

## **Safeguarding and Welfare Requirement: Child Protection**

Providers must have and implement a policy, and procedures, to safeguard children.

### **1.2 Safeguarding and Child Protection**

#### **Policy Statement**

##### ***“The welfare of the child is paramount”***

We believe that every child has the right to develop to their full potential in a happy, safe and secure environment. Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life.

#### **Procedures**

We carry out the following procedures to ensure we meet our three key commitments.

##### ***Key commitment 1***

We are committed to building a ‘culture of safety’ in which children are protected from abuse and harm in all areas of our service delivery.

- Our Designated Person is: Nikki Brooks (Manager)
- Our Alternative Designated Person in absence of the manager: Emma Bender (Deputy Manager)
- Our Designated Officer who oversees this work: Muriel McIntosh (Chair of Management Committee.)
- We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are also made aware of them.
- All staff have up-to-date knowledge of safeguarding issues, are alert to the signs and symptoms of abuse and understand their professional duty to ensure safeguarding concerns are reported to the local authority children’s social work team or the NSPCC.
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.

- We provide adequate and appropriate staffing resources to meet the needs of children.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Candidates are informed of the need to carry out enhanced criminal records and barred lists checks and other suitability checks for staff and volunteers prior to their post being confirmed, to ensure that disqualified or unsuitable persons are not working at the setting and do not have access to the children.
- Where applications are rejected because of information that has been disclosed, applicants have the right to know details of the information received and to challenge incorrect information.
- Enhanced criminal records and barred lists checks are carried out on anyone working on the premises.
- Volunteers do not work unsupervised.
- We record information about staff qualifications, and the identity checks and vetting processes that have been completed including:
  - o the criminal records disclosure number
  - o the date the disclosure was obtained; and
  - o details of who obtained it.
- We inform all staff that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- All staff and volunteers are required to notify us if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, court orders, reprimands and warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision (see above questions), or have had orders made in relation to care of their children.
- We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
- We have procedures for recording details of visitors to the setting.

- We take security steps to ensure that we have control over who comes into the setting so that no unauthorized person has unsupervised access to the children.
- We take steps to ensure that children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organized by us. Parents sign a consent form and have access to records holding visual images of their child.
- Any personal information is held securely and in line with data protection requirements and guidance from the ICO.
- The designated person in the setting has responsibility for ensure that there is an adequate e-safety policy in place.
- We keep a written record of all complaints and concerns including details of how they were responded to.
- We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
- The Designated Officer will support the Designated person to undertake their role adequately and offer advice, guidance, supervision and support.
- The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern, however this should not delay any referrals being made to the children's social worker services, the Local Authority Designated Officer (LADO) or RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

The Designated Person has a responsibility to:

- liaise with the Chair, the Multi Agency Safeguarding Hub (MASH) local authority Education and Children and Family Services, Police and other agencies on individual child protection cases;
- act as the contact person within the pre-school, providing advice and support and ensuring that all staff (including temporary, supply staff, volunteers and members of the governing body) are aware of their role;
- coordinate action within the pre-school on child protection issues;
- discuss individual cases with staff on a "need to know basis" to protect children's right to confidentiality;
- oversee the planning of any curricular or other provision in relation to child protection matters;
- represent the pre-school at child protection meetings, with any other relevant staff, and to be a member of a core group if required;
- ensure staff are familiar with this Policy and Procedure, the London Child Protection Procedures, and any other relevant guidance;
- raise awareness about child protection on an ongoing basis;
- arrange child protection training for **all** staff at least once every three years

(and arrange attendance at induction sessions arranged by the local authority for new staff commencing work between whole pre-school training sessions or who missed the training due to absence);

- ensure that they (the Designated Person and the deputy) receive update training at least every 2 years.
- Safeguarding is an item on the agenda of every trustee meeting. Concerns about individual child protection cases and how these have been managed are brought to the attention of trustees in a sensitive manner that protects the dignity of the child and family and is in line with agreed confidentiality and information sharing policies.

### ***Key commitment 2***

We are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur. We will work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG 2015)

If lower level concerns or needs (i.e. not child protection) are identified about a particular pupil/student the Sutton Common Assessment Framework (flowchart available at [www.sutton.gov.uk](http://www.sutton.gov.uk)) should be followed.

