

exchange

Working together to keep children safe

Editorial

Welcome to the summer issue of *Exchange*, the newsletter for all local safeguarding children boards (LSCBs) and the child protection committees in England, Wales, Northern Ireland and the Channel Islands.

As LSCBs seek to respond to some of the most vulnerable children and young people, this issue highlights research and direct work being undertaken with unaccompanied asylum-seeking children, children who have suffered sexual abuse, young people at risk of sexual exploitation, and girls and young women who live in the traveller community.

An article from Queen's University Belfast focuses on the core business of safeguarding children by addressing issues raised by the child protection register.

We share the experiences of an LSCB in England, which has pioneered a detailed response to the requirements of the Licensing Act. A group of young people also give their account of recruiting an LSCB chair.

Following our extensive coverage of the role of child death review teams in the spring, we further the debate in this edition of *Exchange* with additional commentaries from both an academic and a health perspective.

As always, *Exchange* welcomes contributions from a wide range of professional backgrounds and disciplines in order to create a strong platform for sharing learning and supporting the work of LSCBs and child protection committees.

Sue Woolmore, LSCB Adviser, NSPCC



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Confidentiality and sexual activity

Brook Advisory Centres – commonly known just as Brook – form the only national voluntary sector provider of free and confidential sexual health advice and services specifically for young people under 25. Simon Blake, Brook's chief executive, addresses the sensitive issues involved with providing these services for young people.

Young people consistently tell Brook that confidentiality is one of their top concerns when they want to talk to someone about sexual health and relationships.

Recently, Brook and Action on Rights for Children (ARCH) sent a survey to all the LSCBs in England, asking about local

implementation of the *Working Together to Safeguard Children* (2006) guidance. We were concerned because some draft protocols on working with sexually active young people apparently required professionals to breach young people's rights to confidential advice on the basis of age rather than on assessment of risk. This, Brook believes, could deter young people from asking for help when they need it most.

Confidentiality should only be breached in circumstances where a young person is at immediate risk of serious harm and cannot be persuaded to consent to

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information being passed to social workers or the police. Professional codes of practice state that health professionals have a duty of confidentiality to patients, including those under 16, which should be breached only in exceptional circumstances.

Seventy-seven LSCBs responded to our survey and many provided draft or final versions of their protocol. A third indicated that they would be following a protocol requiring professionals to report all cases of sexual activity among young people under the age of 13. Only one in four had developed protocols in line with *Working Together to Safeguard Children* (2006).

We were extremely concerned by these findings, as was the Children's Commissioner, Sir Al Aynsley-Green, who supported our survey. When the *Working Together to Safeguard Children* (2006) guidance was revised last year, Brook, alongside many other young people's and health organisations, strongly argued that professionals must retain the discretion to decide whether or not to share information on a case-by-case basis, including cases involving young people under the age of 13.

As a result, *Working Together to Safeguard Children* (2006) was carefully worded to preserve professional discretion to make decisions on a case-by-case basis, taking account of relevant risk factors. It states that the child's best interests must be the overriding consideration in decisions about sharing information, including cases of underage sexual activity. The guidance states that with under-13s, "there should be a presumption that the case will be reported to children's social care and that a strategy discussion will be held". It also states: "All cases involving under-13s should be fully documented, including detailed reasons where a decision is taken not to share information." This makes clear that, having looked at all the circumstances, there will be some cases in which a referral to children's social services will not be in the young person's best interests.

However, many LSCBs appear to be interpreting the guidance differently. I have therefore written to Caroline Flint, minister for public health, and Beverley Hughes, minister for children and families, asking them to clarify the guidance around this issue.

Brook is aware that professionals are concerned about sexually active very young people, but our 40 years' experience shows that the most effective way to protect them from harm is to work with them, and gain their trust in order to agree on what kind of help they need. Younger and more vulnerable clients are otherwise more likely to be deterred from seeking help, which increases the risk that exploitative or abusive situations remain hidden, and that rates of unintended pregnancy and sexually transmitted infections remain high.

Listening to young people

"I went to school and I asked children about the LSCB. None of them knew about it. What are you going to do about this?" (Cain, aged 10)

Cain put this question to candidates applying for the role of chair of the Milton Keynes LSCB in December 2006. The candidates were all able to answer, more or less, to Cain's satisfaction.

Cain has been a member of the Milton Keynes NSPCC advisory group for one year – a group formed in February 2006, with eight members, aged between nine and 12, from two local schools.

The advisory group was invited by the Milton Keynes Inter-Agency Training Project to facilitate a workshop – How to Include Children in Recruitment – at the LSCB's inaugural conference. They worked with 20 adults during a one-hour session and did so well that the corporate director for learning and development at Milton Keynes Council invited the group to participate further by interviewing candidates for the position of chair of the board.

With the help of facilitators, the young people arrived at a point where they could both devise questions and assess answers. They first addressed the process of recruitment and what their role would entail. It was agreed they would feed back to the adult panel about how "young-people friendly" they found the candidates to be. However, the final decision lay with the adult panel.

The recruitment process used a model familiar to young people. Concepts such as the Pop Idol panel helped to illustrate what is

important in recruitment. For example, the young people needed to ensure they chose a candidate fairly, did not discriminate, carefully read the job description and made an assessment on the basis of ability. Role play was an essential part of enabling the young people to interview and explore possible responses to questions.

Before the interview, the young people looked at the child-friendly version of the job description and the role of chair, and devised a set of questions such as Cain's, above. Once these questions were compiled, they were sent to the adult panel for approval.

