

Date of Policy: March 2015
Policy Review Date: March 2016

CHRISTIAN FAMILY CONCERN

SAFEGUARDING CHILDREN POLICY

March 2015

Designated Charity Safeguarding Officer:

Mari Walters, Operations Manager

Contact Details – Tel: 020 8688 0251 Email: mari@christianfamilyconcern.org.uk

Designated Senior Manager for Safeguarding:

Nursery: Louise Zimmerman

Contact details – Tel: 020 8681 3187 Email: louise@christianfamilyconcern.org.uk

Nursery Deputy: Annette Fahy

Contact details – Tel: 020 8681 3187 Email:
Annette@christianfamilyconcern.org.uk

Supported Housing: Mari Walters

Contact details – Tel: 020 8688 0251 Email: mari@christianfamilyconcern.org.uk

Counselling Service: In the absence of the Operations Manager the Nursery Manager will be asked to deal.

Multi-Agency Safeguarding Hub (MASH)

Contact Centre: 020 8726 6000

Out of hours: 020 8726 6400

LADO: Steve Hall

Contact details – Tel: 020 8726 6000 ext 60422 Email: lado@croydon.gov.uk

1. **PREFACE**

1.1 **Child Protection Policy Statement**

Christian Family Concern is a registered charity working with children and families. We currently run a day nursery for under fives, two supported housing schemes for young mothers, and a counselling service.

1.2 We provide full day care to pre-school children. This typically includes significant numbers of children with special needs who we recognise as having potential additional vulnerability.

Our supported housing work encompasses significant numbers of young people of sixteen or seventeen years of age, infants and unborn children. Many of our housing service users come to us from backgrounds where they have experienced disadvantage, disruption, trauma or abuse and we recognise that this in some instances contributes to additional vulnerability.

Our counselling service works with adults but we recognise that from time to time safeguarding issues, about vulnerable adults as well as children, may emerge.

1.3 Christian Family Concern believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practise that which protects them.

We will ensure that all staff are clear about the expectations we have of their behaviour towards all children, and that any incident which falls below our expected standards will be dealt with appropriately.

All parents and carers of children must feel secure in the knowledge that the staff will strive to keep children safe at all times. This is done by:

- Promoting a caring, safe and positive environment;
- Ensuring all our staff are appropriately trained in safeguarding children, and a record is kept of all training undertaken;
- Working in partnership with all services and agencies involved in safeguarding children;
- Always following Safer Recruitment procedures when appointing staff and volunteers to work in any area of the charity.

1.4 **We recognise that:**

- The welfare of the child is paramount.
- All children, regardless of age, disability, gender, racial heritage, religious beliefs, sexual orientation or identity, have the right to equal protection from all types of harm or abuse. **This policy applies to all individuals aged from pre-birth up to eighteen (18) years.**
- Working in partnership with children, young people, their parents and carers and other agencies is essential in promoting young people's welfare.

1.5 **Purpose of Policy**

- To provide protection for the children and young people who receive Christian Family Concern services, including the children of adult members or users.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of harm.

- 1.6 This policy applies to all staff, including senior managers and board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone acting on behalf of Christian Family Concern.
- 1.7 This policy follows the statutory government guidance: Working Together to Safeguard Children 2013; the London Child Protection Procedures 2010; and What to do if you're worried a Child is Being Abused 2006.

All agencies in London have signed up to the London Procedures, which should be regarded as instructions to staff.

We will review our child protection policy and protocol at least annually to ensure they are still relevant and effective.

2. INTRODUCTION

- 2.1 Christian Family Concern works with children, young people and unborn children across its services. Beyond our direct work we also from time to time become aware of the circumstances of other children and young people who are not accessing our services.
- 2.2 We recognise and acknowledge our responsibility to work in ways that put the welfare of children paramount and prioritise the safeguarding and protection of all children and young people and the promotion of their welfare.
- 2.3 A child is defined as any person who has not yet had their eighteenth birthday.
- 2.4 The Government's specific ambition is that they will achieve the **Every Child Matters** key outcomes:
- Be Healthy
 - Stay Safe
 - Enjoy and Achieve
 - Make a contribution
 - Achieve economic wellbeing
- 2.5 This document, and all of our practice, outlined herein, is designed to be consistent with the London Safeguarding Children Board's Child Protection Procedures (4th Edition 2010) and compliant with the expectations and procedures of the Croydon Local Safeguarding Children Board.

3. DEFINITION OF ABUSE AND NEGLECT

- 3.1 The following definitions of abuse are set out in statutory guidance and provide the framework for responding to risk to children.
- 3.2 Abuse and neglect are forms of maltreatment. 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 institutional or community setting by those known to them or, more rarely, by a stranger.

