

Hanham Community Centre
Registered Charity No: 301544

Child Protection Policy

August 2008

in accordance with
Charity Commission Guidelines

and

The Protection of Children Act 1989, 1999 & 2004

Dated: 25th September 2008

Issue: 1.0

Prepared by: K M Lawrence

This Policy was adopted by the Board of Trustees on the 6th October 2008

CONTENT

| | | |
|----------|---|----|
| 1. | Introduction | 3 |
| 2. | Good Practice Guidelines | 4 |
| 3. | Recruitment and Training of Staff and Volunteers | 6 |
| 4. | Responding to Allegations or Suspicions | 8 |
| 5. | Action | 9 |
| 6. | Recording | 12 |
| 7. | Information for Social Services/Police about Suspected Abuse | 12 |
| 8. | Declaration | 13 |
| | | |
| Annex A: | RECOGNITION OF ABUSE IN CHILDREN UNDER 18 | 14 |
| | | |
| Annex B: | RECOGNISING ABUSE – SYMPTOMS AND OTHER INDICATORS | 16 |

1. Introduction

1.1 Purpose

All community organisations that make provisions for children and young people must ensure that:

- The welfare of the child is paramount.
- All children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- All staff (paid/unpaid) have a responsibility to report concerns to the appropriate officer.

This Policy gives specific guidance to people working with children under the age of 18 years. Herein a child is defined as a person under the age of 18 (The Children Act 1989).

1.2 Child Protection Policy Statement

As a community organisation, Hanham Community Centre (HCC) wants every child who uses the Centre, regardless of age, to develop their potential and to enjoy and benefit from the services and facilities we have to offer. We therefore believe that at all times and in all situations they have a right to feel safe and protected from any situation or practice that might lead to their being physically or psychologically damaged. This policy is our commitment to provide systems for recognising and reporting any such risk, and outlines our duty of care to safeguard all children involved in activities at the centre.

1.3 Policy Aims

- The aim of the Hanham Community Centre Child Protection Policy is to promote good practice;
- Providing children and young people with appropriate safety and protection whilst in the care of Hanham Community Centre;
- Allow all staff/volunteers to make informed and confident responses to specific child protection issues.

1.4 Promoting Good Practice

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgement about the appropriate action to take.

Abuse can occur within many situations including the home, school and the sporting environment. Some individuals will actively seek employment or voluntary work with young people in order to harm them. A coach, instructor, teacher, official or volunteer will have regular contact with young people and be an important link in identifying cases where they need protection. All suspicious cases of poor practice should be reported following the guidelines in this document.

1.5 Legal Requirements

The major law on Child Protection is contained in the Children Act and local authorities are under statutory duty to investigate where they have reasonable cause to suspect that a child is likely to suffer 'significant harm'. The local Social Services Department carries out these responsibilities on behalf of the local authority.

Any person who has knowledge of, or suspicion that, a child is suffering significant harm or is likely to suffer significant harm must refer their concern to the local Social Services Department.

1.6 Staff Involvement & Policy Application

Staff and Volunteers working directly with Hanham Community Centre do not have regular or extensive involvement with children; the majority of contact is indirect through the use of the premises by external groups or clubs.

This policy applies to all Trustees, staff, volunteers, members, hirers and their associated, and members of the public using any premises operated or owned by Hanham Community Centre.

1.7 Responsibility

It is the responsibility of all staff, paid and volunteers, Trustees, members and Centre users to follow the HCC Child Protection Policy guidelines and to work together to maximise the protection we can offer children who use our facilities.

The Officers will be the Designated Officers responsible for all Child Protection duties including:

- De-briefing staff following a child protection incident
- Ensuring that written referrals are completed, collated and sent to Social Services
- Acting as a referral and liaison point for Social Services
- Disseminating the policy guidelines and best practice to all staff
- Following procedures for allegations made against a member of staff

1.8 Parental Responsibility

Whilst all staff are aware of, and have agreed to comply with, this policy, there will be many events and activities at the centre where parents are present and must accept full responsibility the activities and behaviour of their children.

