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space2grieve

SAFEGUARDING AND CHILD PROTECTION POLICY

This policy has been adopted on: **7th April 2022**
This policy is to be reviewed: **At least annually**

Last reviewed: **October 2026**

Responsible for implementing this policy are:

Designated Safeguarding Lead, takes the lead in safeguarding matters: Hattie Deards
Designated Safeguarding Deputy, acts in the Safeguarding Lead's absence: Mita Barakzai
Designated Safeguarding Trustee, represents Safeguarding to the Trustees: Dr Rob Owen
If you have any questions, comments or concerns about this policy then please email our Designated Safeguarding Lead on safeguarding@space2grieve.org.uk

INTRODUCTION

space2grieve is a Registered Charity No 1195114 which supports adults and CYP who live in the London Borough of Richmond who have been bereaved. Our expert volunteers and administrators offer free one to one sessions, either in person, on the phone or via Zoom. We support adults, children, young people, families and older people.

Legal Framework

This policy has been written using the legal and social care framework detailed in the following: London Child Protection Procedures (8th Edition). Working Together to Safeguard Children 2026. Children Act 1989. Children Act 2004. Children and families Act 2014. The Care Act 2014

Supporting Documents

This policy statement should be read alongside our organisational policies, procedures, guidance and other related documents:

Definitions

A child as defined by the Children Act 1989 and 2004 is anyone who has not yet reached their 18th birthday. Children therefore means children and young people throughout. This policy has been written using the legal and social care framework detailed in the following: London Child Protection Procedures (7th Edition). Working Together to Safeguard Children 2026. Children Act 1989. The Sexual Offences Act 2003. Children Act 2004. Children and families Act 2014. The Care Act 2014. Domestic Abuse Act 2021

Safeguarding and promoting the welfare of children is the process of:
- 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.
- Taking action to enable all children to have the best life chances.

Child Protection is the process of protecting individual children identified as either suffering, or at risk of suffering significant harm as a result of abuse or neglect.

Abuse is defined as a violation of an individual human and civil right by any other person or persons.

Child protection procedures are the **methods and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children.**

OUR COMMITMENT

The Trustees of space2grieve recognise their legal responsibilities to safeguard children who access their service and are committed to ensuring that all reasonable steps are taken to ensure that our services are delivered safely and appropriately.

Abuse is unacceptable in all circumstances. space2grieve is committed to safeguarding, protecting and promoting the welfare of children involved in our services. We believe that all are entitled to be treated with dignity, courtesy and respect regardless of age, race, gender and disability. Safeguarding is everybody's responsibility and we are committed to ensuring that our safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice.

The purpose of this document is to protect children and young people who are in contact with space2grieve specialist support and to provide staff, trustees and volunteers with guiding principles to safeguarding and child protection.

space2grieve recognises it has a duty of care to ensure that all children involved in our services have protection from harm and have the opportunity to receive our services in a safe and supportive environment. In order to adequately protect children, space2grieve will ensure that:

- We will recruit staff and volunteers safely, check references, complete DBS checks where applicable and provide ongoing supervision and management of all staff and volunteers.
- All staff and volunteers must complete basic Level 1 Child safeguarding awareness training.
- Child facing volunteers must also complete Level 2
- Designated Safeguarding Lead and the Designated Safeguarding Deputy must also complete Level 3 training. This will be refreshed at least every two years
- safeguarding policy and procedures be included in our inductions, and ongoing learning through supervision and in house training sessions. Our aim is that all staff feel confident to recognise, refer and record any causes they may have for concern.

- Staff and volunteers are aware of our Whistleblowing Policy (on 3 Rings - space2grieve's secure online volunteer management system). We are committed to

creating a culture where people feel safe to speak out if they observe behaviour within the organisation that concerns them.

- There is a Designated Safeguarding Lead, a Designated Safeguarding Deputy and a Designated Safeguarding Trustee to represent the topic at board level.

- A risk assessment from a safeguarding perspective is completed for all venues used by space2grieve.

- Information about the service and how we keep people safe is available to all users of the service including parents, carers and children. The information provided will include how to raise a concern.

- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

- In cases where a volunteer or staff member has behaved in a way that has caused harm to the child, we will refer to the Local Area Designated Officer, regardless of any internal investigation. This is a legal responsibility known as the duty to refer.

space2grieve should also ensure that children receiving support are informed of their rights and what to do if they have any concerns.

space2grieve notes that the mental health perspective is important in respect of many aspects of children's welfare, and that those working with children and young people may identify or suspect instances where a child/young person may have been abused and/or neglected.

space2grieve fully recognises that all staff and volunteers have a full and active part to play in protecting children from harm.

All staff and volunteers accept that space2grieve should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual child. The welfare of the child / young person is paramount.

THE AIMS OF THIS POLICY

The aims of this policy are:

1. To support child development in ways that will foster security, confidence and independence

2. To raise the awareness of staff and volunteers to the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse and/or neglect

3. To emphasise the need for good levels of communication between all members of staff and volunteers.

4. To have a structured procedure and guidelines which will be followed by all staff and volunteers in cases of suspected abuse.

5. To ensure that all adults who have access to children have current DBS checks, where applicable, have their identity verified by original documentation and also that references are checked in line with safe recruitment policies.

PROCEDURES

Reporting concerns of a child or young person at risk of harm.

WHAT TO DO IF YOU HAVE A CONCERN

If a child is at immediate risk of harm, call the police on 999.

If you suspect, have evidence of, or receive a disclosure of abuse, you should inform the Designated Safeguarding Lead or Designated Safeguarding Deputy as soon as possible.

Kingston and Richmond Single point of Access
Tel: 020 8547 5008

If you are calling out of normal office hours (9am-5pm) please call the emergency duty team: 020 8770 5000.

If emailing designated safeguarding lead or designated safeguarding deputy regarding a safeguarding concern, please also text them to let them know to check their email.
DO NOT include any personal details in the text as this is not secure. The purpose of the text is purely to highlight that you have sent an e-mail.

REPORT

Staff and volunteers will report their concern, observation or disclosure to the Designated Safeguarding Lead or the Designated Safeguarding Deputy. space2grieve will ensure every member of staff, volunteer and trustee is aware of who the Designated Safeguarding Lead and the Designated Safeguarding Deputy are and how to contact them.

RECORD

A record will be made by the volunteer/staff member reporting - describing what they saw or heard and the circumstances in which the incident happened**. Do not delay reporting to complete your record - report first and then record as soon as is practically possible.** Use the CYP Safeguarding Incident Recording Log (on 3 Rings).

REFER

The Designated Safeguarding Lead or Designated Safeguarding Deputy will refer in all cases where there is a concern about significant harm or risk of harm to the Richmond Single Point of Access (SPA) 0208 547 5008 spa@richmond.gov.uk.

Report safeguarding allegations made against staff or volunteers to the Designated Safeguarding Trustee.

space2grieve will ensure that:

- There are at least two designated Safeguarding people responsible for implementing procedures who undertake regular training.

- The Designated Safeguarding Deputy will act in the Designated Safeguarding Lead's absence

- All members of staff and volunteers develop their understanding of the signs and indicators of abuse as written below, and update any safeguarding training requirements annually.

- All members of staff and volunteers know how to respond to a child who discloses abuse or neglect.

- All parents/carers are made aware of the responsibilities of staff members and volunteers with regard to safeguarding and child protection procedures.

- space2grieve is covered by adequate and relevant insurance at all times.

- These procedures will be regularly reviewed and up-dated.

- All new members of staff and volunteers will be given a copy of the Safeguarding and Child Protection Policy during induction.

RESPONSIBILITIES

The Designated Safeguarding Lead is responsible for:

Ensuring that Kingston and Richmond Safeguarding Children Partnership (KRSCP), Disclosure and Barring Service (DBS) and space2grieve procedures are followed with regard to referring a child if there are concerns about possible abuse.

Ensuring that all staff and volunteers report any concerns they have about a child to the Designated Safeguarding Lead or Designated Safeguarding Deputy and record what they observed on the CYP Safeguarding Incident Recording Log (on 3 Rings).

Ensuring that all such records are kept confidentially and securely.

SUPPORTING CHILDREN

space2grieve recognises that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth, and that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame.