3.3 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 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 effects on the child's emotional development, and may involve:

- Conveying to children they are worthless, unloved, inadequate or valued only in terms of how it benefits the needs of another person.
- Imposing age or developmentally inappropriate expectations on children. These may include interactions beyond the child's capability as well as overprotection and limitation of exploration and learning. The child may be prevented from participating in normal social interaction.
- Seeing or hearing the ill-treatment of others.
- Serious bullying which causes the child to frequently 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.

3.5 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person 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, buggery or oral sex) or non-penetrative acts. Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape, under Section 5 Sexual Offences Act 2003. Sexual Abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

3.6 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, which are 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 failing to:

- Provide adequate food, clothing and shelter.
- Protect a child from physical and emotional harm and danger.
- Ensure access to appropriate medical care or treatment.
- Be unresponsive to a child's basic emotional needs.

3.7 **Further Definitions**

There are also other circumstances which can be indicative of abuse, or constitute abuse, and are damaging to children. You should be aware of the need to act on the following.

3.8 Domestic (Family) Violence

Domestic or family violence adversely affects children, whether or not it is significant enough to warrant action under Child Protection Procedures.

3.9 Bullying

Bullying is not acceptable behaviour. Staff witnessing a child being bullied or receiving complaints over bullying have a duty to do whatever is within their power to stop the situation, whilst avoiding putting themselves or the child in danger. Staff should always discuss instances of bullying with their line manager. This should happen as soon as possible and immediately if the situation is beyond their ability to deal with.

3.10 Sexual Exploitation

Sexual exploitation is an increasingly common issue and staff should be aware of the possibility, and refer as appropriate. If you believe a child is subject to sexual exploitation, you must refer the matter to Children's Social Care Duty Intake Service via the Contact Centre.

3.11 Child Trafficking

Child trafficking is the recruitment and movement of children for the purpose of exploitation; it is a form of child abuse. Children may be trafficked within the country or from abroad. It overlaps with Sexual Exploitation and Private Fostering.

3.12 Private Fostering

Private fostering arrangement is one made privately between two parties without the involvement of the Local Authority for a child under the age of 16 (18 if disabled). The arrangement would be with someone who is not a parent or close relative and lasts 28 days or more.

Private fostering is used as a form of childcare by parents who are not able to take care of their children on a day to day basis. However, unreported Private Fostering arrangements can be used in order to exploit children.

3.13 Forced Marriages

No faith supports the idea of forcing someone to marry with or without his or her consent. This should not be confused with arranged marriages between consenting adults.

3.14 Under-age Marriages

In England a young person cannot legally marry or have a sexual relationship until they are 16 years old.

3.15 Female Genital Mutilation

This is against the law yet we know that for some in our communities it is considered a religious act and a cultural requirement. It is also illegal for someone to arrange for a child to go abroad with the intention of female genital mutilation.

3.16 Ritualistic Abuse

Some faiths believe that spirits and demons can possess people. What should never be condoned is the use of any physical violence to get rid of the possessing spirit. This is physical abuse and people can be prosecuted even if their intention was to help the child.

4. WHAT TO DO IF YOU ARE CONCERNED THAT A CHILD IS BEING ABUSED

Responding to Patterns of Concern

4.1 If you recognise signs of abuse in a child, you should keep a written record of any physical or behavioural signs or symptoms. All concerns should be reported to the designated person for safeguarding.

4.2 The Role of The Agency Prior To Referral

Normally the key worker and their line manager should speak to the parents for their explanation of the concerns and inform them that a referral will be made to Children's Social Care. However, the parents should not be approached about the concerns where it would jeopardise the child's safety, eg:

- There are concerns about sexual abuse
- The child appears frightened of their parents and fears reprisals.

4.3 Early Help

In some cases a child may have additional needs, which require a coordinated approach from the agencies involved without involving Children's Social Care. Information is available about Early Help and CAF processes from:

Croydon Information and Support Services

Jeanette Wallace House

1 Edridge Road

Croydon

CR0 1FE

Email: criss@croydon.gov.uk

Tel: 020 8688 6383

4.4 Recording

When staff become aware of possible abuse, they must make a full written report as soon as possible and always within 24 hours of the situation arising. This may be recorded directly onto a referral form or as a separate appended document.

Recording should include as many of the following details as are known:

- Details of the child, their family or carers, alleged offenders, witnesses, other children involved.
- As much information as possible about the incident of concern e.g. what lead up to it, what was heard or witnessed, staff members responses, location, date, time and details of all those present.
- Any action taken in result of the incident.
- Other relevant information.

The recording must:

- Distinguish between fact and opinion
- Try to describe succinctly what happened
- Be recorded legibly
- Be signed and dated with the named and designation clearly printed.

It may be necessary to record what has been seen on a body map for an accurate record that cannot be misinterpreted.

