

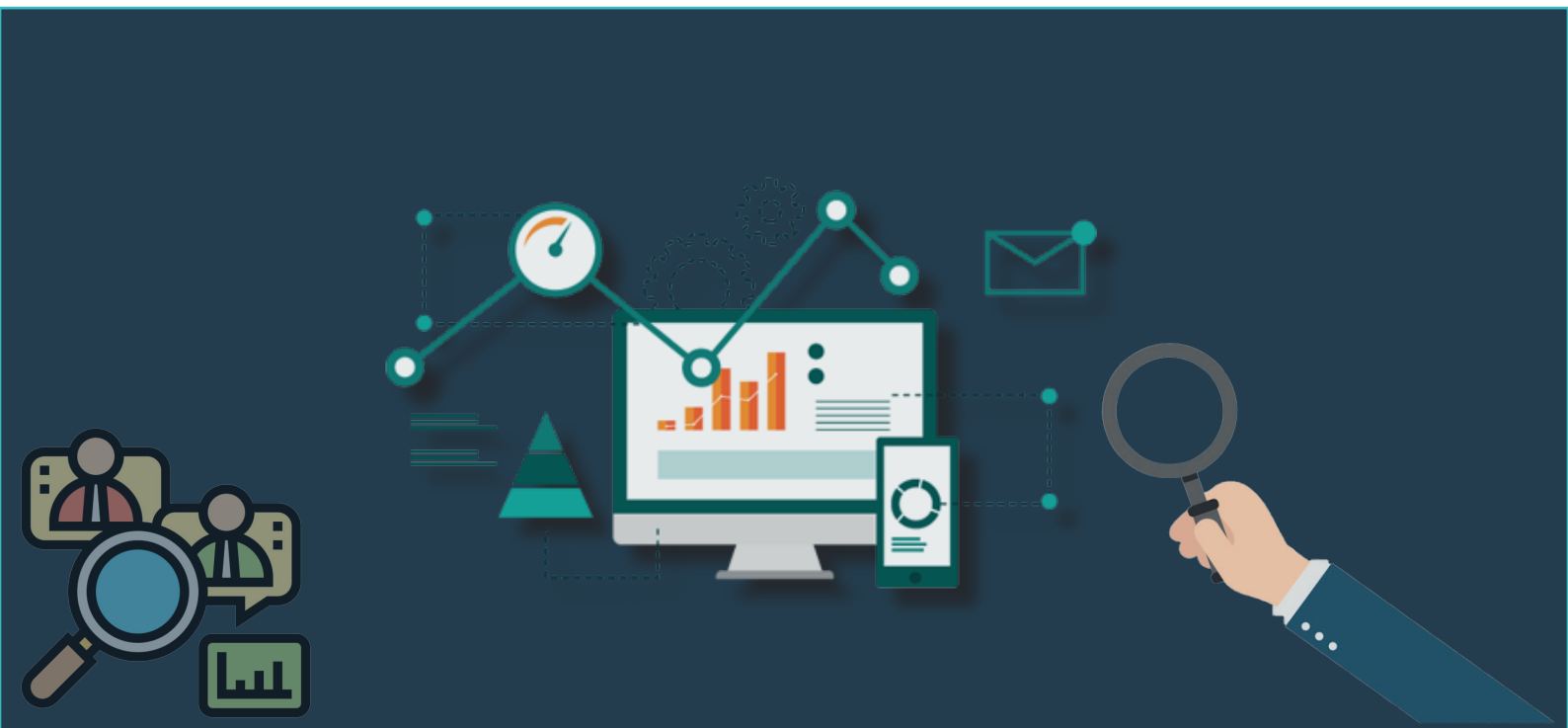
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A Comprehensive View to Child Abuse: Situation Analysis and Modelling of Appropriate Strategies

Country Report for England

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Summary

This report focuses on child abuse, physical abuse, emotional abuse, sexual abuse, and neglect in England. Defined as repeated intentional harm to anyone under the age of 18 by an adult or child (NSPCC, 2020a), the impact of experiencing child abuse varies according to the child's age and the duration, intensity, and type of abuse (Wilkinson & Bowyer, 2017). Therefore, it is important to recognise that likely impacts vary with an individual's unique experience of child abuse.

A range of datasets have been used to estimate the prevalence of child abuse in England, as there is currently no single source of data with information on child abuse (Elkin, 2020). These various datasets give different pictures of the prevalence of child abuse and, in some instances, may reflect the public's and professionals' awareness of abuse. For example, data from the Crime Survey for England and Wales highlights that for women aged 18-74, experiencing sexual abuse before the age of 16 was the most commonly reported type of abuse (Elkin, 2020). For men aged 18-74, the most commonly reported type of abuse experienced before the age of 16 was physical abuse. However, data from child protection registers suggest that neglect and emotional abuse are the most frequent forms of abuse in children aged under 18 (Esposti et al., 2018).

The Serious Crime Act provides the legal framework for tackling child neglect (Gill, 2014) and the Department for Education (2018a) produced statutory guidance on safeguarding and promoting child welfare that teachers must follow as part of inter-agency working. Specific statutory guidance for teachers and schools relating to safeguarding and promoting welfare of children is provided by the Department for Education (2019) and outlines the responsibilities of school staff and educational practitioners. In addition to the statutory guidance, non-statutory guidance from the Department for Education (2015) provides information for any practitioner who works with children and families on child abuse and neglect. Similarly, the National Institute for Health and Care Excellence (NICE, 2017) have provided clinical guidance on child abuse and neglect for anyone working with those under the age of 18. Guidance is also provided for teachers and those working with children to help them to detect child abuse which includes consideration of individual, relationship, community, and societal level risk factors (Butchart & Phinney Harvey, 2006). Together, the various guidance documents inform teachers' response to child abuse and their ability to detect indicators of child abuse.

The report considers some of the difficulties in process management such as the challenges in determining an accurate prevalence rate of child abuse in England, the complexity associated with what constitutes child abuse (NICE, 2017), and the potential complications around multi-agency working and information sharing. Some recommendations are made to facilitate the process management including developing a single method of recording prevalence, ensuring that teachers have a clear understanding of the complexity of defining abuse and the likely variation of experiences, and offering teachers appropriate continuing professional development opportunities.

Understanding Child Abuse

When understanding child abuse in the United Kingdom, it is important to acknowledge that responsibility for child protection has been devolved to each of the four nations (i.e., England, Northern Ireland, Scotland, and Wales) with each nation having their own guidance and definition (Bentley et al., 2018). Although the definitions and guidance around child protection is consistent across the four nations in the United Kingdom (Bentley et al., 2018), for the purpose of this report, we will focus exclusively on the picture in England. Child abuse is intentional harm by an adult or child directed towards a child that can occur repeatedly or as a one-off act (NSPCC, 2020a). Child abuse can occur to anyone under the age of 18 who are either harmed physically and/or emotionally, or are not properly looked after (Metropolitan Police, 2020).

For educational practitioners, definitions of child abuse are provided by the Department for Education (2019) and shown in Box 1.

Box 1. Definitions of child abuse from the Department for Education (2019, pp. 8-9)

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 by another child or children.”*

Physical abuse: *“a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent 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 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 from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.”*

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.”*

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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or*

carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs."

In addition to the Department for Education definition of neglect in Box 1, Mennen, Kim, Sang, and Trickett (2010) argue that there are five types of neglect: (1) care neglect, (2) medical neglect, (3) educational neglect, (4) environmental neglect (i.e., relating to health and safety hazards in the environment), and (5) supervisory neglect. Together, this focus on additional forms of neglect highlight the complexity of defining and conceptualising neglect.

