

## **SAFEGUARDING CHILDREN POLICY**

It is the aim of **DEVIZES & DISTRICT OPPORTUNITY CENTRE** to create a stimulating environment where children are safe and secure in our care and to foster relationships based on trust and mutual respect with our member families in order that we can work together to ensure the children's welfare. We also have a statutory duty to protect children from the risk of significant harm as defined in the Children Act 1989 and 2004, and the Education Act 2002.

As a registered provider of day care, we are required to follow the procedures for recognition and response to suspicions of possible or actual child abuse as set out by The Wiltshire Safeguarding Children's Board. A copy of the guidelines and procedures is available at the Centre for you to see. The revised **Working together to Safeguard Children (2018)** places emphasis that keeping children safe is everyone's responsibility. 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 and life chances. This includes keeping children safe from:

- Maltreatment & abuse
- Impairment of children's health and development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.
- To protect children from radicalization.
- A full list of safeguarding actions that may be needed to be taken are given at the end of this policy.

In the first instance of any concern we will try at all times to share those concerns with parents, however, our first priority will always be the well-being of the child. If we will feel the child may be at risk of harm by discussing with parents our concerns, parental permission will not be sought prior to a referral to MASH or any other agency.

The legal framework for this work is:

- The Rehabilitation of Offenders Act 1974
- The Children's Act 2006, S40
- Human Rights Act 1999
- Data Protection Act 1998
- The Children Act (Every Child Matters) 2004
- Safeguarding Vulnerable Group Act 2006
- Statutory Framework for the EYFS (2017)
- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equalities Act (2010)

### **Further Guidance**

- Working together to Safeguard Children (Revised 2018)
- What to do if you are worried a child is being abused (2019)
- Allegations against adults – Risk to children (2019)
- Early help assessment- working together 2018
- Information Sharing : Practitioners Guide (2006)
- The Prevent Duty (2015)

## **Staffing**

**The Centre is committed to safeguarding the ongoing welfare of all of our member children and expects all staff and volunteers to share this commitment.**

- The Manager is the designated officer with responsibility for Safeguarding Children.
- Sally King is the designated Committee member with responsibility for Safeguarding Children.
- Applicants for posts within the Centre are informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed that DBS and reference checks will be carried out before posts can be ratified.
- We abide by Ofsted requirements in respect of references and DBS checks for staff and volunteers and follow Safer Recruitment guidelines.
- A single Central Record is held for all staff and volunteers. This is kept in a locked cupboard within the Centre which only the manager and Finance administrator can access. Regular visitors to the Centre and all staff sign an annual suitability declaration about third party associations and any disclosures that need to be declared. All staff and visitors are made aware of their responsibility to inform management and the committee of any changes in personal circumstances which may affect their role.
- Recruitment is carried out under Safer Recruitment Guidelines, the manager has received training in Safer Recruitment.
- Although we are committed to Safer Recruitment guidelines, Staff must remain vigilant and must know the procedures for reporting any concerns. (See Whistleblowing policy).
- Safeguarding is a standing agenda item at every staff meeting.
- All staff are issued with the Safeguarding Code of Practice guidelines upon employment and are available in the staff handbook.
- Volunteers and work experience students are treated the same as paid employees with regard to Safeguarding and are obligated to follow the same policies and procedures

## **Training**

- Training is provided for staff, volunteers and the Trustee with designated responsibility for Safeguarding, in order to ensure that they are able to recognise the signs of possible physical, emotional, sexual abuse and neglect upon commencement of employment. Training is also provided on all other signs and symptoms of abuse (see full list given under Safeguarding actions)
- We ensure that all staff and volunteers know the Wiltshire Safeguarding Children's board procedures for reporting abuse and recording any concerns about adults/allegations against staff and flowcharts are positioned around the Centre for staff and visitors to follow should the need arise. (Appendix A & B)
- Staff are given yearly Safeguarding update training to ensure they are up to date with changing strategies and procedures.
- The Centre has a Safeguarding Code of Practice to which all staff and volunteers are required to adhere. (Appendix C)

## **Parents/Carers**

- We are committed to helping parents/carers understand their responsibility for the welfare of all children. Parents/Carers are made aware of our commitment by including a 'Safeguarding statement and consent' in our parent pack at registration.
- Parents are able to access all our policies and procedures upon request, copies are kept in the main foyer area for parents to access.
- Before children commence at the setting, a password is gained from the parents for adults who may collect the child but is unknown to staff. Parents/Carers also have to inform staff of any changes of adults who may be collecting their child that day.
- Where possible, all safeguarding concerns will be discussed with the parent/carer

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and agreement sought to make any referrals to Social care. We have a duty of care to share child protection and safeguarding information with the knowledge of the parent/carer **unless** to do this would place the child at increased risk of significant harm.

