4.10.23 Hospitals should be child friendly, safe and healthy places for children, with care in an appropriate location and environment. Children should not be cared for in an adult ward.
- 4.10.24 S.85 of the Children Act 1989 requires Primary Care Trusts (PCTs) to notify the 'responsible authority' (Children's Social Care for the area where the child is ordinarily resident or where the child is accommodated if this is unclear) when a child has been or will be accommodated by the PCT for three months or more e.g. in hospital, so that the welfare of the child can be assessed if necessary and kept under review.

### CHILDREN IN CUSTODY

- 4.10.25 The local authority has the same responsibilities towards children in custody as it does towards other children in the authority area. See [13.22](#) for further information.

## 4.11 MENTAL HEALTH OF PARENT OR CARER

### DEFINITION

- 4.11.1 For the purposes of safeguarding children the mental health or mental illness of the parent or carer should be considered in the context of the impact of the illness on the care provided to the child.

### RECOGNITION

- 4.11.2 The majority of parents who suffer significant mental ill-health are able to care for and safeguard their child/ren and/or unborn child, but it is essential always to assess the implications for each child in the family.
- 4.11.3 In some cases, especially with regard to enduring and/or severe parental mental ill health or where there is associated family disharmony / break-up, the parent's condition will seriously affect the safety, health and development of children.
- 4.11.4 The following parental risk factors may justify a referral to Children's Social Care for an assessment of the child's needs:
- Previous history of parental mental health especially if severe and/or enduring condition
  - Predisposition to, or severe post natal illness
  - Delusional thinking involving the child
  - Self-harming behaviour and suicide attempts (including attempts that involve the child)
  - Altered states of consciousness e.g. splitting / dissociation, misuse of drugs, alcohol, medication
  - Obsessional compulsive behaviours involving the child
  - Non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness or impact on child
  - Disorders designated 'untreatable' either totally or within time scales compatible with the child's best interests
  - Mental illness combined with domestic violence and/or relationship difficulties
  - Unsupported and/or isolated mentally ill parents
  - Parental inability to anticipate needs of the child

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- 4.11.5 The following child related factors may justify a referral to Children's Social Care for an assessment of the child's needs:
- A child acting as a young carer for a parent or a sibling
  - Child having restricted social and recreational activities
  - A child missing school regularly as s/he is being kept home as a companion for a parent / carer
  - Child's physical and emotional needs neglected (may be associated with parental depression)
  - Impact has been observed on child's growth, development, behaviour and/or mental / physical health, including alcohol/substance misuse and self- harming behaviour
  - The parent / carer's needs or illnesses taking precedence over the child's needs
  - Insufficient alternative care for the child within extended family to prevent harm

## RESPONSE

### Importance of working in partnership

- 4.11.6 Adult and child mental health professionals, children's social workers, health visitors and midwives, school nurses and education services must share information in order to be able to assess risks.
- 4.11.7 Discharge planning arrangements and any associated meetings about parents who have mental health difficulties must include consideration of any needs or risk factors for the children concerned. Children's Social Care along with other relevant agencies should be involved in planning discharge arrangements.
- 4.11.8 Where an adult, who is also a parent / carer, is deemed to be a danger to self or others by agency professionals, including Adult Care Services, a referral must be made to Children's Social Care, who must be invited to any relevant planning meetings.
- 4.11.9 Where an adult is assessed as high or very high risk of harm by a MAPPA Level 2 (local risk management panel - LRMP) or Level 3 Multi Agency Meeting, the key worker should work closely with the Multi Agency Public Protection Plan and partnership agencies should ensure that the key worker is kept fully informed of risk of harm factors.
- 4.11.10 Relevant mental health professionals involved with parents/carers must be involved in / invited to strategy discussions and child protection conferences. The mental health professionals must ensure that priority is given to participating in strategy discussions and child protection conferences.

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- 4.11.11 Children's Social Care may be requested to assess whether it is in the best interests of a child to visit a parent or family member in a psychiatric hospital (see also reference to High Secure hospitals (Broadmoor, Ashworth and Rampton in [13.20](#)).
- 4.11.12 Adult mental health units / departments should have in place a policy about visiting of patients by children, which for inpatients, should be consistent with the '*Guidance on the Visiting of Psychiatric Patients by Children*' (HSC 1999/222: LAC (99)32).
- 4.11.13 Where there are child welfare concerns regarding visits to patients detained under the Mental Health Act 1983, the Trust may ask Children's Social Care to assess whether it is in the child's best interests.

