

SAFEGUARDING CHILDREN IN RESEARCH CONTEXTS

1. Introduction

Following the tragic death of Victoria Climbié at the hands of her carers in 2000 society has become more aware of safeguarding issues. The government inquiry into her death noted that despite the involvement of many agencies "no one had the presence of mind to follow simple procedures" (Laming Report, 2003) and subsequently made 108 recommendations. The Children's Act (2004) and Every Child Matters agenda (2004) adopted many of these recommendations, and in 2006 the government stipulated the roles and responsibilities of agencies to safeguard children in the publication *Working Together to Safeguard Children (WTTSC)*. All agencies working directly with children now have a statutory obligation to have a designated child protection person who can act as a focal point for child protection concerns.

Even with these preventative measures in place tragedies have still continued to occur (Baby P, 2008). In 2008 34,000 children became the subject of a child protection plan¹ and many more live with a risk that is never acknowledged (Biennial Child and Serious Injury Review, 2003-05). It is therefore reasonable to assume that researchers may have contact with some children who are currently at risk of significant harm. Although the university is not essentially an agency that directly works with children we have deemed it necessary to set up a Child Protection Advisory Group.

This briefing document sets out to clarify the responsibilities researchers have towards child participants in general, the issues to consider and actions they can take if the researcher becomes aware that a child has been/may be abused. In particular, researchers should be aware of the safeguarding issues that relate to the:

- indicators of abuse/neglect; and
- disclosure of abuse by a child.

What is safeguarding?

Safeguarding is a relatively new term which extends beyond the definition of 'child protection'. As well as referring to protection, safeguarding also encompasses the notion of prevention. The main purpose of safeguarding is to ensure that children are kept safe and grow up in circumstances most likely to promote this. Safeguarding and promoting the welfare of children is defined as:

"...protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully" (Working Together to Safeguard Children, 2006: pp34-35)

2. What responsibilities do researchers have around safeguarding children?

Responsibilities to the research participants in general

Currently there is not one reliable system of ethical governance or review covering all social researchers, although it is common recognised² that researchers should strive to:

- protect participants from undue harm;

¹ DCSF statistics <http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000811/index.shtml>

² For example the Social Research Association Ethics guidelines

- ensure participation in research is voluntary;
- obtain fully informed consent for their participation;
- make participants aware of their entitlement to refuse/withdraw at any stage;
- not exclude any group from consideration; and
- maintain participants' anonymity and confidentiality.

However, conflicts may arise in terms of agreeing to maintain a participant's anonymity and confidentiality where, for example, information is disclosed in an interview that may indicate potential harm to a child. Generally guidance around this is vague tending to relate to the risks to researchers in dealing with such sensitive or difficult information, rather than to those of the participant.

3. Key guidance and legislation around safeguarding children and the responsibilities of the researcher

An exploration of legislative and statutory guidance reveals a similar lack of clarity regarding the responsibilities of researchers to refer child protection concerns to statutory agencies.

- **Children Act (1989)** specifies that partner agencies have a duty to help Local Authorities (LAs) with enquiries in cases where harm to a child is suspected
- **Education Act section 175 (2002)** places a duty on Local Education Authorities, schools and colleges to carry out their functions with a view to safeguarding and promoting the welfare of children
- **Every Child Matters (DfES, 2003)** amongst other things proposed an electronic tracking system for England's 11 million children, replacing Area Child Protection Committees (ACPCs) with statutory local safeguarding children boards, appointing a children's director to oversee local children's services and an independent children's commissioner for England to protect young people's welfare and rights
- **Children Act (2004)** emphasises the importance of sharing information between LAs and partner agencies to improve the wellbeing of children
- **Every Child Matters: Next Steps (DfES, 2004)** follows on from the proposals set out in the 2003 document 'Every Child Matters'.
- **National Service Framework for Children, Young People and Maternity Services (DoH/DfES, 2004)** put forward a 10 year programme for the planning and delivery of children's services within health services
- **Working Together to Safeguard Children - how agencies should translate policy into action (DfES, 2006)** outlined the roles and responsibilities of a wide range of organisations and agencies that work with children. It is interesting to note that this does not include researchers
- **What to do if you're worried that a child is being abused (DfES, 2006)** is guidance for practitioners and provides best practice for those who work with children in order to safeguard their welfare
- **Children's Plan and Safeguarding Action Plan (DCSF 2007)** is the first cross-Government strategy for improving children and young people's safety.