- Parents/Carers understand that it is our policy to share relevant information and that this will be transferred to their child's receiving school during transition.
- No parents/carers are permitted to use mobile phones whilst in the main playroom. Parents are asked to take calls in the separate meeting room or offices if required. Parents are also able to use the Centre's main landline if necessary.

### **ICT – Computer & Internet Access**

- We have an iPad which is used by staff to access a variety of online activities, stories and learning apps with a child. All relevant internet restrictions are in place and every child is supervised when accessing the IT equipment. Full parental controls are in place on all electronic equipment.
- Staff are not permitted to have their mobile phones with them or any other electronic device with a camera when working in direct contact with children. Mobile phones are not permitted within the play room or outdoor playground when children are present. Staff are to keep their mobile phones in the staff room or lockers. Failure to comply with this policy will lead to gross misconduct.
- Photographs of children are not allowed to be stored on company computers. All parents must give written consent to permit their child's photograph to be used for publicity purposes, in all publicity only the child's first name will be used.
- Filming or photographing of children for any other purpose other than recording development or participation in events organized by us is strictly forbidden.
- Visitors to the Centre are not permitted to take their bags, mobile phones or personal belongings into the play room. These must be stored in the main office.
- Parents and visitors are reminded that the use of mobile phones is not permitted around children and when accessing the playroom. Posters are displayed to remind parents and visitors of this policy. This has also been extended to smart watches, tablets and iPads.
- See also Photograph, video and mobile phone policy and e-safety policy

### **Early Help**

- Staff must ensure that they are recognizing signs and symptoms of need for Early help or intervention and respond appropriately to adults' and children's disclosure of need for Early Help.
- We aim to provide targeted and universal help and services to meet the needs of the children and families attending. This is carried out through the Early Help Assessment or My Support Plan process.
- Devizes and District Opportunity Centre work closely with Health visitors, the Children's Centre, Portage and other agencies to ensure children's needs are fully met in the home environment as well as whilst attending the Centre. Parents are encouraged to seek advice and support from these agencies when disclosures of need are made.

### **Complaints**

- Our Complaints Procedure informs all parents how to complain about staff or volunteer action within the Centre, which may include an allegation of child abuse. Flowcharts outlining the process to follow are displayed in parent and staff areas of the Centre.
- We follow the guidance of Wiltshire Safeguarding vulnerable people partnership when investigating, reporting and recording any allegation.

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- In the event of an allegation being made against a member of staff regarding safeguarding they will be suspended on full pay whilst an investigation is carried out. (Appendix A)
- Parental feedback is gained on an annual basis to ensure families are happy with the service they received from the Centre.

### **Confidentiality**

- All suspicions and investigations are kept confidential and shared only with those who need to know.
- The Centre will continue to welcome the child and the family whilst any investigation is being made in relation to abuse in the home situation.
- Confidential records kept on a child will only be shared with the child's parent or carer if appropriate, under the guidance of the Local Safeguarding Children Board. Parental permission will be sought to share information with outside agencies wherever possible.
- All confidential records of children are kept in a locked drawer within the Centre.
- All volunteers within the Centre are given guidance on confidentiality and information sharing guidelines. All volunteers participate in annual training updates including safeguarding.

### **Looked After Children/ Private fostering**

For children who are looked after by the local authority or private fostering, please see Looked after Children Policy.

### **Safeguarding Disabled Children**

Severely disabled children often rely on parents and carers to meet most or all of their needs. They may have limited mobility, physical, sensory or learning disabilities and may find it hard to make their feelings and wishes known because of communication or language difficulties. Children with complex needs may receive services from a range of professionals leaving them vulnerable to ill or cruel treatment, neglect and abuse. If they have been harmed or ill-treated they may find it difficult to know how they can express their own concerns about their welfare and they may not even know that the care they are receiving is not safe or appropriate. Disabled children trust their care-givers and rely on them to be sensitive to their personal care needs, their health, their emotional well-being and their safety.