When considering these and other definitions of child abuse, it is important to recognise that some argue that the various definitions should be age appropriate for the child involved. For example, Rees et al. (2010) argues that it may be more appropriate to have age related definitions of child abuse, especially for neglect, as there are potential differences in how experiences of abuse manifest with age. Therefore, Rees et al. caution that when definitions of abuse are applied across all ages, these definitions may fail to capture possible age specific aspects of abuse. Consequently, practitioners need to be mindful of age specific variations in experience when defining and conceptualising abuse.

The Consequences of Child Abuse and the Importance of its Prevention

Before considering the consequences of child abuse, it is important to recognise that the ability to overcome, or mitigate, the impact of experiencing child abuse depends on a child's age when the abuse was experienced, their family environment, their social networks, and the wider community (Wilkinson & Bowyer, 2017). Further, children also differ in their level of resilience and the impacts of child abuse are likely to vary dependent on the duration of the abuse, the intensity of the abuse, and the type of abuse (Wilkinson & Bowyer, 2017).

Abuse

The consequences associated with experiencing child abuse have been likened to a public health problem because they follow a similar socio-economic gradient trajectory to those of other public health concerns such as illness (Meadows, Tunstill, George, Dhudwar, & Kurtz, 2011). During childhood, the consequences of child abuse include lower attainment at school possibly because of the stress the child experiences as a result of the abuse or because of changing schools more frequently than typical (i.e., children moving schools more frequently than at the usual transition points; Meadows et al., 2011). Longer term, the impacts of experiencing child abuse are likely to include physical changes to the brain because of the stress or trauma experienced, mental health responses to trauma or stress, modelling of adult behavioural patterns experienced during childhood, difficulties in forming and maintaining relationships, and disruption to education and social relationships (Meadows et al., 2011). Also, children who experience child abuse are more likely to engage in substance misuse and other risky behaviours which may have adverse impacts on their health (Meadows et al., 2011). Although few studies have considered the differential impacts of experiencing child abuse as a function of age, Rees et al. (2010) suggest that experiencing abuse at a younger age tends to be associated with internalising behaviours, whereas experiencing abuse at a slightly older age tends to be associated with a broader range of outcomes beyond internalising behaviours. In addition to the impact on the individual, experiencing child abuse can have an economic impact at a societal level. The economic impact potentially includes direct medical costs associated with experiencing abuse; loss of earning and tax because of premature death; and the costs associ-

ated with education, psychological and welfare services, protective services, foster care, preventative services, and adult crime (Butchart & Phinney Harvey, 2006).

Interventions have been developed and used to try to reduce the impact of child abuse. Primary prevention intervention models involve the whole population and aim to try to prevent all forms of abuse (e.g., awareness raising campaigns; Meadows et al., 2011). Secondary prevention intervention models are targeted at those who have more than one risk factor associated with child abuse with the aim of reducing risk factors so that they do not translate in to abuse (e.g., parenting education, parent support, or home visit programmes; Meadows et al., 2011). Tertiary prevention intervention approaches target those who have already experienced child abuse and seek to reduce the impact of the abuse and prevent further abuse (e.g., mental health services for children and families who have experienced abuse, intensive social work support, parent support groups, or the removal of child from the home; Meadows et al., 2011).

Physical abuse

Experiencing physical abuse during childhood has been associated with a range of impacts that vary according to the mechanism of injury. For example, physical abuse can lead to fractures, broken bones, and internal injuries (NSPCC, 2019a). Non-accidental head injuries can result in brain injury, which can bring about learning challenges, behavioural challenges, seizures, hearing, speech, or visual impairments, and changes in personality (NSPCC, 2019a). Where the physical abuse leads to severe brain damage, this can also be associated with long-term disability (NSPCC, 2019a). Children who experience physical abuse may also display behavioural challenges, conduct problems, risk taking behaviours, poor mental health, and drug or alcohol misuse (NSPCC, 2019a).

Emotional abuse

Experiencing emotional abuse during childhood can impact on three areas: emotional development, a greater tendency to display challenging behaviours, and poor mental health (NSPCC, 2020b). Detrimental impacts on emotional development include not being able to express a full range of emotions, reduced self-confidence, anger management difficulties, and problems developing and maintaining relationships later in life (NSPCC, 2020b). Challenging behaviour displays may include attention seeking behaviours, becoming clingy to particular individuals, isolating from others in the social world, and actively trying to make others dislike the self (NSPCC, 2020b). Mental health impacts have been identified as eating disorders and self-harming behaviour (NSPCC, 2020b).

Sexual abuse

The impact of experiencing child sexual abuse has been described as a “complex and dynamic process” (Fisher, Goldsmith, Hurcombe, & Soares, 2017, p11). Following a comprehensive review of the literature, Fisher et al. identified seven areas of impact for those who experience child sexual abuse: (1) physical health (i.e., physical injuries, high body mass index, problems related to child birth, and unexplained medical problems); (2) emotional wellbeing, mental health, and internalising behaviours (i.e., emotional distress, trauma, post-traumatic stress disorder, anxiety, and depression); (3) externalising behaviours (i.e., substance misuse, ‘risky’ and inappropriate sexual behaviour, and offending); (4) interpersonal relationships (i.e., issues with intimacy and parent-child relationships, and lower relationship satisfaction); (5) socioeconomic (i.e., lower educational attainment, higher unemployment, financial instability, and homelessness); (6) religious and spiritual beliefs (i.e., disillusionment with religion or faith used as a coping mechanism); and (7) vulnerability to revictimisation (i.e., sexual revictimisation or other types of victimisation). Fisher et al. also note that the socioeconomic impacts of experiencing child sexual abuse are complex. Specifically, although some who have experienced child sexual abuse may have lower educational attainment and resultantly lower employment

rates, for others who experience child sexual abuse education engagement may be a coping strategy resulting in higher employment rates and potentially overworking and workaholism.

Alongside the impacts for the individual who had experienced child sexual abuse, there are also potential impacts to others. For example, non-abusing family members may experience guilt and self-blame and at a societal level there is a broader impact because of the costs associated with greater public service use by those who have experienced sexual abuse during childhood (Fisher et al., 2017). Moreover, Fisher et al. highlight the vicious cycle, where parents and family members not involved in child sexual abuse are unable to fully support the child because of the behaviour they are displaying at a time when the parent may also be struggling with the situation.

Despite the range of impacts for sexual abuse outlined above, it is important to remember that those who experience child sexual abuse are not a homogenous group and, as such, the impacts differ (Fisher et al., 2017). Further, the impacts are less well documented for those who are pre-adolescent when they experience sexual abuse or those children who experience online facilitated sexual abuse (Fisher et al., 2017).

Neglect

The range of different experiences and behaviours that can constitute neglect during childhood are associated with potentially different outcomes for the child (Mennen et al., 2010), which can be long lasting (NSPCC, 2019b). Further, because neglect often occurs with other forms of child abuse, it may be harder to identify the unique outcomes and impacts associated with experiencing neglect during childhood (Brandon et al., 2014). The impact of experiencing neglect is likely to be associated with poorer mental and physical health, poorer engagement at school, poorer attainment, difficulties with interpersonal relationships, and elevated risk-taking behaviours (Raws, 2018). Further, experiencing neglect is likely to be associated with increased vulnerability to other forms of abuse and an increased vulnerability of being a perpetrator of maltreatment against peers or as an adult (Raws, 2018). Impacts associated with the availability of nutrition and health care may also be evident in those who have experienced neglect during childhood. For example, malnourishment may impact on an individual's physical health and development, lack of food may impact on concentration, overfeeding may be associated with obesity related problems, and lack of access to health care provisions may result in dental decay and poor health (NSPCC, 2019b). Brandon et al. (2014) suggests that the impact of neglect may be the greatest for those individuals who experienced neglect during the early years of their life.