Taken together, these documents do not provide an individual legal mandate for practitioners working with children to report child protection concerns. However they do impose a clear

professional duty on practitioners in health, education, social care and sports/social clubs to report such concerns and to be alert to potential indicators of abuse or neglect in terms of:

- being alert to the risks that individual abusers, or potential abusers may pose to children;
- sharing and helping to analyse information so that assessments can be made of a child's needs and circumstances; and
- contributing to whatever actions are needed to safeguard and promote the child's welfare (WTTSC, 2006:34)

Furthermore, despite the plethora of practitioner guidance there is no mention of the responsibilities of researchers who may become suspicious that a child is being harmed.

Researchers are an often disparate group, which may pinpoint why there is a clear lack of specific guidance. Nevertheless, the issue is a vital one and has recently begun to attract attention. Charities such as the National Children's Bureau³ and Action for Children⁴ (formerly NCH) have developed ethical guidelines for researchers that more fully address some of the issues that arise around safeguarding, confidentiality and disclosure. Action for children state that:

"Researchers need to be clear with participants from the outset that confidentiality may have to be breached if there is a disclosure relating to serious harm, abuse and/or other child protection concerns..."

If a participant divulges any information that gives rise to child protection concerns, or where the researcher observes or receives evidence of incidents likely to cause serious harm, the researcher has a duty to take steps to protect the child or other children.

The researcher also has a responsibility to ensure that the person disclosing is aware of the likely consequences, to ensure their wishes are clear and taken into account, to inform them of the steps that the researcher has to take and to offer support for them to tell someone else. They should ensure the individual disclosing is supported and kept informed" (Action for Children Ethical Guidelines for Research)

NCB offer similar guidelines:

"To deal with this possibility (passing concerns to others that a participant is at risk of harm), children and young people should be told at the outset, and as necessary during the course of an interview, that confidentiality cannot be guaranteed if information of this type emerges. Where poor practice is witnessed which does not cause concern for children's immediate welfare, this will be reported back through the usual feedback mechanisms"
(www.ncb.org.uk research_guidelines_200604.doc)

4. Limits of confidentiality

Limitations of confidentiality highlight moral concerns about researchers' duty to protect child participants and raise legal questions about the rights/duties of researchers to break confidentiality in relation to data protection laws. Finding ways of appropriately informing participants of the limits of confidentiality in the event of a disclosure about 'harm' or abuse is fraught with challenges in terms of definitions and understanding of terms used.

Neither national nor local guidance has addressed the role of researchers who may either witness abuse or hear disclosures from a child that they or another child are being /or have been abused. The Action for Children ethical guidelines for research, however, does include a section on privacy and confidentiality, which is relevant here:

"Research participants need to understand how far they will be afforded anonymity and confidentiality, and the extent to which their privacy will be respected and protected. Limits

³ Guidelines for Research, National Children's Bureau p3, available at:

http://www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/research_guidelines_200604.pdf

⁴ Internal guidelines accessed via personal communication.

*to confidentiality need to be made explicit both verbally prior to an interview, focus group or completing a questionnaire, etc, as well as during the process and in the research information leaflet. Unrealistic guarantees of confidentiality should not be given."*⁵

NCB Guidelines state:

*"Before giving their informed consent to participate in research, all subjects, especially children, should understand how far they will be afforded anonymity and confidentiality. We believe that there must be limits to any guarantee of confidentiality or anonymity in situations where child protection is an issue. Where a child or young person divulges that they or others are at risk of significant harm, or where the researcher observes or receives evidence of incidents likely to cause serious harm, the researcher has a duty to take steps to protect the child or other children."*⁶

Despite these unresolved moral and legal questions, researchers should, nonetheless, negotiate confidentiality and the limits of confidentiality with children in a way that is appropriate to the child's level of understanding.

Some concerns about safeguarding children may also arise in research contexts with adults (for example if an adult reveals information that suggests they themselves pose a risk to a child, or alleges that another adult does so). Thus limits of confidentiality are not restricted to research directly conducted with children, and may present complex conflicts of interest. This highlights the need for careful planning of research which takes account of potential child protection issues.

5. Planning for safe research with children

Researchers accepting any 'duty' to refer any concerns that may arise must make this explicit in any consent to conduct research. This should be part of the research design and made clear to all participants.

The need to share information that a child may be harmed should be made clear by face to face discussion with the child, and where this is not possible, this should be recorded with reasons. The presumption is that such a discussion will take place.