All children, regardless of age, disability, gender, race, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.

We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal, to aggressive or withdrawn.

space2grieve will support the children who use our service by:

- Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying.

- Promoting a caring, safe and positive environment, which includes the consideration of premises, equipment, etc. as laid out in the Health and Safety Policy.

- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.

- Reporting all concerns to the Designated Safeguarding Lead for consideration and onward referral if necessary.

CONFIDENTIALITY

We recognise that all matters relating to Child Protection are confidential and need to be dealt with sensitively. A child's welfare and safety are paramount, and all staff and volunteers must be aware that they cannot promise to a child to keep secrets, but may need to share information with other agencies and professionals who need to know, to protect a young person at risk.

Safeguarding concerns about a child or young person will be flagged on the "CYP Initial Phone Assessment Form" and/or "CYP Form for Volunteer to complete during Parenting through Grief session" which are both seen by the volunteer supporting the child and their supervisor to ensure any member of staff or volunteer working with that young person would be aware. Staff ask questions about any social services engagement with the family.

All staff and volunteers must be aware that all information is confidential and should not be shared externally either with other agencies or through any other communication means (unless making a referral direct to the NSPCC Helpline). The Designated Safeguarding Lead and Designated Safeguarding Deputy are the routes for sharing information inside the organisation. Only they should then be sharing that externally if appropriate.

SUPPORTING STAFF

We recognise that staff and volunteers working at space2grieve who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

space2grieve will support such staff by providing an opportunity to talk through their anxieties with the designated member of staff and to seek further support as appropriate.

All staff and volunteers who come into contact with children are required to take part in Safeguarding training during the beginning stages of their engagement, and attend an annual refresher in order to support staff and volunteers and make them aware of potential issues which could cause harm to a child.

ALLEGATIONS AGAINST STAFF

We understand that a child may make an allegation against a member of staff or volunteer. If such an allegation is made, the member of staff or volunteer receiving the allegation will immediately inform the Designated Safeguarding Lead.
The Designated Safeguarding Lead in all such occasions will discuss the content of the allegation with Local Authority Designated Officer via Single Point of Access (SPA - 07774332675).
If the allegation made to a member of staff or volunteer concerns the Designated Safeguarding Lead or the Designated Safeguarding Deputy, the staff member or volunteer will immediately inform the Designated Safeguarding Trustee.

WHISTLEBLOWING

We recognise that children cannot be expected to raise a concern in an environment where staff or volunteers fail to do so.

All staff and volunteers should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues.
The Public Interest Disclosure Act 1998 provides protection to individuals who disclose in good faith information about alleged wrongdoing at work and as an employer and provider of services. The Act protects disclosures of information relating to one or more of the following:
a criminal offence; the breach of a legal obligation; a miscarriage of justice; a danger to the health or safety of any individual; damage to the environment; deliberate covering up of information tending to show any of the above five matters.

Please refer to the space2grieve Whistleblowing Policy and Procedures for more information (on 3 Rings).

SAFE TOUCH

WHAT IS SAFE TOUCH?

• For the purpose of this policy, “safe touch” is defined as physical contact that, if otherwise avoided, would be inhumane, unkind and potentially emotionally or physically damaging for the child client.

• Safe touch should never be invasive, humiliating or flirtatious.

•space2grieve understands that certain types of physical contact between volunteers and children are inappropriate, such as hugging, lap-sitting, holding hands, kissing and, of course, hitting.

TYPES OF SAFE TOUCH

There are types of safe touch which are a response to a child instigating physical contact with their volunteer.

- space2grieve recognises that the only appropriate places to touch children **in response to a child instigating contact** are on the shoulders, arms and back.

HOW TO REDUCE INCIDENCES OF INAPPROPRIATE TOUCH

It is made clear in the Child and Young Person Contracts and the Parent Information Sheet that the volunteer and child will avoid touching each other.

If a child tries to engage in hugging, hand holding etc with the space2grieve adult, the adult will:

- Sensitively reduce the contact by not responding in kind.
- Give the child their space2grieve soft toy or a cushion to hug or punch whilst saying something like: “Shall we get teddy to hug?”
- Suggest “Shall we do the butterfly hug together?”
- Offer tissues where appropriate.

