# Pointers for Practice: Identifying Professional Concerns

The Truth Project, which is part of the Independent Inquiry into Child Sexual Abuse (IICSA), led by Professor Alexis Jay, reported that:

* 23 per cent of respondents indicated they were abused as children by teaching or educational staff
* 12 per cent indicated that they were abused by other professionals, such as medical practitioners, social workers and police.

Practitioners should therefore bear in mind that it is possible that those placed in a position of trust for children may be abusing them.

**Failure to notice or report: professional neglect**

Children in out of home settings are not only at risk from abusers but from adults who fail to notice abuse or, if they do notice it, fail to report it. This is professional neglect.

In a thematic assessment completed by the National Crime Agency (NCA) Child Exploitation and Online Protection (CEOP) Command, findings showed:

* some practitioners do not notice and/or fail to report abuse by colleagues and others in positions of trust
* management structures that may discourage junior staff from reporting suspicions
* organisational structures that allow offenders to gain the trust of their victims and those who should be protecting them
* for some staff, protecting the organisation's reputation may take precedence over reporting abuse
* practitioners may be under a “false perception” that institutional abuse no longer happens because of the historic nature of cases and recent developments in safeguarding.

Particular consideration should be given to children with severe physical or learning disabilities who are particularly vulnerable to abuse and neglect. Some of the practitioners’ behaviour may be well-intentioned but can be abusive. A study completed by Featherstone and Northcott, whilst it focused on patients with dementia, demonstrates this point. The Welsh researchers found examples from their study of nurses and healthcare assistants:

* raising bedrails on beds
* tucking patients in very tightly so they cannot move
* preventing patients from getting up out of bed by removing walking aids
* in some case sedating patients.

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The rationale behind these actions was a fear for patients’ safety if they were allowed to move around freely. In these situations, the patients were being both physically and psychologically abused as they were experiencing a loss of liberty, rights and freedom of movement.

Other examples of risk of harm by practitioners to individuals with complex needs identified from practice reviews across the UK include:

* insulting, shouting, belittling
* failing to ensure an individual in their care receives the necessary help to drink, eat, get to the toilet
* lack of attention paid to changing incontinence pads or management of pressure sore plans
* inappropriate use of medication that does not meet the person’s needs
* moving and handling that is likely to injure or harm
* exploitation related to benefits, income property, etc.

**Further information:**

Independent Inquiry into Child Sexual Abuse (IICSA)

<https://www.iicsa.org.uk/>

(Accessed 5/8/2019)

Featherstone and Northcott Stories of Dementia <http://www.storiesofdementia.com/2018/04/research-report.html>

(Accessed 6/7/2019)