### ***Responding to suspicions of abuse***

- We acknowledge that abuse of children can take different forms – physical, emotional and sexual as well as neglect. We also acknowledge the possibility that any pupil/student, regardless of race, religion, culture, class or family background, could be the victim of abuse or neglect
- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
  - significant changes in their behaviour;
  - deterioration in their general well-being;
  - “direct disclosure” through something they say or “indirect disclosure” through comments which may give cause for concern;
  - changes in their appearance, their behaviour or their play;
  - unexplained bruising, marks or signs of possible abuse or neglect; and

- any reason to suspect neglect or abuse outside the setting.
- We take into account factors affecting parental capacity, such as social exclusion, domestic violence, parent's drug or alcohol abuse, mental or physical illness or parent's learning disability.
- We are aware of other factors that affect children's vulnerability such as disability, fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as internet abuse; and Female Genital Mutilation; that may affect or may have affected children and young people using our provision.
- We are also aware that some children and young people are affected by gang activity, by complex, multiple or organized abuse, by forced marriage or honour based violence or may be the victims of child trafficking. Whilst this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we come into contact with.
- Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns.
- Where such evidence is apparent, the child's key person makes a dated record of the detail of the concern and discusses what to do with the member of staff who is the 'designated person'. The information is stored on the child's personal file.
- In the event that a staff member or volunteer is unhappy with the decision made by the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.
- We refer concerns to the local authority Children and Family Service and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency is identified by the Local Safeguarding Board.
- We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account. However the setting may override the young person's refusal to consent to share information if it feels that it is necessary to share information to prevent a crime from being

committed or where one may already have been committed, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could lead to a worse outcome.

- We have a whistle blowing policy in place.

#### *Recording suspicions of abuse and disclosures*

- All records relating to child welfare concerns will be kept on the child's file and the file kept secure. A chronology of concern should be kept.
- We will keep written records of any concerns about a child, even when there is no need to refer the matter immediately. These records will only be accessed by staff on a "need to know" basis.
- Where a child makes comments to a member of staff that gives cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
  - listens to the child, offers reassurance and gives assurance that she or he will take action;
  - does not question the child;
  - makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
- These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
- The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity.

#### ***Making a referral to the local authority Children's Social Services***

It is sometimes difficult to decide the appropriate point of intervention. To help determine levels of need when making an assessment, please refer to the multi-agency additional needs descriptors using the [London Continuum of Need](#). The Multi Agency Safeguarding Hub (MASH) team can be contacted for advice.

Before contacting MASH you should always get the consent of the

parents or carers, except where a child is considered to be at risk of harm and you believe that seeking parental consent may increase this risk.

### **Immediate Child Protection Concerns**

If you believe that urgent action is needed because, for example, a child is in immediate danger or needs accommodation (Level 4 of the London Continuum of Need) phone the MASH on **020 8649 0418** (Out of hours: **020 8770 5000**) and give as much information as you can. You must follow up your telephone call by sending a completed MASH referral form (copy attached as an appendix to these procedures) to the MASH within 24 hours.

### **Other Child Protection concerns**

If you have a Child Protection concern but urgent and immediate action is not needed (Level 3 of the London Continuum of Need), you must complete a MASH Referral form in as much detail as possible and send it to the MASH at [mash@sutton.gov.uk](mailto:mash@sutton.gov.uk)

### **All other concerns**

For any other concerns, or where a CAF has already been completed you should send this to the MASH. Please note: Formerly professionals were required to complete a CAF when making a referral to MASH. This is no longer the case and CAFs should only be sent to MASH when one is already in existence. In all other circumstances a MASH referral form should be completed.

Whichever form is used, it should be shared with the parent or carer and, where appropriate, with the child, prior to making the enquiry. The information you provide will support threshold decisions and contribute to any subsequent assessments, such as an Initial Assessment.

### **After making an enquiry**

Once a fuller picture about the case has been established by the MASH, the MASH manager will decide on the most appropriate decision to take.

You will be notified in writing as to the outcome of the contact

Enquiries / Referrals meeting the threshold for social services intervention are passed to the [Referral and Assessment Service \(RAS\)](#) from the MASH and can come from any agency or member of the public. Where the threshold is not met the MASH will provide

information and advice and will help to identify and to signpost towards other sources of support.

