

## **Child Protection in line with 'What To Do If You're Worried A Child Is Being Abused'**

Due to the many hours of care we are providing, staff will often be the first people to sense that there is a problem with a child. They may well be the first people in whom children confide in about abuse. At Sticky Fingers we are committed to the protection of children and are vigilant to possible signs of child abuse at all times.

We recognise that children can be abused or neglected by persons who are known to them, this is more common than being abused by a stranger.

Children are also at risk because of others who are aware of the abuse but fail to act upon it and protect them. We at Sticky Fingers have a duty to be aware of the different types of abuse and act upon them in order to stop the abuse and help the child concerned.

The following are the types of abuse that we are trained to recognise.

1. Physical Abuse: This can involve hitting, throwing, burning, shaking as well as other physical signs. It can also be when a parent/carer is making a factitious illness, which is known as 'Muncchausen Syndrome by proxy'.
2. Neglect: This may involve a parent/carer failing to provide adequate food, shelter and clothing to protect a child from physical harm or danger. It is the persistent failure to meet the child's basic physical and/or psychological needs.
3. Emotional Abuse: This is when a child can be made to feel continually worthless, unloved and only serving a purpose as to meet the needs of another person. The child may feel frightened or in danger. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.
4. Sexual: This can involve forcing or enticing a child to take part in sexual activities. It can also include non-contact activities such as involving the child to look at pornographic materials or encouraging the child to behave in sexually inappropriate ways.

All of our staff have been on training courses to recognise the above signs of abuse and will continue to go on them as and when needed.

Staff will take the following action if they suspect or are worried that a child is being abused.

1. Speak to the manager Nikki Walford or Deputy Managers Jo Stafford or Kasey Raval. The only time that they would not talk to them first is when they themselves are implicated in the allegations.
2. The Managers would then gather information together which would include:
  - a) Child's name and address.
  - b) Details of the child's family.
  - c) What is alleged and what has been seen, including a description of any observed injuries. This would be drawn onto a diagram of a child's body to show clear visible signs of suspected abuse.
  - d) Date and time of the occurrence and any witnesses.
  - e) Identity of the alleged abuser if known.

Prior to making a referral we would try to speak to the child but would not ask leading or suggestive questions. If a child were recalling significant events then we would let them do so. We would listen to the child and ask them why they were upset or how a cut or bruise was caused. This would help us to clarify whether or not it is a case of possible child abuse and it is good practise to do so.

When making a referral we would not withhold our name as protecting children is our key concern.

EMERGENCY REFERRALS: would be made by us if a child needed immediate medical attention. In such a situation we may:

- Telephone for an ambulance
- Ask a doctor to call
- Ask the parent to take the child to the doctor or hospital for immediate medical attention
- Take the child yourself to the hospital/clinic

We recognise that the parent/carer must be involved as soon as is practicably possible. We would also contact Social Services.

NON-EMERGENCY REFERRALS: where a specific incident gives us cause for concern but where no medical treatment is needed we would notify Social Services immediately. We would as part of this referral give the name and address of the child, D.O.B, contact details of parent/carer and information about the injuries or circumstances that have caused us concern.

If we see an injury, which we have suspicions about or have concerns about a child's behaviour or welfare we would always ask the parent/carer first for an explanation. If we were still concerned then we would inform them of this and let them know that we shall be contacting Social Services.

We would at the outset be as open and honest with parents/carers as possible with regard to the referral that we made.

Our contact numbers for referrals are as follows:

Bodmin Social Services Local Area Office  
Priory House  
Priory Road  
Bodmin  
Tel: 01208 74491

Devon and Cornwall Constabulary Family Protection Unit  
Area 1 North Cornwall/Caradon  
2/4 Moorland Road,  
Launceston, PL15 7HY  
Tel: 01566 771329 (Main Office) Tel: 01566 771326 (Det Sergeant)

*\*Area Child Protection Committees will be replaced by Local Safeguarding Children's Boards by 1 April 2006.*

There will however be circumstances in which concerns would not be shared with parents/carers. These being:

- a) Where contacting parents/carers would place the child, professionals or others at risk or harm.
- b) Where sexual abuse is suspected.
- c) It is not possible to contact the parents without causing undue delay in making a referral.

Parents can be reassured that we will treat any aspect of suspected child abuse with complete confidentiality. Only staff who need to know will be informed. Our main concern is to the child but we also want to do as much as possible to help our families and we recognise that at this stage it is only suspected child abuse. It is vital for us to remember that the child is very vulnerable and may not have anyone else to take steps to ensure his/her protection; therefore, we are key people involved in their care and protection.

Once referral has been made then Social Services will decide whether an investigation is to take place and will work with the Joint Constabulary team.

### **PROCEDURES FOR ALL STAFF AT STICKY FINGERS NURSERY**

#### YOUR CONSTANT RESPONSIBILITIES:

- Be aware of any change in a child's mood behaviour, attendance etc.
- Listen to disclosures from a child if offered.
- Be observant of any unusual physical injuries a child might have.

#### WHEN TALKING TO CHILDREN:

- If a child wishes to make a disclosure to you, **NEVER** promise that you will not tell anyone else.
- Do not artificially prolong a discussion with a child in the hope of getting a disclosure.
- Do not ask leading questions – this could make it impossible to properly pursue a case later. Always let the child use their own words.

### **OTHER RELEVANT INFORMATION**

#### STAFF

- It is extremely important that all staff "WHO NEED TO KNOW" are informed if a child is on the Child Protection Register.
- It is important to be aware who has parental responsibility for such children.
- Record any events or discussions that involve any of the Child Protection issues mentioned above.
- Staff will be offered additional support throughout the process.

<b>PROCEDURE FOR WHEN ALLEGATIONS ARE MADE AGAINST A MEMBER OF STAFF</b>
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1. Details to be written down and recorded specifying what the allegations are.
2. Reassurance given to person making the allegation that internal procedures will take place and Social Services will be made fully aware of allegations being made. All allegations will be taken seriously and acted upon immediately. We

will at this point ask that this does not get repeated outside the group unless they wish to contact Social Services themselves.

3. The joint constabulary team will be contacted and advice taken on further action.
4. Urgent action taken from this advice may result in the staff member concerned to be suspended whilst a full Social Services investigation takes place. This will then protect them from further allegations and also ensure that the children are protected whilst the investigation takes place.
5. In deciding whether to inform the parents of the allegation and the person to whom the allegation is being made against, a decision will be based after consultation with the joint constabulary team.
6. If a decision is agreed to inform the person to whom the allegation is being made against, then the proprietors will undertake this job. This may be done in writing or verbally. The allegation will not be discussed and direct questioning will be avoided. The staff member will in most cases be suspended at this point until further investigations takes place.
7. Also at this point the management will contact OFSTED to inform them of what has happened and of what procedures are in place for protecting the children.
8. The investigation will now be in the hands of the joint constabulary team and the managers of the nursery will await further instructions.
9. At all times this matter will be treated in the strictest of confidence and the member of staff concerned will be reassured of this. Other members of staff need not be made aware and will be of the understanding that the alleged member is on sick leave.