Staff need to be attuned to the ways in which the child communicates and behaves to enable them to identify any possible symptoms of abuse. For children who are non-mobile staff must be extra vigilant and highlight any unusual bruising or marks, changes in behaviour etc. Staff can gain extra guidance through the Safeguarding disabled children practice guidance 2009.

**We will ensure all staff protect children and understand Safeguarding actions that may be needed to protect children if we suspect any of the following:**

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Reviewed: April 2021

Signed: G.Gaiger

Neglect – See appendix E for signs & symptoms

Physical abuse – See appendix E for signs and symptoms

Sexual abuse – including online messaging, photographs of a sexual nature or intent – see appendix E for signs and symptoms

Emotional abuse – See appendix E for signs and symptoms

Bullying including online bullying and prejudice based bullying – including texts, Facebook messenger and any online posting that could cause offence

Racist, disability and homophobic or transphobic abuse -

Gender based violence, violence against women and girls/ female genital mutilation or at risk of gender based violence – If staff become aware that a female child is at risk or has had female genital mutilation (FGM), then they must follow safeguarding reporting procedure. All staff are informed of this type of abuse and that all children are vulnerable to this form of abuse.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for the first time for UK nationals, permanent or habitual UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

Child sexual exploitation and trafficking – Staff are informed that this type of abuse involves a 'reward' for something a child or third person has done/carried out. This includes sexual favours, performing sexual acts on themselves or others. Staff are also aware that the child may or may not be aware that they are being the victim of abuse at the time.

Radicalisation and/or extremist behaviour – staff are informed of this type of abuse, where someone becomes involved in and supports terrorism, extremism or participate in acts of terrorism. Staff are aware that radicalisation involves the rejection of British values and includes call from extremists for the death of our armed forces either at home or abroad. Children should be protected from messages of extremism or radicalisation within the home and setting environment. (Prevent Duty 2015)

Staff must be aware that there are other forms of abuse and circumstances which could affect a child's safety and well being. Substance misuse and the effect upon the family, Domestic violence, Human trafficking, Fabricated or induced illness and Poor parenting. Staff must remain vigilant for any signs of abuse and report concerns via the safeguarding protocol.

Other issues not listed that may pose a threat to children, young people or vulnerable adults.

### **Signs & Symptoms of abuse**

See appendix E attached for signs and symptoms of abuse.

**What to do if abuse is disclosed or suspected**

When a child discloses abuse or staff suspect abuse may have occurred, the member of staff should take the following action:

- Stay calm, listen to the child or observe their behaviour, making precise notes of what is said by the child and the responses you give.
- Reassure the child that they have done the right thing by telling you
- Do not promise to the child that the disclosure will be kept secret, staff must inform the child in a sensitive way that you have to share the information disclosed with your manager so that the child can be helped and kept safe.
- Staff must record all the details on a record of concern form immediately and inform the safeguarding lead or deputy safeguarding lead of the concern/disclosure.
- Keep all the details factual, staff must not make assumptions or interpret what the child may be saying or insinuating.
- Do not question the child or push for more information. It is only your job to detail what is exactly said.
- If the disclosure is about another member of staff, the manager must follow the WSVPP allegations against staff procedure. For all disclosures of abuse, the manager will contact the MASH team.
- For disclosures of historical abuse, these must be reported in the same way as a current disclosure of abuse as the abuser may still pose a risk to the child.
- A chronology of disclosure or concerns must be maintained by the Manager.
- The child's safeguarding file must be kept separate from their main file and in a locked cabinet.

**Procedure for Non collection of child at end of session.**

In the event that a child is not collected at the end of a session by their Parent or previously designated adult, staff will instigate the following procedure:

**Keyworker Action**

- The Child's Keyworker will inform the Senior Staff Member or Manager of non-collection of child.
- Two members of staff minimum will maintain the child's security – continue to play with child – maintaining a calm and reassuring manner.