The young people interviewed candidates as a panel, separately from the adult panel, and asked their questions. After each interview they rated each candidate's answers and listed their reasons for that score. Following this process the young people met the adult panel to feed back their scores and discuss the candidates' performance. The young people were able to articulate the reasons for their decisions, and the adults valued and gave serious consideration to the young people's feedback.

The young people's choice of candidate for the chair was the same as the adult panel's decision; it has been the facilitators' experience that this is often the case. The young people were rewarded for their hard work with a trip to the London Eye and Madame Tussauds.

The young people, with the support of their group workers, wrote this article, hoping to encourage other LSCBs to involve young people in their recruitment processes.



Cain, Katie and Sara practice their interviewing technique with a children's services manager

No room for complacency?

In June 2006, Barnardo's launched the findings of an in-depth research evaluation of their specialist provision to counter child sexual exploitation. Sara Scott and Paula Skidmore wrote *Reducing the risk*, and worked closely with 10 Barnardo's specialist service teams throughout the UK over three years to produce the evaluation. This is a report on Barnardo's specialist anti-sexual exploitation provision.

Barnardo's has been working to support children and young people at risk of sexual exploitation since 1995, and has had considerable success in raising awareness of the specific needs of those who experience abuse through prostitution. However, this is the first time an assessment of the effectiveness of this work has been undertaken and the identification made of longer-term outcomes for children who have used these specialist services.

The evaluation involved the collection of quantitative outcome monitoring data over a two-year period. This produced an overall sample of 557 children and young people in contact with Barnardo's services. In addition, in-depth interviews with service practitioners, who were "key support workers", enabled the collection of 42 case histories of sexually exploited young people. The evaluation combined this data with 26 semi-structured interviews carried out with external "stakeholder" professionals from the locality of each of the Barnardo's services.

The *Reducing the risk* findings show that, despite many significant challenges, Barnardo's services do facilitate positive outcomes for young people, and as a result of their contact with the specialist provision, many have their risk of sexual exploitation reduced. The report goes on to outline the core features of the Barnardo's model of practice, which the researchers assess as being significant to aiding this reduction in the risk of sexual exploitation. The research identified very effective inter-agency practice. Stakeholder interviewees emphasised the value of Barnardo's services for their expertise and in acting as local champions to develop partnerships and clear working protocols.

However, the report notes that there is no room for complacency. The interviews also highlighted that inter-agency working can still be very difficult, despite improvements in the policy framework and guidance. Key partners – most



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Despite the policy improvements, without such an approach, this research indicates that young people will continue to be failed.

notably education, health and youth offending teams – were often reluctant or unable to engage in strategic approaches. Additional barriers to effective service provision were also detected in the research: restricted understanding of the nature of sexual exploitation by professionals; the operation of high thresholds for statutory intervention due to resource constraints; gaps in local services providing intensive support for sexually exploited young people in the community (especially for safe accommodation, housing and substance misuse services); and poor continuity in support to those aged over 16.

Sustaining support to young people in extremely difficult circumstances of sexual

exploitation requires clear long-term planning, adequate resources for partnership working and security of funding for specialist voluntary service provision. Despite the policy improvements, without such an approach, this research indicates that young people will continue to be failed.

Copies of the full and summary report can be downloaded free from: www.barnardos.org.uk/reducingtherisk. To contact Barnardo's about their sexual exploitation services, email: pam.hibbert@barnardos.org.uk. For further information about the research, call Paula Skidmore on: 020 7320 1107 or email: p.skidmore@londonmet.ac.uk

A long way to go?

Lucy Russell, a policy adviser with the YWCA England and Wales, shares the organisation's learning about the vulnerabilities, strengths and needs of young female gypsies and travellers.

Gypsy and traveller children are some of the most vulnerable and socially excluded in the UK. It is vital that their voices are heard by LSCBs, but this is not an easy task. It requires tackling limited understanding and myths about gypsy and traveller cultures, and addressing prejudice or indifference where it happens. Understanding gender issues can also help LSCBs grasp cultural issues and, as a result, be more effective in meeting children and young people's needs.

