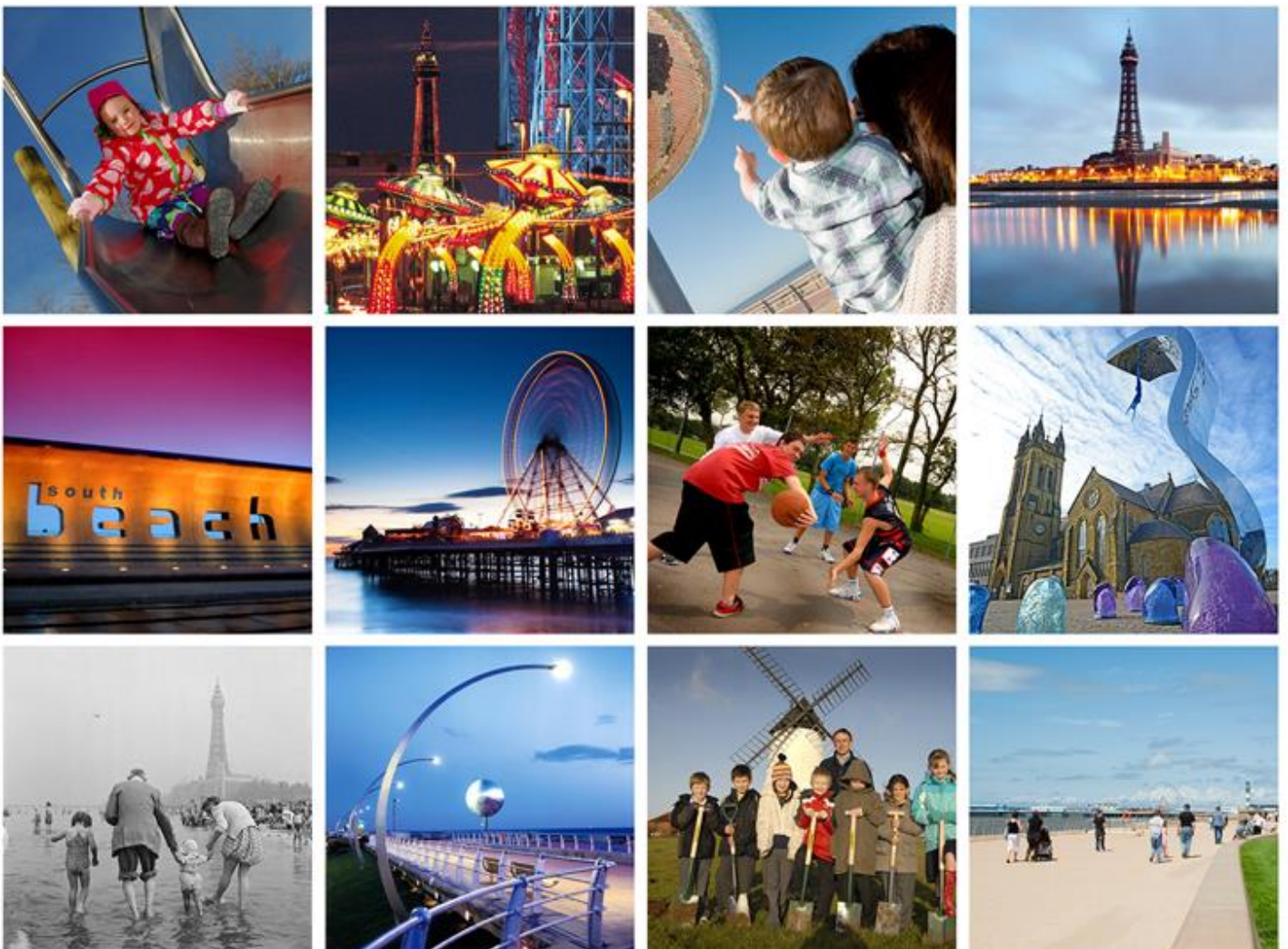




Section 47 Enquiries Practice Guidance

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Section 47 Enquiries Practice Guidance

About this document

Title	Section 47 Enquiries Practice Guidance
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This document should be read in conjunction with the and Working Together To Safeguard Children 2023

1. Duty to Conduct a Section 47 Enquiry

- 1.1.** Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.
- 1.2.** Children's Social Care has the statutory duty to make, enquiries when the circumstances defined in Section 47 of the Children Act 1989 exist.
- 1.3.** Responsibility for undertaking s47 enquiries lies with the LA children's social care in whose geographical area the child lives, or, in some circumstances is found.
- 1.4.** 'Found' means the physical location where the child suffers the incident of harm or neglect (or is identified to be at risk of harm or neglect), e.g. nursery or school, boarding school, hospital, one-off event, such as a fairground, holiday home or outing or where a privately fostered or looked after child is living with their carers.