## 4.12 MIGRANT CHILDREN

- 4.12.1 The number of migrant children in the UK has increased in recent years. Some move here with family / relatives, with other adults and some arrive unaccompanied.

### Potential vulnerability of child

- 4.12.2 Some of these children are vulnerable for a variety of reasons. These may include:
- Insecurity about their legal status, place of residence and carers
  - Separation from significant family members, sometimes against their will
  - Cultural and language difficulties
  - Trauma connected with previous experiences in countries of origin and the circumstances of their departure including child abuse, forced to become child soldiers, subjected to female genital mutilation
- 4.12.3 The child may have been moved illegally and be under severe pressure to give a false account of themselves or keep secrets.
- 4.12.4 Evidence shows that unaccompanied children or those accompanied by someone who is not their parent are particularly vulnerable. The children and many of their carers will need assistance to ensure the children receive adequate care and access health and education services.
- 4.12.5 The possibility that some of these children are, in fact, 'privately fostered' should also be borne in mind (see [4.10.11](#)) and if suspected to be so, a referral made to Children's Social Care.

### Principles underpinning agency practice

- 4.12.6 The key principles underpinning practice within all agencies in relation to unaccompanied children from abroad or those accompanied by someone who does not hold parental responsibility are:
- Children from abroad are children first – this can often be forgotten in the face of legal and cultural complexities
  - Children arriving from abroad who are unaccompanied or accompanied by someone who is not their parent should be assumed to be children in need unless assessment indicates that this is not the case
  - Assessment of need should include a separate discussion with the child in a setting where, as far as possible, s/he feels able to talk freely
  - Assessing the needs of these children is only possible if their legal status, background experiences and culture are understood, including the culture shock of arrival in this country
  - The need to actively seek out information from other sources
  - An avoidance of ‘interrogating’ the child
- 4.12.7 Safeguarding and promoting the welfare of these children must remain paramount for all agencies in their dealings with this group.
- 4.12.8 When considering children and young people arriving from other countries all professionals should take account of:
- Children Act 1989
  - *Working Together to Safeguard Children* 2006
  - Safeguarding Children Involved in Prostitution (DoH 2000)
  - Private Fostering Regulations 2005
  - Operation Paladin (guidance to Police and Children’s Social Care about children and young people arriving at Heathrow airport)
  - Child Protection Procedures (including Trafficking see 9.22)
  - The Health of Refugee Children: Guidelines for Paediatricians (Royal College of Paediatrics 1999)

### Responsibility for recognition of child in need / child in need of protection

- 4.12.9 All agencies in contact with a child must consider her/his welfare and whether s/he may be a ‘child in need’ and a referral to the relevant local Children’s Social Care justified (see modules 3 and 5), e.g:
- Immigration Services
  - Refugee Council
  - National Asylum Support Service (NASS)

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- Housing Services
  - Health Services
  - Children's Services (Education)
  - Children's Social Care
- 4.12.10 When a professional becomes aware a child has arrived from abroad (immediately or via another area of the UK) s/he should immediately make a referral to Children's Social Care if:
- There are concerns about the welfare of the child
  - A child aged from birth to fifteen inclusive is not living with a parent or close relative (grand parent, aunt, or uncle), or the professional has reasonable grounds to believe the adult caring for the child is not who s/he says s/he is (the child may be 'privately fostered' – see 4.10.11)
  - There are child protection concerns in relation to the child (this could include issues of child prostitution or child trafficking – see 9.22)
  - There is a lack of clarity about the status of a child, or the parents / carers appear deliberately evasive when seen by a professional
- 4.12.11 All children need access to health and education services and some of those arriving from abroad may have additional health and education needs.
- 4.12.12 Whenever a professional is aware that any child is not accessing these services, it should prompt discussion with the parent / carer and (where age appropriate) the child about the benefits of school attendance and primary health care services, in particular:
- If a child is not registered with a GP / health visitor the professional should provide parent / carer with details of their local surgery and inform them of the need for the child to be registered with health services (if parents / carers are resistant to this, a referral should be made to Children's Social Care via the Customer Service Centre)
  - If a child of school age is not on a school roll, parents / carers should be advised to apply for a school place (if parents / carers do not progress a school place, a referral should be made to the Customer Services Centre (CSC))

### Children's Social Care assessment

- 4.12.13 On receipt of the referral, and where the circumstances described in 4.12.10 apply, Children's Social Care must undertake, **at a minimum**, an Initial Assessment of the child. It should also consult local health services and Children's Services (Education).