The issue of the child's competence to give their informed consent becomes central and relates to the child's cognitive capacity to foresee consequences. Where the child's understanding is limited, researchers should take advice from their supervisor/line manager about how best to ensure a child's informed consent.

Some argue that it is appropriate not to fully inform the child of the limits of confidentiality in order to protect the child from inappropriate decision-making. But not engaging with children about this reinforces issues of powerlessness, which are central to the experience of abuse.

Complete confidentiality cannot therefore be promised; this accords with research ethics in terms of informed consent, as well as responsibility to wider society and crucially to the individual participant.

All researchers, including students, who work with children and young people should have some basic understanding of safeguarding issues and how to respond to a concern, and be familiar with this guidance. Researchers should not, for example, expose themselves to situations where children can make allegations of abuse against the researcher. This should be straightforward in a setting, but may be problematic in a private home or informal meeting place. In a setting the usual advice is not to be alone with a child out of sight of anybody else, however this may not be practical in, for example, a family home. Researchers should ensure that they are not in a position

⁵ ibid 6

⁶ ibid 5

where they have requested non-interrupted contact: the expectation should be that another person could come into the room. If privacy is needed, then you should agree this with your supervisor.

Although universities are not designated as agencies working directly with children, we do have a large number of staff and students who do so. It is therefore reasonable that this university establishes a Child Protection Advisory Group to act as a link between researchers who may have concerns for a child's welfare, university management and statutory agencies. The detailed role of the Child Protection Advisory Group is given in Appendix 1.

Key themes and principles

- There is no legal duty placed on researchers to refer child protection concerns.
- There is a strong recommendation from the British Association of Social Work that the research design should allow for the possibility of disclosure of safeguarding concerns.
- There are valid and over-riding reasons to refer such concern if the researcher is to act to protect the individual child.
- Capacity of minors to consent is a contested issue.
- Children taking part in research have a right to know the limits of confidentiality.
- Parents need full information to provide informed consent.
- Respect for research participants requires fully informed consent and openness about the limits of confidentiality.
- There are good reasons for researchers to feel their independent status is compromised by accepting the need to refer such concerns.

6. Recognising Safeguarding Issues during Research with Children

Significant harm

The Children Act, 1989, uses the concept of 'significant harm' as a threshold for determining if abuse is taking place and for intervention. 'Significant harm' is defined as follows under s31 (9) of the Children Act, 1989:

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

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

Health means physical or mental health; and

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

These are legal definitions that determine whether local authorities should intervene in families and take steps to investigate possible abuse.

However, the individual researcher is not required to determine absolutely whether a child is suffering from 'significant harm' or not. Their role is limited to identifying and sharing concerns about a child or children as described below.

The researcher's role should include:

- Awareness of any relevant child protection procedures
- Recognising indicators of abuse
- Recording information/monitoring
- Discussion and/or consultation with an appropriate person
- Making a referral
- Providing information

Definitions of Abuse

In order to fulfil their responsibilities to children, researchers need to be aware of types of abuse and possible indicators of abuse. The different forms of abuse are defined as follows:

Physical abuse

Physical abuse 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

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- 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)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (Working Together to Safeguard Children 2006:38).

Indicators of Abuse

These **may** include:

Physical Indicators:

- Injuries which are unexplained or where the explanation is not consistent with the injury
- Soft tissue injury/bruising

- Bruising behind the ears
- Multiple/excess bruising
- Frequent minor/significant bruises of injury
- Wariness of adults
- Inappropriate clothing for the weather
- Dirty/unkempt/ill fitting/unchanged clothing
- Poor hygiene
- May be often late/absent/ frequently not picked up on time after school/nursery/picked up by multiple carers-child may be often unsure who is coming to pick them up
- Tired/lethargic
- Poor/limited language development

Behavioural Indicators:

- May have difficulty in forming friendships
- Inappropriate or emotional responses
- Clingy to teachers/or conversely distant/unwilling to engage
- Ambivalent relationship with parental figure
- High criticism offered about the child from parent directly to the child or to others.
- Low warmth
- Absence of affection between the child and his/her carer
- Other Indicators:
- Parent/carer is under the influence of drink/drugs/frequently smells of drink
- Parent presents as disjointed and uncoordinated/ slurred speech/mentally unwell/drowsy

It is important to note that there may be other explanations for many of these indicators which the researcher may not be aware of. However, this should not preclude taking action to refer a child if your concerns are significant. It may be that the child and family need support and help for issues other than direct abuse or to prevent abuse occurring or escalating.