Brief Information about England's Picture of Child Abuse

Currently, there is no single source of data that provides a measure of the nature and scale of child abuse in England (Elkin, 2020). However, a range of indicators and datasets have been used to provide insight into the scale of child abuse in England. These datasets include: the Crime Survey for England and Wales, the number of children with a child protection plan, the number of looked after children (those children cared for by the state), child homicides recorded by the police, child suicides, the number and nature of referrals made to social services, and data from organisations such as the NSPCC and Childline. However, Elkin (2020) argues that because of the different methods of data collection across these datasets, it is not possible to make comparisons across the prevalence rates.

Focusing on the most recently available data, despite the range of datasets that provide an indication of the scale and scope of child abuse in England, Elkin (2020) argues that the Crime Survey for England and Wales provides the best indicator of the prevalence of child abuse. The Crime Survey for England and Wales provides an assessment of the number of adults who reported that they experienced abuse before the age of 16. As shown in Table 1, for women aged 18-74, experiencing sexual abuse before the age of 16 was the most commonly reported type of abuse. For men aged 18-74, physical abuse before the age of 16 was the most commonly reported type of child abuse experienced. Further, females were more likely to report experiencing all forms of abuse compared to males during childhood except for physical abuse where there was no difference. However,

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it is important to recognise that the Crime Survey for England and Wales is likely to underestimate the scale of child abuse because abuse between the ages of 16 and 17 is not included in this dataset (Elkin, 2020). It is also not possible to disaggregate the data by nation so the figures in Table 1 include reports from individuals from both England and Wales. Further, May-Chanal and Cawson (2005) argue that using retrospective reports, such as those included in the Crime Survey for England and Wales, to provide insight into the prevalence of child abuse is limited because adults are unlikely to be able to accurately recall events before the age of five.

Table 1. The number and type of child abuse for adults aged 18-74 and who reported experiencing abuse before they were 16 from the Crime Survey for England and Wales from Elkin (2020)

	Men	Wome n	All
Number of adults	1844	3182	5026
	Percentage		
Type of abuse	59.2	54.3	56.2
Emotional	12.5	10.9	11.5
Physical	17.4	4.5	9.6
Sexual	10.6	22.1	17.6
Witnessed domestic violence or abuse	18.7	16.8	17.5
Types of abuse	23.8	21.8	22.6
Emotional and physical	7.1	3.9	5.2
Emotional and sexual	1.4	4.5	3.3
Emotional and witnessed domestic violence and abuse	5.5	6.1	5.8
Physical and sexual	1.8	1.6	1.7
Physical and witnessed domestic violence and abuse	6.1	1.5	3.4
Sex and witnessed domestic violence and abuse	1.9	4.1	3.3
Types of abuse	14.0	15.6	15.0
Emotional, physical and sexual	1.1	2.8	2.1
Emotional, physical and witnessed domestic violence or abuse	10.7	7.7	8.8
Emotional, sexual and witnessed domestic violence or abuse	1.0	3.8	2.7
Physical, sexual and witnessed domestic violence or abuse	1.4	1.4	1.4
All types of abuse	2.9	8.3	6.2
Emotional, physical, sexual and witnessed domestic violence or abuse	2.9	8.3	6.2

An alternative perspective on the prevalence of child abuse can be determined from examining the number of children with a child protection plan or the number of children who are on the child protection register. Children who have a child protection plan or who are placed on the child protection register represent those children under the age of 18 and who are considered to be at risk from harm (Bentley et al., 2018). Using data from child protection plans collected up to the 31st March 2019, 52269 children in England had a child

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protection plan and 49570 children were looked after by the Local Authority because they had experienced, or were at risk of experiencing, child abuse or neglect (Elkin, 2020). Neglect was identified as the most common form of child abuse (Elkin, 2020). However, these data are potentially limited: (1) by representing only those children who local authorities are aware of, and (2) because increases in the number of cases might reflect increased public awareness of child protection following well publicized cases of child abuse in the United Kingdom (e.g., Baby P; Bentley et al., 2018). Reviewing referrals to social services to establish child abuse prevalence rates may also be limited because referrals can be made to social services when any aspect of a child's life gives cause for concern and then social services review these referrals and decide whether to accept them (Bentley et al., 2018). Further, changes in referral rates to social services may also reflect greater public awareness of the issues around child protection (Bentley et al., 2018) and these data rely on the accuracy of the recording and the effectiveness of the child protection services (Esposti et al., 2018).

Focusing on the long-term prevalence, and trends of child abuse in England, Esposti et al. (2018) examined data with indicators of child abuse from 1850-2016 from six sources: Government records for child mortality, police-recorded homicides, crimes against children, child protection registers, child in care, and NSPCC data. Using the data from child protection registers (see Figure 1), the data suggested the most prevalent forms of child abuse in 2016 were neglect (228.4 per 100000 children) and emotional abuse (180.1 per 100000 children). This reported pattern of child abuse represents a change from 1988-99 where children were most frequently placed on the child protection register because of physical abuse, whereas neglect was the most frequent between 2000-16. Reported rates of abuse during this time, according to those on the child protection register, increased 2282% for neglect and 782% for emotional abuse whereas there was a reduction of 2% for physical abuse and 32% for sexual abuse. However, Bentley et al. (2018) caution that the rise in neglect reported for England may not reflect an increase per se in the number of cases of this form of abuse but rather an increase in the public's and professionals' awareness of neglect.

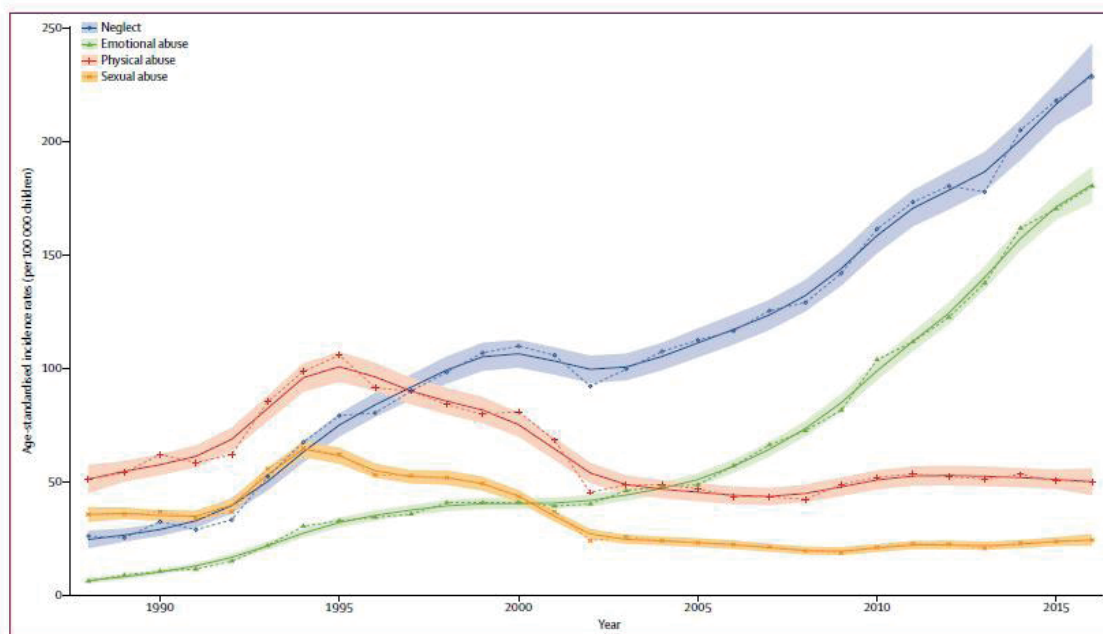


Figure 4: Annual incidence of child protection registrations by type of maltreatment. Age-standardised incidence (per 100 000 children) of child protection registrations by type of maltreatment for all available years. Dotted lines show raw incidence whereas solid lines show best-fitting models with shaded 95% CIs.