After the session the space2grieve volunteer should report the incident immediately to the Designated Safeguarding Lead or Designated Safeguarding Deputy as below.

REPORTING INAPPROPRIATE TOUCH

- If a CYP client attempts to engage in any inappropriate touch, the space2grieve adult volunteer involved will report this immediately to the Designated Safeguarding Lead or Designated Safeguarding Deputy, in order to prevent any allegations of inappropriate physical contact.
- If a member of staff or space2grieve volunteer suspects or witnesses inappropriate physical contact, whereby the staff member or volunteer is willingly involved, they will report this to the Designated Safeguarding Lead or Designated Safeguarding Deputy immediately.
- The Designated Safeguarding Lead will keep a written record of all instances of reported inappropriate touch.
- Any allegations against staff will be dealt with as a matter of urgency, and in accordance with the procedures outlined in the Staff Code of Conduct.

BULLYING

space2grieve acknowledges that to allow or condone bullying that impacts on a young person may lead to consideration under child protection procedures.

DISCRIMINATION

Our policy acknowledges that discrimination and prejudice based on age, gender, race, religious belief, disability or sexual orientation or identity, can have a serious impact on a young person's welfare, and that repeated incidents, or a single serious incident may lead to consideration under child protection procedures

PREVENTION

We recognise that space2grieve plays a significant part in the prevention of harm to children by providing good lines of communication with trained staff and an ethos of protection.

space2grieve will therefore:

Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.

Ensure that the children who attend know there are trained staff whom they can talk to if they are worried or in difficulty regarding a form of abuse.

In order to prevent harm space2grieve operates a safe recruitment procedure when recruiting new members of staff, which includes using application forms which ask about past convictions and pending cases. All potential new recruits are always interviewed by at least two volunteers with training or background in HR. space2grieve also takes references for any new person who has been offered a position. It is an employment requirement that all staff have recent DBS disclosures and renew them every three years or are signed up to the Updates Service which can be checked regularly.

SAFEGUARDING IN OUTREACH SETTINGS

space2grieve operates outreach support in settings such as primary and secondary schools, within the borough of Richmond.

Staff and volunteers are aware that the Safeguarding and Child Protection Policies of space2grieve are applied to the outreach support.

Staff and volunteers working on the outreach support will be additionally aware of procedures and policy within their local settings, and liaise with a link worker within that setting to ensure young people are safeguarded.

Staff and volunteers will be aware, where appropriate, of designated Safeguarding Leads in outreach settings such as schools, who they can approach when concerns are raised in that setting.

Staff and volunteers will continue to approach the space2grieve Designated Safeguarding Lead or Designated Safeguarding Deputy, with concerns about safeguarding, regardless of the location of support work

YOUNG PEOPLE WHO IDENTIFY AS GANG AFFECTED

space2grieve is aware that young people who identify as gang affected in any way, may also be communicating concerns that they are at risk from violence or sexual exploitation, and that this constitutes a safeguarding concern. Staff and volunteers are aware of the inter-related issues around gangs, crime, poverty and deprivation, and violence in the borough, and the negative impact of this upon young people.

RADICALISATION

Radicalisation and involvement of children in extremism is a form of emotional and psychological exploitation. It can take place through direct personal contact or indirectly through social media. If a staff member/volunteer is concerned that a child is at risk of being radicalised and drawn into terrorism they should treat it in the same way as any other safeguarding concern and report it to the Designated Safeguarding Lead/Designated Safeguarding Deputy

TECHNOLOGY AND E-SAFETY

space2grieve recognises that children and young people have access to the internet, smartphones, and other forms of communication and information, that can compromise their safety if used without guidance.

Staff and volunteers are aware that safeguarding issues can arise from suicide / self-harm websites and chat rooms, online 'grooming', talking to strangers online, 'BBM' chat and other forms of messaging that young people use, internet pornography, and the filming of violent or sexual incidents using phone cameras. Staff and volunteers will respond to online or technology based safeguarding issues with the same sensitivity and care as any other safeguarding issue, following local procedures to ensure the wellbeing of the young person.