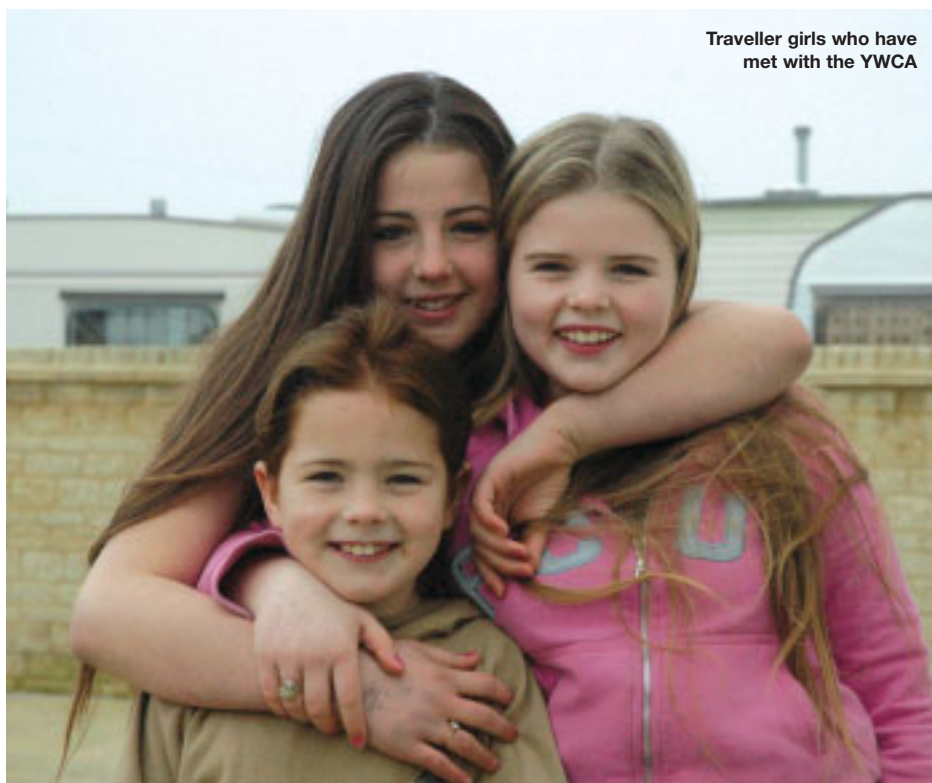
Educational inclusion

Young gypsy and traveller women rarely continue to secondary education. Ofsted estimates that, in England alone, around 12,000 secondary school-aged gypsy and traveller children are not registered in school. Culturally, many of these children do not expect to continue at school. Young women have a sizeable domestic role from an early age. They cook, clean and look after children, and this responsibility becomes a core part of their life from their early teens.

Many of these young women are so badly bullied at school that they do not feel safe there. There are reports of children being racially taunted, punched, ganged up on and more. Some young women refuse to attend school because of this, dropping out to avoid the abuse.

Katrina, 14, said: "When I was...getting bullied I had to get myself excluded. And that went on my record. And today I got excluded... Again. My whole life since I was 10, I've been getting excluded from school to get out of the bullying."

Often parents withdraw their children from education to protect them. When this happens it may send out mixed messages about safeguarding children. What to some may look like refusing to educate a child could be seen from a parent's perspective as protecting that child from abuse. Young women not in education are usually taught to look after children and keep a home – skills not valued by the curriculum. But from their parents' perspective they are being educated to become responsible, skilled adults. It becomes clear that understanding cultural values and expectations, particularly for young women where gender plays an important role, is paramount to meeting children's needs.



Traveller girls who have met with the YWCA

Many of these young women are so badly bullied at school that they do not feel safe there.

Safety

Many gypsy and traveller children do not have a safe place to live and are forced to settle on dangerous sites or road sides with little clean water, sanitation or electricity. To the observer these are unsafe and unacceptable homes, but to most of these children they are the safest places they know since they face such extreme prejudice and discrimination from the outside world in their daily lives.

Some young women experience domestic violence or are witnesses to it. Many find it difficult to discuss, since it can be a cultural taboo. It is certainly not something to be shared with a non-traveller. Few find it easy to access services, as they fear racism, even from those who should be supporting them, and they often need additional support to acknowledge the problem and seek help.

Health

Statistically, gypsy and traveller children are at risk from shockingly poor health. As many as 17.6 per cent of gypsy and

traveller women have suffered the loss of a child, compared to only 0.9 per cent of similarly economically disadvantaged non-traveller women. A high number of gypsy and traveller mothers die during pregnancy, birth or soon afterwards. Many suffer from poor mental health, yet fear prejudice from health professionals and are wary of seeking help except in emergency situations. Again, what may seem initially like an irresponsible avoidance of the healthcare system is actually a fear of racism.

Staff within LSCBs have a pivotal role in ensuring gypsy and traveller children's voices are heard and their needs met. These children can be helped through joined-up efforts that challenge the racist assumptions, prejudice and barriers, which face these children from the start of their lives.

The YWCA is the leading charity working with the most disadvantaged young women in England and Wales. The charity's recently published 14-page briefing describes the reality of young gypsy and traveller women's lives. Set out in line with the *Every Child Matters* framework, it offers practitioners a useful introduction to the issues faced by these young women.

To order copies of *A long way to go: gypsy and traveller young women*, priced £4.00, please call 01865 304 215 or email lucy.russell@ywca.org.uk

Safeguarding unaccompanied asylum-seeking children

Policy advisers from Save the Children and the NSPCC comment on the role LSCBs can play in safeguarding unaccompanied asylum-seeking children.

Save the Children's view

In the *Working Together to Safeguard Children* (2006) guidance, unaccompanied asylum-seeking children are identified as a group requiring particular consideration. Save the Children believes that this attention must be given, and is disappointed that LSCBs are being given insufficient support to develop guidance, and that the extent to which these children's needs are addressed is being left to the discretion of each individual board.

Save the Children believes that LSCBs have an important role to play on two levels. Firstly, at the most basic level, unaccompanied asylum-seeking children have a right to achieve the five outcomes for children that form the cornerstone of *Every Child Matters*. However, evidence shows that on many levels these children are being failed. Many find it difficult to access education, are housed in inappropriate accommodation, and receive poor quality social care support. They also often suffer emotional health problems as a result both of their experiences before arriving in the UK and the strain of the asylum process once they are here. While the asylum determination process is complex and sets unaccompanied asylum-seeking children apart from other children, their basic needs are not complex, and many of the challenges they face are shared by other looked-after children. Save the Children would like to see LSCBs develop multi-agency protocols together with training, and to ensure that all agencies that have a duty to provide a service to these children are carefully monitored.