2. Good Practice Guidelines

All personnel should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common sense examples of how to create a positive culture and climate.

2.1 Good Practice Means

- Always working in an open environment avoiding private or unobserved situations and encouraging open communication.
- Treating all young people/disabled adults equally with respect and dignity.
- Always putting the welfare of each young person first.

- Maintaining a safe and appropriate distance (eg it is not appropriate for staff or volunteers to have an intimate relationship with a child or to share a room with them).
- Building balanced relationships based on mutual trust and empowering children to share in decision making.
- Making activities fun, enjoyable and promoting fair play.
- Ensuring that if any form of manual/physical support is required, it should be provided openly. Some parents are becoming increasingly sensitive about manual support and their views should always be carefully considered.
- Keeping up to date with technical skills, qualifications and insurance.
- Involving parents/carers wherever possible. For example, encouraging them to take responsibility for their children in the changing rooms. If groups have to be supervised in the changing rooms, always ensure parents, teachers, coaches or officials work in pairs.
- Being an excellent role model – this includes not smoking or drinking alcohol in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of young people and disabled adults – avoiding excessive training or competition and not pushing them against their will.
- Securing parental consent in writing to act in loco parentis, if the need arises to administer emergency first aid and/or other medical treatment.
- Keeping a written record of any injury that occurs, along with the details of any treatment given.
- Requesting written parental consent if officials are required to transport young people in their cars (though this should be avoided).

2.2 Practices to be Avoided

The following should be avoided except in emergencies. If a case arises where these situations are unavoidable (eg the child sustains an injury and needs to go to hospital, or a parent fails to arrive to pick a child up at the end of a session), it should be with the full knowledge and consent of someone in charge in the centre or the child's parents. Otherwise, avoid:

- Spending excessive amounts of time alone with children away from others.
- Taking or dropping off a child to an event or activity.

2.3 Practices Never to be Sanctioned

The following should never be sanctioned. You should never:

- Engage in rough physical or sexually provocative games, including horseplay.
- Share a room with a child.
- Allow or engage in any form of inappropriate touching.
- Allow children to use inappropriate language unchallenged.
- Make sexually suggestive comments to a child, even in fun.
- Reduce a child to tears as a form of control.
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for children or disabled adults that they can do for themselves.
- Invite or allow children to stay with you at your home unsupervised.

NB It may sometimes be necessary for staff, volunteers or hirers to do things of a personal nature for children, particularly if they are young or are disabled. These tasks should only be carried out with the full (prior) understanding and consent of parents and those involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained. Consider having two people present for any such incidents.

2.4 Incidents that must be Reported and Recorded

If any of the following occur you should report this immediately to another colleague and record the incident. You should also ensure the parents of the child are informed:

- if you accidentally hurt a child
- If he/she seems distressed in any manner
- if a child appears to be sexually aroused by your actions
- if a child misunderstands or misinterprets something you have done.

2.5 Use of photographic/filming equipment at sporting events

There is evidence that some people have used some activities as an opportunity to take inappropriate photographs or film footage of young and disabled people in vulnerable positions. All clubs should be vigilant and any concerns should be reported to an Officer.

Video as a training aid: there is no intention to prevent appropriate groups using video equipment as a legitimate training/teaching aid. However, performers and their parents/carers should be made aware that this is part of the programme and such films should be stored safely.

2.6 Medical Emergency

Staff must call an ambulance if a child requires emergency medical treatment and inform the Duty Social Worker at the Social Services Department immediately if there is any suspicion that the injury is non-accidental. Staff must not transport children in their own cars.

Parents/carers must be contacted immediately if possible. A written consent form for emergency medical treatment should have been completed when the child started using the provision. Parents/carers should be informed of the specific symptoms or injuries which make it urgent that the child sees a doctor, **but not that abuse is suspected.**

3. Recruitment and Training of Staff and Volunteers

Hanham Community Centre recognises that anyone may have the potential to abuse children in some way and that all reasonable steps are taken to ensure unsuitable people are prevented from working with children. The Trustees have agreed that formal checking will be undertaken for: Administrator, Admin Assistant, Duty Officers, Caretakers, Guest Greeters and Bar Steward(s), and is subject to annual review.