1.5 The Children Act 1989 places a statutory duty on health, education and other services, to help the Local Authority in carrying out its social services functions under Part III of the Children's Act 1989 and s47 enquiries.

2. Purpose of the Section 47 Enquiry

- 2.1.** The purpose of the s47 enquiry is to establish whether or not concerns that a child was suffering, or is likely to suffer, significant harm are substantiated, and if so, to decide what steps or measures are needed to reduce that harm and ensure the child's safety.
- 2.2.** The decision to undertake a s47 enquiry is usually the start of a Child and Family Assessment, followed by a s47 strategy meeting/discussion or by going directly to a s47 strategy meeting/discussion. However, the decision to commence a s47 enquiry may be taken at any time, whenever the criteria are met.
- 2.3.** A strategy meeting must be held as a sit down meeting with all relevant agencies involved, to plan a multi-agency approach to the enquiry. In other circumstances, where a child may be deemed to be at high risk of imminent harm, or due to agency availability a Strategy Discussion should be held via conference call.
- 2.4.** The decision of the strategy discussion/meeting may be to proceed to an Initial Child Protection Conference, and if so this must be held within 15 working days from the date of the last strategy discussion/meeting at which the s47 enquiries were initiated (Working Together 2023 Flow Chart 5: Action following a strategy discussion pg108).

- 2.5. In accordance with Blackpool's Child Protection Standards Pathway, requests by social care teams to bring a child's case to an Initial Child Protection Conference (ICPC) should first be discussed with the Child Protection Conference Chair Team Manager, before a final management decision is made by the social work Team Manager. This consultation is intended to provide social care teams with an independent and balanced view as to whether or not based upon the presenting information, an ICPC would be an appropriate and necessary way forward in protecting the child. The urgency of the situation, however, may dictate that the timescale is shorter and the decision to hold ICPC can be taken by a manager in the operational service, either without or regardless of the views of the Child Protection Conference Chair Team Manager. All consultation discussions and decisions must be recorded on the child's electronic record.
- 2.6. A s47 enquiry is carried out by undertaking or continuing with a Child and Family assessment (Working Together 2023 Flow Chart 5: Action following a strategy discussion p108). This should be completed within a timescale agreed with the Team Manager but should take no more than 45 working days from the point of referral or the Initial Child Protection Conference, whichever is sooner. We need to remember that the initial enquiries, conversations and meetings with the family, are all part of the Child and Family Assessment which will form the basis of the information provided to the Initial Child Protection Conference even though it is unlikely to have been completed by the time the Initial Child Protection Conference is held.
- 2.7. We conduct a s47 Enquiry to achieve and share with children and their families one of the following possible outcomes:
- Child Protection concerns are not substantiated (See Working Together 2023 Flow Chart 5: Action following a strategy discussion). In such circumstances it may be decided:
 - To complete the Child and Family Assessment but no further Child Protection action is required;
 - With family and other professionals, agree a plan for meeting the child's needs identified in the assessment and record and act on decisions; This may be a Child in Need Plan, or an Early Help plan, including support to parents where needed
 - Provide the family with information and advice and signpost to universal services e.g. Family Hubs
 - Child Protection concerns are substantiated but the child is not judged to be at continuing risk of significant harm (Working Together 2023 Flow Chart 5: Action following a strategy discussion). In such circumstances it may be decided:
 - Social worker leads on the completion of the Child and Family Assessment
 - Agree whether a Child Protection Conference is necessary and record decisions;
 - With family and other professionals, agree plan for ensuring child's future safety and welfare and record and act on; this will often be a Child in Need Plan
 - Child Protection concerns are substantiated and the child is considered to be at continuing risk of significant harm (Working Together 2023 -as above Flow Chart 5: Action following a strategy discussion).