Staff and volunteers will endeavour to keep themselves up to date with training, issues and policy developments or guidance around e-safety, so they can deal with these safeguarding concerns sensitively and appropriately.

space2grieve recognises that young people may attend appointments and outreach services with electronic devices/smart phones. Maintaining the confidentiality and safety of those young people and any other young people accessing our services is paramount, and

staff and volunteers are able to recognise when this might be put at risk from misuse of electronic devices. Staff and volunteers are also aware that on occasion young people may use their smart phones or electronic devices to convey aspects of their life, or their concerns within a therapeutic setting, and staff and volunteers will also ensure that this can be recognised and supported appropriately.

Staff and volunteers will intervene appropriately, if electronic devices or smart phones compromise a breach of confidentiality or raise safeguarding concerns in a session. Any appropriate intervention should follow safeguarding good practice, and would identify the risk or concern, raise this with the young person and seek to sensitively maintain a safe and boundaried environment for therapeutic work.

Workers in outreach settings will additionally be aware of local policies within any specific outreach setting, (for example in some schools and settings, young people are encouraged to have mobile phones switched off). Staff and volunteers will work alongside partner agencies to safeguard young people.

Staff and volunteers are encouraged to discuss concerns regarding e-safety and the use of technological devices with the lead workers in Safeguarding.

Staff and volunteers are advised that all interaction with their clients is done through space2grieve email and mobile device. They must not give CYP clients their personal details, personal email address, mobile phone number, nor should they interact with any client through social media or in any way outside of the arranged space2grieve session.

If a CYP client is seen by a space2grieve CYP volunteer over Zoom the parent/carer will need to use their own Zoom account and help their child/young person to access their Zoom session. Children under the age of 16 are not permitted to create an account (as per Zoom's Terms of Service). The parent/carer will need to help the young person find a comfortable private space, which is, ideally, not their bedroom, from which to speak to their volunteer, and to be dressed for daytime. Primary school age children will most likely attend their first Zoom session with their parent/carer. During subsequent sessions the parent/carer must be present in the home throughout the sessions but - unless the CYP client specifically requests their parent to be present - they should aim to be out of the room and unable to hear what their young person is saying.

This is all made clear to parents in the Information Sheet sent prior to sessions starting.

SAFEGUARDING LGBTQ+ CHILDREN AND YOUNG PEOPLE

Space2grieve is committed to protect all children regardless of their age, disability, gender reassignment, race, religion or belief, sex or sexual orientation. We recognise the additional risks and vulnerability factors for LGBTQ+ children and young people. Please see

https://learning.nspcc.org.uk/safeguarding-child-protection/lgbtq-children-young-people/

USEFUL CONTACTS

The following provides contact details for local support services which can be used if a member of staff or volunteer is concerned for the safety and wellbeing of a child or young person

Advice, Information and Training:

NSPCC Helpline (staffed by trained child protection officers)

Tel: 0808 800 5000

Website: www.nspcc.org.uk

Helpline: https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/

https://learning.nspcc.org.uk/safeguarding-child-protection/radicalisation/

https://learning.nspcc.org.uk/child-abuse-and-neglect/fgm/

https://www.gov.uk/guidance/forced-marriage

https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/

https://learning.nspcc.org.uk/news/2019/october/what-is-contextual-safeguarding/

https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/gangs-criminal-exploitation/

https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-trafficking/

Kingston and Richmond Safeguarding Children Partnership

For training, advice and consultation touch

Tel: 07834 386459

Email: training@kingrichlscb.org.uk

Website:

https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/

Local Policies and Procedures:

KRSCP Safeguarding Children Guidance.

https://search.app/VgeVWifivB1pPe4u8

E-safety links:

Child Exploitation and Online Protection Centre (CEOP)

https://www.ceop.police.uk/Safety-Centre/

CEOP can be contacted for information and advice regarding worrying or upsetting images online, or an email with abusive material for example

Radicalisation: Police anti terrorism hotline 0800 789 321, NSPCC Radicalisation helpline 0808 800 5000

This policy is hereby adopted by space2grieve.

Appendix 1

Definitions and Factors in recognising harm and neglect

Definitions

1.1 'child' refers to anyone under the age of 18 years of age and includes unborn children

1.2 Significant Harm

What is Significant Harm?