Disclosure is one of the most likely ways in which researchers might identify possible abuse is if a child discloses. Disclosure is usually a verbal allegation and/or description of abuse but may also be achieved through other media (e.g. written, drawn). Disclosure may be about the child who discloses and/or another child.

7. Responding to Possible Abuse

The researcher's role in responding to abuse is not to investigate or to determine if abuse has taken place. These are tasks performed by other professionals directly involved in child protection roles. The researcher's role is to discuss all concerns as soon as possible with the SHU Child Protection Advisory Group. **In all cases contact with the group is made through the university Research Support Team in the Research and Innovation Office (Tel: 2254050 or Email: researchsupport@shu.ac.uk).** They will take the necessary actions and put you in contact with the Child Protection Advisory Group. The group will make any further necessary referrals. (see 'What to do if you're worried a child is being abused' p14). More detailed procedures for various situations are given below.

a) Where a child makes a clear disclosure of abuse, researchers should:

- Take seriously what the child is telling them.
- Ask the child if they have told you everything they want to.
- Listen, encourage, but don't ask questions that assume anything.
- Tell the child that you will need to talk to someone else to decide what to do now.
- Check that the child understands what you are going to do.
- Record their observations and what the child has said at the earliest appropriate opportunity, including dates and times.

- If another adult is present, record details of this.
- When the disclosure takes place within a children's setting, inform the setting's Designated Child Protection Person.
- Contact the university Research Support Team in the Research and Innovation Office who will put you in contact with the Child Protection Advisory Group and inform them of the disclosure.
- Provide reassurance to the young person, who may feel scared, unsure and disloyal. The child may think they have done something wrong by telling you, may feel a sense of panic or be scared of losing control of what will happen next.
- Where the allegation concerns a family member, the Child Protection Advisory Group will contact Social Care Services (SCS) to refer the concerns.
- Where the allegation concerns someone outside the family but known to the child in a non-professional capacity, the same process applies.
- When a child discloses previous abuse the same process applies, as the alleged abuser may have continued to abuse other children or be in a position where other children are at risk.
- Where a child raises concern about another child as the perpetrator of abuse, the same process applies.

b) Where a researcher witnesses a child being abused:

- If this is in the family home, the researcher should leave the home as soon as is practicable, without engaging in dialogue about the incident. If there is serious harm, the police may need to be alerted.
- Contact the university Research Support Team in the Research and Innovation Office immediately who will put you in contact with the Child Protection Advisory Group to inform them of the disclosure. Discuss the situation with the university Child Protection Advisory Group. The Child Protection Advisory Group will discuss with a child protection agency. If the abuse is witnessed in a setting and is by a family member or person not acting in a professional capacity, inform the setting's Designated Child Protection Person immediately.
- In either case record what you have witnessed as soon as possible.

c) Where a researcher suspects a child is being abused

- The same process applies. Suspicion may arise from a context of a single significant incident or cumulative poor or inappropriate interactions between an adult and child. Contact the university Research Support Team in the Research and Innovation Office immediately who will put you in contact with the Child Protection Advisory Group to discuss your concerns.
- If a child has suspicious injury/illness this should be discussed with the university Child Protection Advisory Group for advice; the university Child Protection Advisory Group may need to seek advice from Social Care Services about the need to refer.
- Where the context is a setting the setting's Designated Child Protection Person should be informed.

d) Where the concern involves someone in their professional capacity

- If the research is within a statutory agency, inform the Designated Child Protection Person within that agency.
- Then inform the university Research Support Team in the Research and Innovation Office who will contact the Child Protection Advisory Group if you require advice.
- If the research is not within a statutory agency, inform the university Research Support Team in the Research and Innovation Office immediately who will put you in contact with the Child Protection Advisory Group to inform them of the disclosure. The university Child Protection Advisory Group will seek advice from a child protection agency.

- If the allegation involves a member of the university or a student, inform the university Research Support Team in the Research and Innovation Office immediately. They will coordinate the necessary action.

Who needs to be informed?

Actions following consultation with the university Child Protection Advisory Group, and whoever else needs to know, will depend on who the alleged perpetrator is. The principle to follow is "who needs to know?" Researchers should not discuss the case informally with anybody else, but there may be circumstances in which a whole research team needs to be made aware that concerns have been raised. The university Child Protection Advisory Group will discuss with the project manager what information can be shared, maintaining anonymity for both child and alleged perpetrator as far as possible.