In these circumstances Blackpool Children's Social Care should convene a Child Protection conference within 15 working days of the last Strategy Meeting. This is to enable the professionals involved with the child and family, and the family themselves, to assess all relevant information and plan how best to safeguard and promote the welfare of the child.

1. Progression of a referral

2.8. A Child and Family Assessment is the format for Children's Social Care to undertake and record a s47 enquiry. The conclusions and recommendations of the enquiry should inform the assessment and any subsequent plan (see also Pan Lancashire Safeguarding Procedures Section 3.4). As soon as a social worker becomes aware of a referral or circumstances where there is reasonable cause to suspect **a child is suffering, or likely to suffer significant harm** and considers that s47 enquiries are necessary, they should discuss this with their team manager. The Team Manager must authorise the decision to initiate s47 enquiries. In other circumstances, where the child and / or family are well known to professional agencies, or the facts clearly indicate that a s47 enquiry is required, Children's services will initiate a multi-agency strategy meeting / discussion immediately, and together with other agencies determine how to proceed. In some circumstances, this will first involve starting a Child and Family assessment (CAFA) in order to gather more information prior to the strategy meeting.

2.9. The parents should be informed where possible, once the Team Manager has authorised the decision to initiate s47 enquiries. This information should be given to parents before discussing with other agencies, unless permission-seeking may itself place a child at risk of significant harm or compromise a criminal investigation.

2.10.

Where a s47 enquiry is undertaken about a child already known to the service, as with new referrals, it is important to ensure that this is recorded correctly on the child's electronic record (Mosaic).

3. Threshold for Section 47 Enquiry

3.1. The issue of **significant harm** is rarely linked to one specific incident or even injury; however, some incidents or injuries are so serious that significant harm will be obvious. All concerns about potential significant harm should be discussed with the relevant team manager. Child and Family Assessments should be undertaken at the point that the Team Manager agrees s47 enquiries.

3.2. A s47 enquiry must always be commenced immediately when:

- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect; **see guidance at the end of this document.**

3.3. A s47 enquiry should also be *considered* following an Emergency Protection Order (EPO) or the use of Police Powers of Protection (PPP). In these circumstances the manager's decision

making should be clearly recorded.

3.4. The list below is an indicator guide of the type of circumstances which would lead to a s47 enquiry. This is intended as a guide and is not exhaustive:

- Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child
- Allegations or suspicions about a serious injury / sexual abuse to a child. Including online abuse or downloading of sexual imagery of children
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children) evidencing a potentially concerning pattern
- Inconsistent explanations in relation to an injury or an admission about a clear non-accidental injury
- Repeated allegations or reasonable suspicions of non-accidental injury
- A child being traumatized, injured or neglected as a result of domestic abuse
- Repeated allegations involving serious verbal threats and/or emotional abuse
- Allegations / reasonable suspicions of serious neglect
- Medical referral of non-organic failure to thrive in under-fives
- Direct allegation of sexual abuse made by child, or abuser's confession to such abuse
- Any allegation suggesting connections between sexually abused children in different families or more than one abuser
- An individual (adult or child) posing a risk to children e.g. a sex offender is released on license to household where children reside
- Any suspicious injury or allegation involving a child subject of a current child protection plan or in the care of a local authority
- No available parent and child vulnerable to significant harm (e.g. an abandoned baby)
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness
- Child/ren subject of parental delusions
- A child at risk / victim of sexual exploitation
- A child at risk / victim of criminal exploitation or trafficking
- Allegation of rape of a child aged under 13
- Any pregnancy where mother is under age of 13
- A child at risk of female genital mutilation
- A child at risk of honour based violence or forced marriage

3.5.

3.6. There are other situations or circumstances where the issue of significant harm is not so clear, but where careful assessment is required in order to determine the extent or likelihood of the risk of harm. While in terms of presenting detail, these children may appear to require a less immediate response, the issue of potential for significant harm should not be overlooked. At any point in a Child and Family assessment, or in on-going support for families, the social worker may establish that there is an issue of likely significant harm. Concerns about

significant harm are not limited to families newly referred to the service.