**Senior Staff/Manager Action**

- If notification of delay by the parent has not been received, the senior staff member will try to contact the parent by phone.
- If contact with the parent cannot be made, the senior staff member will contact the second designated alternative/emergency contact as recorded on Child's Registration form.
  - If contact is made to the parent / emergency contact – agree interim short- term action.
    - e.g.a) Child remain supervised at Centre until collection by agreed adult.
    - b) Agree a password with parents to verify the identity of the person who will collect the child or in who's care the child will be placed.
- If contact is not successfully established with Parent, Carer or designated emergency contact and a minimum of 30 minutes since the end of session the senior member of staff must notify the manager.
- The manager will then notify the MASH team (Social Care) of an abandoned child. Number to contact MASH = 0300 456 0108
- A written record of concern form must be completed by staff at the time and passed to the manager.
- The manager and staff will remain with the child until either collected by a parent/carer or the emergency social care team/ police.
- We reserve the right to charge parents/carers for any additional staff working hours and administration costs incurred.

**Procedure for collection of unwell or sick child**

**Carer/Key Person Action**

- Key person must inform Senior Member of Staff.
- Child to be cared for in a safe, quiet area away from the other children until collection.
- For all medical emergencies, staff must follow the First Aid policy and procedure.

**Senior Staff Member Action**

- Every effort must be made to contact child's parent by phone (information on child's enrolment form in child's file) to inform them that their child is unfit to attend the Centre and needs to be collected.
- If parent is unobtainable, contact alternative/emergency number (recorded on child's enrolment form in child's file) to ask designated adult to collect.
- When contact is made – agree a time period for collection of the child.
- Child to remain in a separate area from the main playroom and kept warm, safe and reassured.
- For children who are displaying vomiting or diarrhoea, staff must wear protective aprons and gloves. The area will need to be isolated and deep cleaned once the child has left the Centre.
- Staff must inform the parents that after vomiting and diarrhoea, the child needs to be 48 hours clear from last incident of illness.
- For all infectious viruses and conditions, the parents must seek medical advice on how long to keep their child at home. Parents must inform the Centre of any infectious viruses or diseases that affects their child at any point.
- If child's condition deteriorates or causes significant concern, appropriate medical advice to be sought and acted upon. If necessary, emergency services to be contacted. See First Aid policy

**The safety, health and wellbeing of the child will be our paramount concern at all times.**

**LOST CHILD PROCEDURE**

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## Devizes & District Opportunity Centre

Devizes & District Opportunity Centre holds the safety and well-being of our member children paramount. We use our best endeavours at all times to ensure a high standard of care and security is achieved by using the following measures.

- The use of signing in/out sheets
- Child proof locks and doors
- High staff to child ratio
- Children are only released into the care of parents or other person authorised by parent.
- All visitors are checked for DBS clearance prior to attendance.

In the unlikely event of a child being found to be missing from or within the Centre the following procedure must be followed.

- All staff team members will be informed and a thorough search of the premises will be carried out immediately by the manager and senior practitioner whilst all the other children are securely supervised. Staff who are carrying out the search will call out the child's name during the search in order to try and locate them.
- The most senior member of staff will notify the police via 999 and give as much information as possible about the last known location of the child and what they were wearing. The most senior member of staff will then contact the child's parents / carers.
- If the Manager is not present during this event then the most senior staff member must contact them immediately to inform them of what has happened. The Manager will give instructions to the staff team.
- If the child is not located the Senior staff will carry out a second search whilst other staff remain with the children to keep them calm and continue the session as usual.
- The most senior staff member will meet the police and parents and comply with instructions given by the emergency services.
- All possible support will be provided for the parents throughout.
- All incidents must be recorded on a record of concern form and a full report made by the Manager giving step by step listing of events.
- The Manager must inform the Chairperson of the Committee as soon as reasonably possible.
  
- Ofsted must be informed in the event of any such incident. Tel 0300 123 1231

### **Safeguarding Audit**

- In order to ensure the effectiveness of our Policy and Procedures we carry out an annual review and submit a Safeguarding Children in Early Years and Childcare Setting Audit to Wiltshire Council as required.