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (s47 of Children Act, 1989). To make enquiries involves assessing what is happening to a child. Where s47 enquiries are being made, the assessment (known as the core assessment) should concentrate on the harm that has occurred or is likely to occur to the child as a result of child maltreatment, in order to inform future plans and the nature of services required. Decisions about significant harm are complex and should be informed by a careful assessment of the child's circumstances, and discussion between the statutory agencies and with the child and family.

1.3 Definitions of Abuse and Neglect

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institution or community setting, by those known to them or, more rarely, by a stranger.

Child abuse is broken down into four distinct categories which are defined in 'Working Together to Safeguard Children'.

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.

Emotional Abuse is the persistent emotional ill treatment 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, or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Sexual Abuse involves forcing or enticing a child or young people to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of pornographic material, or encouraging children to behave in sexually inappropriate ways.

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, such as failing to provide adequate food, shelter and clothing, or neglect, or unresponsiveness to a child's basic emotional needs.

Recognition of Child Abuse

Child Abuse and Neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health and development.

Children may be abused or neglected through the infliction of harm, or the failure to act to prevent harm.

2.1. The factors described in this section are frequently found in cases of child abuse.

Their presence is not proof that abuse has occurred but must be regarded as indicators of the possibility of significant harm justifying the need for careful assessment and discussion with the Designated Safeguarding Lead or Designated Safeguarding Deputy and your supervisor and may require consultation with and/or referral to Social Services. The absence of such indicators does not mean that abuse or neglect has not occurred.

In any abusive relationship the child may:

- appear frightened of the parent/s
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may

- persistently avoid child health services
- have unrealistic expectations of the child

- frequently complain about /to the child and may fail to provide attention or praise (high criticism / low warmth environment)
- be misusing substances
- persistently refuse to allow access on home visits
- be involved in domestic violence

Staff should be aware of the potential risk to children where individuals previously known or suspected to have abused children, move into the household, or where there is a history of domestic violence.

2.2. Recognising Physical Abuse

The following are often regarded as indicators of concern:
- an explanation which is inconsistent with an injury
- several different explanations provided for an injury
- unexplained delay in seeking treatment
- parents are absent without good reason when their child goes for treatment
- repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- family use of different doctors and A&E department
- reluctance to give information or mention previous injuries

Bruising
Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided
- any bruising to a pre-crawling or pre-walking baby
- bruising in or around the mouth, particularly in small babies which may indicate force feeding
- two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- the outline of an object used e.g. belt marks, hand prints or a hair brush
- grasp marks on small children
- bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks
Bite marks can leave clear impressions of teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

Burns and Scalds
It can be difficult to distinguish accidental and non-accidental burns and scalds, and will always require medical opinion. Any burn with a clear outline may be suspicious e.g.
- circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- linear burns from hot metal rods or electrical fire elements
- burns of uniform depth over a large area
- scalds with uniform marks or scalds which cannot be adequately explained

Fractures

Non-mobile children rarely sustain fractures. There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type
- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- there is an unexplained fracture in the first year of life

Scars

A large number of scars of different sizes or ages or on different parts of the body may suggest abuse.

2.3. Recognising Emotional Abuse

The following may be indicators of emotional abuse:

- developmental delay
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- indiscriminate attachment or failure to attach
- aggressive behaviour towards others
- scapegoated within the family
- low self-esteem and lack of confidence
- withdrawn or seen as a 'loner' - difficulty relating to others

2.4. Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently afraid to say anything due to guilt or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of the individual child/family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural. Some behavioural indicators associated with this form of abuse are:

- inappropriate sexualised contact
- sexually explicit behaviour, play or conversation, inappropriate to the child's age
- self-harm (including eating disorder), self-mutilation and suicide attempts
- involvement in prostitution or indiscriminate choice of sexual partners

Some physical indicators associated with this form of the abuse are:

- pain or itching of genital area
- blood on underclothes
- pregnancy in a younger girl where the identity of the father is not disclosed
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted diseases

2.5. Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- a child seen to be listless, apathetic and unresponsive with no apparent medical cause
- failure of child to grow within normal expected pattern, with accompanying weight loss
- child frequently absent from school
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods

2.6 Recognition of Child Protection Issues in Specific Circumstances

Disabled Children

Any child with a disability is by definition a 'child in need' under a s.17 of the Children Act 1989. A disabled child is vulnerable to physical, emotional or sexual abuse, or neglect as any other child, though the level of risk may be raised by:

- a need for practical assistance in daily living, including intimate care from what may be a number of carers
- carers and staff lacking the ability to communicate adequately with the child
- a lack of continuity of care leading to an increased risk that behavioural changes may go unnoticed
- physical dependency with consequent reduction in ability to be able to resist abuse
- an increased likelihood that the child is socially isolated
- lack of access to 'keep safe' strategies' available to others
- communication or learning difficulties preventing disclosure

In addition to the universal factors of abuse/neglect listed previously the following abusive behaviours must be considered:

- force feeding
- unjustified or excessive physical restraint
- rough handling
- extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- misuse of medication, sedation, heavy tranquilisation
- invasive procedures against the child's will
- deliberate failure to follow medically recommended regimes

When a child is unable to tell someone of his / her abuse s/he may convey anxiety or distress in some other way e.g. behaviour or symptoms and carers and staff must be alert to this.

2.7. Parents who Misuse Drugs or Alcohol

Misuse of drugs and /or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence.

The risk to children may arise from:

- use of the family resources to finance the parent's dependency characterised by inadequate food, heat, clothing for the children
- exposing children to unsuitable care givers or visitors e.g. customers or dealers

- effects of alcohol may lead to disinhibited behaviours e.g. inappropriate display of sexual or aggressive behaviour
- chaotic drug use which may lead to increased irritability, emotional unavailability, irrational behaviour and reduced parental vigilance
- withdrawal symptoms including mood disturbances
- unsafe storage of drugs or injecting equipment
- adverse impact of growth or development of an unborn child

Although there are some parents who are able to care for and safeguard their children despite their dependence on drugs/alcohol, parental substance misuse can cause significant harm to children at all stages of development. A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family. Where a parent has enduring and/or severe substance misuse problems, children in the household are likely to be at risk of, or experiencing significant harm primarily through emotional abuse and neglect. The child may also not be well protected from physical or sexual abuse.

This area is covered in detail in the London Children Protection Procedures (3rd Edition 2007).

2.8 Severe and /or enduring parental mental illness

The majority of parents who suffer significant mental health problems are able to care for and safeguard their children and /or unborn child. It is essential to assess the implications for each child in a family where mental illness is prevalent.

A child at risk of significant harm or whose well-being is affected could be a child:
- who features within parental delusions
- who is involved in his/her parents' obsessive compulsive behaviours
- who becomes a target for parental aggression or rejection
- who has caring responsibilities inappropriate to his/her age
- who may witness disturbing behaviour arising from the mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide)
- who is neglected physically and /or emotionally by an unwell parent
- who does not live with the unwell parent but has contact (e,g formal unsupervised contact sessions, or the parent sees the child in visits to the home or overnight stays)

Or he/she could be an unborn child:
- of a pregnant woman with any previous major mental disorder, including disorders of schizophrenic, any affective or schizo-affective type; also severe personality disorders involving known risk of harm to self and/ or others.

The following may impact upon parenting capacity and increase concerns that a child may have suffered or is at risk of suffering significant harm:
- History of mental health problems with impact in the sufferers functioning
- unmanaged mental health problems which impact on functioning
- maladaptive coping strategies
- misuse of drugs, alcohol or medication
- severe eating disorders
- self-harming and suicidal behaviour
- lack of insight into illness and impact on child, or insight not applied

- non-compliance with treatment, or poor engagement with services
- previous or current compulsory admissions to mental health hospital
- disorder deemed long term 'untreatable' or untreatable within time scales compatible with child's best interests
- mental health problems with domestic abuse and/or relationship difficulties
- mental health problems with isolation and /or poor support networks
- mental health problems combined with criminal offending (forensic)
- non-identification of the illness by professionals (e.g. untreated post-natal depression can lead to significant attachment problems)
- Previous referrals to Local Authority children's social care for other children.