3.7. Children in the care of Blackpool Council (our children) and children who have 'additional or complex needs' may also be vulnerable to abuse, in the same way as those children whose parents are not able to prioritise their safety and wellbeing above their own needs, such as the "hidden harm" faced by children whose parents who misuse substances.

3.8.

3.9.

4. Involving parents, family members and children

4.1. The social worker has the prime responsibility to engage with the child and family members. Parents and those with parental responsibility should be informed at the earliest opportunity of concerns, unless to do so would place the child at greater risk of significant harm, or undermine a criminal investigation.

4.2. The social worker, together with their manager, must decide whether to consult or inform the parent(s) before undertaking s47 multi-agency enquires. The Blackpool Families Rock model of practice is a restorative and strengths based approach to working with children and families and a strong foundation of this is, , honest, professional and transparent discussions about concerns for welfare. However, in some circumstances, the concern for the child and the potential to escalate risk of harm or compromise a criminal enquiry evidence will override this approach. This should be the decision of the team manager.

4.3. If the manager decides not to inform the parents that they are undertaking multi-agency checks, they must record on the child's electronic record (Mosaic), the reasons for this e.g.

- Prejudicial to the child's welfare;
- Serious concern about the behaviours of the adult;
- Concern that the child would be at risk of further significant harm;
- Seeking permission is likely to impede a criminal investigation.

4.4. Section 47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. Children's social care should explain the purpose and outcome of s47 enquiries to the parents and child/ren (having regard to age and understanding) and be prepared to answer questions openly, so as to give appropriate consideration to the wishes and feelings of the child, unless to do so would affect the safety and welfare of the child.

5. The Strategy Meeting

- 5.1. Where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting/discussion involving local authority children's social care, the police, health, education and other partners, such as the referring agency. This should be carried out within 3 working days of information being shared about the injury or sooner where immediate action is needed to be taken to protect the child. Blackpool Practice Standard is to convene a strategy meeting within 24 hours of the information being shared regarding a serious injury to a child.
- 5.2. Blackpool Children's Social Care will take responsibility for arranging the strategy meeting inviting all relevant agencies. All attendees should be sufficiently senior to make decisions on behalf of their agencies. Where an agency representative is unable to attend the strategy meeting, they should identify a colleague to attend with sufficient decision making authority; or provide a brief report detailing their agency's involvement with the child, young person and their family and any views on the presenting information.
- 5.3. . A strategy meeting can take place following a referral or at any other time, including during the assessment process. Where the Team Manager makes a decision to hold a strategy discussion, the reasons for this decision must be clearly recorded in the strategy discussion document within the child's records.
- 5.4. The framework for the detailed enquiries and assessment will be established at the strategy meeting and this plan will help to focus the work and review process.
- 5.5.
- 5.6. Full details of participants in strategy meetings should be recorded including the nature of their involvement with the family. If a key individual is not able to participate in the strategy meeting, it should be clear who is missing and what action will be taken to make sure their knowledge and views are secured.
- 5.7. Where any individual agency fails to consistently engage with strategy meetings, the Childrens Services Team Manager must report this through their managerial structure so that this can be addressed.

6. Strategy Meeting Tasks

- 6.1. A strategy meeting / discussion should be used to:
 - Share available information from all agencies involved with the child; including consideration of historical information/family history in Blackpool and if applicable, other local authorities;
 - Agree the conduct and timing of any criminal investigation;

- Decide whether an assessment under s47 of the Children Act 1989 (s47 enquiries) should be initiated, or continued if it has already begun; Consider the assessment and the action points, if already in place;
- Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical examination and treatment if necessary, and who will carry out what actions, by when and for what purpose;
- Agree what action is required immediately to safeguard and promote the welfare of the child, and / or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Establish a safety plan.
- Determine what information from the strategy meeting / discussion will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence/s;
- Determine if legal action is immediately required.
- Determine if continued work with the family should be offered under s17 child in need plan and what on-going support other partners can offer

6.2. The police must be informed at the earliest opportunity if a crime may have been committed. The police must decide whether to commence a criminal investigation and a discussion should take place to plan how parents are to be informed of concerns without jeopardising police investigations.