Figure 1. Prevalence of child protection registrations by type of abuse from 1988 to 2016 taken from Esposti et al. (2018, e146).

Although each form of data recording of the prevalence rates of child abuse in England have their own limitations, Esposti et al. (2018) concluded that child maltreatment remains a “major public health problem in England” (e148).

Federal (English) Legislation on Child Abuse

The federal legislation on child abuse in England includes both criminal legislation and statutory guidance from the Department for Education which makes reference to a range other education acts.

Criminal Legislation in England

In 2015, the Serious Crime Act became legislation which was developed to tackle child neglect (Gill, 2014). Prior to this legislation, emotional child abuse was not illegal in England based on the Poor Law (Amendment) Act 1868 and the Children and Young Persons Act 1933 (Gill, 2014). Under this legislation emotional harm was not included but rather abandonment, assault, ill-treatment, neglect (seen as an omission of behaviour rather than a behaviour carried out intentionally to be harmful), and exposure were included (Gill, 2014). One of the reasons why the introduction of the Serious Crime Act in 2015 was so important was because it facilitated multi-agency working between professionals, as criminal law is the basis for police work whereas civil law informs social workers (Gill, 2014).

Statutory guidance from the Department for Education

The Department for Education also produces statutory guidance about interagency working relevant to safeguarding and promoting child welfare: Working together to safeguard children (Department for Education, 2018a). This guidance refers to a range of statutory frameworks including the Children’s Act 2004, the Education Act 2002 (Section 175) and the Children’s Act 1989. These are laid out as follows:

As part of the Children’s Act 2004 Section 10, local authorities are required to facilitate arrangements between relevant stakeholders and partners to ensure cooperation with the aim of improving a child’s wellbeing, such as protecting them from harm and neglect (Department for Education, 2018a). Under Section 11 of the Children’s Act 2004, local authorities also have the responsibility to ensure that services are carried out to protect the welfare of children. Section 16 outlines the processes that must be followed as part of a child safeguarding practice review panel that the Secretary of State is responsible for. These panels take place when there is a serious safeguarding case that is complex or of national importance.

Section 175 of the Education Act 2002 highlights the duty of the local authority in ensuring the educational function and the governing bodies of schools’ function regarding the conduct of school (Department for Education, 2018a). Therefore, this section has implications for managing child abuse.

Through a range of sections, The Children’s Act 1989 gives additional responsibility for the local authority and organisations that they collaborate with in terms of child protection and safeguarding (Department for Education, 2018a). Section 17 highlights the duty of the local authority to promote welfare and safeguard children, to make arrangements to provide services for the area, and highlights the circumstances under which a child could be taken from a family. Section 27 also states that the local authority and other local services must cooperate to support children and families. Additionally, if help is requested from an agency, they must comply if it is compatible with their statutory or other duties and obligations. As part of Section 44, a court can issue an emergency protection order if a child is believed to be suffering significant harm if they are not moved to different accommodation or if the perpetrator of the harm remains in the same place where the child is accommodated. Under Section 47, the local authority must promote a child’s welfare when they are informed about a child who has an emergency protection order, is in police protection, or is in a situation or risk of serious significant harm. An emergency protection order must be applied for by the local authority and subsequently granted through the courts. The emergency protection order covers the removal of a child from the home when there are significant concerns that a child should be removed into the care of the local authority (Department for Education, 2018b). However, the police have the power to remove a child, in an emergency, in exceptional

circumstances when there are significant concerns for the immediate safety of the child or when there is not enough time to go through the process to get an emergency protection order (Department for Education, 2018b).

The Role of School and Teachers in Detecting and Preventing Child Abuse

Guidance for teachers

The role of schools and teachers in detecting and preventing child abuse is outlined in statutory guidance, non-statutory guidance, and clinical guidance. Statutory guidance reflects what schools and local authorities must do to comply with the law (Department for Education, 2017). Non-statutory guidance is not a legal requirement but provides guidance on practice and preventing legal error (Norman, 2013).

Statutory guidance

Statutory guidance from the Department for Education was updated in 2019 and issued under Section 175 of the Education Act 2002, Education (Independent School Standards) Regulations 2014, and the Non-Maintained Special Schools (England) Regulations 2015. This guidance outlines the requirements for schools in England concerning safeguarding and promoting the welfare of children (Department for Education, 2019). In this updated guidance, a distinction is made between what must be done and what should be done. For statements that include the word must, schools have a legal requirement to ensure that activity is completed, whereas statements that include the word should are seen as guidance that needs to be followed unless there is good reason not to. The guidance highlights that school staff “have a responsibility to provide a safe environment in which children can learn” and staff should recognise safeguarding concerns early to help to prevent the situation from getting worse (Department for Education, 2019, p5). This guidance was implemented in September 2019 and applied to all schools and colleges in England, irrespective of the type of school (NSPCC, 2019c).

In terms of translating the statutory guidance from the Department for Education (2019) in to practice for teachers, school staff should: (a) receive training on safeguarding that is regularly updated, (b) be aware of local early help, (c) be aware of how to make referrals and undertake statutory assessments under the Children’s Act 1989 (Section 17 and Section 47), (d) know how to respond to a child who discloses child abuse, (e) never promise to maintain the confidentiality of the child, (f) be aware of the signs of child abuse and be able to identify children who may need support, (g) recognise these are complex and often multiple issues, (h) “maintain an attitude of “it could happen here”” (p11), (i) act immediately if they have concerns about a child, (j) not assume that someone else will take action, and (k) share information about keeping children safe. Further all staff working at the school should also be aware of the school’s processes and systems that have been designed and implemented in relation to safeguarding and protecting children. To support this the legalisation, the Department for Education (2019) states that as part of their induction, all staff working at schools should receive details of the child protection policy, the student behaviour policy, the staff behaviour policy, the safeguarding responses to children who go missing from education, and the role of the designated safeguard lead at the school. Further, head teachers should ensure that all school staff follow the policies and that a safeguarding lead with an appropriate deputy are appointed. As well as providing guidance and support to school staff on issues around safeguarding, part of the safeguard lead role is the responsibility to be involved in multi-agency responses to safeguard a child. Further, as part of this multi-agency response, the Department for Education (2019) state that concerns around data sharing and GDPR must not stop sharing of information around child abuse.