3.1 Pre-selection Checks

- All such persons shall complete an application form. Where needed, the application form will elicit information about an applicant's past and a self-disclosure about any criminal record. (CRB Disclosure Form)
- Consent shall be obtained from an applicant to seek information from the Criminal Records Bureau.
- Two confidential references. At least one of these references must be taken up and confirmed through telephone contact.
- Evidence of identity should be provided (eg passport or driving licence with photo), as well as qualifications where appropriate.
- Applicants must acknowledge understanding by signing a statement within their application that the provision of false information will lead to the job offer being withdrawn or the appointment being terminated.

3.2 Interview, Employment and Induction

All employees will be required to undergo an interview carried out to acceptable protocol and recommendations. All employees and volunteers should receive formal or informal induction, during which:

- A check should be made that the application form has been completed in full (including sections on criminal records and self-disclosures).
- Check that all adults with substantial (direct or indirect) access to children have been appropriately vetted by submission of their details to the Criminal Records Bureau.
- The job requirements and responsibilities should be clarified.
- Make any appointments of paid staff or volunteers subject to the successful completion of a probationary period of at least 3 months of regular reviews and spot checks.
- Follow up at least one reference provided with a telephone call or personal contact during which we will discuss the applicant's suitability to work with children. A record of this discussion to be kept on the applicant's file.
- At interview, Child Protection procedures are tested and explained.

3.3 Awareness and Training

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:

- Ensure that the content of this policy is fully understood by all those who use the Centre (children & parents) and can be fully implemented by those who work in it.
- Analyse their own practice against established good practice, and to ensure their practice is likely to protect them from false allegations.
- Recognise their responsibilities and report any concerns about suspected poor practice or possible abuse.
- Respond to concerns expressed by a child or young person.

General awareness amongst staff, volunteers and users is also important, this will be promoted by:

- Prominently displaying our Child Protection Policy Statement in all activity areas and at key information points within the Centre
- Including this same statement on our website and in key Centre literature.
- Ensuring that all staff and volunteers are aware what to do if a child discloses abuse to them, or if they discover evidence of abuse, by issuing this Child Protection Policy.

- Assessing the training needs of all volunteers and staff working with children at the Centre and contact the appropriate authorities about information on such training courses.
- Ensuring that the governing body (the Board of Trustees) endorses in full the contents of this policy, and is fully aware of its responsibilities under it.

3.4 Application for Hire

In addition to regulating the recruitment of paid staff and volunteers this policy also covers applications from outside bodies and individuals who wish to hire regular space at the Centre to work with children (this includes sections of the centre). All such hirers/sections **must** :-

- Comply with this policy and undertake to enforce it. They must declare they have read, understood and agree (in writing) to comply with the procedures laid down in this policy, including the guidelines on reporting any disclosed or observed evidence of abuse.
- The written statement of compliance to the Centre must address:
 - Describe in full the nature and scope of the proposed activities, and a copy of any external protection policies.
 - List the names of all staff or volunteers they intend to use in their work with children. This list must include the applicant.
 - Provide documentary proof of any child related qualifications claimed.
 - Sign to acknowledge that the provision of any false information will lead to the refusal or termination of any booking agreement.
- Organisation with direct and regular contact with children should also ensure they carry out recruitment and training that is compliant with sections 3.1-3.3 above; including the Criminal Record Bureau Disclosure process where necessary. The written statement to the centre should be signed to acknowledge this. The centre may wish to see evidence on CRB checks.
- Where such groups involve some form of extensive involvement with children (teaching), then the centre recommends attendance on a recognised 3-hour “Good Practice and Child Protection Awareness Training Workshop” to ensure their practice is exemplary and to facilitate the development of a positive culture towards good practice and child protection.
- All such groups should ensure relevant personnel receive advisory information outlining good practice and informing them about what to do if they have concerns about the behaviour of an adult towards a young person.
- Sections of the Centre with limited contact with children may use policy, but will need to confirm adherence to this policy through a written statement as detailed above. Sections will also need to consider if Committee members or other members should have CRB checks.