All records of child protection issues must be kept in a central lockable non-portable cabinet.

4.5 Referral Time Scales

Referrals following specific incidents should be made within 24 hours. Where the concern has built up over a period of time, the referral may be delayed. However, long

delays must be avoided and you should make the referral yourself rather than delaying for a Designated Officer's agreement.

4.6 Referrals

In an emergency telephone the Croydon Contact Centre (24hrs) on 020 8726 6400.

If it is not an emergency referrals are made by email to childreferrals@croydon.gov.uk and complete the online referral form.

If the referral is made by telephone it must be followed up in writing within 24 hours.

4.7 Emergencies

If you believe a child is in immediate danger you should call the police on 999.

If a child is injured or there are signs of illness you should seek medical assistance and try to contact the child's carers, who will normally be able to consent to treatment.

Medical staff may decide the emergency is such that consent should be over-ridden.

It is your responsibility to access help and to try to access the child's carers, not to determine consent issues.

4.8 Disagreements about the need for referral

If staff and managers disagree about the need for a referral, they should seek advice.

If the matter cannot be resolved, members of staff can make referral in their capacity as a citizen.

4.9 Dissatisfaction with the response to the referral

If you are dissatisfied with the outcome of your referral, and particularly if you are concerned the child may be left at risk, you must ask to speak to a Manager in Children's Services. If you continue to be concerned you may need to speak with the Service Manager or Service Lead.

5. HOW TO RESPOND TO A CHILD TELLING YOU ABOUT ABUSE

Sometimes the concern a child is being abused will arise due to the information a child shares with you. If this happens you should:

- Stay calm and reassuring. Respond with tact and sensitivity and do not make judgements.
- Find a quiet place to talk and allow the child to speak in their own time (this must be an open space and other staff must be aware where you are going and with whom).
- Believe in what you are being told and take the allegations seriously.
- Listen and confirm details but do not press for information or ask leading questions.
- Make brief notes using the child's own words. Do not interpret what was said or make assumptions.
- Say you are glad the child told you.
- Acknowledge the feelings the child has about what happened and stress that it was not their fault.
- If necessary seek medical assistance and contact the police or Children's Services.
- Ensure the safety of the child and that they are away from the alleged abuser.
- Follow procedures for reporting allegations and suspicions to the Designated Officer.

Do NOT:

- Promise confidentiality, but do discuss with the child who you will need to inform.
- Investigate the allegation yourself and do not contact the carers until you are advised to do so.
- Tell the child the alleged abuser has a problem.
- Tell the child you will do your best to protect and support them.

Acknowledge to yourself that you may need help in dealing with your own feelings. CFC should provide additional support which could include a follow up session, time off or counselling.

6. ALLEGATIONS AGAINST MEMBERS OF STAFF/ VOLUNTEERS

6.1 Introduction

It is essential any allegation of abuse made against a member of staff or volunteer is dealt with fairly, quickly and consistently, in a way that provides effective protection for the child whilst supporting the person who is subject to an allegation.

6.2 You should be concerned if you believe a member of staff has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates they are unsuitable to work with children.

6.3 This part of the guidance applies whether the child is someone with whom the member of staff is acquainted through their work, is a family member, friend or stranger. As well as the safety and wellbeing of the child and others involved, it is important to consider the staff member's long term attitude, access and level of risk to children.

6.4 Where a member of staff has concerns about a colleague's actions/behaviour they need to take this in the first instance to the Unit Manager.

6.5 The Operations Manager is to be informed as soon as is practicable, but this should not give rise to unreasonable delay in contacting the Local Authority Designated Officer (LADO) for Croydon.

6.6 If the allegation or concern is in respect of the Operations Manager, the Chair of Trustees is to be informed immediately.

6.7 The 'Designated Senior Officer' who will liaise with the LADO on allegations against a member of staff/volunteer will normally be the Operations Manager. In his or her absence this responsibility will be the Nursery Manager. In practice the Operations Manager may delegate the task of contacting and liaising with the LADO to the Unit Manager if it provides for speedier and more effective communication.

6.8 Concise, but detailed and accurate records must be kept throughout.

6.9 The LADO and the 'Designated Senior Officer' will consider whether further details are needed.

The Croydon LADO is: Steve Hall
 Telephone: 020 8726 6000 ext 60422
 Email: lado@croydon.gov.uk
 Location: Bernard Weatherill House
 8 Mint Walk
 Croydon
 CR0 1EA

6.10 Step by Step process for allegations against members of staff/volunteers:

1. Ensure that the child or young person is safe.
2. Member of staff makes notes of the concerns including a record of the names and times. Do not speak to the child, young person or staff member in respect of the allegation.
3. Member of staff talks immediately to the Designated Officer and decide who is going to discuss the matter with the LADO.
4. If your concerns relate to the Designated Officer you should discuss immediately with the LADO and inform the Chair of Trustees.
5. Where a member of staff has obviously assaulted a child or young person, the Police should be informed.