The statutory guidance from the Department of Education (2019) states that if school staff are concerned that a child is at immediate risk of harm, they should make a referral to social care or, if appropriate, to the police immediately. Local authorities have to make enquires under Section 47 of the Children’s Act

1989 and, within one working day of the referral being made, a social worker from the local authority should acknowledge the receipt of the referral and highlight what steps are being taken. These next steps can include identifying whether the child is at urgent need of immediate protection with urgent action required, assessing the child's needs under Section 17 of the Children's Act 1989, outlining the reason for concern under Section 47 of the Children's Act 1989, identifying any services needed by the child and/or their family, identifying whether further assessments are needed by the local authority, and meeting the child as soon as possible. School staff also have a responsibility to keep a written record of their concerns about possible child abuse.

The board of governors and other governing bodies of schools also have responsibilities under the statutory guidance from the Department of Education (2019). In particular, governing bodies of schools should ensure that policies and procedures are in place and adhered to including: an effective child protection policy, a staff behaviour policy, appropriate safeguarding policies, and holding more than one emergency contact telephone number for each child. With regards to the child protection policy, the Department for Education (2019) states that this policy must be updated annually and made publicly available either at the school or online. Further, the governing bodies of schools must also ensure that school staff go through safeguarding training at induction and receive information and updates on safeguarding at least annually.

School inspections are carried out through the Ofsted inspection framework in England under Section 5 of the Education Act 2005 (Ofsted, 2019). Guidance is given from the Department of Education (2019) concerning how school inspectors must determine whether the processes and arrangements for safeguarding are appropriate and how effective the schools' safeguarding arrangements are (NSPCC, 2019d). Also, as part of the inspections, schools need to demonstrate how they are meeting the statutory requirements on safeguarding (NSPCC, 2019d). The inspectors review a range of evidence when making judgements about the appropriateness of safeguarding measures at a school including policies and procedures to ensure the statutory guidance is met, the schools' management around recognising and responding to risk, staff understanding and awareness of abuse, the children's safety, education and awareness of abuse, behaviour management within the school, the school environment, and feedback from key stakeholders (NSPCC, 2019d). Schools are automatically rated as inadequate if the inspectors judge the safeguarding measures to be ineffective, regardless of the quality of the educational provision (Ofsted, 2019). As part of the school inspection process, and with less than 24 hours' notice, schools are required to provide by 8am on the day of inspection records of all staff checks and vetting, a list of concerns shared with the safeguarding lead and information on those passed to the local authority, and a list of open cases with children's services and children with a multi-agency plan (Ofsted, 2019).

As previously mentioned, the Department for Education produced statutory guidance on multi-agency working together to safeguard children (Department for Education, 2018a) and accompanying this guidance was a briefing document that applied to all schools and children under the age of 18. This document highlights that all practitioners should follow the principle that the welfare of a child is paramount as outlined in the Children's Act 1989 and 2004 (Department for Education, 2018b). The guidance also highlights that children are best looked after by their families unless intervention is necessary. However, if practitioners have concerns about the safety and welfare of a child they must report these concerns to the local authority and, if the person raising the concern feels that these concerns are not being appropriately addressed, they should follow up as necessary (Department for Education, 2018b).

Non-statutory guidance

Complementing the guidance discussed so far for teachers, the Department for Education (2015) produced some non-statutory guidance for any practitioner who works with children and families. The guidance encourages practitioners to be alert to the signs of child abuse and neglect, to question the behaviour of children and parents, and not to take things at face value (Department for Education, 2015). Moreover, practitioners should follow the key principles that children have a right to be safe and protected from abuse, safeguarding children is everyone's responsibility. It is best to get early help before the situation escalates, and a co-ordinated

response is most appropriate (Department for Education, 2015). Practitioners are encouraged to view referral to the local authority as the start of a process of inquiry to establish the situation rather than an accusation that something has happened (Department for Education, 2015). As part of the guidance, practitioners are encouraged to follow a four-step process outlined in Figure 2 when dealing with possible child abuse.

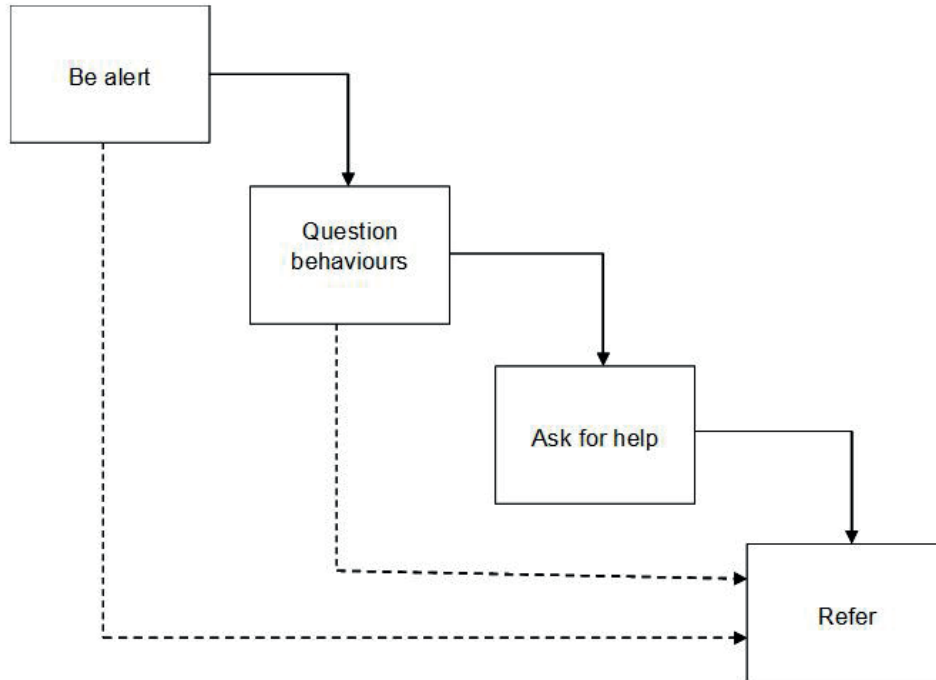


Figure 2. The four-step process that practitioners should follow to identify and respond to possible child abuse adapted from the Department for Education (2015, p12)

The Department for Education (2015) suggests that it may not be appropriate to go through the four-stages if a child is suspected to be at immediate risk of harm or in immediate danger. If this is the case, practitioners should make a referral to the local authority and the police as appropriate. However, practitioners need to try to get the basic facts and record in writing all concerns, discussions, decisions, and the rationale for the decisions. Further, if a referral is made to a safeguarding manager and the individual who made the referral believes that action has not been taken then they, as the person making the referral, have the responsibility to take action. Practitioners are also encouraged to make further referrals if the harm continues or further signs are witnessed (Department for Education, 2015).

Clinical guidance

In addition to the guidance and legislation from the Department for Education, there is also clinical guidance on child abuse and neglect produced by NICE (2017), which is written for anyone who has contact with those under the age of 18. The aim of the guidance is to help professionals to detect the signs of abuse and neglect, and also to provide information about how to respond. NICE highlight that these recommendations are not mandatory, but rather they use the term offer as an indicator of a strong recommendation with clear evidence of benefit and consider as an indicator of a recommendation where the evidence of benefit is less certain. According to the NICE guidance, practitioners are encouraged to adopt a child centred approach that involves the child in decision making and discussions. However, NICE notes that the involvement of the child in this process should reflect their age and developmental stage.