6.3. When a police investigation is initiated; there should be consultation between the police and Children's Social Care regarding any bail conditions impacting on family life.

6.4. The police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

7. Undertaking the s47 Enquiry

7.1. We should endeavor to carry out enquiries in a way that minimises distress for the child and family in undertaking the following;

7.2. See the child who is the subject of concern alone, , to ascertain their wishes and feelings; assess their understanding of their situation and the issue of concern; assess their relationships and circumstances more broadly;

7.3. Talk to parents and/or caregivers to determine their views on the issues of concern, and assess the wider social and environmental factors that might impact on them and their child; this should include contacting any absent parent or other family member of significance for the child

7.4. Systematically gather information about the child's and family's history; considering the strengths and protective factors as well as the dangers and cause(s) of concern.

7.5. Analyse the findings of the assessment and evidence what interventions are likely to be most and

7.6. Follow the guidance set out in *Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures*, where a decision has been made to undertake a joint interview of the child as part of any criminal investigation.

8. Seeing the Child

- 8.1. All children within the household must be seen during an enquiry. Those who are the focus of concern must be seen alone and spoken to, unless to do so would be inappropriate for the child, and preferably with parental permission, however in exceptional circumstances children can be seen without parental consent. A Team Manager making a decision to see a child without parental consent should clearly record the reason why on the child's electronic record (Mosaic). Parents have a right to challenge this legally if they disagree with the request.
- 8.2. If the child is unable to take part in an interview because of their age or understanding, alternative ways of gaining the voice of the child should be used e.g. observation of behaviour and development in the case of very young children.
- 8.3. The conduct of and criteria for visually recorded interviews with children are laid out in the current guidance 'Achieving Best Evidence in Criminal Proceedings' [ABE] (Home Office 2002) and should be undertaken by those with specialist training and experience in interviewing children. Need to consider if there is an established relationship with a ABE trained worker that would provide the best opportunity to gather evidence

9. Outcome of Section 47 Enquiries

- 9.1. This will involve completing the tasks agreed at the strategy discussion, completing relevant agency checks and an assessment and analysis of the dangers to which the child is exposed. In addition:
 - The child must have been seen and spoken to alone (unless to do so would be inappropriate) and their wishes and feelings recorded
 - The dates and times the child was seen by the lead social worker and who else (if any) was present and why, must be recorded.
 - The child's carers (including absent parents) must have been seen and spoken to and their views recorded
 - Mandatory checks must be made of the child's electronic record (Mosaic) and of the Home authority, if relevant
 - Every room in the child's home environment has been seen to provide a safe environment
 - The accommodation in which the child is to live has been visited and all parts of the accommodation checked especially sleeping areas

- The views of all the involved professionals and significant family members have been sought and considered
- All standard agency checks, health, education Police; and any identified additional agency checks completed, e.g. Probation or Horizon.
- A plan for safeguarding the child has been agreed with the commitment of all parties involved, including frequency of visits.
- A safety plan is agreed for the child.

9.2. Unless it is agreed by staff in all agencies that concerns leading to the decision to undertake s47 enquiries are not substantiated, a strategy meeting should be reconvened at this stage to agree the next steps.

9.3. The social worker's recommendations concerning the outcome of the s47 enquiry must be recorded within the S47 enquiry form in the child's electronic record (Mosaic) and agreed by the Team Manager after the reconvened strategy discussion or at least consultation with agencies involved with the child. The possible outcomes are as follows:

Concerns not substantiated

9.4. Where concerns are not substantiated, the social worker should:

- Discuss the case with the child, parents and other professionals;
- Determine whether support from any services may be helpful and help secure it; and
- Consider with parents whether the child's health and development should be further assessed and decide who has responsibility for doing this and when this should take place.

9.5. If at this stage the outcome of the s47 enquiries is that concerns are not substantiated, it is still important to conclude the Child and Family Assessment - this may be done swiftly if all relevant information is at hand - and consider if any further help and support by specified agencies is needed and arrange for this to happen..

Concerns substantiated, but child not judged to be at continuing risk of significant harm

9.6. There may be substantiated concerns that a child has suffered significant harm, and the agencies most involved, having ensured the child, any other children in the household and the child's carers have been seen and spoken with, agree that a plan for ensuring the child's future safety and welfare can be implemented without a child protection conference.