6.11 In deciding whether to take immediate action in respect of the member of staff whom the allegation has been made against, you will need to balance any ongoing risks to children, against the risks of alerting the member of staff in a way that may silence the child or destroy evidence.

6.12 A member of staff may be suspended with immediate effect by the Operations Manager if there are grounds for concern. However, the LADO should be consulted before any action is taken.

6.13 What Happens After Referral

Following referral to LADO it will be assessed and forwarded to Children's Quality Assurance who will:

- Undertake checks on those involved;
- Decide if a multi agency Allegations Strategy Meeting is required; if so, it is normally convened within 2 working days;
- Provide guidance and advice to the employers;
- Track all processes to their conclusion including any criminal investigation.

6.14 Management Oversight and Supervision

Supervision is a formal process in which the supervisor helps the practitioner to review and reflect on their work with the child about whom there are child protection concerns, and their family. It is vital that the supervisor is able to:

- Relate child protection procedures and what works in child protection practice to the particular case.
- Help the practitioner think about how the relationships with the family and the professional group and how it impacts on them and their work.
- Challenge and check.

7. CONFIDENTIALITY AND INFORMATION SHARING

- 7.1 Information may be shared to protect a child or vulnerable person or to prevent a crime. Early information sharing is key to providing effective early help where there are emerging issues. The Data Protection Act is not a barrier to sharing information, but provides a framework that ensures personal information is shared appropriately.
- 7.2 When you are working with children guarantees of absolute confidentiality must not be given. Staff should always inform that information will or could be shared to keep a child or vulnerable adult safe.
- 7.3 Staff should be open and honest with the child and their family from the onset about why, what, how and with whom information will be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
- 7.4 Staff should always seek advice if they are in any doubt.
- 7.5 Staff should always follow the normal rules for data storage and transfer of data.
- 7.6 Recording should include the decision and reasons for it, whether the information is shared or not. It must include what was shared, with whom and for what purpose.

8. CONTINUING WORK FOLLOWING A REFERRAL TO CHILDREN'S SERVICES

Staff will normally remain involved with a child and the family following a referral to Children's Services.

They may be asked to continue their normal level of contact with the child and report back to the Social Worker if one has been allocated.

They and/or their manager may be asked to attend a Child Protection Conference.

9. RECRUITMENT OF STAFF AND VOLUNTEERS

See Christian Family Concern's Recruitment Policy.

9.1. STAFF/VOLUNTEER SELECTION AND TRAINING

- 9.2. Staff and volunteers will be selected based on their suitability to the role. All staff/volunteers are required to complete the recruitment process before activity commences.
- 9.3. Job descriptions and personal specifications will be made for each new role/position and agreed with staff/volunteers.
- 9.4. Staff/volunteer's ability to deal with disclosures should be assessed. Special consideration will be given when recruiting under 18 year olds.
- 9.5. All staff/volunteers will be required to:

- Complete an application form.
- Provide proof of identity and qualifications
- Provide two or three references depending on the post they have applied for (one of which should be from a recent, previous employer/educational establishment) who may be contacted before interview.
- Attend an interview, with at least two interviewers.
- Explain gaps in employment.
- Complete a self-disclosure form.
- Obtain a full Enhanced disclosure through checks from the Disclosure & Barring Service.
- Complete an agreed probationary period.
- Undertake induction and training.

Advice will be sought when recruiting someone with a criminal record.

- 9.6. Any applicant refusing to go through the Disclosure & Barring Service Enhanced check, DBS Adult First or Vulnerable Groups checks will not be employed as a paid member of staff or as a volunteer if their role includes regulated or (and currently) controlled activities that require registration. Current definitions of controlled and regulated activity can be found on the Disclosure & Barring Service website.
- 9.7. Christian Family Concern recognises that we need to be aware and alert to the fact that work with children, and parents, can attract individuals who may pose a high risk to children. This risk is not restricted to physical access to children, but also access to information about them and their families, and access to a role/position where a potential perpetrator may come to be identified as a safe and trustworthy individual.
- 9.8. References, DBS Enhanced checks, DBS Adult First and Vulnerable Groups checks, etc., are all important 'measures' that we use to support safe recruitment of staff, but should **never** come to be seen as a **guarantee** that recruits pose no risk to children.
- 9.9. Ongoing monitoring of practice and behaviour needs to be vigilant across the charity, with a particular regard to anything that might suggest staff setting out to 'engineer' situations that could facilitate or cover abuse, or 'grooming' of children and their parents/carers.
- 9.10 All staff and volunteers will go through DBS checks as part of the recruitment process and then every three years.