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- 4.12.14 Social workers and other practitioners should ensure that they:
- Use an interpreter if required in accordance with 9.12
  - See the child alone, where possible
  - Obtain a full history of the child/ren and carers including place of birth, date of birth, relationships, where the child has been living with addresses and any significant events
  - Obtain records from other agencies in this country
  - Seek information from equivalent agencies in country/ies where the child has lived; contact information can be obtained via the Foreign & Commonwealth Office (0207 008 1500), relevant Embassy or Consulate (see the London Diplomatic List, ISBN 0 11 591772 1 from the Stationery Office on 0870 600 5522 or FCO website [www.fco.gov.uk](http://www.fco.gov.uk) )
  - Understand what significant events have occurred in the child's life, their impact and any consequent therapeutic needs
- 4.12.15 Where assessment indicates that a child may be in need of protection, normal child protection procedures apply, but additional factors need to be taken into account including:
- Perceptions of authority, the role of the Police in particular, and the level of fear which may be generated
  - Additional implications for a family where deportation is a threat
  - Balancing the impact of separation on a child with the likely history of separation / disruption
  - Judgements about child care practices in the context of such different cultural backgrounds and experiences

## CHILD VICTIMS OF TRAFFICKING

### Definitions

- 4.12.16 Trafficking is defined as 'the recruitment, transportation, transfer, harbouring or receipt of persons by means of threat, or use of force or other forms of coercion for the purpose of sexual or commercial exploitation or domestic servitude' (AFRUCA / NSPCC).
- 4.12.17 Trafficking involves a collection of crimes, spanning a variety of countries and involving an increasing number of victims, who experience considerable suffering. Trafficking of children includes:
- Exploitation by force, coercion, threat e.g. prostitution and other forms of sexual exploitation, labour exploitation (inc. domestic service, sweatshop and restaurant work), begging, picking pockets, benefit fraud, drug mules, trade in human organs
  - Use of deception and human rights abuses e.g. debt bondage, deprivation of liberty and lack of control over one's labour

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- 4.12.18 Children may be brought into the UK for the purposes of trafficking through various means including:
- Unaccompanied asylum seekers, students, visitors
  - Adults accompanying the child and s/he is their dependant
  - Adults meeting child at airport claiming to be a relative
  - Internet transactions
  - Foster arrangements
  - Contracts as domestic staff
  - Sixteen or seventeen year olds tricked into bogus marriages for the purpose of forcing them into prostitution
- 4.12.19 Trafficking is not just about children being brought into the country for vice against their knowledge. Some children may be manipulated into believing that they will have the potential to earn money to send home to improve the lives of their families.

### Risk indicators

- 4.12.20 A number of factors may indicate that a child has been trafficked (though they may alternatively / additionally indicate other concerns):
- The child may present as unaccompanied or semi accompanied e.g. by person/s who are not the parents and with whom the child appears to have a poor relationship or is unable to confirm which adult is going to accept responsibility for her/him
  - The child may go missing or missing for periods of time
  - Multiple use of the same address may indicate it is an 'unsafe house' or that it is being used as a sorting house
  - The child has entered the country illegally
  - Contracts, consent and financial inducement with parents may become apparent
  - The child has exorbitant debts, perhaps for the travel costs, before being able to have control over her/his own earnings
  - The child hands over a large part of her/his earnings to another person
  - The child hints at threats to family in her/his home country for non co-operation or disclosure
  - Mention of financial bonds and withholding of documents
  - The child has a history with missing links and unexpected moves
  - The child is required to earn a minimum amount of money every day
  - The child works in various locations
  - The child has limited freedom of movement
  - The child is known to beg for money

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- The child is excessively afraid of being deported
- The child had her/his journey or visa arranged by someone other than her/himself / own family and/or does not have possession of her/his own travel documents
- The child has false papers provided by another person
- The child has identity documents e.g. a passport / identity card which does not appear to reflect national origin
- False hopes of improvement in her/his life (escaping war, famine, poverty or discrimination)
- The child has no money or financial resources, but has a mobile phone
- The person in control of the child has applied for visas on behalf of many others, or acts as guarantor for other visa applications
- The person who guarantees the visa application has acted for other visitors who have not returned to their countries of origin on the expiry of the visa
- The child is driven around by an older male/female or boyfriend/girlfriend
- The child is withdrawn / refuses to talk or non-communicative except to request repatriation to a source / transit country
- The child shows signs of sexual behaviour or language
- The child shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted disease
- Has not been registered with or attended a GP practice
- Has not been enrolled in school, or attends for a term or so before disappearing (schools need to look out for patterns or registration and de-registration)