Secondly, evidence and research is increasingly bringing to light gaps in the basic care and protection being offered to this group of children. Recent

research carried out by Save the Children and End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes (ECPAT) found that a significant percentage of unaccompanied asylum-seeking children in social services care had been or were at risk of being trafficked or exploited. Even more alarming was the fact that the majority of these children were then missing from care. It is vital that the learning from the tragic death of Victoria Climbié is made relevant to this group of children. LSCBs must ensure that all agencies that come into contact with unaccompanied asylum-seeking children, from their arrival, are brought together to develop prevention, identification and support systems for victims of suspected child trafficking.

effective multi-agency protocols for this group in order to identify and address the group's needs early on. Recent research supported by the NSPCC found alarmingly high levels of sexual exploitation and abuse among this group, indicating the extreme vulnerability of many of these young people. The NSPCC believes that all unaccompanied children should receive Section 20 support while they remain in the UK, and the NSPCC is concerned about recent government proposals, which will potentially scale back the provision for children over the age of 16.

The NSPCC has also recently been working with a number of unaccompanied minors who have been trafficked into the UK. One new initiative to help support the work of frontline

LSCBs have an important role to play...

While acknowledging the good work of many LSCBs, Save the Children urges each board to act on this and develop the appropriate guidance and protocols to ensure the active participation of all relevant practitioners. This will ensure that children remaining in the UK are given the best start. It will also ensure that the children are given the best support to navigate complex systems, while having access to the services to which they are entitled. Essentially, those children particularly at risk as a result of their vulnerable unaccompanied status must be identified at the outset and provided with the appropriate support and protection before they slip through the net.

The NSPCC's position

The NSPCC also agrees that there is a need to build on current work to develop

practitioners on this issue is the setting up of a new child trafficking advice line run by the NSPCC, in partnership with ECPAT and the Child Exploitation Online Protection Centre (CEOP). The service is due to be launched in the summer of 2007 and will provide a central, easily accessible and reliable source of information and advice on child trafficking for concerned professionals.

For further information on Save the Children's work with unaccompanied asylum-seeking children in England, including how they can support LSCBs, please call Laura Brownlees on: 020 8741 4054 or email:

l.brownlees@savethechildren.org.uk

Dr Zoe Hilton is the NSPCC's policy adviser responsible for safeguarding and children's rights. Zoe can be contacted by email for further information on: zhilton@nspcc.org.uk

Sexual assault referral centres

Tim Woodhouse is a children's services practitioner, a registered non-directive play therapist and approved social worker with the American Board of Examiners. In this article, he describes a model of working with abused children in a sexual assault referral centre in Manchester.

There are now 16 existing or developing sexual assault referral centres (SARCs) in England and Wales. This is testimony, in part, to the success of the first SARC, which opened its doors at St Mary's Hospital, Manchester, in 1986. To date, this centre has provided a service to over 11,000 complainants of rape and sexual assault.

The Association of Chief Police Officers rape working group cites two imperatives to SARC service provision: forensic examination, so that evidence can be collected for use in the investigation of crime; and care of the victim to minimise the risk of subsequent physical and mental difficulties and to promote recovery.

As a result of increasing numbers of children using the service, culminating in more than 360 children using the service in the year ending 2005, a dedicated children's examination suite was opened in February 2006. This suite demonstrated how creativity can develop a child-centred environment, while adhering to the strict forensic requirements. The service has subsequently provided forensic examinations and/or paediatric assessments for over 400 children within the Greater Manchester area.

The need for such services is frequently debated, given the low rates in attaining forensic evidence and the equally low rates in securing criminal convictions. However, since being involved in the development of this appropriate environment for children and then evaluating the experiences of children and their carers, the evidence is clear that the facility offers so much more than just a forensic service. Anxious parents have had their fears allayed or are provided with the appropriate support, resulting in an improved capacity to meet the needs of their children. Although children have stated that they do not like what they have to do, most inform us that they felt relieved they were all right, or that they had the treatment they needed, and generally felt they were listened to. This becomes part of the process of recovery.

The centre's vision is to provide a one-stop facility, where children can experience continuity of service with access to other relevant follow-on services. These include: sexually transmitted infection and



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pregnancy testing where appropriate; "achieving best evidence" interviews; age-appropriate play therapy and counselling provision, including pre-trial therapy; and witness support through criminal proceedings.

The challenge for the centre in developing these additional services is not just a matter of funding or accommodation, but one of partnership. The premier partnership between St Mary's Centre, health services and the police has continued for over 20 years. This demonstrates success, which in part has been a result of the clearly defined imperatives that were paramount issues for all the services involved. The development of children's services brings forth a new and arguably more complex set of challenges, not least those of child protection. St Mary's answer to this problem was the creation of Project Artemis, the multidisciplinary working party that leads the development of the children's service. Participants include the SARC manager and clinical director, the police and the Crown Prosecution Service, paediatricians and lead nurses in child protection, other health officials, a local authority representative, and the NSPCC. This is a developing project board, which aims to have a representation that reflects

the services available in Greater Manchester.

St Mary's Centre has taken on the challenge of developing partnerships throughout Greater Manchester with a view to increasing support and therapeutic services to children and their families affected by sexual abuse, sexual assault or rape and who are currently disadvantaged by the dearth of available services, which would aid swifter recovery.

This area of activity should interest LSCBs, who may ask:

1. Does our board have an overview of the process and outcomes for children and their families who have experienced sexual abuse, sexual assault or rape?
2. What information gathering systems and evaluation would aid or improve our LSCB's overview of children's experiences?
3. What partnerships exist within our LSCB to facilitate continuity of service for this group of children and young people?

Tim Woodhouse is also an associate lecturer on the Liverpool Hope University PG Dip in Play Therapy programme, and a visiting lecturer on the University of Manchester MA/BA Social Work programme.

