



Registered Charity No 1063143

Safeguarding Children

Policy Document and Guidelines

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Scope

Safeguarding is a very difficult and sensitive area to handle.

pages 2 – 4 of this document form Steps policy and procedure in cases where abuse is suspected.

The rest of the document is for staff information only and may be of help if anything suspicious is noted.

The Management Committee does not expect its staff to be experts in this field, but simply to be vigilant in watching out for the welfare of each child who comes through The Centre's doors

Special attention will be given to children who have been, or are in the process of being adopted or in foster care.

Fiona Holroyd is our named safeguarding officer

Mobile Phones

Staff are not permitted to use mobile phones in the main classroom. Photographs will not be taken by staff on their personal mobile phones.

Parents and mobile phones

We ask that mobile phones are not taken into the teaching areas as they are disruptive and are a serious safeguarding issue. If you wish to take a photo of your own child please ensure that you do not include other people's children in the picture.

Parents

Please do not leave your child in sole care of any other person at Steps other than a member of staff whilst you leave the room for any reason. If you wish to go out of the room then please inform a member of staff and they will look after your child whilst you are away.

Suspected Abuse Procedure

All staff have a responsibility to report cases of actual or suspected abuse of any kind, to any child, by any person, at any time. This also includes unintentional abuse, which might arise from inappropriate parenting skills. They should report to the Team Leader who will contact the Manager immediately. In the case of the Team Leader being suspect, contact should be made direct with the Manager.

Precise written records must be kept giving clear, concise, factual evidence. Records must be correctly dated, signed in full and filed in the appropriate file in the staff office for future referral.

Staff should seek to reassure the child, but must not ask any questions except to clarify what they have just heard. There are precise guidelines surrounding the interviewing of children and alleged perpetrators and staff specifically trained to undertake this task. It is therefore important that members of staff do not seek to investigate or question beyond what has been revealed to them or what they can observe themselves.

A Child Requiring Urgent, Immediate Medical Attention

The Team Leader or senior member of staff present must ensure that the child is sent to whichever hospital is available to deal with accidents and emergencies. Normally this will be the Royal Infirmary (0116 2585121)

Where possible the child should be accompanied by the parent and Team Leader.

The hospital must be notified of the circumstances in which the injury occurred and of any suspicion of abuse

A Child Who is in Immediate Danger

The Team Leader or senior member of staff present must call the police, (0116 222 2222) or the duty officer in the Social Services Access Team (Normal Hours 01509 266641 – Out of hours 0116 255 1606) immediately to protect the child our local authority designated officer is Mark Goddard tel. 0116 3057597.

Inform Ofsted

Cases of Suspected Abuse

Having considered all the evidence, the Manager will:

Discuss if possible with the parent / carer

Record in the child's confidential file giving accurate information

Discuss with the manager

Thereafter, proceedings will follow the guidelines laid down in the Local Safeguarding Children file which can be found in the staff office

If the child already has a social worker, then an approach should be made directly to him/her and not the duty social worker - details from the child's file

Staff Responsibilities

Staff must be aware that checklists can provide support when making difficult decisions but they need to be used in a thoughtful way. Child abuse presents in a wide variety of ways. The decision that the Team Leader and Manager must make is whether they have reasonable grounds for suspecting that child abuse is taking place. If unsure it will always be safer to act or to discuss with a qualified person than to wait.

The Role of Staff

All staff have a responsibility to report cases of actual or suspected abuse of any kind, to any child, by any person, at any time.

They should report through their line manager who will ensure that the Manager is informed, or in the case of the Team Leader being suspect, they should report direct to the Manager.

Precise records must be kept giving clear, concise, factual evidence

Staff are advised to keep their own personal record until they are satisfied that the case has been dealt with adequately.

Records must be correctly dated, signed in full and filed in the appropriate file in the main office for future referral.

Staff should always seek to reassure the child.

Staff should be supportive but should not question the child.

Staff should not discuss issues relating to the suspected abuse in the presence of the children.

Staff under suspicion of abusing a child

Any member of staff under suspicion of abusing a child in any way will be suspended immediately, without bias, until an investigation has taken place. Ofsted will be notified.

Staff suspecting another member of staff of abuse

If a member of staff suspects another member of staff of abuse of any kind then they should follow the guidelines below:

Take any concerns directly to the team leader and Manager of Steps.

Allegations will be recorded and kept in the staff members confidential file.

The Chair of the Trustees will be informed.

Ofsted will be notified.

The staff member will not have knowledge of who has made the complaint.

The staff member in question will be suspended on full pay until the case has been resolved.

Definitions

All staff should be aware of the different forms of abuse and their implications.

Physical Abuse

Non-accidental injury to a child by another person. The child may present with unexplained bruising, burns, scalds, fractures or other injury.

Sexual Abuse

The involvement of dependent developmentally immature children in sexual activities they do not understand, to which they are unable to give informed consent or that violate the social taboos of family roles.

Emotional Abuse

This involves the actual or likely severe adverse effect on the emotional and behavioural development of a child, which may be caused by emotional ill treatment or rejection. All forms of abuse involve some form of emotional ill treatment.

Neglect

The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including avoidable failure to thrive.

Grave Concern

Children whose situations do not currently fall into any of the above categories, but where social and medical assessments indicate that they are at significant risk of abuse. These could include situations where another child in the household has been harmed or the household contains a known abuser.