10. STAFF INDUCTION AND TRAINING

- 10.1. This policy is to be covered as part of the internal induction of all staff, and steps taken to ensure within the first few days of employment that each appointee has a basic grasp of the nature of abuse/neglect, how to recognise signs, and how to respond.
- 10.2. This is to be followed up normally within the first six months of service with externally provided training, e.g. provided by London Borough of Croydon or Croydon Voluntary Action.
- 10.3. Each unit carries out a comprehensive risk assessment that includes a training audit, including Child Protection.

- 10.4. Each Unit Manager has a responsibility to ensure that all team members have completed relevant training and must alert the Operations Manager where a staff member has 'slipped through the six month net', and with the Operations Manager address the training needs as urgently as possible.
- 10.5. All staff must undertake refresher training every three years.

11. ISSUES SPECIFIC TO OUR SOUTH CROYDON SITE

- 11.1 We operate two supported housing schemes on the same site as a registered child care provision. The internal and external areas of these activities/services are well boundaried with only one of our car parks and access to the reception/central office shared contemporaneously.
- 11.2. However, we recognise that it is not appropriate/acceptable to accommodate anyone in our housing that has a history that suggests he/she may pose a risk to children.
- 11.3. In practice we rely on the information given by other agencies and the housing applicant themselves. It is not practicable at this time to ask applicants for supported housing to undergo Disclosure & Barring Service checks, etc.

The principles of ongoing vigilance, as outlined above in respect to staff and volunteers, will apply.

12. COMPLAINTS PROCEDURE

Christian Family Concern learns from complaints and uses them to improve our services.

Complaints are any clear expression of dissatisfaction with the group, its personnel, or its services that calls for a response. The procedure deals with specific concerns including: a risk to the health or safety of any individual or improper conduct or unethical behaviour or inappropriate behaviour in relation to children.

Anyone may make a complaint including children, parents/carers, volunteers, paid workers, or other people outside the group.

All complaints will be treated seriously whether made in person, by telephone, by letter, by fax, or by e-mail. Complaints will be dealt with promptly, politely, and with respect, and timescales given to resolve.

13. CODE OF CONDUCT AND BEHAVIOUR

13.1 Staff and Volunteers will:

- Treat all children equally and with respect
- Provide an example of good conduct you wish others to follow
- Ensure that, whenever possible, there is more than one adult present during activities with children (or where the staff member or volunteer is under 18) or at least that you are within sight or hearing of others. If you are asked to talk in private ensure someone else knows where you are and leave a door ajar or stay in clear view, always make a note of the conversation, tell the child or young person they are free to leave or stop talking at anytime.
- Respect a young person's right to personal privacy.
- Encourage young people and adults to feel comfortable and caring enough to point out attitudes or behaviour they do not like.
- Remember that someone else might misinterpret your actions, no matter how well intentioned.
- Be aware that physical contact with a child may be misinterpreted.
- Recognise that special caution is required when you are discussing sensitive issues with children.
- Operate within the organisation's principles and guidance and any specific procedures.
- Challenge unacceptable behaviour and report all allegations/suspicions of abuse.

13.2 Staff and Volunteers will not:

- Engage in sexual activity with a young person you have met through your duties within the organisation, this would be an abuse of trust
- Invite a child to your home or arrange to see them outside set activity hours.
- Give out personal contact details or contact them unnecessarily outside of activity hours.
- Give a child gifts personally; any appropriate gifts such as token birthday gifts should come from the organisation. You should not accept gifts from children unless they are small token gifts appropriate to a celebration. All gifts must be reported to your activity leader.
- Lend or borrow any money or property.
- Allow yourself to be drawn into inappropriate attention-seeking behaviour/make suggestive or derogatory remarks or gestures in front of children.
- Jump to conclusions about others without checking facts.
- Either exaggerate or trivialise child abuse issues.

- Show favouritism to any individual.
- Rely on your good name or that of the organisation or to protect you.
- Believe “it could never happen to me”.
- Take a chance when common sense, policy or practice suggests another more prudent approach.
- Allow abusive peer activities e.g. initiation ceremonies, bullying or horse play.

13.3 We will give guidance and support to inexperienced helpers. Staff relationships are based on mutual respect and it is everyone’s responsibility to ensure a positive working environment.