4. Responding to Allegations or Suspicions

It is not the responsibility of anyone working in Hanham Community Centre, in a paid or unpaid capacity, to decide whether or not child abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities.

Hanham Community Centre will assure all staff/volunteers that it will fully support and protect anyone who in good faith reports his/her concern that a colleague is, or may be, abusing a child.

Where there is a complaint against a member of staff there may be three types of investigation:

- A criminal investigation
- A child Protection investigation
- A disciplinary or misconduct investigation.

The results of the police and child protection investigation may well influence the disciplinary investigation, but not necessarily.

5. Action

5.1 Concerns about Poor Practice

- If, following consideration, the allegation is clearly about poor practice, the Trustees will deal with it as a misconduct issue.
- If the allegation is about a matter being handled inadequately and concerns remain, it should be reported to the Board of Trustees who will decide how to deal with the allegation and whether or not to initiate disciplinary proceedings.

5.2 Concerns about Suspected Abuse

- Any suspicion that a child has been abused by either a member of staff or a volunteer should be reported to an Officer of the Centre¹, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.
- The Officer (via the Board of Trustees) will refer the allegation to the Social Services Department which may involve the police, or go directly to the police if out-of-hours.
- The parents or carers of the child will be contacted as soon as possible following advice from the Social Services Department.
- The Officer should also notify the Community Centre Chairman who will deal with any media enquiries.
- If the Officer is the subject of the suspicion/allegation, the report must be made to an alternative officer or Trustee, who will refer the allegation to social services.

5.3 Disclosure of Sexual Abuse

- In cases where a child makes a disclosure of sexual abuse or where there is strong suspicion of sexual abuse, the procedure is slightly different.
- **STAFF MUST NOT TRY TO INVESTIGATE THE MATTER THEMSELVES**, or question a child for further information. This is a specialist task and is the responsibility of the Social Services Department who work in conjunction with the Police Child Protection Team. Inappropriate questioning, ie: asking leading questions, can lead to vital evidence being inadmissible in court. It is also essential that where a child's clothing may be used as evidence, it is not tampered with, and that any evidence, such as a child's drawing, is not discarded.
- The Officer must immediately report the concerns/incident to the Duty Social Worker at the Social Services Department who will decide what action to take. In this case, in order to protect the child, the project manager **DOES NOT** discuss the concerns with the parents before reporting it, because one or other parent may be involved.

¹ The officers are the Chairman, Vice-Chairman, Treasurer, Secretary, DPS or Administrator.

5.4 Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only (with need being defined as need to *'have access in the course of their duties'*). This includes the following people:

- Officer and Trustees of the Community Centre
- The parents of the person who is alleged to have been abused
- The person making the allegation
- Social services/police
- The Community Centre Chairman (and possibly Social Club)
- The alleged abuser (and parents if the alleged abuser is a child).

Seek social services advice on who should approach the alleged abuser. Information should be stored in a secure place with limited access to designated people, in line with data protection laws (eg that information is accurate, regularly updated, relevant and secure). No confidentiality agreement should be offered to children in a disclosure situation.

5.5 Internal Enquiries and Suspension

- The Officer approached will liaise with the Chairman to make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.
- Irrespective of the findings of the social services or police inquiries the Hanham Community Centre Board of Trustees will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases, the Hanham Community Centre Board of Trustees must reach a decision based upon the available information, which could suggest that on a balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

5.6 Support to Deal with the Aftermath of Abuse

- Consideration should be given to the kind of support that children, parents and members of staff may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. The British Association for Counselling Directory is available from The British Association for Counselling, 1 Regent Place, Rugby CV21 2PJ, Tel: 01788 550899, Fax: 01788 562189, Email: bac@bacp.co.uk, Internet: www.bacp.co.uk
- Consideration should be given to what kind of support may be appropriate for the alleged perpetrator.