The NICE (2017) guidance suggests that when practitioners are concerned about potential child abuse they should: (a) explain confidentiality to the child and who may need to know what the child discloses or discusses; (b) be sensitive and empathetic; (c) listen actively and use open questions to find out the child's views and

wishes and check their understanding of the situation; (d) respect cultural and religious sensitivities; (e) use plain language and explain technical terms; (f) explain the next steps and the rationale for the next steps; and (g) hold conversations in private, where the child feels comfortable and has opportunities to stop, take time out, or leave the room as needed. To facilitate these discussions, practitioners are encouraged to use a range of communication methods with children such as drawings, books, and activities as appropriate to the child's needs, age and developmental stage, and any disabilities (NICE, 2017). As outlined in other guidance (e.g., Department for Education, 2019), NICE highlights how practitioners should keep records of conversations ensuring where possible to use the child's actual words, unless there is a good reason not to, and to check with the child that they agree with what is recorded and how it is recorded. If there are any disagreements between the child and the practitioner, then NICE recommends that these should also be recorded. NICE also provides recommendations that if, as part of conversations between practitioners and children, touch is involved then prior to this the process should be explained and consent gained. For those aged over 16, consent should be gained following the Mental Capacity Act 2005 (NICE, 2017). For those aged under 16, if the child is Gillick competent then they can provide consent, if not Gillick competent then consent from a parent or guardian is needed (NICE, 2017). The Gillick competency refers to a legal case about whether doctors could prescribe contraception to under 16s without parental consent (NSPCC, 2019e). Subsequently, the Gillick competency has been used as a mechanism to assess whether a child has the maturity to make their own decisions and to understand the implications of their decisions, helping practitioners to balance the need to keep children safe and the need to listen to children (NSPCC, 2019e).

Guidance on detecting child abuse

A range of guidance has been produced in England for educational practitioners and those working with children to help them to detect child abuse. Although risk factors have been identified for the various forms of abuse, it is important to recognise that there is not a causal relationship between the parental risk factors and experiencing abuse (Wilkinson & Bowyer, 2017). Moreover, as Brandon et al. (2014) note, in some cases detecting child abuse relies on the assumptions of parental intent in inflicting harm or failing to act to prevent harm.

Abuse

Across all types of abuse, child gender, age, and disability represent significant risk factors (NICE, 2017). However, infants and young children may be at greatest risk of fatal child abuse (Butchart & Phinney Harvey, 2006). Parental factors that serve as risk factors include a lack of social support from family or friends, substance misuse, a history of domestic abuse, sexual violence or exploitation, emotional volatility or anger management problems, and poor mental health (NICE, 2017). Socio-economic status may also be a vulnerability factor in some cases of child abuse and, together all of these individual and parental risk factors can be inter-related and can combine in different ways to create unique patterns of risk (NICE, 2017). Moreover, the risk factors of abuse are complex and include individual, relationship, community, and societal factors as shown in Figure 3 (Butchart & Phinney Harvey, 2006).

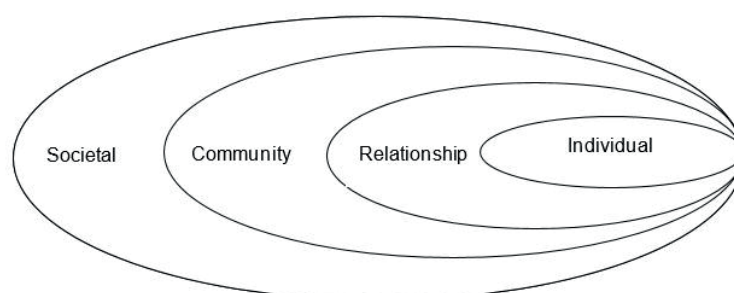


Figure 3. Model of risk factors of child abuse adapted from Butchart and Phinney Harvey, (2006 p13).

According to Butchart and Phinney Harvey (2006) individual factors include biological factors and personal history. Relationship factors include an individual's close social relationships with friends and family and community level factors represent the settings in which these social relationships take place such as schools, the neighbourhood, and workplace. The societal factors include norms around the appropriateness of means of child punishment, economic factors, and the availability of social welfare.

NICE (2017) also provide guidance on detecting vulnerability for recurring or persistent abuse including parents not engaging with services, more than one previous episode of abuse reported, parental mental health challenges that impact on parenting activities, chronic parental stress, and if a parent/carer had previously experienced abuse during childhood. NICE also notes that neglect and emotional abuse are more likely to re-occur or be persistent. Practitioners should continue to consider abuse/neglect as a possible explanation for behavioural and emotional features, even if there is another explanation (NICE, 2017). For example, NICE suggests that practitioners should consider abuse if children show a change in their behavioural or emotional state from what would be expected for their age or developmental stage that are not fully explained by a known stressful situation or medical cause. These indicators could include recurrent nightmares, extreme distress, oppositional behaviour, withdrawal of communication, and becoming withdrawn. Further, NICE recommends considering abuse/neglect if a child's behavioural/emotional state is not consistent with their age or developmental stage and are not explained by a medical cause, neurodevelopmental disorder, or distress. For example, emotional state changes (e.g., fear, withdrawal, low self-esteem), behavioural changes (e.g., aggression, opposition, habitual body rocking), interpersonal behaviour changes (e.g., indiscriminate contact or affection seeking, over friendliness to strangers, excessive clinginess, persistent attention seeking, showing excessively 'good behaviour' to get attention, failing to seek or accept appropriate comfort when significantly distressed, coercive controlling behaviour towards parents, lack of ability to understand or recognise emotions, or very young children showing excessive comforting behaviours when their parents are distressed). Similarly, NICE also encourages practitioners to consider child abuse/neglect if a child shows repeated, extreme, or a sustained emotional response that is out of proportion not consistent with age or developmental stage and not explained by a medical cause, neurodevelopmental disorder, bipolar disorder or effects of previous abuse/neglect. For example, anger or frustration expressed as a temper tantrum in school aged children, frequent rage at minor provocation, or distress through inconsolable crying. Abuse or neglect should also be considered in cases when children show dissociation which is not explained by a known traumatic event or is unrelated to maltreatment (NICE, 2017). Finally, following NICE's guidelines, teachers may also want to consider abuse or neglect if a child experiences substance or alcohol misuse, self-harm, eating disorders, suicidal behaviours, involvement in bullying, running away from home, care, or living somewhere else without full agreement of parents, regularly having responsibilities that interfere with essential normal daily activities, responding to health examinations or assessments in unusual, unexpected or a developmentally inappropriate way (e.g., resistance, extreme passivity, or refusal) or if sexual behaviour is indiscriminate, precocious, or coercive. Teachers and practitioners should also consider abuse or neglect if they become aware that a child is seen or reported to be punished for wetting or soiling despite a medical practitioner saying that such actions were involuntary (NICE, 2017).