See Also:

Whistle Blowing Policy
 Recruitment Policy
 Behaviour Management
 Equality and Diversity Policy
 Staff Supervision Policy
 Adult Protection Policy
 Staff Relationships with Service Users Policy
 Complaints Policy

See Appendices:

Appendix A	Recognising Child Abuse and Neglect
Appendix B	Special Circumstances
Appendix C	Body Maps
Appendix D	Allegation/Concerns Process Flowchart

APPENDIX A

4.1 Concept of significant harm

- 4.1.1 Some children are in need because they are suffering, or likely to suffer, 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, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
- 4.1.2 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.
- 4.1.3 Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.
- 4.1.4 Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.
- 4.1.5 Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

Recognising physical abuse

- 4.1.6. 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;
 - The parent/s are uninterested or undisturbed by an accident or injury;
 - Parents are absent without good reason when their child is presented for treatment;
 - Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury);
 - Frequent use of different doctors and accident and emergency departments;
 - Reluctance to give information or mention previous injuries.

Bruising

- 4.1.7. Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:
- Any bruising to a pre-crawling or pre-walking baby;
 - Bruising in and 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;
- Variation in colour possibly indicating injuries caused at different times;
- The outline of an object used (e.g. belt marks, hand prints or a hair brush);
- Bruising or tears around or behind the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks on small children;
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite marks

- 4.1.8 Bite marks can leave clear impressions of the 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.
- 4.1.9. A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and scalds

- 4.1.10. It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced 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 that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
 - Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.
- 4.1.11 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

- 4.1.12 Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.
- 4.1.13 Non-mobile children rarely sustain fractures.
- 4.1.14 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

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

Recognising emotional abuse

- 4.1.16 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.
- 4.1.17 The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.
- 4.1.18 The following may be indicators of emotional abuse:
- Developmental delay;
 - Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
 - Indiscriminate attachment or failure to attach;
 - Aggressive behaviour towards others;
 - Appeasing behaviour towards others;
 - Scapegoated within the family;
 - Frozen watchfulness, particularly in pre-school children;
 - Low self esteem and lack of confidence;
 - Withdrawn or seen as a 'loner' – difficulty relating to others.

Recognising sexual abuse

- 4.1.19 Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.
- 4.1.20 Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear.
- 4.1.21 If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.
- 4.1.22 Behavioural indicators which may help professionals identify child sexual abuse include:
- Inappropriate sexualised conduct;
 - Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
 - Contact or non-contact sexually harmful behaviour;
 - Continual and inappropriate or excessive masturbation;
 - Self-harm (including eating disorder), self mutilation and suicide attempts;
 - Involvement in sexual exploitation or indiscriminate choice of sexual partners;
 - An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).
- 4.1.23 Physical indicators associated with child sexual abuse include:
- Pain or itching of genital area;
 - Blood on underclothes;
 - Pregnancy in a child;
 - Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

- 4.1.24 Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on ‘stranger danger’, research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.

Recognising neglect

- 4.1.25 It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.
- 4.1.26 When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:
- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
 - Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
 - 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 thrives away from home environment;
 - Child frequently absent from school;
 - Child left with inappropriate carers (e.g. too young, complete strangers);
 - Child left with adults who are intoxicated or violent;
 - Child abandoned or left alone for excessive periods.
- 4.1.27 Disabled children and young people can be particularly vulnerable to neglect (see [section 5.10. Disabled children](#)) due to the increased level of care they may require.
- 4.1.28 Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child’s parent, often due to one or more unmet needs of their own. These could include domestic violence (see [section 5.11](#)), mental health issues (see [section 5.29](#)), learning disabilities (see [section 5.30](#)), substance misuse (see [section 5.31](#)), or social isolation / exclusion (see [section 5.1.1 to 5.1.4](#)), this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

4.2 Potential risk of harm to an unborn child

- 4.2.1 In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. domestic violence, parental substance abuse or mental ill health).
- 4.2.2 These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care.

APPENDIX B

Special Circumstances

1. Use of the Internet

The following procedures are recommended for community groups:

- Ban access to sex sites, pornographic sites and racially and violent sites.
- Place the computer where everyone can use it and where everyone can see it.
- Supervise use of the internet.
- Suggest suitable for sites for children and young people to use.
- Talk to children and young people about the sites they can and cannot use.
- Ensure children and young people do not give out personal details over the internet.
- Ensure children and young people never arrange to meet face to face with anyone they have only met on the internet.
- Encourage children and young people to report anything they come across which feels abusive or offensive,
- Limit the amount of time spent online.
- Explore using filters to block access to certain sites.
- Recognisable photographs of children should not be published on their own websites.

2. Social Networking

Social networking sites such as Facebook and Twitter are now very popular and are used to share information, photographs and news with friends worldwide. Use of such sites has many benefits but there are potential problems concerning privacy and appropriate usage. These may include breaches of confidentiality, unsuitable language or images and in some cases breaches of the law.