- 4.12.21 Children are also trafficked for purposes of domestic labour. This may be less obvious, and their use to the family more likely to be picked up during a private fostering assessment, or because someone notices they are living at a house but not in school etc.
- 4.12.22 Children, who enter the country, apparently as part of re-unification arrangements, can be particularly vulnerable to domestic exploitation.
- 4.12.23 Trafficked children who need healthcare are more likely to be seen at A & E services or minor injury units, than by primary care services. Reception staff need to be alert to inconsistencies in addresses, deliberate vagueness and children or carers being unable to give details of next of kin, names, phone numbers etc. Any concerns and inconsistencies should be communicated to the appropriate professional treating the child.

## RECOGNISING THE VULNERABILITY OF CHILDREN IN PARTICULAR CIRCUMSTANCES

- 4.12.24 When children or their carers give addresses in other countries, with the information that the child is resident outside of the UK, reception staff should always record the current holiday address as well as the home address in the other country.
- 4.12.25 Staff also need to be alert to 'local holiday' addresses in case patterns emerge that would suggest large numbers of children moving in and out of one address. Home visitors such as health visitors and nurses who may follow up visits to A & E should also be alert to the moving in and out and rapid turnover of different children to any one address.
- 4.12.26 Child protection procedures should **always** apply if there is suspicion a child may be being trafficked and the Police or Children's Social Care must be informed (see additional procedures in 9.22)
- 4.12.27 For helpful guidance see the Trafficking Toolkit ([www.crimereduction.gov.uk/toolkits/](http://www.crimereduction.gov.uk/toolkits/))

### 4.13 NON COMPLIANCE

- 4.13.1 A feature in some serious case reviews has been the lack of co-operation and/or hostile attitude of parents / carers. When there are child welfare / protection issues, a failure to engage with the family may leave a child vulnerable to significant harm. See additional procedures 9.15 for further information about recognition and required responses and 9.14 for procedures when the Child, Adult or Family are missing.

### 4.14 PARENTAL CONTROL ISSUES

- 4.14.1 When children are brought to the attention of Police or community because of behaviour problems, it may indicate vulnerability, poor supervision or neglect. It is important to consider if these are children in need and if multi-agency support should be provided.
- 4.14.2 A range of powers should be used to engage families to improve the child's behaviour if this cannot be secured on a voluntary basis.
- 4.14.3 The Child Safety Order (CSO) is a compulsory intervention available below the significant harm threshold, designed to assist the child improve her/his behaviour and is likely to be used alongside other methods of intervention with the family. The local authority can apply for a CSO where:
- A child has committed an act which would have been an offence if s/he were aged ten or above
  - It is necessary to prevent such an act
  - The child has caused harassment, distress or harm to others

## RECOGNISING THE VULNERABILITY OF CHILDREN IN PARTICULAR CIRCUMSTANCES

- 4.14.4 A Parenting Order can be made as well as a CSO or when a CSO is breached. It is designed to engage with and support parents to develop an ability to undertake parental responsibilities.

### 4.15 PARENTAL INVOLVEMENT IN PROSTITUTION

- 4.15.1 Involvement of family members in prostitution does **not** necessarily mean children will suffer significant harm. Risks to the children in these circumstances come from the following potential sources:

- Exposure of the child to unsuitable adults and sexual activity / materials, especially if the parent works from home
- The child being left alone whilst the parent is working
- Being left with responsibility for younger siblings
- Inconsistent care - e.g. if the parent is imprisoned
- Factors associated with drug / alcohol misuse and/or mental health difficulty

- 4.15.2 Standard procedures in modules [4](#) [6](#) and [7](#) apply.

### 4.16 PARENTS WITH LEARNING DISABILITY

- 4.16.1 The ability of parents with learning disability to provide a reasonable standard of care will depend on their own individual abilities, circumstances and the individual needs of the child.

- 4.16.2 The issues which most frequently give rise to concern in relation to parents with learning disabilities arise from a lack of understanding of the baby's / child's needs, rather than deliberate abuse. Consequently learning disabled parents may need considerable support to develop the understanding, resources, skills and experience to meet the needs of their child.