The core business of LSCBs

Dr John Devaney of the School of Sociology, Social Policy and Social Work at Queen's University Belfast describes the findings of research into children on the child protection register in Northern Ireland.

On average, 1,500 children have their names on a child protection register at any moment in Northern Ireland. The rate of registration in Northern Ireland is higher than in the rest of the UK, with the greatest numbers in the most socially deprived urban areas. This higher rate of child protection registration is in part explained by higher levels of material deprivation and a historically lower level of investment by central government in children's services. Research conducted in England and Northern Ireland indicates that, for a quarter of these children, the child protection system is not meeting its objectives. Twenty-four per cent of these children are subject to a child protection plan for lengthy periods of their childhood (in excess of two years), 22 per cent experience multiple periods of registration, and 6 per cent suffer a further incident of significant harm while subject to a child protection plan.

Research funded by the Research and Development Office in Northern Ireland sought to explore the reasons for this apparent failure to safeguard some children's wellbeing, given the Government's desire to reduce the numbers of children requiring public care, while also improving the efficacy of child protection services to those children remaining at home.

The study was conducted in the Eastern Health and Social Services Board area of Northern Ireland, and involved an analysis of social work case files and interviews with experienced child welfare professionals. The research sought to identify the characteristics of the children and their families, and their career pathway through the child protection system from 1997-2003.

A cohort of 190 children was selected for study from the 750 children who had their names added to the child protection register in 1997 and who met any one of the following criteria:

- continuous child protection registration in excess of 23 months
- more than one period of child protection registration (either prior to or following the period of registration in 1997)

- experience of a further incident of significant harm while subject to a child protection plan.

The main findings from the case files were:

- The children were similar in gender, age and socio-demographic profile to the total child protection population.
- The mean age of parents was substantially older than the age of parents within the general child protection population.
- The primary reasons for registration were alcohol abuse (26 per cent), domestic violence (14 per cent), poor parenting skills (10 per cent) and sexual assault (10 per cent) – 151 of the 190 children were living in households where there was domestic violence and/or at least one adult drinking to excess.
- Children were most likely to be registered in the categories of neglect or emotional abuse (with a 100 per cent increase in registrations in the emotional abuse category, compared to the total child protection population).
- Contrary to perceptions, there was a high number of therapeutic interviews between social workers and parents (2.5 per month); families typically received more services as a result of registration.

- The lack of social histories and comprehensive assessments on case files as an aid to planning and intervention was common.

There was a significant variance in the quality of case conference reports and child protection plans.

This research has highlighted the significance of looking at subgroups of children within the child protection system, in order better to understand both their individual needs and the likely policy and practice responses required to address them. Of particular note from this research is the requirement to provide more timely therapeutic services to meet the needs of both children and their parents, to address the often long-standing nature of the parental difficulties being faced. In addition, for this particular group of children, policy-makers and professionals should consider providing long-term regular support for some children and their families, rather than becoming fixated on the need to respond to incidents with short-term focused interventions – they are unlikely to help most of these particular children in the long-term.

This is an abridged version of Dr John Devaney's article. The full text is available from: www.nspcc.org.uk/inform



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Someone to turn to

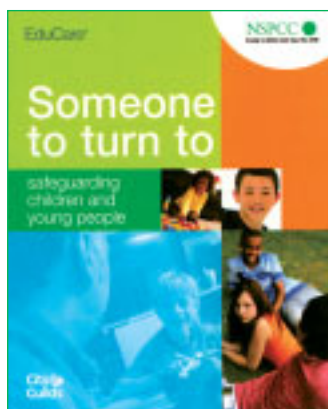
William Baginsky is head of child protection learning resources, NSPCC Training and Consultancy. Here, he describes a new resource, which may provide valuable training materials for LSCBs wanting to engage with non-statutory service providers in the wider community.

Last October saw the launch of an ambitious new NSPCC EduCare distance learning programme called *Someone to turn to*. The event at which it was launched also marked the 100,000th registration to an existing programme, underlining the success of the NSPCC EduCare format in providing accessible basic awareness child protection training to those whose work or voluntary activities bring them into contact with children, young people and families.

For some time, feedback has made clear that participants in the basic awareness programmes appreciate the clarity of the information, the presentation in three or four modules, and the fact that their new knowledge is assessed and certificated. Many would like to extend and deepen their learning and gain a qualification.

As a result, *Someone to turn to* was developed, and alongside it, a new City and Guilds Level 3 vocationally related qualification (VRQ) in Safeguarding Children and Young People. Using a format similar to the existing NSPCC EduCare courses, the new 21-module programme is presented in six parts, each consisting of three or four modules, with a multiple-choice assessment at the end of each module. To assist participants in reflecting on their learning and how to apply it to their settings and roles, each part is accompanied by a series of activities using, for example, scenarios and a learning log.

The programme begins by outlining the historical and social context of child abuse and neglect. It then covers relevant legislation and guidance, and the application of knowledge, values and principles in safeguarding children and young people. Participants then look at the key stages of child development and associated topics, such as parenting and communicating with children, before considering the different types of abuse, neglect and other concerns (such as



NSPCC's *Someone to turn to* distance learning programme

bullying). The programme goes on to cover issues around responding to concerns, including the child protection process and the blocks that can prevent people from taking action. The final part considers working with parents and carers, assessing children's needs, record keeping, report writing and sharing information, as well as keeping children safe within organisations.