9.7. In these circumstances the Child and Family Assessment should be completed and consideration given to the use of multi-agency meetings and/or family support meetings to develop, implement and review the child in need plan.

Concerns substantiated and child judged to be at continuing risk of significant harm

9.8. In these circumstances the social worker should

- Establish and record a safety plan in the child's records, which should be shared with the child /young person where appropriate and parents/carers
- Convene an Initial Child Protection Conference (see next section for details). The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The Initial Child Protection Conference should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held;
- Consider whether any professionals with specialist knowledge should be invited to participate;
- Ensure that the child and their parents understand the purpose of the conference and the format, who will attend, and support and explain to child and parents how they can make their views known at the conference; and
- Help prepare the child if he or she is attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter.

Good Practice Indicators

9.9. The following are considered good practice indicators:

- The social worker should assist the child to identify how they would best wish to participate in the conference. Where a child is aged **4 years or above**, support should be given to complete appropriate feedback forms in time for the conference with the social worker sharing these with the Conference Chair prior to the meeting.
- Where a child is aged **8 years and above** parental consent should be sought for a referral made to Blackpool Advocacy Service (Empowerment) for representation for the child and his or her siblings within the Child Protection Conference.
- The social worker and/or conference chair should provide assistance to the child if it has been agreed that they can attend the meeting to prepare and support them with arrangements.

10. Next Steps

10.1. Where concerns are substantiated and the child is considered to be likely to continue to suffer significant harm, the Team Manager must authorise convening of an Initial Child Protection Conference and completion of the S47/ ICPC Report and all details ascertained at that time being evidenced in a Child and Family Assessment, having ensured the child / any other children in the household or otherwise at risk and the child's carers have been seen. (see Section 4)

10.2. Where immediate legal action is indicated the Social Care Service Manager must be informed and take the final decision.



10.3. Parents, caregivers, and children of an age to understand should be informed verbally of the outcome of s47 enquiries and given a copy of the Child and Family Assessment, providing this does not place a child/ren at risk of harm or prejudice criminal or legal proceedings.

Appendix

The Definition of Significant Harm

The **Children Act 1989** introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. **Section 47(1) of the Children Act 1989** states that:

Where a local authority... have reasonable cause to suspect that a child who lives, or is found, in the area and is suffering, or is likely to suffer, Significant Harm, the authority shall make, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare... the enquiries shall be commenced as soon as practicable and, in any event, within 48 hours of the authority receiving the information.

Under **Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002**:

Harm means ill-treatment or impairment of health or development including for example impairment suffered from seeing or hearing the ill-treatment of another;*

Development means physical, intellectual, emotional, social or behavioral development;

Health means physical or mental health;

Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical.

*The Adoption and Children Act 2002 broadens the definition of Significant Harm to include the emotional harm suffered by those children who witness domestic violence or are aware of domestic violence within their home environment.

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 extent of physical harm;
- The duration and frequency of abuse or neglect;
- The extent of premeditation;
- The degree of threats and coercion;
- Evidence of sadism, and bizarre or unusual elements in child sexual abuse.

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 ill-treatment. Sometimes, a single traumatic event may constitute Significant Harm. In other circumstances Significant Harm is caused by the cumulative effect of significant events, both acute and long-standing, or the damaging impact of neglect which interrupt and change or damage the child's physical and psychological development.

When judging what constitutes Significant Harm it is necessary to consider:

- The family context, including the family's strengths and supports;
- The child's development within the context of the family and within the context of the wider social and cultural environment;
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- The nature of harm in terms of the ill-treatment or failure to provide adequate care;
- The impact on the child's health and development;
- The adequacy of parental care.

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. 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

Categories of Abuse and Neglect

Someone may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. In the context of child protection, abusive or neglectful behaviour is behaviour towards a child or young person which has the deliberate intention of causing harm or is so reckless to the consequences that harm is caused.

The following definitions are taken from **Appendix A of Working Together to Safeguard Children, 2018.**

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in 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. They 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 is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It 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.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

See Blackpool Children Social Care Online Library for Blackpool Partnership Neglect Strategy and tools.