Examples of such problematic usage could be:

- Staff/Volunteers referring to children by name on their profiles
- Staff/Volunteers referring to private organisation matters
- Staff/Volunteers using derogatory or offensive language about fellow colleagues or children
- Staff/Volunteers posting images of themselves in inappropriate dress or situations especially when it can be accessed by children and young people
- Staff/Volunteers participating in illegal activities such as sharing indecent images of children
- Photos published that can identify the homes of staff/volunteers.

Staff should:

- Not use personal social network accounts to contact young people or the parents of the children they work with. Work related accounts may be used with the permission of the Operations Manager who will check and audit the sites.
- Staff and volunteers must have appropriate security on their profiles to stop anyone viewing them that they are not friends with.
- Friend requests from children, young people and their families must be declined by explaining it is against Christian Family Concern's policy to do so.
- Staff/volunteers should not create web pages, groups or contact lists concerning professional activities carried out on behalf of Christian Family Concern.
- There must be absolutely no private online contact between professionals and any young people with whom they have a work related relationship.

3. Use of Photographs

This policy applies to all forms of publications; print, film, video, DVD, on websites and in the professional media.

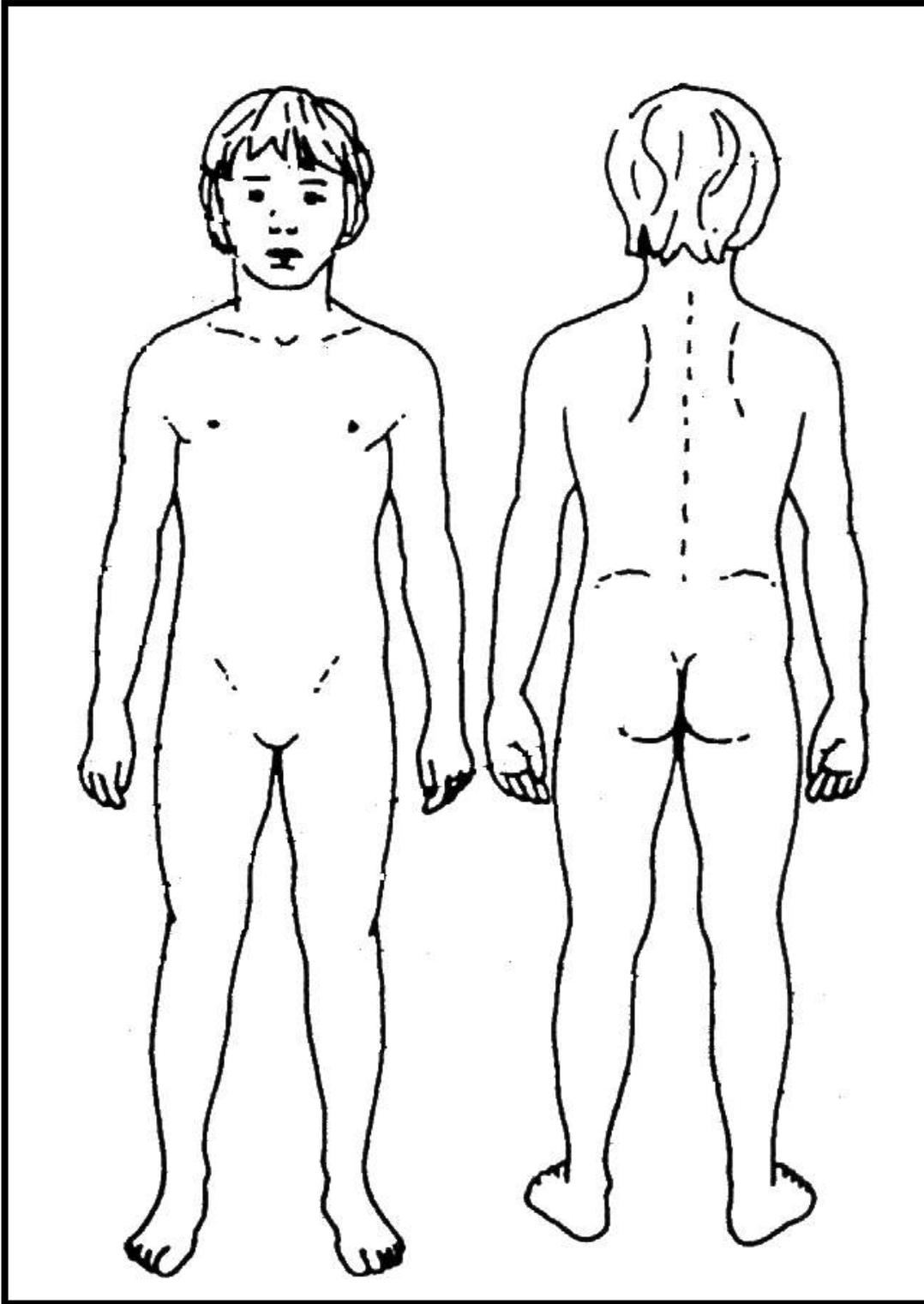
Consent forms signed by parents and guardians cannot be used as blanket permission for taking and publishing images when you are working with the same children and young people over a long period of time. For one off events, or when the conditions on which permission was granted have changed, new permission forms should be signed.