5.7 Allegations of Child Abuse about a Staff Member

- Allegations or concerns about bad practice by staff, such as shouting or inappropriate punishment of children, must be taken seriously. Any such concerns must be investigated by an Officer and advice sought on the appropriate course of action.
- All complaints of child abuse against staff must be handled swiftly and sensitively according to these procedures. The basic principles of child protection must apply and inform the whole process.
- If an allegation concerning physical or sexual abuse is made about a member of staff, an Officer must deal with it as if it were a concern about abuse by anyone else

and immediately report the allegation to the Social Services Department, advising them of what action is being taken. A strategy discussion will then take place either immediately by telephone or quickly at an arranged meeting.

- The Officer must inform the member of staff that an allegation has been made and ask her/him to leave the premises immediately. The Officer must inform the Chairman of the Board of Trustees.
- If the allegation is against an Officer, s/he must not be present at the strategy meeting.
- If the complaint is identified as one of possible abuse, the Chair of the Management Committee/Centre Organiser must:
 - Inform the member of staff that the Child Protection procedures are being invoked, which will involve both social services and the police. This must be done without questioning the member of staff about the complaint and making it clear that they have the right to be accompanied by a representative or friend at all stages.
 - Ensure that careful consideration is given to the kind of support the member of staff concerned and her/his colleagues require, both during the investigation, and after it has reported its findings.
 - Ensure that the process of the investigation is discussed with the child's parents/carers and that they are kept informed throughout, in conjunction with social services as appropriate.
 - Ensure that the rest of the staff team is kept informed of the process of the investigation and briefed on what information to give to parents.
 - If it is decided that the complaint is not a child protection issue, the complaint will still need to be investigated using the project's own procedures.

5.8 Allegations of Previous Abuse

- Allegations of abuse may be made some time after the event (eg by an adult who was abused as a child or by a member of staff who is still currently working with children).
- Where such an allegation is made, the centre should follow the procedures as detailed above and report the matter to the social services or the police. This is because other children may be at risk from this person. Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with children. This is reinforced by the details of the Protection of Children Act 1999.

5.7 Action if Bullying is Suspected

If bullying is suspected, the same procedure should be followed as set out herein.

5.8 Action towards Bully(ies)

- Talk with the bully(ies), explain the situation, and try to get the bully(ies) to understand the consequences of their behaviour. Seek an apology to the victim(s).
- Inform the bully(ies)'s parents.
- Insist on the return of 'borrowed' items and that the bully(ies) compensate the victim.
- Provide support for the victim's coach.
- Impose sanctions as necessary.
- Encourage and support the bully(ies) to change behaviour.

- Hold meetings with the families to report on progress.
- Inform all organisation members of action taken.
- Keep a written record of action taken.

5.9 Concerns Outside of the Immediate Environment (eg a parent or carer)

- Report your concerns to an Officer, who should contact social services or the police as soon as possible.
- See below for the information social services or the police will need.
- If an Officer is not available, the person being told of or discovering the abuse should contact the Chairman, who will contact social services or the police immediately.
- Social services, the Chairman and the Officer will decide how to involve the parents/carers.
- The Officer should also report the incident to the Board of Trustees. The Trustees should ascertain whether or not the person/(s) involved in the incident play a role in the centre and act accordingly.
- Maintain confidentiality on a need to know basis only.
- See below regarding information needed for social services.

6. Recording

It is important that in all child protection cases a written record is made of what was seen, heard or disclosed. In all cases this record should be :-

- **Factual**, listing what actually occurred, was seen or was heard
- **Objective**, making a statement rather than an opinion
- As far as possible a **verbatim** account of what a child has said
- On the appropriate **multi agency report forms**
- **Copied**, so that the Centre retains a copy of any report made
- **Confidential**, so that the record is stored safely and where unauthorised people cannot see it.