To date, almost 500 people have registered for *Someone to turn to*, and the first participants are close to completing the course. One of these is Clare Holloway from the charity HoneyPot, which provides activities, respite care and holidays for disadvantaged children. As children's services manager, Clare is the person to whom concerns are passed and she is very aware of the importance of a good understanding of child protection and ensuring that children at risk do not fall through the net. Having completed the basic awareness programme and several short courses, she felt she wanted more. Clare is currently working on part 4. She is enjoying the programme, finds the information comprehensive, accessible and free of jargon, and the activities stimulating. "They start you thinking how you would react," she says.

Another enthusiast is Chris Allsopp, training officer at Skill Force, an organisation offering an alternative curriculum in schools for 14–6-year-old pupils whose self-esteem and achievements are low, and who are often close to exclusion. All Skill Force workers in schools do the basic awareness courses, but Chris believes it is important to

have at least one person in each team with more skill and understanding, to be: "someone to turn to for the others".

For information about all NSPCC training materials, including NSPCC EduCare, visit: www.nspcc.org.uk/inform and click on Training and Consultancy, telephone: 0116 234 7200 or email: packs@nspcc.org.uk

For more information about *Someone to turn to* and other NSPCC EduCare programmes, call the EduCare hotline on: 01926 436219, visit: www.debrus.com, or email: educare@debrus.co.uk

Contribute to Exchange

The NSPCC welcomes contributions and comments for *Exchange* from colleagues and partners working on LSCBs and ACPCs (NI). This is an effective way of sharing learning, while also providing a platform for debate and analysis of issues facing all those committed to safeguarding children and young people.

If you would like to contribute to a future issue of *Exchange*, please contact Sue Woolmore (see page 12 for contact details).

Responding to childhood deaths

Peter Sidebotham and colleagues share learning from work undertaken by Warwick University, following the articles about child death overview processes in the previous issue of *Exchange*.

In 2004, 5,000 children died in the UK under the age of 16 (Office for National Statistics, 2006). This bald figure cannot possibly capture the awful reality of losing a child for each one of those families. Nevertheless, if we are ever to make a difference in preventing childhood deaths, it is important that we understand contemporary patterns of such deaths, their nature, causes and any underlying contributory factors.

Of these 5,000 deaths, two-thirds of the children were aged under one. Approximately a quarter of these infant deaths are unexpected, including the large proportion of deaths classified as sudden infant death syndrome. It is well recognised that a proportion of sudden unexpected deaths in infancy will be related to child maltreatment. Many authors suggest that up to 10 per cent may be due to homicide, with maltreatment (abuse or neglect) being a contributory (though not necessarily causal) factor in a similar proportion (Levene and Bacon, 2004, Sidebotham et al, 2005, Fleming et al, 2000). During the middle childhood years, natural causes of death predominate, with infections, cancers and other medical causes accounting for 79 per cent of deaths. However, during the adolescent years (15–17), the pattern is very different, with 52 per cent of deaths due to external causes of morbidity and mortality, including accidental deaths, homicide and suicide.

Whatever the cause, each death is a tragedy for the family concerned and for all those involved with them. Professionals from all the caring agencies have a responsibility to help those families, by offering support, investigating the cause of death, providing information and above all, seeking to prevent deaths in the first place. Sadly, the trauma experienced by families is often exacerbated by inappropriate or incompetent professional

responses. Families are often left without a clear explanation of why their child died (Fleming et al, 2004; RCPPath and RCPCH, 2004).

In a recent survey of LSCBs across England, we found that 83 per cent already had or were developing protocols for responding to sudden unexpected childhood deaths. As these procedures are implemented across the country, they should lead to improved investigations of unexpected childhood death and improved support for the families involved.

Furthermore, work needs to be done both locally and nationally to establish models of staffing and other resources to support these procedures; to explore ways in which the principles can be extended to deaths in older children; and to audit and evaluate the processes to ensure they are achieving what they set out to achieve, namely improved investigation of unexpected deaths, a higher proportion of identified causes of death, a greater awareness of wider contributory factors and increased support for parents and families.

There is an African proverb, which says it takes a village to raise a child. In a similar vein, we suggest that it takes a community to bury a child. The death of a child is a “sentinel event”, which in turn reflects society’s policies on safety and health (Jenny and Isaac, 2006). In this spirit, we as professionals working with families, owe it to bereaved families to investigate thoroughly (yet sensitively) each child’s death, to respect the rights of each child, even in death, and to strive to learn lessons that may help to prevent future deaths.

...each death is a tragedy for the family concerned...

This piece is an abridged version of a more detailed article, which can be read in its entirety at: www.nspcc.org.uk/inform

The authors (including Shahid Perwez, Jan Horwath, Catherine Powell and John Fox) are currently carrying out an evaluation of pilot child death review teams and are developing training materials to support the introduction of the child death review processes outlined in *Working Together to Safeguard Children* (2006). Both projects were commissioned by the DfES.

Looking for conferences and events?

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Child death reviews: progress in the north of England

Dr Martin P Ward Platt is the consultant paediatrician and reader in neonatal and paediatric medicine, Royal Victoria Infirmary, Newcastle upon Tyne. Here, he describes the progress made in the North East of England in terms of child death reviews and the lessons learned from the Confidential Enquiry into Maternal and Child Health (CEMACH) project.

Child death reviews, mandatory from April 2008, are already off to a flying start in the north of England. There are several reasons for this. Firstly, we have put in a lot of detailed work on the implementation of the Kennedy recommendations for the management of sudden unexpected deaths in infancy (SUDI), including case reviews. As child death reviews utilise the same principles as SUDI reviews, there is some local familiarity with the process, at least in areas such as health.