The consent form should include;

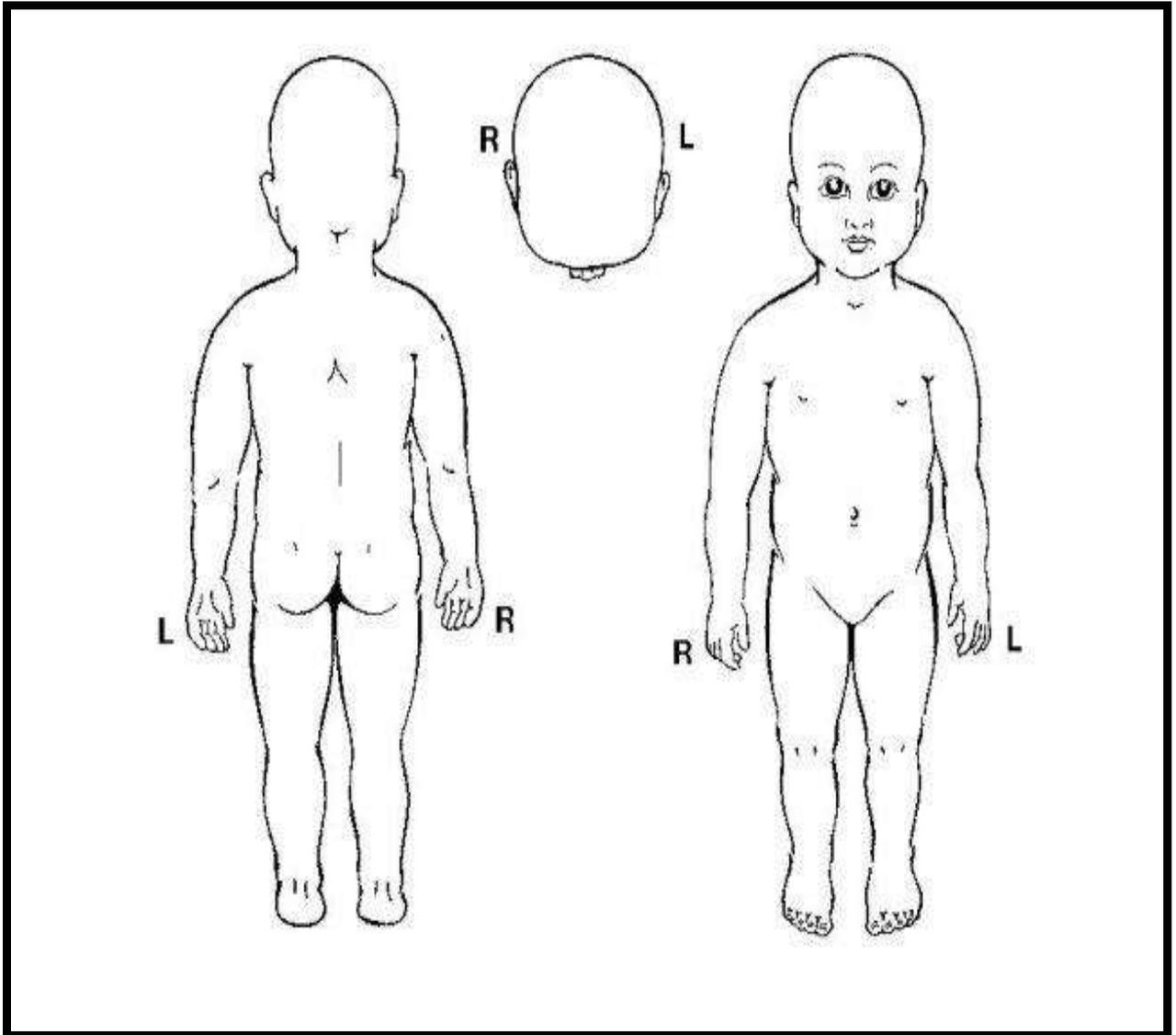
- How long the permission will be considered valid.
- How images may be used.
- For how long will you be able to use the photos etc.
- That you will not publish names or personal details.
- Only images of children suitably dressed will be used.
- Specific details of how a photo may be used e.g. in a newsletter.
- Given the option for consent to photos but not to filming.
- Issues with parents/visitors taking photos.
- That every effort will be made to prevent the capturing of any image of a child who should not be identified.

APPENDIX C

CHILD BODY MAP



BABY/INFANT BODY MAP



APPENDIX D