### **Sharing information**

When a MASH enquiry is received, staff working within MASH will gather and share information they hold which is relevant to the enquiry. This is done in order to ensure timely and appropriate action can take place.

All information shared within MASH will be held securely on Frameworki, which is the Council's secure electronic social care system

### **Contact Details**

Sutton Multi-Agency Safeguarding Hub  
1<sup>st</sup> Floor Sutton Police Station  
6 Carshalton Road  
Sutton  
Surrey  
SM1 4RF

Email: [mash@sutton.gov.uk](mailto:mash@sutton.gov.uk) or [MASH@sutton.gov.uk.cjism.net](mailto:MASH@sutton.gov.uk.cjism.net).

Telephone: 020 8649 0418

Fax: 020 8649 0416

[Out of Hours Support](#) (Children's Emergency Duty Team): 020 8770 5000

**A FLOW CHART OF ACTIONS, ADAPTED FROM THE PAN LONDON PROCEDURES IS ATTACHED AS AN APPENDIX.**

#### *Escalation process*

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCB escalation process.
- We will ensure that staff are aware of how to escalate concerns.

#### *Informing parents*

- Parents are normally the first point of contact. We discuss concerns with parents to gain their view of events, unless we feel this may put the child in greater danger.



- We inform the parents when we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to Children's Social Services, parents are informed at the same time that the referral will be made, except where the guidance of the Local Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed in greater danger. This will usually be the case where the parent is the likely abuser. In these cases the social workers will inform parents.
- If there is a possibility that advising a parent beforehand may place a child at greater risk the designated person should seek advice from children's social work services, about whether or not to advise parents beforehand, and should record and follow the advice given.

#### *Liaison with other agencies*

- We work within the Local Safeguarding Children Board guidelines.
- We have the current version of 'What to do if you're worried a child is being abused' available for parents and staff and ensure that all staff are familiar with what they need to do if they have concerns.
- We have procedures for contacting the local authority regarding child protection issues, to ensure that it is easy, in any emergency, for the setting and children's social services to work well together.
- We notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements, which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as reasonably practicable, but at the latest within 14 days of the allegation being made.
- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

#### *Allegations against staff including the 'Whistle Blowing' procedure*

- We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.

- We recognize that It can be very difficult to report concerns about a member of staff or volunteer but all staff and volunteers have a duty to do this. It is important that any concerns for the welfare of the child arising from suspected abuse or harassment by a member of staff or volunteer should be reported immediately to the manager. In the case of concerns about the manager the report should be made immediately to the chair of the management committee.
- We ensure that all staff or volunteers know how to raise concerns about a member of staff or volunteer within the setting. We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with our response.
- We will take steps to support fully anyone who in good faith reports his or her concerns that a colleague is or may be abusing a child. Whistle blowing is not a complaint it is a duty.
- We respond to any inappropriate behaviour displayed by members of staff or any other person working with the children, which includes:
  - o inappropriate sexual comments;
  - o excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
- Allegations or concerns about a member of staff, worker or volunteer must be notified immediately to the manager (or chair of the management committee if the concern is about the manager).
- We respond to any disclosure by children or staff that abuse by a member of staff, worker or volunteer within the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
- We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate: tel: 020 8770 4799
- We also report any such alleged incident to Ofsted, as well as what measures we have taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
- The procedures in "Safeguarding Children and Safer Recruitment in Education" (DfES, 2006) the Sutton LSCB Procedure, Working Together to Safeguard Children 2013 Chapter 2 Para 4, will be followed in such cases.

- Where the management team and children's social services agree it is appropriate the chair will suspend the member of staff on full pay, or volunteer, for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect staff, as well as children and families throughout the process.

#### *Disciplinary action*

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children (and vulnerable groups) can be identified and barred from working with these groups.

#### **Key commitment 3**

We are committed to promoting awareness of child abuse issues through our training and learning. We are also committed to empowering young children, through our early childhood curriculum, promoting their right to be strong, resilient and listened to.

#### *Training*

- We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognize the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.
- We ensure that designated persons receive training in accordance with that recommended by the Local Safeguarding Children Board.
- We ensure that all staff know the procedures for reporting and recording any concerns that they may have about the provision.

#### *Planning*

- The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being visible to others.

#### *Curriculum*

- We introduce key elements of keeping children safe in our programme to promote the personal, social and emotional development of children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.