Secondly, the North is a participating region in the CEMACH child death project. The Regional Maternity Survey Office (RMSO), which covers the North East and north Cumbria, is the regional hub for CEMACH and has long-standing networks, which enable rapid ascertainment of deaths in children of all ages, together with a corresponding expertise in organising confidential inquiries. Although confidential inquiries differ in important ways from child death reviews, much of the administrative infrastructure (identifying, gathering and copying relevant documentation from a variety of institutions) is very similar. Furthermore, the RMSO has been an active participant in the national CEMACH child death steering group and has contributed to the content of the core data set and the design of the confidential inquiry pro forma.

Thirdly, the Department for Education and Skills (DfES) has funded the RMSO to organise a number of "real" child death reviews across the region in order to help LSCBs understand how they might implement the child death review process. This is already encouraging adjacent LSCBs to give thought to combining their child death review processes.

Our regional data has confirmed that it makes sense for adjacent LSCBs to pool expertise and cover larger populations than their own. There is no clear optimal population size, but somewhere between 500,000 and a million seems about right, as this allows a reasonable number of deaths to be scrutinised each year without the process becoming too burdensome.

We have also found that many deaths occur outside the area in which the child resides – 40 per cent in the case of children under one, and between a quarter and a third for older children. This makes local ascertainment of death problematic, and calls strongly for a single point of ascertainment covering a much larger population than is contained within a few LSCB areas. Since the RMSO already has the networks, the experience and the infrastructure to do this on behalf of all LSCBs in the region, we are planning to continue this role for our population of

about three million. Locally based ascertainment would most likely be slow, expensive and ineffective. It is often not appreciated that the rapid ascertainment of child death is essential because failure to secure the relevant documentation early on can make the task much more difficult later on. Indeed, the DfES would be wise to consider whether there might be benefits to funding CEMACH regional offices in the long term to undertake ascertainment on behalf of all LSCBs in their areas.

To contact Dr Martin P Ward Platt, email: m.p.ward-platt@ncl.ac.uk

Sharing knowledge to end cruelty

Sarah Pilmer, library manager with the NSPCC Library and Information Service, invites you to take advantage of the services offered by the NSPCC library.

The NSPCC library houses a specialist collection of textbooks, reference materials, official and policy publications, research and other resources on child abuse and child protection, and related subject areas. The library catalogue is freely available to access from the NSPCC website and contains over 30,000 references to UK, European and international child protection materials. The library subscribes to a number of specialist journals, which are scanned by experienced librarians for articles, references to which also appear in the catalogue. This bibliography provides a unique resource for child protection professionals and researchers, child care workers, teachers, parents and legal/law enforcement professionals to carry out subject searches, which will enable them to formulate policy, gather evidence for research or court cases, work with children and families, or educate children (for example, in self-protection or appropriate sexual behaviour).

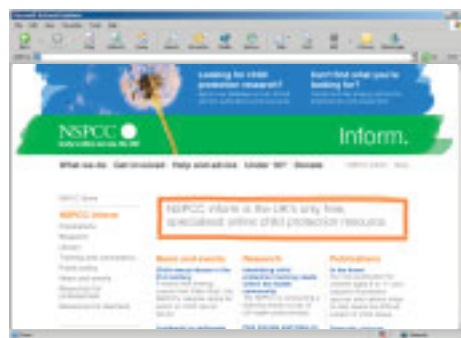
The library is open to visitors by appointment. For those who cannot visit, a free enquiry service is provided, staffed by librarians from 9am to 5pm, Monday to Friday. The library provides references in the form of standard or tailored reading lists, statistical information, or links to appropriate online resources. If library staff cannot locate information, they will do their best to point enquirers in the right direction.

The library also provides a free weekly email-alerting service to subscribers, which

can be accessed from NSPCC Inform, which is a free, online, specialised child protection resource for practitioners, researchers, trainers, policy-makers and other professionals working to protect children. Nearly 3,000 subscribers use this service to receive details of new references added to the collection, choosing either to receive everything or only references on selected topics. Subscribers can also register to receive free CASPAR (Current News Awareness Service for Practice, Policy and Research) email alerts - the library's current awareness service highlighting key developments in the world of child protection.

Although the library is unable to lend items in the collection, staff are happy to advise enquirers about appropriate sources, online or otherwise.

You can contact the NSPCC library online via: www.nspcc.org.uk/inform, by calling: 020 7825 2706 or emailing: library@nspcc.org.uk



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Safeguarding children on licensed premises

Julie Hague, licensing manager for Sheffield Safeguarding Children Board, describes award-winning work, which has sought to find a creative way of complying with the Licensing Act 2003.

Since January 2005, the Sheffield Safeguarding Children Board Licensing Project has been working with statutory agencies, local businesses and other organisations to promote the idea that safeguarding children is everyone's business. Under the Licensing Act 2003, LSCBs have statutory duties to protect children from harm. In its role as a responsible authority, the LSCB can influence the way premises operate to maximise children's safety.

"The aim is not to restrict children's access to premises," says Julie Hague, licensing manager for the Sheffield Safeguarding Children Board, "but to work with licensees, their staff and customers to provide a safe environment in which children can learn to socialise, integrate and learn to drink responsibly. We are driving towards a more family friendly, child-focused culture."

The Licensing Project was set up two years ago by Trevor Owen, Sheffield Safeguarding Children Service's senior manager, and adviser to the safeguarding children board. Under the Licensing Act 2003, the majority of public venues need a premises licence, including pubs, clubs, restaurants, fun fairs, hot food takeaways, museums, off licences, and events. Trevor identified licensing reform as a golden opportunity to build the safeguarding dimension within local communities by making premises managers and staff aware of their duty to protect children.