Physical abuse

Risk factors for experiencing physical abuse include disability and parental stress (e.g., poverty, poor housing, substance misuse, relationship problems, or domestic abuse; NSPCC, 2019a). Practitioners should consider the possibility of physical abuse if the interactions between the parent and child involves the child showing dislike or a lack of cooperation, a lack of interest or low responsiveness, high levels of anger or annoyance, or passive or withdrawn behaviour towards their parent (NICE, 2017). According to the NSPCC (2019a), signs of physical abuse include injuries such as bruises, broken bones, burns, and cuts. While outlining the physical signs, the NSPCC (2019a) also highlight that these injuries may have differentiating characteristics compared to typical bruises and burns. Although distinguishing between an abusive and a non-abusive bruise

can be challenging, bruising may indicate physical abuse when it is evident in infants who are not yet mobile, are away from bony prominences, on the face, abdomen, arms, buttocks, ears, neck or hands, or appears in clusters, a uniform shape, an imprint of an object or have petechiae (dots of blood under the skin; RCPCH, 2020). The RCPCH (2017) highlight that scald burns, caused by water, are the most frequent type of burn in cases of physical abuse. Scald burns indicative of physical abuse tend to be on lower legs, buttocks, and perineum and symmetrical with a clear boundary (RCPCH, 2017). Contact burns tend to be on the back, shoulder, and buttocks and tend to match the shape of the object used to cause the burn (RCPCH, 2017). Contact burns can be from hot objects, flames, chemicals, or electricity (NSPCC, 2019a). Bite marks of 2-5cm, with an oval shape, and impressions of individual teeth could also be an indicator of physical abuse (RCPCH, 2014a). Broken bones may be indicative of severe physical assault during childhood, and fractures to ribs or leg bones in infants under 18 months or multiple fractures at different stages of healing may also be indicators of physical abuse (RCPCH, 2018). For all of these, the Metropolitan Police (2020) highlight that unexplained or recurrent injuries can also be a sign of physical abuse.

Alongside these physical indicators, the NSPCC (2019a) highlight possible behavioural changes in children who experience physical abuse. For example, the child demonstrating fear of a specific individual, flinching when touched, reluctance to change clothing in front of others, covering up in warm weather (e.g., wearing long sleeved tops or trousers), depression or withdrawn behaviour, or breast ironing/flattening are indicative of physical abuse (NSPCC, 2019a).

Emotional abuse

Emotional abuse can occur in children from any background, but the NSPCC (2020b) highlight that children from families experiencing challenges may be at particular risk. The challenges include relationship breakdown, family arguments or disputes, financial problems or unemployment, poor mental health, or isolated primary caregivers such as those who have moved away from social support or speaking English as additional language (NSPCC, 2020b). NICE (2017) recommends that practitioners consider emotional abuse if interactions between a child and their parent are harmful and persistent with behaviours including negativity or hostility towards the child, rejection or scapegoating of the child, a parent developing inappropriate expectations or discipline for a child, a child exposed to frightening or traumatic experiences, a child being used to fulfil the parent's needs or a parent failing to promote a child's appropriate socialisation. In babies and preschool children, signs of neglect include displays of great affection to strangers or people who they have known a short period of time, a lack of confidence, wariness, anxiety, not appearing to have close relationships with the primary caregiver, and displays of aggression or nastiness to other children or animals (NSPCC, 2020b). In a school setting, emotional abuse can involve serious bullying of children including cyber bullying and the exploitation of a child (Elkin, 2020). In older children, signs of emotional abuse are likely to include struggling to control emotions or extreme emotional outbursts, seeming to be isolated from the primary caregiver, lack of social skills and social relationships, and using language or behaviour in a way that is not consistent with the age of the child (NSPCC, 2020b). However, a child may not be aware that they are experiencing emotional abuse (NSPCC, 2020b).

Sexual abuse

According to the NICE (2017) guidelines, practitioners should consider sexual abuse if a pre-pubertal child displays, or is reported to display repeated or coercive sexual behaviours, pre-occupation with or engagement in unusual sexual behaviours including oral-genital contact with another child or doll, requests to be touched in the genital area or inserting or attempting to insert an object, finger, or penis in to another child's vagina or anus. The NSPCC (2019f) splits the signs of sexual abuse in to physical and emotional and behavioural signs. The physical signs include bruising, bleeding, discharge, pain, or soreness in the genital or anal area, or pregnancy at an early age (NSPCC, 2019f). The emotional and behavioural signs include the

child displaying fear towards an individual or avoiding a certain person, nightmares, bed-wetting, withdrawn, alluding to 'secrets', engaging in self-harm, running away from home, displaying eating problems, and displaying sexualised behaviour or knowledge that is not developmentally appropriate (NSPCC, 2019f). However, it is important to recognise that in some cases such as grooming, children may not be aware of the sexual abuse (Metropolitan Police, 2020; NSPCC, 2019f).

Neglect

Neglect may be combined with other forms of child abuse (Raws, 2018). Risk factors for neglect include disability, premature birth or low birth weight, complex health needs, being in the care of the local authority or seeking asylum (NSPCC, 2019b) and changes in family structure or the family going through a transition (Raws, 2018). As previously highlighted neglect is the most common form of child abuse in England but is often not detected in a school age (RCPCH, 2015) or adolescent population (RCPCH, 2014b). The RCPCH (2015) highlights that teachers and educational practitioners are well placed to detect signs of neglect because of their frequent interactions with children. However, when determining indicators of neglect, Brandon et al. (2014) argue that it is important that practitioners are mindful of the difference between risk factors of neglect (e.g., poverty, social isolation, severe housing difficulties, not attending pre-natal appointments, experiencing domestic violence during pregnancy) and actual indicators of neglect. Further, as Butchart and Phinney Harvey (2006) note, it is important to recognise that although economic difficulties are a risk factor for neglect, neglected children are not necessarily from families with economic difficulties. NICE (2017) suggests that physical neglect should be considered if a child repeatedly scavenges, steals, hoards or hides food with no medical explanation, poor standards of hygiene at home are affecting a child's health, there are inadequate provision of food at home or a living environment at home that is not appropriate for a child's developmental stage. Further, neglect may also be indicated by a child being persistently smelly or dirty (NICE, 2017). However, it is important to recognise that children can become smelly or dirty during the day, so trying to meet a child early in the day before they have the opportunity to become smelly or dirty could help practitioners recognise neglect (NICE, 2017). Moreover, if the dirt is ingrained or if the child has persistent and severe infestations (e.g., head lice, scabies) then practitioners should consider neglect (NICE, 2017).

Focusing on emotional neglect, practitioners should consider it if a parent displays emotional unavailability or unresponsiveness towards the child which is persistent over time (NICE, 2017). NICE recommends that practitioners consider neglect if a child, consistently wears inappropriate footwear or clothes, has faltering growth because of a lack of provisions or an inappropriate diet, or is under 12 and shows poorer language development than would be expected and without other appropriate explaining factors. However, it is important to recognise that there may be other explanations for a child's footwear or clothes, or children may have an underlying neurodevelopmental disorder that may explain their behaviours. Neglect should also be considered if parents or carers persistently fail to anticipate dangers and to take precautions to protect a child from harm (NICE, 2017). However, it is important to recognise the balance between developing an awareness of risk and allowing children the freedom to learn. Finally, NICE (2017) recommends that neglect should also be considered if a parent's explanation for a child's injury suggests inappropriate supervision, or parents fail to administer prescribed medication or treatment, seek medical advice, bring children to follow up appointments, engage with child health promotion programmes (e.g., immunisation, health/development reviews, screening, dental care). Neglect may also be indicated by children who are left at home on their own or sent out of the home on their own for a significant amount of time (Action for Children, 2014).

There are also some age specific indicators of neglect. For example, in babies and infants, failing to reach developmental milestones and frequent and untreated nappy rash may be indicative of neglect (NSPCC, 2019b). The RCPCH (2015) suggest that neglect should be considered if a school-aged child displays behavioural difficulties (e.g., externalising behaviour, disruptive behaviour), reduced IQ, poor academic performance, social relationship difficulties, challenges associated with developing friendships, and depressive or suicidal tendencies. Missing school or failing to concentrate appropriately and tiredness in school may also

indicate neglect (NSPCC, 2019b). For 13- to 17-year-olds, the RCPCH (2014b) suggest that to help with the detection of neglect that this age group should be asked about their experiences.