Child abuse is a major social problem that occurs in all races, religions, cultures, genders, and social backgrounds. It affects both able-bodied and disabled children. It can happen to:

any child under 17 years

at any time, in any situation, by any person

Signs and Symptoms

General Signs of Stress and Distress Associated With Child Abuse

All the following signs and symptoms need to be considered in the light of a child's 'normal' development. Temper tantrums are to be expected from a two year old but may be a sign of serious distress in a child of 9. An interest in sexual topics and members of the opposite sex is to be expected in a youngster of 15. In an 8 year old, such behaviour may well be a cause for concern.

lack of concentration and a falloff in school performance

aggressive or hostile behaviour

moodiness, irritability, fearfulness, tiredness and temper tantrums

difficulties in relationships with peers

regression to more immature forms of behaviour

low self-esteem

undue wariness

running away, truancy; experience shows that children who persistently run away from home may be fleeing from sexual or physical abuse

Physical Abuse

Injuries such as bruises and abrasions, especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury:

outline bruises (prints of hands, belts, shoes etc)

twin bruises on either side of mouth or cheeks can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking

bruising on both sides of the ear is often caused by grabbing a child as s/he runs away (it is very painful to be held by the ear, as well as humiliating and this is a commonly presented injury)

babies who are handled roughly or held down in a violent way will have grip marks on arms or trunk

one of the most serious injuries to a child is done by shaking which can cause haemorrhage to the brain as it bangs inside the skull. This can only be diagnosed by an expert, but the gripping bruises on arms or trunk would be a warning signal

black eyes are most commonly caused by an object such as a fist coming into contact with the eye socket. A heavy bang on the nose however, can cause bruising to spread around the eye and a doctor will be able to tell the difference

damage or injury to the mouth of a child, eg bruised or cut lips or torn frenulum (this is the skin which joins the inside of the upper lip to the mouth)

bruises of different ages in the same place

bruises without obvious and verifiable explanation

bruises to non-mobile babies

bite marks (more than 3 cms across are likely to be adult)

fractures in children under 1 year

poisoning, injections, ingestion or other applications of damaging substances including drugs, alcohol and overuse of sedatives

burns and/or scalds; a round red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted, maybe from a cigarette

some types of scalds known as 'dipping scalds' are always cause for concern (an experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea); in contrast, a child who has been deliberately 'dipped' in a hot bath will not have splash marks

unusually shaped scars

scars that indicate the child did not receive medical treatment

female genital mutilation, including female circumcision

Neglect

This is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedures in the case of neglect where the child's development is being adversely affected to a serious degree. A distinction needs to be made between children who may be inadequately clad, dirty or smelly because they come from homes where a high value is not attached to neatness and cleanliness, and situations where the lack of care is having a serious effect on the child:

underweight

dirty

smelly

frequently hungry

preoccupied with food

in the habit of stealing, especially where the stealing is predominantly of food

inadequately clad

failure to thrive

There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.

Sexual Abuse

sexually transmitted diseases

recurring urinary infections

unexplained bleeding and discharges

bruising in the genital region

detailed sexual knowledge inappropriate to the age of the child

requests for sexual contact with adults or affectionate behaviour inappropriate to the child's age

unusually explicit or detailed sex play in young children

sexually abusive behaviour towards other children, particularly those younger and more vulnerable than themselves

attempts to inform; a child who is aiming to make a disclosure that they have been sexually abused will often make some initial sharing of limited information with an adult; it is also very characteristic of such children that they try to bind the adults they tell to secrecy or confidentiality

pornographic or sexually explicit drawings

excessive masturbation; this is especially worrying where it takes place in public

fear of medical examination

fear of being alone with friends, relatives, neighbours, baby-sitters

sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa

signs of itching, discomfort or pain in the genital or rectal region

disturbed sleep

an excessive pre-occupation with secrecy

Emotional Abuse

Emotional abuse is a feature of all forms of child abuse. There are a few children who may present, without signs of physical or sexual abuse or gross neglect, who nevertheless are suffering from severe deficiencies of emotional care at home or whose parents are very hostile to them. They are likely to show signs of stress and distress as listed above. A situation causing particular concern is that of a child who fails to thrive without obvious reason. This situation will require medical investigation to consider the possibility of other causes.

Grave Concern

This is not a separate category of child abuse as such but covers a number of situations where a child might be at risk. Concern may be felt where a child shows symptoms of stress and distress and any one of the following circumstances may apply;

there is a known child abuser in the family

another child in the family is known to have been abused

the parents are involved with pornographic material to an unusual degree

there is an adult in the family with a history of violent behaviour

General Indicators

The following may occur to any children being abused but are particularly important in cases of sexual or emotional abuse where outward and physical signs may not be present:

onset on enuresis - day or night

sleeping and eating disturbance

recurrent abdominal pain

recurrent headaches

social withdrawal

restlessness and aimlessness

inexplicable school failure

poor trust and secretiveness

indiscriminate and careless sexual behaviour

self-mutilation and other forms of self-harm

hysterical fits, faints etc

Parental Behaviour Causing Concern

Abuse of all kinds occurs right across the social spectrum. Child sexual abuse in particular has been shown to occur in families at all levels of socio-economic status and in families with highly overt degrees of conformity to codes of sexual respectability.

Particular forms of parental behaviour which give cause for concern are:

implausible explanations of injuries

unwillingness to seek appropriate medical treatment for injuries

injured child kept away from school until injuries have healed without adequate reason

a high level of expressed hostility to the child

grossly unrealistic assumptions about child development

general dislike of childlike behaviour

inappropriate labelling of child's behaviour as bad or naughty

children left unattended in a way inappropriate for their age