- We create within the setting a culture of value and respect for individuals, having positive regard for the children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.

### *Confidentiality*

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.

### *Support to families*

- We believe in building trusting and supportive relationships with families, staff and volunteers in the group.
- We make clear to parents our role and responsibilities in relation to child protection, such as the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst the investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set out by the child's social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board.

## **Legal Framework**

### *Primary Legislation*

- The Children Act (1989 s47)
- Protection of Children Act (1999)
- Data Protection Act (1998)
- The Children Act (Every Child Matters)(2004)
- Safeguarding Vulnerable Groups Act (2006)
- Childcare Act 2006

## *Secondary legislation*

- Sexual Offenders Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equalities Act (2010)
- Data Protection Act (1998) Non Statutory Guidance
- Childcare (Disqualifications) Regulations 2009
- Children and Families Act 2014
- Serious Crime Act 2015

## Further Guidance

- Working Together to Safeguard Children (2015)
- What to do if you're Worried a Child is Being Abused (DfE2015)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A guide for Practitioners (CWDC 2010)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
- Information Sharing: Guidance for Practitioners providing Safeguarding Services (DfE 2015)
- Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)
- Keeping Children Safe in Education (2015)

## Other useful Pre-school Learning Alliance publications

- Safeguarding Children (2013)
- Safeguarding Children through Effective Supervision (2013)

## **SUTTON CONTACT DETAILS**

**L B Sutton Multi-Agency Safeguarding Hub (MASH) – 0208649 0418/0420**

**L B Education, Safeguarding Children Adviser – 02086490414 (if unavailable contact the MASH)**

**LBS Education, Safeguarding and Wellbeing Lead – 020 8288 5630  
LB Sutton Children & Families , Referral & Assessment Service –  
0208770 4343/4263**

**LB Sutton (out of hours) Children & Families Emergency Duty Social  
Work Team (EDT) 0208770 5000**

**LBS Child Protection Advisor (Quality and Performance Unit) – 020 8770  
4532 (if unavailable ask for the deputy or contact the Referral and  
Assessment Service)**

**Local authority Designated Officer (LADO) – 020 8770 4799**

Revised September 2016

This policy was adopted at a management committee meeting of the Sutton Opportunity Pre-school

Held on:

Signed on behalf of the Management Committee:

Name of signatory: Muriel A McIntosh

Role of signatory: Chair of the Management Committee

Review date: September 2016

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## **Appendix**

**The following information was provided by the Peabody Trust**

### **Child Abuse: An Overview**

Child abuse and neglect are forms of maltreatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development. Children can be abused through the infliction of harm, or through failure to act to prevent harm.

We understand that:-

- Abuse and neglect can affect children of any age, class or family background
- Children may be abused within their family, a setting, an institution or in the community
- Children can be abused by people known to them or, more rarely, by a stranger
- Children can be abused by an adult/s or another child/children
- Children may show signs of being abused in different ways- physically, emotionally, behaviourally or they may tell directly

The four main categories of abuse are:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

While the first two categories get the most attention, perhaps because they involve physical violence, neglect is far and away the most common form of child abuse, accounting for more than 60 percent of all cases of child maltreatment.

### **Definitions of abuse**

There are four recognised types of abuse and it is important that all staff and volunteers know what they are and how to recognise them. This policy provides a reminder and a point of reference for all staff and volunteers.

The following definitions are based on those from Working Together to Safeguard Children (Department of Health, Home Office, Department for Education and Employment, 1999)



### ***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 or carer feigns the symptoms of, or deliberately causes ill health to, a child whom they are looking after. A person might do this because they enjoy or need the attention they get through having a sick child. Physical abuse, as well as being a result of an act of commission can also be caused through omission or the failure to act to protect.

### ***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 making conveying to children that they are worthless or unloved, inadequate, or valued only insofar 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 occur alone.

### ***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 in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

### ***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 it may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision (including the use of inadequate care givers) 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.

## **Signs of abuse**

### **Child neglect: types and warning signs**

Neglect is a pattern of failing to provide for a child's basic needs, to the extent that the child's physical and/or psychological well-being are damaged or endangered. In child neglect, the parents or caregivers are simply choosing not to do their job.

There are three basic types of neglect.