- 4.16.3 See [9.17](#) for additional procedures.

### 4.17 PARENTAL SUBSTANCE MISUSE (INC. DURING PREGNANCY)

- 4.17.1 Parental misuse of drugs or alcohol becomes relevant to child protection when the misuse of the substances impacts on the care provided to their child/ren.

- 4.17.2 See [9.18](#) for additional procedures.

### 4.18 PRE-BIRTH

- 4.18.1 UK law does not afford legislative rights to an unborn baby. In some circumstances though, agencies or individuals are able to anticipate a likelihood of significant harm with regard to the as yet unborn baby.

## RECOGNISING THE VULNERABILITY OF CHILDREN IN PARTICULAR CIRCUMSTANCES

- 4.18.2 Such concerns should be addressed as early as possible to maximise time for:
- Full assessment, including establishing the whereabouts of any previous children
  - Enabling a healthy pregnancy
  - Supporting parents so that (where possible) they can provide safe care
  - Early identification of significant relative or family member who might be able to support or provide primary care
- 4.18.3 See additional pre-birth procedures in [9.19](#)

### 4.19 RACIAL OR RELIGIOUS HARASSMENT

- 4.19.1 Children (regardless of racial / ethnic origins) are children first and have the right to be protected.
- 4.19.2 Children and families from black or minority ethnic groups (both white and black skinned) may have experienced harassment, racial and / or religious discrimination and institutional racism.
- 4.19.3 Families may suffer religious and/or racial harassment sufficient in frequency and seriousness to undermine parenting capacity. In responding to concerns about children in the family, full account needs to be taken of this context and every reasonable effort made to end the harassment.
- 4.19.4 Effects of racism / religious harassment vary amongst communities and individuals, and should not be assumed to be uniform.
- 4.19.5 Experience of racism and religious harassment is likely to affect how a child and family behave, in particular in response to assessment and enquiry processes.

#### RESPONSE

- 4.19.6 It is vital that neutral, high quality, gender-appropriate translation or interpretation services are used when working with children and families whose preferred language is not English (see [9.12](#))
- 4.19.7 All professionals have a responsibility to recognise racial and religious harassment. Failure to protect a child from them (whether originating from in or outside the family) or take action when they are alleged is likely to undermine all other efforts being made to safeguard or promote the welfare of the child.

## RECOGNISING THE VULNERABILITY OF CHILDREN IN PARTICULAR CIRCUMSTANCES

- 4.19.8 Racism and racial harassment may involve an allegation of crime e.g. assault and harassment and should be reported to Police at the earliest opportunity. Racism / harassment should be referred to Children's Social Care when significant harm is suspected.
- 4.19.9 Children's Social Care and the Police must respond effectively when incidents of racial or religious harassment and attacks place a child at risk of significant harm. Where a child has been racially victimised by social housing tenants, the council / responsible housing association must take all legal steps to remove the perpetrators, rather than the victims (unless the victim wishes to be moved).
- 4.19.10 Care must be taken to avoid perpetuating racism through institutional use of discriminatory practices. Any enquiries or investigations should be handled sensitively, taking account of possible cultural issues in relation to gender and sexuality. For example, consideration should be given to the gender of the social worker and Police officer, taking into account the cause for concern, cultural background of the child, gender and any other relevant issues.

### 4.20 SEXUALLY ACTIVE CHILDREN

- 4.20.1 Most children under eighteen have an interest in sex and sexual relationships. The major task for child protection agencies is to ensure they are given protection from sexual abuse whilst ensuring they are also able to access advice and treatment about contraception, sexual and reproductive health including abortion.
- 4.20.2 The welfare of the child is paramount and it is the responsibility of **all** professionals to work together in accurately assessing the risk of significant harm when a child is engaged in sexual activity.
- 4.20.3 See additional procedures in [9.23](#) for underage sexual activity and in [9.21](#) for sexual exploitation.

### 4.21 SOCIAL EXCLUSION

- 4.21.1 Many families who seek help for their children, or for whom others express concern, are multiply disadvantaged and may face chronic poverty, social isolation and racism. Additionally they may suffer from problems associated with living in disadvantaged areas e.g. high crime rate, poor housing, childcare, transport and education services and limited employment opportunities. Many lack a wage earner.
- 4.21.2 Poverty may mean the children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents and may lack ready access to educational and leisure facilities.