Difficulties in Process Management

There are several difficulties in the process management of child abuse for teachers. The first of these is around understanding the prevalence of child abuse in England. As previously noted in this report, the lack of a single recording system to identify the prevalence of child abuse in England means that it is difficult to determine the true prevalence of child abuse. Also, the differences in how the prevalence of child abuse is recorded across the reporting systems means that comparisons between the prevalence of child abuse across the various reporting systems cannot be made (Elkin, 2020). Further, because of the variation in these reporting procedures, it is possible that there is an under-reporting of the cases of child abuse. Similarly, Esposti et al. (2018) suggest that caution is needed when interpreting changes in the reported cases of child abuse in England because the changes in prevalence could reflect changes in how the data on child abuse is collected and recorded. Therefore, Rees et al. (2010) note that the prevalence rates of child abuse may be much higher than those captured in official statistics. Consequently, one of the key challenges of process management is understanding the true scale of the problem. This is important because without an accurate understanding of the scale of child abuse, appropriate resources to support those who experience child abuse cannot be allocated. Another difficulty in process management is recognising appropriately what constitutes child abuse. Specifically, NICE (2017) highlight that recognising and responding to incidences or early signs of child abuse is very complex for practitioners. These challenges include: (a) appropriately recognising ‘when to be worried’ about signs of abuse and recognising how seriously to take these concerns, (b) assessing the level of risk and need for the child, and (c) knowing what early help and which interventions are effective.

The challenges articulated by NICE (2017) concerning the identification and management of child abuse, may be particularly the case for neglect. For example, it is important to recognise that it can be hard to make the distinction between material poverty and neglect (NICE, 2017). Similarly, Brandon et al. (2014) state that although there is a clear definition of what constitutes neglect in England, it can be hard for practitioners to recognise indicators of neglect and make appropriate judgements of the severity of the indicators of neglect. Moreover, Meadows et al. (2011) argues that the boundary between appropriate ‘normal’ parenting and abuse is not fixed; and Wilkson and Bowyer (2017) suggest that it is difficult for practitioners to recognise and evidence these, especially with regards to whether the threshold for receiving support through the local authority has been crossed. Further, Brandon et al. (2014) suggests that several obstacles exist that may block practitioners’ action relating to neglect. These obstacles include a lack of knowledge about the potential impact of neglect, resource constraints, and mindsets that limit action. Brandon et al. argue that mindsets that limit action include a mindset of fear about being considered judgemental, a focus on the parent rather than the child, a failure to consider a child’s lived experience or understanding the child’s world, a fixed view of the family, parents’ superficial or false compliance, concern that this is not a practitioners area of expertise, and a reluctance to refer impact on the management of child abuse. Also, Raws (2018) highlights that for neglect to be defined and detected there is an assumption that appropriate, acceptable, and normal standards of parenting are understood in order for behaviours to be identified as neglect. Further, consideration is also needed regarding the time frame of the neglect, whether neglect is one form of behaviours, or a combination of behaviours (Raws, 2018).

Alongside the challenges associated with understanding the scale of abuse and appropriately recognising and responding to abuse, teachers also need to develop appropriate working relationships with other practitioners who have responsibility for child protection. Therefore, teachers and practitioners need to be proactive in information sharing about child abuse and this must start from the premise that they should not assume that others will pass concerns on (Department for Education, 2018b). Consequently, it is an individual teacher’s responsibility to act on their potential concerns that a child is experiencing child abuse. When preparing to pass on their concerns, the guidance recommends that teachers and practitioners gain consent to share

information about a child (Department for Education, 2018b). However, this need to gain consent to share information can be a challenge for process management. The need to gain consent needs to be carefully balanced as in some cases getting that consent could place the child at greater risk of abuse (Department for Education, 2018b). Teachers should also keep a record of when decisions are made to share and not share information and the rationale for doing so and the data sharing needs to be confident under the GDPR and data protection act 2018 (Department for Education, 2018b).

Although not necessarily a difficulty in the management of process, those working with children need to be mindful that it may be difficult for some children to disclose their experiences of abuse for the first time for a number of reasons (NICE, 2017). For example, children may feel shame, confusion, guilt or fear stigma or they may fear the consequences of their disclosure such as not being believed, fear of making the situation worse, or fear of being split from family members or the community (NICE, 2017). In other cases, some children may not recognise that what is happening to them is abuse, they may have communication difficulties, or they may be being coerced by the person that is abusing to them (NICE, 2017). Therefore, teachers need to be alert to the need to support individuals with such experiences and to the challenges of supporting children in these contexts.

Conclusion and Suggestions

Recent data suggests that neglect is the most common form of child abuse in England (Elkin, 2020; Esposit et al., 2018). However, multiple datasets have been used to infer the prevalence rates of child abuse in England each of which rely on different indicators. Therefore, to gain a clearer account of children's experiences of abuse, a single method of recording prevalence of child abuse is needed to enable a true picture of the scale of the issue in England to be realised. By having a clearer understanding of the prevalence of abuse, it will allow appropriate resource allocation to support those who experience child abuse. For teachers, having a clear understanding of the limitations of the various mechanisms of determining the prevalence of child abuse is important so that they review figures critically and recognise that, in some cases, the prevalence rates are likely to be an under-estimation of the scale of the problem. Specifically, because many of the databases used to establish prevalence require disclosure of the abuse to either the police or another authority, the data likely only reflects those that agencies are aware of or the accuracy of retrospective reports.

Another challenge for teachers is the complexity of defining child abuse and recognising that there is likely to be variation in experiences of abuse according to the age of the child (Rees et al., 2010). Therefore, teachers need to be mindful of how these age specific variations of child abuse are likely to translate to the pupils that they are working with. Further, teachers should also be mindful that within their school there are likely age differences across the school years. Consequently, when teachers and educational practitioners are developing a conceptualisation of child abuse and policies for their educational setting, they need to be mindful of possible age differences.

To support teachers with the challenges around how to identify and appropriately respond to disclosure of child abuse (e.g., NICE, 2017) it is likely that teachers would benefit from regular continuing professional development while in service. This in-service training could cover recent developments in policy and practice and, also information on how to detect and manage child abuse in line with the school's policy. This in-service support could also be beneficial because some have argued that practitioners 'fear of failing' to recognise a child who is in need of protection from abuse is causing a raise in the number of referrals made to local authorities (Cleaver, Unell, & Aldgate, 2011). Further, similar to other forms of behaviour such as cyberbullying (Macaulay et al., in press), teachers may benefit from greater awareness raising and training as part of their pre-service teacher training. For neglect in particular, it may be important for teachers to receive support in gaining an understanding of what normal patterns of parenting are and how changes in these normal patterns of behaviour and standards could be used to indicate neglect. Brandon et al. (2014) reinforce this need for continuing professional development for practitioners to enable them to gain an awareness of the latest evidence into child abuse.

Alongside developing an understanding of the prevalence of abuse and the potential indicators of abuse, teachers also need to receive appropriate support and training to ensure that they are mindful of some of the challenges for children disclosing experiences of child abuse. For example, raising teachers' awareness of appropriate communication strategies, the challenges of disclosure of child abuse for the first time, and age-appropriate communication strategies like those proposed by NICE (2017). Further, due to the complexities of gaining consent to share information for those children who are experiencing child abuse and data sharing between organisations, teachers need support to gain a clear understanding of how legalisation such as GDPR applies in this context. Therefore, teachers need a clear understanding of the process and the mechanisms for documenting their concerns of child abuse.

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