#### **Physical Neglect**

1. Failure to provide adequate food, clothing, or hygiene
2. Reckless disregard for the child's safety, such as inattention to hazards in the home, drunk driving with kids in the car, leaving a baby unattended
3. Refusal to provide or delay in providing necessary health care for the child
4. Abandoning children without providing for their care or expelling children from the home without arranging for their care

#### **Educational Neglect**

1. Failure to enroll a child in school
2. Permitting or causing a child to miss too many days of school
3. Refusal to follow up on obtaining services for a child's special educational needs

#### **Emotional Neglect**

1. Inadequate nurturing or affection
2. Exposure of the child to spousal abuse
3. Permitting a child to drink alcohol or use recreational drugs
4. Failure to intervene when the child demonstrates antisocial behavior
5. Refusal of or delay in providing necessary psychological care

#### **Some signs of child neglect:**

- Clothes that are dirty, ill-fitting, ragged, and/or not suitable for the weather
- Unwashed appearance; offensive body odour

- Indicators of hunger: asking for or stealing food, going through trash for food, eating too fast or too much when food is provided for a group
- Apparent lack of supervision: wandering alone, home alone, left in a car
- Colds, fevers, or rashes left untreated; infected cuts; chronic tiredness
- In schoolchildren, frequent absence or lateness; troublesome, disruptive behaviour or its opposite, withdrawal
- In babies, failure to thrive; failure to relate to other people or to surroundings

A single occurrence of one of these indicators isn't necessarily a sign of child neglect, but a pattern of behaviours may demonstrate a lack of care that constitutes abuse.

### **Physical child abuse: types and warning signs**

**Physical child abuse** is an adult's physical act of aggression directed at a child that causes injury, even if the adult didn't intend to injure the child. Such acts of aggression include striking a child with the hand, fist, or foot or with an object; burning the child with a hot object; shaking, pushing, or throwing a child; pinching or biting the child; pulling a child by the hair; cutting off a child's air. Such acts of physical aggression account for between 15 and 20 percent of documented child abuse cases each year.

Many physically abusive parents and caregivers insist that their actions are simply forms of discipline, ways to make children learn to behave. But there's a big difference between giving an unmanageable child a swat on the backside and twisting the child's arm until it breaks. Physically abusive parents have issues of anger, excessive need for control, or immaturity that make them unable or unwilling to see their level of aggression as inappropriate.

Sometimes the very youngest children, even babies not yet born, suffer physical abuse. Because many chemicals pass easily from a pregnant woman's system to that of a fetus, a mother's use of drugs or alcohol during pregnancy can cause serious neurological and physiological damage to the unborn child, such as the effects of fetal alcohol syndrome; mothers can also pass on drugs or alcohol in breast milk. A woman who drinks or uses drugs when she knows she's pregnant can be charged with child abuse in many jurisdictions if her baby is born with problems because of the substance use.

Another form of child abuse involving babies is **shaken baby syndrome**, in which a frustrated caregiver shakes a baby roughly to make the baby stop crying. The baby's neck muscles can't support the baby's head yet, and the brain bounces around inside its skull, suffering damage that often leads to severe neurological problems and even death. While the person shaking the baby may not mean to hurt him, shaking a baby in a way that can cause injury is a form of child abuse.

An odd form of physical child abuse is Munchausen's syndrome by proxy, in which a parent causes a child to become ill and rushes the child to the

hospital or convinces doctors that the child is sick. It's a way for the parent to gain attention and sympathy, and its dangers to the child constitute child abuse.

Signs of physical child abuse include visible marks of maltreatment, such as cuts, bruises, welts, or well-defined burns, and reluctance to go home. If you ask a child about how he or she got hurt and the child talks vaguely or evasively about falling off a fence or spilling a hot dish, think hard before you accept the child's story at face value.