## RECOGNISING THE VULNERABILITY OF CHILDREN IN PARTICULAR CIRCUMSTANCES

- 4.21.3 Children may be indirectly affected through the association of this social exclusion with parental depression, learning disability and long term health problems.
- 4.21.4 Agency assessments should consider the role of all agencies in providing support to the excluded child and family. Referrals to Children's Social Care should be made if the cumulative impact of the child's circumstances indicates that s/he is a child in need or that s/he is suffering / at risk of suffering significant harm.

### 4.22 SURROGACY

- 4.22.1 If hospital staff become aware a baby about to be, or just born is the product of commissioning and have grounds to doubt commissioners' identity / suitability to provide care / or degree of voluntarism (payment beyond reasonable expenses is unlawful), they should contact Children's Social Care.
- 4.22.2 Children's Social Care responses should be a proportionate to one and legal advice will probably be required.

### 4.23 TEMPORARY ACCOMMODATION & TRANSIENT LIFESTYLES

- 4.23.1 A parent's homelessness or placement in temporary accommodation, often at a distance from previous support networks, can result in or be associated with transient lifestyles.
- 4.23.2 There is a risk the family will fall through the net and become disengaged from health, education and welfare support systems. There may also be a reduction in previously available family / community support.
- 4.23.3 Some families in which children are harmed move home frequently and there is thus a risk they avoid monitoring or contact with caring agencies and no single agency holds a complete picture.
- 4.23.4 Along with the indicators of risk in 3.3, the following circumstances associated with some mobile families are of concern and require consideration of the need for referral to Children's Social Care:
- Child/ren not registered with a GP for periods of time
  - Child/ren attending A & E departments frequently for treatment, rather than engaging with primary health services
  - Child/ren not enrolled at a school (this requires immediate referral to Children's Services (Education) via the CSC)
  - Persistent non school attendance
  - Information patch worked across a network of agencies with no single agency holding the whole picture of a family history

## RECOGNISING THE VULNERABILITY OF CHILDREN IN PARTICULAR CIRCUMSTANCES

- 4.23.5 Local agencies and professionals, working with children and families in which there exist outstanding child welfare concerns, must bear in mind that extended non-school attendance, missed appointments, or abortive home visits, may indicate the family has moved out away.
- 4.23.6 This possibility must also be borne in mind when there are concerns about an unborn child who may be at future risk of significant harm.
- 4.23.7 Additional procedures about children and families moving across Boundaries are provide in module 12 and about missing child, adult or family in 9.14

## 4.24 YOUNG CARER

### DEFINITION

- 4.24.1 A young carer may be defined as anyone under the age of eighteen who is regularly caring for a family member who:
- Has a physical, learning or sensory disability or is mentally ill
  - Is dependent on drugs or alcohol or
  - Is dependent upon the young carer for practical help and/or emotional support

### RECOGNITION & RESPONSE

- 4.24.2 Many young carers experience:
- Low level of school attendance
  - Educational difficulties
  - Social isolation
  - Conflict between loyalty to family and their wish to have their own needs met
- 4.24.3 It is often difficult to identify young carers because they may remain silent, whilst trying to keep the family together.
- 4.24.4 All agencies in contact with young carers should consider if they are in need of support services in their own right.
- 4.24.5 Children's Social Care should consider whether any provisions of the Children Act 1989 or Carers (Recognition and Services) Act 1995 need to be applied.
- 4.24.6 The extent and effect of caring responsibilities may satisfy the criteria of s.17 (1) Children Act 1989 for 'children in need' i.e. where a child is 'unlikely to achieve or maintain a reasonable standard of health or development' because of those responsibilities.

## RECOGNISING THE VULNERABILITY OF CHILDREN IN PARTICULAR CIRCUMSTANCES

- 4.24.7 If any agency is concerned that the young carer is at serious risk of neglect, abuse or harm, this must be referred to Children's Social Care and if appropriate, a strategy discussion held.
- 4.24.8 Unless there is reason to believe it would put her/him at risk, a young carer should be told if there is a need to make a referral. If possible, the young carer's consent should be sought through a discussion of why the referral must be made and possible outcomes.
- 4.24.9 In those situations where the child does not give consent, but it is still considered necessary to make a referral, s/he should be kept informed of all decisions made, and offered support throughout.
- 4.24.10 Responses should be the same as for any other child and no additional procedures are required.