### **Additional Safeguarding Policies**

- This policy is taken in conjunction with and cross referenced to our related policies and procedures:
- Visitors & Security
- Photograph & Video Policy
- Nappy Changing/Toileting Policy
- Confidentiality Policy
- Complaints Procedure

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Signed: G.Gaiger

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- Alcohol, Smoking & Drugs Policy
- Behavior Management Policy
- Employment & Staffing Policy
- Health & Safety Policy
- Escalation Policy
- Whistleblowing Policy
- Looked after children policy

### **APPENDIX A**

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Reviewed: April 2021

Signed: G.Gaiger

## **WHAT TO DO IF CONCERNED ABOUT A MEMBER OF STAFF**

### **Allegations against Staff**

Any report of concern about the behaviour of a member of staff or volunteer, or allegation of abuse against a member of staff must immediately be reported to the Manager who will refer to the appropriate designated officer(s) from the local authority:

**Staff need to be aware that it is not the settings responsibility to investigate any allegation. This will be carried out by the Designated Officer. Any investigation must be notified to Ofsted immediately.**

Wiltshire Designated Officer: 01225 713945

Any concern or allegation against the Manager will be reported to the Chair of Committee without informing the Manager.

Any allegation of abuse will be dealt with in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

In some circumstances the member of staff will, without prejudice, be asked to take a period of paid leave pending the results of the investigation.

Devizes Opportunity Centre will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

Malicious allegations against staff will be investigated and dealt with by the Manager and, if appropriate, the committee.

If you have concerns about a colleague

If staff members have concerns about another staff member or volunteer than this should be referred to the Manager.

Where there are concerns about the Manager this should be referred to the Chair of Committee.

Staff who are concerned about the conduct of a colleague may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of a child is paramount. The setting's whistle blowing code enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place.