### **Sexual abuse in children: types and warning signs**

Sexual abuse, which accounts for about 10 percent of child abuse, is *any* sexual act between an adult and a child. Such acts include:

- **Behaviour involving penetration** – vaginal or anal intercourse and oral sex
- **Fondling** – Touching or kissing a child's genitals, making a child fondle an adult's genitals.
- **Violations of privacy** – Forcing a child to undress, spying on a child in the bathroom or bedroom.
- **Exposing children to adult sexuality** – Performing sexual acts in front of a child, exposing genitals, telling "dirty" stories, showing pornography to a child.
- **Exploitation – Selling a child's services as a prostitute or a performer in pornography.**

The adult who sexually abuses a child or adolescent is usually someone the child knows and is supposed to trust: a relative, childcare provider, family friend, neighbour, teacher, coach, or clergy member. More than 80 percent of sex offenders are people the child or adolescent victims know. It's important to understand that no matter what the adult says in defense of his or her actions, the child did not invite the sexual activity and the adult's behaviour is wrong. **Sexual abuse is never the child's fault.**

Children are psychologically unable to handle sexual stimulation. Even toddlers, who haven't formulated the idea that the sexual abuse is wrong, will develop problems resulting from the overstimulation. Older children who know and care for their abusers know that the sexual behaviour is wrong, but they may feel trapped by feelings of loyalty and affection. Abusers warn their victims not to tell, threatening children with violence or ostracism, and the shame associated with the sexual activity makes the child especially reluctant to tell. When sexual abuse occurs within the family, children may worry that other family members won't believe them and will be angry with them if they tell — as is often the case. The layer of shame that accompanies sexual abuse makes the behaviour doubly traumatizing.

### **Some signs of sexual child abuse**

Often children who have suffered sexual abuse show no physical signs, and the abuse goes undetected unless a physician spots evidence of forced

sexual activity. However, there are behavioural clues to sexual abuse, including:

- Inappropriate interest in or knowledge of sexual acts
- Seductive behaviour
- Reluctance or refusal to undress in front of others
- Extra aggression or, at the other end of the spectrum, extra compliance
- Fear of a particular person or family member

### **Emotional child abuse: types and warning signs**

Emotional child abuse involves behavior that interferes with a child's mental health or social development: one website calls it "the systematic tearing down of another human being." Such abuse can range from verbal insults to acts of terror, and it's almost always a factor in the other three categories of abuse. While emotional abuse by itself doesn't involve the infliction of physical pain or inappropriate physical contact, it can have more long-lasting negative psychological effects than either physical abuse or sexual abuse.

Examples of emotional child abuse include:

#### **Verbal abuse**

- Belittling or shaming the child: name-calling, making negative comparisons to others, telling the child he or she is "no good," "worthless," "a mistake."
- Habitual blaming: telling the child that everything is his or her fault.

#### **Withholding affection**

- Ignoring or disregarding the child
- Lack of affection and warmth: Failure to hug, praise, express love for the child

#### **Extreme punishment**

These are actions that are meant to isolate and terrorize a child, such as tying the child to a fixture or piece of furniture or locking a child in a closet or dark room.

#### **Corruption**

This involves causing a child to witness or participate in inappropriate behavior, such as criminal activities, drug or alcohol abuse, or acts of violence.

- Emotional abuse can come not only from adults but from other children: siblings, neighborhood or schoolyard bullies, peers in schools that permit a culture of social ostracism (the "mean girl" syndrome). The signs of emotional child abuse include apathy, depression, and

hostility. If it happens at school, the child may be reluctant to go to school and develop or fake a physical

Source:

[http://www.helpguide.org/mental/child\\_abuse\\_physical\\_emotional\\_sexual\\_neglect.htm](http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm)

## **Diversity**

We understand that parenting and child rearing styles can vary according to class, age, race, ethnicity, culture and/or religion. We believe that all parents have the right to raise their children according to their family traditions. However all children have the right to protection and no parent has the right to abuse their child/children regardless of their background or circumstances.

Working in a multi-racial and multi-cultural society we, as professionals, are committed to equality in meeting the needs of children and families and we acknowledge the need for us to understand the effects of racism as well as cultural and religious misunderstanding or misinterpretation.

Anxiety about being accused of racist practice will not prevent the necessary action being taken to safeguard and promote a child's welfare.

Race, cultural and religious factors will not be regarded as acceptable explanations for child abuse or neglect and are not acceptable grounds for inaction when a child is at risk of significant harm.

## **Racial and religious harassment**

We know that all agencies have a responsibility to recognise racial and religious harassment. Local Authority Children's Services and police must respond effectively when incidents of racial harassment and attacks place a child at risk of significant harm.

Failure to protect a child from racism (whether it originates from within or outside of the family) or take action when racism is being alleged is likely to undermine all other efforts being made to promote the welfare of the child.

Families may suffer religious and/or racial harassment sufficient in frequency and seriousness to undermine parenting capacity. In responding to concerns about children in the family we will take full account of this context and report harassment and support the children and family as best we can.