- a) Allegations against a family member - the university Child Protection Advisory Group panel will inform the researcher's supervisor or team manager. This is to alert them to the researcher's need for support and to facilitate access to any counselling that may be required. The researcher may need to provide information during any subsequent child protection investigations and may need support at this time.
- b) Allegations against a professional - no other persons need to be informed.
- c) Allegations against a student - their academic tutor or supervisor should be informed, and the course leader or postgraduate equivalent. It is likely that in this case the programme area leader will also be informed and the Head of Research Ethics.
- d) Allegations or concerns involving a member of university staff - the university will deal with this under the Research Misconduct Policy and procedures, taking advice from the Child Protection Advisory Group panel. After consultation, a decision will be made whether the situation is one of research misconduct that can be dealt with internally, or one requiring that information be shared with a local child protection agency (see below, section 8, for allegations against researchers).

Following any of the above allegations the university will be informed of any decision taken by Social Care Services or the police to take further action including a child protection investigation. In some instances the researcher may be required to make a witness statement.

Support for the child - the investigating agency is responsible for ensuring support to the child during and following the child protection enquiry.

8. Allegations against researchers

In terms of abuse allegations against researchers (or indeed other University staff) individuals could potentially be accused of any of the following (see above p9):

- Physical abuse
- Sexual abuse
- Emotional abuse

Allegations of neglect are unlikely in a research context, as researchers are not likely to be solely responsible for a child for a significant time. Researchers who find themselves directly accused of harm by a child, or other members of staff to whom an accusation is made by a child or a third party, should firstly try to remain calm. It is likely that the researcher would hear of this from the police or SCS. In any event immediate contact should be made with the university Research Support Team in the Research and Innovation Office who will instigate the necessary procedures under the University Policy and Procedures for Research Misconduct.

Researchers should not attempt to investigate the allegation themselves, nor ask the child any further questions, as this could jeopardise further enquiries.

9. Sources of advice and support

Despite the above guidance about how to identify possible child protection issues, and what to do if a researcher has concerns, there will inevitably be "grey areas". Researchers need to maintain confidentiality and anonymity regarding both the child(ren) and people about whom they have suspicions, and should make referrals directly to the appropriate person as soon as possible. It is better to make informal contact with the University Child Protection Advisory Group than to "chat" with other colleagues in the first instance. If researchers have discussed matters with colleagues before contacting the University Child Protection Advisory Group they should ensure that these colleagues also maintain confidentiality, discussing the situation only on a "need to know" basis. The university recognises that researchers may need support themselves upon hearing a child's disclosure of abuse, and suitable counselling will be offered in such situations. Details of university counselling services are listed in the appendix.

Research staff may also face allegations of abuse, and will also be entitled to support from the University's counselling services, which can be particularly helpful as investigations can be lengthy so support may need to be ongoing and long-term.

In cases where researchers do not want or require this service they should be directed to the following websites, help lines and/or local independent counselling services for further information and advice. In contacting any such outside bodies, confidentiality remains a priority⁷.

University Contact Details: In all cases contact with the group is made through the university **Research Support Team in the Research and Innovation Office (Tel: 2254050 or Email: researchsupport@shu.ac.uk)**. They will take the necessary actions and put you in contact with the Child Protection Advisory Group.

⁷ A list of relevant, trusted websites, helplines and local counsellors are listed in Appendix 2.

Glossary of Terminology

Abuse and neglect - Forms of maltreatment of a child

Area Child Protection Committees (ACPCs) - Until 2003 every Local Authority was required to have an Area Child Protection Committee (ACPC). This was a group of senior managers from a range of statutory and voluntary agencies and organisations who work with children and their families.

Child - Anyone who has not yet reached their 18th birthday

Child protection - Process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

'Children's social care' or 'local authority (LA) children's social care' - The work of LAs exercising their social services functions with regard to children. This is not meant to imply a separate 'children's social services' department.

Local authorities (LAs) - In this guidance, this generally means LAs that are children's services authorities – effectively, LAs that are responsible for social services and education.

Safeguarding and promoting the welfare of children - The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.

Wellbeing - Section 10 of the Children Act 2004 requires LAs and other specified agencies to co-operate with a view to improving the wellbeing of children in relation to the five outcomes first set out in *Every Child Matters*, (adapted from *Working Together to Safeguard Children* 2006:27).