7. Information for Social Services/Police about Suspected Abuse

To ensure that this information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern, which should include the following:

- The child's name, age and date of birth.
- The child's home address and telephone number.
- Whether or not the person making the report is expressing their own concerns or those of someone else.
- The nature of the allegation. Include dates, times, any special factors and other relevant information.
- Make a clear distinction between what is fact, opinion or hearsay.
- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes.
- Details of witnesses to the incidents.
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred.
- Have the parents been contacted?

- If so, what has been said?
- Has anyone else been consulted? If so, record details.
- If the child was not the person who reported the incident, has the child been spoken to? If so, what was said?
- Has anyone been alleged to be the abuser? Record details.
- Where possible referral to the police or social services should be confirmed in writing within 24 hours and the name of the contact who took the referral should be recorded.

If you are worried about sharing concerns about abuse with a senior colleague, you can contact social services or the police direct, or the **NSPCC Child Protection Helpline** on **0808 800 5000**, or **Childline** on **0800 1111**.

8. Declaration

On behalf of Hanham Community Centre, we, the undersigned, will oversee the implementation of the Child Protection Policy and take all necessary steps to ensure it is adhered to. We will also ensure this policy is regularly reviewed and revised as necessary, and that it is consistent with other HCC policies (such as Health and Safety).

Signed:

Signed:

Name:

Name:

Position within Hanham Community Centre

Position within Hanham Community Centre

Date:

Date:

Annex A

RECOGNITION OF ABUSE IN CHILDREN UNDER 18

Appendix A deals with recognition of abuse and must be read by all staff. Remember that abuse includes: physical abuse, neglect, sexual abuse, emotional abuse

Many children who are being abused do not suffer from only one form of abuse. Sexual and physical abuse nearly always includes some form of emotional abuse. Some children who are physically abused will also be neglected and/or sexually abused.

When might you suspect abuse?

Every child will react differently to abuse. The following signs might arouse staff's suspicions that a child is being neglected or otherwise abused. However, there could be legitimate and reasonable explanations for all of them. Unless staff suspect sexual abuse, any concerns should be discussed with parents. Forms of abuse and, therefore, the signs and indicators may vary according to a child's level of development and vulnerability.

a) Growth and Development

Children who are emotionally deprived may fail to thrive for no specific medical reason. They may seem under-nourished and small compared with their peers. Their behaviour may seem like that of a younger child, easily distracted, unable to concentrate and show low skill competency. Children whose development has been impaired by lack of stimulation may seem detached and have poor social skills. There may be an obvious medical reason for this.

b) General Appearance

Children who are being neglected often seem ill kempt. Their clothing may be inappropriate, ill fitting and dirty; the child may smell of urine. Do not forget that children who are well cared for can also be abused.

c) Eating Problems

If a child always appears ravenously hungry and/or persistently takes food from others, s/he may be receiving insufficient food at home. A child may also show lack of interest in food or take no pleasure in eating if unhappy. Eating disorders, such as anorexia or bulimia, may be a sign that a child is being abused. Eating problems are common in early childhood but extremes and/or changes need to be monitored.

d) Attendance

Note should be taken if a child is absent from a project for prolonged periods of time, has regular unexplained periods of absences, or where the explanation for absence does not seem to fit.

e) Physical Changes

There may be sudden physical changes. The child may start wetting, have stomach pains with no medical reason, or become constipated. Play staff giving personal care to children may see irritating infections of the genitalia or rectum. Children may tell staff about some physical discomfort or distress they are experiencing.

f) Behavioural Changes

The child may become quiet or very detached. They may become attention seeking, bullying or aggressive. Staff should be aware of changes in the pattern of a child's play and in her/his ability to interact with other children and with adults.

h) Bruising, Cuts or Burns and Bites

- All children sustain injuries and bruises in the normal rough and tumble of play. These usually occur in specific places, such as the elbows, knees and shins. If staff notice bruising on the cheeks, ear lobes, upper arms, chest, stomach, buttocks or thighs, this may suggest that the child has been gripped or slapped and may be a non-accidental injury. Burns that cannot be explained are also suspicious.
- Children who are being abused are frequently reluctant to discuss how they got their injuries, whereas most children are only too eager to explain what has happened.

