



Child Protection/Safeguarding Procedures

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and parent, the interests of the child must be paramount.

If a member of staff suspects abuse, e.g. through physical injury etc. they must:

1) Inform the Pre-School Manager or the Designated Safeguarding Lead Officer immediately.

2) The Pre-School Manager / DSLO must decide whether or not there are sufficient grounds for suspecting significant harm. If so they must contact Social Care and make a clear statement of:

- Known facts
- Any suspicions or allegations
- Whether or not there has been any contact with the child's family about the allegations

If the DSLO feels unsure about what the child has said or what has been said she can phone Social Care to discuss any concerns, to do so will not constitute a child abuse referral and may well help to clarify a situation.

3) Staff should make an accurate record (which may be used in any subsequent court proceedings), using the setting's child protection form within 24 hours of the disclosure, of all that has happened, including details of:

- What they have observed and when
- Any injuries?
- Times when any observations / discussions took place
- Explanations given by the child / adult
- The action taken

4) The Pre-School Manager /DSLO must confirm in writing to Social Care, the referral which was made verbally, in writing within 24 hours, and the actions that have been taken. This is to be done via the online inter agency referral form a copy can be saved and this will be added to the child's file.

5) If a child is in immediate danger, the police will be informed and can take immediate protective action. If it is believed that the child is in imminent danger urgent advice should be sought from social care and or the police. The child can be kept in Pre-School if advised to do so by these agencies. The parent should be informed and a decision should be made with social care /police about who should do this.

6) Normally the Pre-School should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement to making a referral to Social Care if necessary.

However, in accordance with Pre-School guidance, this will only be done when this will not place the child at increased risk. The child's views should also be taken into account.

Where there are doubts or reservations about involving the child's family, the DSLO should clarify with Social Care or the Police whether, and if so when and by whom, the parents should be told about the referral. This is important in cases where the police may need to conduct a criminal investigation. Where appropriate, the DSLO should help the parents understand that a referral is in the interests of the child and that the Pre-School will be involved in the S 47 enquiry as per the Children Act 1989, or a police investigation.

7) When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the Pre-School Manager or DSLO should take the child to the Accident & Emergency Unit at the nearest hospital, having first notified Social Care and sought advice about what action Social Care and/or the police will take and who and how the parents will be informed, remembering that parents should normally be informed that a child requires urgent hospital attention. If the suspected abuse is sexual then the medical examination should be delayed until Social Care and the police can liaise with the hospital, unless the needs of the child are such that medical attention is the priority. There must at all times be a responsible adult with the child, whether from the Pre-School, Social Care or the police, if the parents are not included.

8) In the event of an allegation or concern about a member of staff's conduct with a child, the matter should be raised with the Pre-School Manager. If the allegation or concern is about the Pre-School Manager themselves, then the matter should be raised with Social Care or Ofsted. Please refer to our separate policy on allegations against staff members.



Child Volunteering Information

If a child volunteer's information about abuse to a member of staff, it may be done obliquely, rather than directly, e.g. through 'think books', role play etc. The role of the member of staff or volunteer hearing this is to listen but not undertake and investigation of the potential abuse. That is the role of the child protection agencies

When a child confides in you

Things you should do:

- Give the child undivided attention, show concern, support and warmth but don't show emotions, distress or negative reaction.
- Be re-assuring (you can say 'that must have been sad/hard for you', 'it's right to tell someone because you need help').
- Ask if the child has told his/her parents if the alleged abuse is outside the home or the other parent if one parent is implicated).
- Listen carefully.
- Allow the child to tell what s/he wants to say but do not ask unnecessary questions or details except to be clear that the child is indicating abuse or neglect. It is important to know what the child is saying and if the child is hurt or might be in need of medical attention.
- Deal with the allegation in such a way that the child does not have to repeat the information to different people within the Pre-School.
- It is important to know if an incident has happened recently and whom the child is saying has hurt her/him.
- Make careful records of what was said, straight away, record the time, date, place and people who were present, as well as what was said using child's own language and colloquialisms.
- Negotiate getting help.
- Find help quickly.
- **Do not** malign the character of the alleged perpetrator.

Things you should **not** do:

- Jump to conclusions
- Try to get the child to 'disclose'
- Ask for lots of details about the alleged event(s)
- Speculate or accuse anybody yourself
- Make promises you can't keep, such as total confidentiality
- Pre-empt or prejudice an investigation by leading the child with *closed* questions.

Questioning Skills

Closed Questions

Do
Did
Can
Would
Could
Are etc.

Open Questions

Tell me where
Who
Describe
How
What
When
Show me
Talk

Avoid using 'Why'? This can confuse a child and leads to feelings of guilt.

Initial Responses to child

Do say:

- 'Thank you for telling me'
- 'I am sorry it has happened to you'
- 'I am going to help you, and will tell you what I am going to do'
- 'It should not have happened'
- 'You are not to blame'
-

When you are returning to see the child:

Tell them simply what you will have done by then and / or who you will bring with you and what you honestly what you believe may happen in the immediate future.

Do not say:

- 'It will be all right soon'
- Anything which you will not be able to fulfil
- It is anybody's fault



Recognition of Child Abuse

Physical Abuse:

Physical abuse may involve hitting, shaking, throwing, poisoning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer 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 adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing children frequently to 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 also occur alone.

Neglect:

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter, including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Sexual Abuse:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, 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. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Child abuse - possible indicators

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

Sexual abuse

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Physical abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for P.E.
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others

- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive
- Fear of suspected abuser being contacted.

Emotional abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation (“I’m stupid, ugly, worthless, etc”)
- Over-reaction to mistakes
- •Extreme fear of any new situation
- Inappropriate response to pain (“I deserve this”)
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

Note: A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