Sheffield has taken a positive, proactive and preventive approach towards safeguarding children from harm, and the project is achieving this at two levels: firstly, by responding to applications for premises licences and reviews, and secondly, by raising awareness. "By reminding adults that when they supply alcohol to children, they are putting them at risk of harm, and explaining what the consequences of this could be, we hope to develop a sense of social as well as legal responsibility throughout the community," says Julie Hague.

The Licensing Project provides practical solutions to help licensees safeguard



Sheffield LSCB receives its Community Care Award from TV personality Tony Robinson

"We are driving towards a more family friendly, child-focused culture."

children. A risk-assessment tool, posters, information leaflets and best-practice guidance have been distributed across the city and are also available from the Sheffield Safeguarding Children Board website.

The key essential safeguarding measures promoted by the project are:

- Risk assessments, in the form of written records that can be made available to the responsible authorities on request, should be used to inform policy and should be reviewed regularly.
- All staff should be trained in child protection systems (such as refusals and incident logs, proof-of-age schemes, child safety policy and licence conditions).
- All staff should be made aware of the law in relation to children and alcohol.

- A children's "safeguarder" must be assigned.
- Staff/volunteers/entertainers should be vetted to ensure they do not pose a threat to children.

The Sheffield Safeguarding Children Board aims to protect children from the risks associated with sexual exploitation, underage drinking, substance misuse, criminal/sexual predators and dangerous/inappropriate adult behaviour, all of which can occur at licensed premises. In recognition of this innovative work, Sheffield recently received the prestigious national Community Care Award 2006, in the Safeguarding Children category.

For more information, contact Julie Hague on: 0114 2736753 or email: julie.hague@sheffield.gov.uk

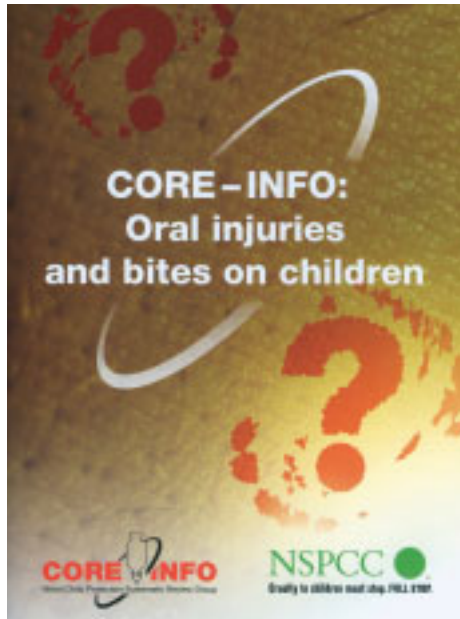
Oral injuries and bites on children

The Welsh Child Protection Systematic Review Group (Core-info) is engaged in a rolling programme of systematic reviews of published research literature on aspects of physical child abuse. In this article, William Baginsky, head of child protection learning resources, NSPCC Training and Consultancy, and Alison Kemp, reader in child health, Cardiff University, who leads the review group, describe the latest leaflet in this series, which focuses on oral injuries and bites on children.

Working Together to Safeguard Children (2006) identifies dental practitioners and dental care professionals among those who have a role in safeguarding and promoting the welfare of children. Dental teams have a particular role in service provision to children and families, and therefore a shared responsibility to identify child protection concerns. The March 2007 launch of the third leaflet in the Core-info series – *Oral injuries and bites on children* – is particularly timely.

The leaflet will be of particular interest to dentists and dental care professionals, and to any professionals – including paediatricians and A&E staff, nursery nurses, health visitors, school nurses, teachers, legal practitioners, social workers and the police – who have concerns about injuries to children's mouths, or lesions, that may resemble bites.

This is the third in a series of leaflets presenting key messages from the findings of the Welsh Child Protection Systematic Review Group's programme of evidence-based work. The group – at the Department



The latest title from the Core-info series

of Child Health, Cardiff University, and supported by the NSPCC – is conducting a rolling programme of systematic reviews, which rigorously examine world scientific evidence on the recognition of physical injuries resulting from child abuse. The first two leaflets were on bruising and fractures. A fourth is planned on intentional scalds and contact burns.

The challenge in producing the Core-info leaflets has been to present complex findings clearly, concisely and accurately to a lay audience. The leaflets, available in hard copy and to download from: www.nspcc.org.uk/inform, clearly serve

a need. Sales and distribution of the leaflet on bruising, for example, now exceed 25,000 copies.

The oral injuries leaflet includes information on what is known about injuries to the mouth in child abuse. Up to 50 per cent of children sustain an injury to the mouth by the time they leave school, and a small proportion of these arise from physical abuse. Research shows that dental care professionals feel unprepared and ill-equipped to recognise and refer cases of suspected abuse for further assessment. Child health workers and others who work with children are not confident that they have the skills to recognise signs in the mouth, which may indicate child abuse. The leaflet covers these areas, signposts further resources for dental care practitioners (for more information, visit: www.cpd.org.uk) and discusses the evidence on whether a torn labial frenum is an indicator of child abuse.

The second section of the leaflet covers the appearance of bites on children and provides information on how to recognise and distinguish a bite caused by an animal, a child or an adult. It also explains how to assess and record an injury from a bite, and describes the potential role of forensic dentists in identifying the perpetrator.

Information about this and the project's other systematic reviews – on bruises, bites and oral injuries, burns and scalds, non-accidental head injuries, and abdominal injuries, as well as the reviews and annual updates – can be found at: www.core-info.cf.ac.uk

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