Authors

Janet Kay, Rosemary Furey, Bernie Stiell, Lucy Shipton, Caroline Cripps & Ruth Barley

Appendix 1

Child Protection Advisory Group Procedures

In all cases contact with the group is made through the **university Research Support Team in the Research and Innovation Office (Tel: 2254050 or Email: researchsupport@shu.ac.uk)**. This is to ensure that adequate records of the procedures followed and decisions made are kept centrally and to allow the university to monitor the use of the system. The research support team will log all incidents and requests for advice, put the researcher in contact with the Advisory Group and advise the Head of Research Ethics and the Pro VC Research if necessary.

At least three members of the Advisory Group will be contacted to review the issue with one member designated to take the lead role. The aim is to include both practitioners and researchers from the Advisory Group pool. The leader will be the contact person for the researcher and will summarise and report the recommendations to the Research Support Team before any actions are taken. The leader may be asked to liaise with external agencies on behalf of the university as required.

Involving an external agency

- Where there is suspicion that a family member has abused a child the appropriate contact is Social Care Services to refer the suspicion.
- Where the concern is abuse by a person not otherwise known to the child, the referral is to the police child protection unit.
- Where there is suspicion that someone has abused a child in the context of their professional role, the appropriate referral is to Social Care Services. It will be the responsibility of Social Care Services to divulge such information to the relevant manager/professional body.
- Allegations involving a member of university staff are dealt with under the Policy and Procedures for Research Misconduct.

Next steps in child protection investigations

Allegations against a family member

- The university will be informed of any decision taken by SCS to take further action including a child protection investigation.
- Where a child protection investigation is undertaken, it is likely that a social worker and possibly police officer (child protection) will need information about the disclosure/abuse witnessed/reasons for concern from the researcher.
- In some instances, where prosecution is possible, a police statement may be requested.
- Thereafter the involvement of the researcher in the child protection investigation is likely to end.

Allegations against someone not otherwise known to the child

The steps will be similar to the above, but only the police, and not SCS will be involved in the investigation.

Allegations against someone who has a professional role with children.

There are likely to be three strands:

- 1) Child protection investigation
- 2) Professional/disciplinary procedures
- 3) The professional about whom there are allegations may choose to have trade union or legal representation

The role of the researcher who raised the issue will be confined to providing the information leading to their concerns for the child. However, if a criminal prosecution is pursued, a police (witness) statement may be required.

Appendix 2

Relevant, trusted websites, helplines and local counsellors

Action for Children - Website: <http://www.actionforchildren.org.uk/>

British Association for Counselling and Psychotherapy - Website: <http://www.bacp.co.uk/>

Childline - 24 hour Helpline: 0800 1111 (advice for children) Website: <http://www.childline.org.uk/Pages/Home.aspx>

National Children's Bureau - Website: <http://www.ncb.org.uk/>

NSPCC - 24 hour Helpline: 0808 800 5000 (advice for adults concerned about a child's welfare) Website: <http://www.nspcc.org.uk/>

National Union of Students - Website: <http://www.nus.org.uk/>

Sheffield City Council Duty Social Worker for Children and Families - 24 hour Helpline: 0114 273 4855 (call to report concerns about a child's welfare) Website: <http://www.sheffield.gov.uk/safe--sound/protection-from-abuse/child-protection/child-abuse>

SHU Counselling Services - Telephone - 0114 225 2136 Email - counselling@shu.ac.uk Website: <https://staff.shu.ac.uk/sls/services/counselling/>

Unison - Telephone: Jane Colquhoun (SHU branch secretary) 0114 225 4995 Email: j.e.colquhoun@shu.ac.uk Website: www.unison.org.uk

University and College Union - Telephone: Mike Henderson (SHU branch secretary) 0114 225 5052 Email: m.j.henderson@shu.ac.uk Website: www.ucu.org.uk

References

Action for Children (2008) Ethical guidelines for research. Internal document.

DCSF (2005) *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn?* Available at <http://www.dcsf.gov.uk/rsgateway/DB/RRP/u014591/index.shtml>.

HMI (2008) *Joint Area Review*. Haringey Children's Services Authority. Ofsted. Available at <http://publications.dcsf.gov.uk/eOrderingDownload/Haringey-Review.pdf>

HMG (2006) *Working Together to Safeguard Children*. London TSO Available at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00060/>

Laming, Lord H. (2003) *The Victoria Climbié Report*. London: HMSO. Available at www.victoria-climbié-enquiry.org.uk.

National Children's Bureau (no date) Available at http://www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/research_guidelines_200604.pdf