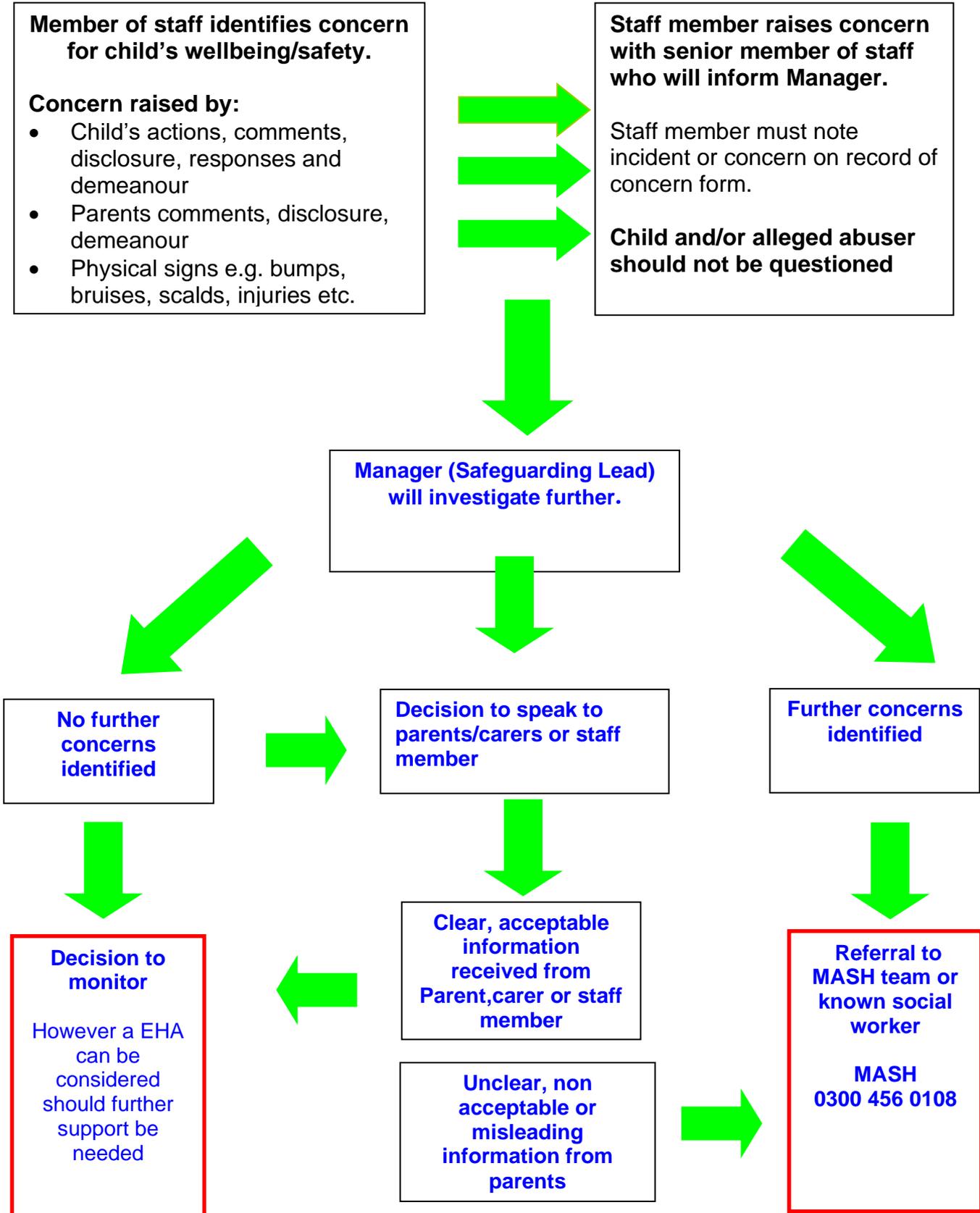
## **ESCALATION POLICY**

When staff are concerned about child protection or child welfare concerns and are unhappy with how another agency or employee has decided. Staff should follow the Escalation Policy and procedure.

### **APPENDIX B - WHAT TO DO IF CONCERNED ABOUT A CHILD**

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**APPENDIX C - CODE OF PRACTICE FOR STAFF**

## **SAFEGUARDING CODE OF PRACTICE**

**The Centre is committed to safeguarding the ongoing welfare of all of our member children and expects all staff and volunteers to share this commitment**

This Code of Practice provides advice and guidance which all staff and volunteers are required to adhere to when carrying out their duties and responsibilities. Its purpose is to maintain the safety, security and wellbeing of our member children and to prevent any inadvertent misunderstandings and protect the professional integrity of the staff team.

Staff and Volunteers must:

- Ensure the best interests of the child are always held paramount
- Value all children as individuals and treat them with respect
- Not use any kind of physical punishment such as smacking or rough handling
- Not behave in a way that frightens or demeans any child
- Not use any racist, sexist, discriminatory or offensive language
- Not engage in rough or physical games including intimate tickling
- Remember that those who abuse children can be of any age (even other children) gender, ethnic background or social status. It is important not to allow personal pre-conceptions about people to prevent appropriate action being taken.
- Be aware that the personal and family circumstances, lifestyles and cultures of some children can lead to an increased risk of neglect or abuse.
- Be good listeners. Listen to children and take every opportunity to raise their self-esteem
- Be alert to changes in a child's behaviour
- Recognise that challenging behaviour may be an indicator of abuse

Practitioners must:

- Be aware of the potential for misunderstanding when touching children. Touching should be appropriate to individual situations e.g. supporting the child in an activity, administering first aid or comforting a child when upset. Do not kiss children.
- Where possible prompt children to carry out personal care themselves.
- Not give member children presents or personal items. Similarly do not accept gifts yourself other than small tokens for appropriate celebrations. Always inform the Manager of any such gifts.
- Not invite a child to your home or arrange to see them outside set activities. If families request your involvement outside working hours e.g. babysitting. This should be open and transparent – always inform the Manager
- Not give member children and families a lift in your car except in an emergency and always inform the manager should an occasion arise.
- Not share links on social media sites e.g. Facebook etc. with past or present member families or their relatives.
- Maintain confidentiality and only share information on a need-to-know basis.
- Make sure that you have read and understood the Centre's Safeguarding Policy, Child Protection Procedures and ensure that you know how to raise a concern.
- Ensure that all concerns about any child are raised. If in doubt seek advice and support from your line manager and the designated Safeguarding Officer.
- Never let allegations, made by anyone, go unacknowledged, unresolved or not acted upon. Speak to your line manager or designated Safeguarding Officer.

## Devizes & District Opportunity Centre

- Be clear with anyone, child, parent or colleague disclosing any matter that could concern the safety and wellbeing of a child that you cannot guarantee to keep the information to yourself.