i) Abusive Behaviour towards other Children

- Serious attention should be paid to children who behave abusively towards other children. This may include verbal bullying, physical or sexual abuse.
- It is essential that all such incidents are treated seriously. The needs of the victim must be addressed. Staff must ensure that the abuser(s) understand that such behaviour is unacceptable.
- Children who abuse other children may themselves be the victims of abuse and if abuse is repeated or a matter of serious concern, the Senior Worker must seek advice from the Child Protection Officers or Duty Social Workers.

j) Sexual Behaviour

- If children are being sexually abused, they may behave in a sexually explicit way, such as playing sexual 'games', masturbating and showing inappropriate sexual awareness. Some sexual play/behaviour is natural, but if a child appears preoccupied with this kind of activity, staff should be concerned and advice should be sought.
- Sexual behaviour that is a cause for concern includes:
 - sexual play/behaviour between children of significantly different ages;
 - sexual behaviour involving threats, bribery, harassment or force;
 - inappropriate sexualised behaviour which may indicate a level of sexual knowledge inconsistent with the level of development normally expected.
- It is important to remember that in Britain one in five girls reach puberty when they are under twelve years old and they may be experiencing behavioural changes as a result. Boys' behaviour will also be affected by the approach of puberty and an awareness of the changes in the girls.

k) Relationship with Parents

- A child who is being abused may seem to be frightened of the parents or only seem happy with staff. If one of the parents is also being abused, as in cases of domestic violence, the child may cling to that person and be reluctant to leave them. A child may also seem anxious to protect the parent or may even take over the parent's role.
- Abusing adults come from all walks of life; child abuse happens in families from all social classes, racial, cultural and religious groups. Some parents are more able to hide abuse behind a facade of respectability. Some abusing parents may appear hostile and intimidating, while others may appear overtly cooperative and self-effacing.

Annex B

RECOGNISING ABUSE – SYMPTOMS AND OTHER INDICATORS

Recognising abuse can often be difficult and requires close collaborative consultation. Forms of ill-treatment which are capable of registration according to the guidance of "Working Together" are:

- Physical Abuse
- Neglect
- Sexual Abuse
- Emotional Abuse

1. PHYSICAL ABUSE

This is defined as "the actual or likely physical injury to a child, or a failure to prevent physical injury or suffering to a child".

1.1 *Physical Signs and Symptoms Characteristic of Physical Abuse*

The following may be present (the list is indicative only and by no means comprehensive)

| <i>High suspicion:</i> | <i>Medium suspicion:</i> | <i>Low suspicion:</i> |
|---|--|--|
| <ul style="list-style-type: none">- Multiple fractures at different stages of healing- Cigarette burns- Human bites- Bilateral black eyes- Fingertip bruising | <ul style="list-style-type: none">- Burns, scalds- Bruising in sites not easily injured- Unusual cuts or marks- Frequent accidents- Head injuries in infancy (under 12 months) | Any injury (particularly repeated accidents) |

The following behavioural responses are frequently associated with physical abuse and may assist in making a diagnosis when suspicious injuries are noted:

- "Frozen watchfulness"
- Very aggressive play in younger children and severe problems in older children
- Major preoccupation with own body and health
- Unusual refusal of mother to leave the bedside of ill child

1.2 *Presentations of Physical Injuries or States Which Should Alert Concern*

The following should give rise to concern about possible physical abuse when a child is presented either in a medical or other setting:

- The account of the injuries given is inconsistent with their appearance
- Unusual lack of parental concern
- Discrepant accounts of events
- Injuries of different ages at different stages of healing
- Injuries noticed by others, eg: in day nurseries or schools and not reported by the family

2. NEGLECT

Neglect is defined as:

- Persistent or severe neglect of a child
- Failure to protect a child from exposure to any kind of danger, including cold or starvation
- Extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive
- Serious failure, for whatever reason, to comply with necessary medical treatment

| Presentations of Neglect | Alerting Signs & Symptoms | Behavioural Indicators |
|--|---|--|
| <ul style="list-style-type: none"> ▪ Growth failure ▪ Developmental delay, eg: delay in language, motor skills and social skills • Failure to thrive (ie: significantly poor weight gain) • Failure of linear growth, formerly known as psycho-social dwarfism • Other physical conditions arising from inadequate care | <p>The physical indicators of neglect are:</p> <ul style="list-style-type: none"> • Abnormalities of skin and hair • Poor hygiene • Marked drop in height and weight centiles, or failure to gain height and weight without obvious organic reason | <p>Severe withdrawal state</p> <ul style="list-style-type: none"> • Food scavenging, stealing from dustbins, etc • Poor school performance with failure to achieve potential |

3. SEXUAL ABUSE

A useful definition of sexual abuse is "*the actual or likely sexual exploitation of a child or adolescent*". They may be dependent and/or developmentally immature. Abuse includes:

- Incest
- All forms of sexual activity involving children
- Involvement of children in pornographic activities

3.1 **Presentation and Disclosure**

The presentation of child sexual abuse can be very varied and may or may not be accompanied by a spontaneous verbal disclosure by the victim, perpetrator or other family member to professionals, neighbours or friends.

3.2 **Physical Alerting Signs**

| | |
|--|---|
| <p style="text-align: center;">Certain Abuse</p> <ul style="list-style-type: none"> • Semen in vagina or anus, or on external genitalia • Pregnancy, especially where father is unknown | <p style="text-align: center;">High Suspicion</p> <ul style="list-style-type: none"> • Bruises, scratches or other injuries to the genital or anal areas or to other 'sexual' areas such as breasts and lips; these injuries may be minor but are inconsistent with the accidental injury • Signs of sexually transmitted infections |
| <p style="text-align: center;">Medium Suspicion</p> <ul style="list-style-type: none"> • Itching, soreness, pain on micturition (passing urine) and discharge • Anal warts | <p style="text-align: center;">Low Suspicion</p> <ul style="list-style-type: none"> • Occasional urinary tract infections • Recurrent abdominal pain, headaches, or other psychosomatic features |

3.3 Behavioural Indicators

- A child who hints at sexual activity/uncomfortable secrets
- Inappropriate and repeated sexual play and talk
- Severe eating disorders in older children
- Suicide attempts, self-mutilating behaviour, fire-raising
- Running away

4. EMOTIONAL ABUSE

Emotional abuse is defined as the serious adverse effect on the emotional and behavioural development of a child, caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment. This is probably the most difficult form of abuse to define.

4.1 Alerting Situations

The possibility of emotional abuse has to be considered whenever any form of abuse is found. In all forms of abuse the adult(s) involved see the child as a thing rather than as a person in her/his own right.

Other situations that may be associated with the emotional abuse of a child are:

- Serious physical or psychiatric illness of a parent(s) including periods of hospitalisation
- Induction of child into bizarre parental beliefs
- Breakdown in parental relationship with chronic, bitter conflict over contact or residence
- Major emotional rejection of the child and parental inability to perceive her/his needs with any objectivity
- Major and repeated familial change, eg: separations, reconstitution of families
- Parental drug and alcohol addiction, or involvement in seriously deviant lifestyles

These situations would become of specific concern if there are also concerns about a child's behaviour/presentation.

4.2 Behavioural Indicators in Children

The effect of living in an emotionally abusive environment may be associated with a recognisable psychiatric syndrome in the child; that is, impairment of mental health, eg: emotional disorder with a high level of depression, anxiety, and severe conduct disorders.

Symptomatic behaviour may include:

- Over-compliant and passive behaviour
- Restlessness, hyper-vigilance, anxiety or rejection of attempts to offer friendship
- Fear, anxiety, depression, despair
- Poor achievements and concentration
- Dominating, controlling and aggressive conduct, with apparent total lack of concern for others