

Thresholds for Child Protection

A guide for professionals working with children

Risk indicators

Waltham Forest Area Child Protection Committee

- 1 The factors described here are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but –
 - * Must be regarded as indicators of the possibility of significant harm
 - * Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
 - * May require consultation with and / or referral to Social Services
- 2 The absence of such indicators does not mean that abuse or neglect has not occurred.
- 3 The following general responses may be indicative of an abusive relationship –
 - * The child appears frightened of the parent/s
 - * The child acts in a way that is inappropriate to her / his age and development
- 4 The following general parent or carer responses may be indicative of an abusive relationship –
 - * Persistent avoidance of child health surveillance services and avoidance of treatment of episodic illnesses
 - * Unrealistic expectations of the child
 - * Frequent complaints about / to the child often accompanied by a failure to provide attention or praise (high criticism / low warmth environment)
 - * Missing, drugged or drunk parents

Recognising physical abuse

- 5 The following must generally be regarded as indicators of concern –
 - * An explanation which is inconsistent with an injury
 - * Several different explanations provided for an injury
 - * Unexplained delay in seeking treatment
 - * The parents are uninterested or undisturbed by an accident or injury
 - * Parents are absent without good reason when their child is presented for treatment
 - * Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
 - * Family use of different doctors and A&E departments
 - * Reluctance to give information or mention previous injuries

Bruising

- 6 Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an entirely credible explanation provided –
- * Any bruising to a pre-mobile baby
 - * Bruising in or around the mouth, particularly in small babies which may indicate force feeding
 - * Two simultaneous black eyes, without bruising to the forehead, (rarely accidental, though a single black eye could be accidental or abusive)
 - * Bruising around the face
 - * Variation in colour indicating injuries caused at different times
 - * The outline of an object used eg. belt marks, hand prints or a hair brush
 - * Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
 - * Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
 - * Grasp marks on the arms, or chest of small children
- 7 Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite marks

- 8 Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

Burns and scalds

- 9 It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will require experienced medical opinion, but any burn with a clear outline may be suspicious eg. –
- * Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
 - * Linear burns from hot metal rods or electrical fire elements
 - * Burns of uniform depth over a large area
 - * Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
 - * Old scars indicating previous burns / scalds which did not have appropriate treatment
- 10 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of ‘dipping’ into a hot liquid or bath.

Fractures

- 11 Fractures may cause pain, swelling and discolouration over a bone or joint.
- 12 Non-mobile children rarely sustain fractures.
- 13 There are grounds for concern if –
 - * The history provided is vague, non-existent or inconsistent with the fracture
 - * There is an incidental finding of old fractures
 - * Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling or loss of function
 - * Any fracture in the first year of life without a clear accidental history

Scars

- 14 A large number of scars or scars of different sizes or ages, or on different parts of the body, may indicate sustained or repeated abuse and a lack of proper or timely treatment.

Recognising emotional abuse

- 15 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.
- 16 The indicators of emotional abuse are often also associated with other forms of abuse.
- 17 An emotionally abused child may show some or all of the following characteristics –
 - * Reported or observed failure to thrive eg. underweight, behind on developmental milestones
 - * Abnormal attachments between a child and parent / carer eg. anxious attachment
 - * Indiscriminate attachment or failure to attach
 - * Aggressive behaviour towards others
 - * Inability to accept boundaries
 - * Scape-goated within the family
 - * Frozen watchfulness, particularly in pre-school children
 - * Low self esteem and lack of confidence
 - * Withdrawn or seen as a 'loner' – difficulty relating to others

Recognising sexual abuse

18 Children of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. Recognition can be difficult, as there may be no physical signs and indications are likely to be emotional / behavioural.

19 Some indicators associated with this form of abuse are –

- * Inappropriate sexualised conduct
- * Pain or itching of genital area
- * Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- * Continuous and inappropriate or excessive masturbation
- * Blood on underclothes
- * Pregnancy in a younger girl where the identity of the father is not disclosed
- * Physical symptoms such as injuries to genitals or anus, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing
- * Self-harm, self mutilation and suicide attempts
- * Involvement in prostitution or indiscriminate choice of sexual partners

Recognising neglect

20 Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Typical features include –

- * Failure by parents or carers to meet the basic essential needs eg. adequate food, clothes, warmth, hygiene and medical care
- * A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- * Failure of child to grow within normal expected pattern, with accompanying weight loss
- * Observed thriving of child away from the home environment
- * Child frequently absent from school
- * Child left with adults who are intoxicated or violent
- * Child abandoned or left alone

Potential risks to an unborn child

- 1 In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby.
- 2 These concerns must be addressed as early as possible in order to provide sufficient time for full assessment and support so as to enable the parents (wherever possible) to provide safe care.
- 3 The situations that require pre-birth assessments are –
 - * A child has previously died whilst in the care of either parent
 - * A parent or other adult in the household is a schedule 1 offender
 - * A sibling in the household on the child protection register
 - * Sibling previously removed from household either temporarily or by court order
 - * Where domestic violence is known to exist
 - * Where the degree of parental substance misuse is likely to significantly impact on the baby's safety or development
 - * Where the degree of parental mental illness / impairment is likely to significantly impact on the baby's safety or development
 - * Where there are concerns about parental ability to self care and / or to care for the child eg. unsupported very young mother
 - * Any other concern that the baby may be at risk of significant harm

About these risk indicators

These indicators have been taken from the draft Pan London Child Protection Procedures.

What to do now if you still have concerns...

After reading these notes and you are still worried about a child's safety and protection –

- * **If a child is at immediate risk of harm** call the **Police** on **999**
- * **Refer to your local agency procedures** and the current **ACPC Child Protection procedures**
- * *If a child is not known to Social Services –*
contact the **Children and Families' First Response Service** by calling 020 8496 3000
Monday-Thursday 9am-5.15pm, Friday 9am-5pm
Outside these hours, call the **Social Services' Emergency Duty Team** on 020 8496 3000
- * *If a child has an allocated social worker –*
contact their social worker direct
If their social worker is unavailable ask to speak to their team manager

Health and Education also have child protection lead officers who you can consult about child protection issues. They are –

Education Carole Woolley (for EduAction) ☎ 0208 496 5048

Health Vilma Brandon (Named Nurse, Child Protection) ☎ 0208 535 6705