## **Children with disabilities**

As we are an Opportunity Pre-school with up to 50% of our children having additional educational needs we are particularly aware of the need to be sensitive to the particular needs of children with disabilities. We note that:

Any child with a disability is by definition a 'child in need' under s. 17 of the Children Act 1989.

A child with a disability is as vulnerable to physical, emotional or sexual abuse or neglect as any other child, though the level of risk may be raised by:

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

In addition to the universal indicators of abuse / neglect we know that the following abusive behaviours must be considered:

- Force feeding
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification including the deprivation liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill fitting equipment e.g. callipers, sleep board which may cause injury or pain, inappropriate splinting
- Failure to engage with services recommended to support the child and family
- Refusal to engage with health, education and/or social service agencies which could support the child's development and/or progress.
- Parental denial of the nature, extent and significance of the child's disabilities and/or special needs.

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

Some sex offenders may target disabled children in the belief that they are less likely to be detected.

We will be vigilant in informing the London Borough of Sutton Children and Family Service if any suspicion of abuse occur.

## **Further Training, Information and Contacts**

### **NSPCC EDUCARE CHILD PROTECTION PROGRAMMES**

The NSPCC Educare Child Protection Training programmes are distant learning courses that offer a certificate at the end. To receive a pack please contact the Hotline on 01926 436219, NSPCC Child Protection Awareness Programmes, P.O. Box 62, Royal Leamington Spa, Warwickshire CV32 5GE.

### **NSPCC FIRSTCHECK PACK**

A step-by-step guide for organisations to safeguard children. You can order online by visit the NSPCC website: [www.nspcc.org.uk](http://www.nspcc.org.uk)

To contact NSPCC Consultancy to find out about their other services telephone 0116 234 7227/7225 or email: [consultancy@nspcc.org.uk](mailto:consultancy@nspcc.org.uk)

### **NSPCC STAYING SAFE COMMITMENT SCHEME**

The Staying Safe Commitment Scheme is a new initiative which offers recognition and support to organisations taking the first steps to introduce measures to protect children and young people from harm or abuse.

### **LOCAL BOROUGH SAFEGUARDING CHILDREN AWARENESS PROGRAMMES**

Our local Safeguarding Children Board provides training a directory of training is produced

NSPCC Child Protection Helpline is a free 24-hour service, 7 days a week which provides counselling, information and advice to anyone concerned about a child at risk from abuse.

Call: 0808 800 5000  
Textphone – for people who are deaf or hard of hearing: 0800 056 0566  
Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

NSPCC Asian Child Protection Helpline 11am – 7pm, Mon - Fri:

Asian/English	0800 096 7719
Bengali	0800 096 7714
Gujarati	0800 096 7715
Hindi	0800 096 7716
Punjabi	0800 096 7717



Urdu

0800 096 7718

### **OTHER HELPLINES**

ChildLine – ChildLine is the free helpline for children and young people in the UK. ChildLine number: 0800 1111

[www.childline.org.uk](http://www.childline.org.uk)

National Childminding Association

Advice Line:0800 109 4486 – web-site: [www.ncma.org.uk](http://www.ncma.org.uk)

Parentline Plus 0808 800 2222 – webbsire:[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

### **FAMILY RIGHTS GROUP**

Offers specialist advice for parents involved in child protection via a free service 1-30pm – 3-30pm Monday to Friday on FREEPHONE 0800 731 1696

### **INTERNET WATCH FOUNDATION**

([www.iwf.org.uk/hotline/](http://www.iwf.org.uk/hotline/)) acts as a focal point for removing illegal materials from the internet.

### **PUBLIC CONCERN AT WORK**

Can give free confidential advice on how to raise a concern about malpractice at work Tel: 020 7404 6609

### **LONDON REFUGE FOR RUNAWAY CHILDREN**

PO Box 3652 London N7 9HY Tel: 020 7700 7541 FREEPHONE 0800 389 2168

### **METROPOLITAN POLICE SERVICE CHILD PORNOGRAPHY INFORMATION LINE**

0808 100 0040,has been established to enable members of the public to pass information to the police about child pornography: Information from persons who wish to remain anonymous may be passed to **CRIME-STOPPERS** on FREEPHONE 0800 555 111