- 

and finally

Always dress practically and appropriately according to the nature of your work. Uniform shirts, smart casual skirts or slacks must be worn in the playroom. Shoes must be flat with closed toes. Jewelry and hair must not be loose.

**APPENDIX D**

**Private & Confidential**

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Signed: G.Gaiger

**Record of Concern Form**

Date:

Member of staff Reporting alert:

Contact details of Person reporting Alert:

Address:

Telephone:

Mobile:

Date of incident: \_\_\_\_\_

Time: \_\_\_\_\_

Main Family / Child affected:  
(Name & Address)

Childs Date of Birth (DD/MM/YY):

**Details incident/disclosure:**

Those present:  
Please include full  
names and jobs titles.

**What happened?** Include where, what was said and what occurred. Questions you asked and the demeanor of the child.

**Record of Concern Form**

What happened ..... Cont:

What action did you take?

Please attach any handwritten notes. Number of pages attached:

Cross references: Other Children:

Name (printed):  Job title:

Signed:  Date:

**Please ensure all pages are secured together.**

Date passed to Management.

**Record of Concern Form**

Comments/Actions of Duty / Line Manager or other (please state) .....

Signature of Duty Manager

Date:

Job Title:

Information Shared with:


**Record of Concern Form**

Date and Time:	Follow up actions or comments, include who was involved and please sign.

**APPENDIX E**

## Signs and symptoms

As a general rule, the younger the child the more vulnerable that child will be to physical injury and neglect. Older children are more likely to show signs of emotional abuse, although all abused children are likely to be emotionally damaged. Sexual abuse occurs at all ages and to both sexes. Professionals must be aware that abused children do not necessarily show fear or anxiety, and may well love their abusing parents.

**Note: No catalogue of symptoms and signs can be exhaustive. The following is for guidance only.**

It must also be remembered that alternative medical or social explanations may exist for the problems listed here. With any child there may be considerable overlap between one category of abuse and another.

## Physical Injury

**Note: Most injuries to children are accidental and can be readily explained. All children receive bumps and bruises as a result of the rough and tumble of normal play.**

Factors associated with injuries which may arouse suspicion include:

- Where the explanation is not consistent with the injury, or with the child's age and stage of development
- Where there is no explanation at all, or the explanation offered later changes
- Where there has been unreasonable delay in seeking medical advice
- Where there is a history of frequent injuries, even though the explanation of each individual occurrence may appear adequate. This can also indicate lack of supervision, or possible medical problems
- Where the child has bruises or other injuries of different ages at the same time
- Where there is multiple facial bruising, particularly around the mouth, ears or eyes
- Where there are unexplained or inadequately explained burns or bite marks, or both
- Any bruising in a baby not yet independently mobile is of concern, as is a reluctance to move a limb or limbs, or any tenderness on handling
- Ingestion of toxic substances, particularly when there is more than one incident
- A child may appear wary or flinch on closeness, as if expecting physical harm

Any child who alleges physical abuse should be listened to carefully, the allegation recorded and immediately reported to the child's Care Manager. An investigation will then be initiated.

## Neglect

Neglect is defined as the wilful failure to meet the basic needs of the child. This may include failure to provide food, warmth, clothing, appropriate stimulation, or consistent caretaking.

Signs of neglectful treatment may include:

- **Failure to thrive**, for which no medical cause has been demonstrated.
- **Stealing or gorging of food** (in older children).
- **Extreme hunger, or lack of appetite** and increased feeding difficulties in young babies.
- **Inappropriate or inadequate clothing**, taking into account the context of where the child lives and the level of poverty. This may also apply to poor hygiene.
- **Lack of appropriate supervision.**
- **Persistent failure to seek or to follow medical or nursing advice.**
- **Developmental delay** for which no medical cause has been demonstrated - particularly if language and social skills are disproportionately affected.
- **Inappropriately poor academic performance**, and poor school attendance.
- **Poor relationships with peers**, but attention seeking from adults.
- **Physical signs of long-standing neglect**, including poor growth, thinning hair, a protuberant abdomen, decaying teeth, and persistently cold, reddened hands and feet.

### **Emotional Abuse**

All forms of abuse involve emotional harm. Some children, however, may be emotionally abused although their physical care is good. An emotionally abused child may be subjected to repeated criticism and scapegoat. There may also be continuous withholding of approval and affection. Discipline may either be severe and inappropriate, or non-existent with few boundaries set. The child may be exploited to fulfil the emotional needs of a parent.

The child may:

- Have impaired ability for enjoyment and play.
- Lack expression, may appear 'frozen'.
- Lack normal curiosity and natural inquisitiveness.
- Be delayed in language development and play skills.
- Have low self-esteem.
- Show eating disturbances or growth failure.
- Not trust any kindness, expecting it to be accompanied by harmful words or action.
- In severe cases, show physical signs of deprivation as described earlier. These may occur even though physical care appears adequate and there may be no physical cause.

### **Sexual Abuse**

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Although many factors have been associated with sexual abuse, many may also be found in association with other medical or emotional problems. Where there are worries about a child's behaviour that cannot be explained satisfactorily, the possibility of sexual abuse should be borne in mind.

As with any other type of abuse allegation, a child who alleges sexual abuse should be listened to carefully, the allegation recorded, and reported to his or her Social Worker. An investigation will then be initiated.

Sexually abused children are frequently obedient and anxious to please, but may have poor relationships with peers. Many children have no overt problems, particularly in the younger age range.

Signs which may be present include:

**Physical signs:**

- Genital or anal lacerations, bleeding or other trauma.
- Genital or peri-anal inflammation or irritation.
- Persistent or recurrent vaginal discharge.
- Sexually transmitted disease, including peri-anal or genital warts.
- Pregnancy.

**Medical problems such as:**

- Recurrent urinary symptoms, or 'cystitis'.
- Enuresis or secondary enuresis (wetting or soiling).
- Recurrent unexplained abdominal pain.

**Behavioural problems can include:**

In younger children:

- Overt sexualised behaviour
- Compulsive masturbation
- Acting out and aggressive behaviour
- Drawings and play activity which are explicitly sexual

In older children:

- Withdrawn, overtly compliant behaviour
- Depression and suicidal behaviour
- Self-mutilation
- Running away
- School refusal and truancy
- Drug and alcohol abuse.

At any age:

- A sudden change in normal behaviour patterns, or sexual awareness
- Knowledge in advance of what would be expected at the child's age and level of development

**Note: Remember that children who are being, or have been, sexually abused do not necessarily display any behavioural disturbance.**

### Encountered Abuse

You may encounter abuse by observing the signs and symptoms already described. You may, however, come across the possibility of abuse in other ways:

- **Suspicion** ... you may suspect, but have no hard evidence.
- **Disclosure** ... a child may actually tell you of current or past abuse.
- **Information** ... from a third party such as a relative, peer or colleague.

### Behaviour between young people - what constitutes abuse?

All allegations of abuse by a young person which involve an adult, a Carer, a staff member or contact outside the home, must lead to a Strategy Meeting to consider the need for an investigation. Sometimes, this will also be the case with abuse between young people. However, a clear boundary needs to be set between behaviour that amounts to serious physical assault, intimidation, or sexual assault requiring a Strategy Meeting and external investigation - and normal childhood behaviour or sexual exploration.

In trying to distinguish between the two, the following criteria should be considered:

- In the care system there will be a percentage of young people who have been exposed to inappropriate sexual activity, physical injury, and other forms of abuse before their current placement. It is possible that these young people may display behaviour that is inappropriate for their age. They may, for example, be unintentionally sexually proactive and/or aggressive towards other young persons. They may act as leaders or instigators of any inappropriate activity.
- Consideration should be given to functional and chronological age differences between young people involved in any sexual activity. The greater this difference, the more likely there is an abuse of power. The more vulnerable person could be exposed to an abusive experience. It is this that makes mutual agreement or consent to the behaviour unlikely.
- Any type of sexual behaviour between young people should be considered to see whether it was by informed mutual agreement resulting from sexual curiosity. The behaviour is more likely to be abusive if it involves intimidation, deception, enticement, bribery, or physical force.
- In any sexual behaviour, or behaviour involving assault, some assessment should be made of the relationship between the participants, and what purpose the behaviour serves for the young people involved.
- Any type of childhood behaviour needs to be seen in the context of the intellectual, behavioural, and social development of the young people involved.

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- Account should be taken of how persistent the behaviour appears to be, and how long it has existed. It is useful to note whether the victims have any similar characteristics.