

Emotional abuse

- Physical indicators**
- Failure to thrive
 - Delays in physical development or progress

- Behavioural indicators**
- Sucking, biting, rocking
 - Anti-social, destructive
 - Sleeping disorders, inhibition of play
 - Compliant, passive, aggressive, demanding
 - Inappropriately adult or infant behaviour
 - Impairment of intellectual, emotional, social or behavioural development

Disclosure

What to do if a child starts to disclose abuse

- Reassure the child that s/he is right to tell and is not to blame
- **Do not** promise not to tell anyone else. Explain that you have to make sure the child is safe and may need to ask other adults to help you do this
- **Do not** question the child. Let her/him tell you what s/he wants to tell you and no more. S/he may need to disclose this to a specialist later, and too much detail now may interfere with later investigations
- When the child is finished, make sure s/he feels secure; explain what you are going to do next
- Write down notes, using your agency's record of concern form. Include the date and time of the interview and sign them. Record as much as you can remember, using the child's own words wherever possible.

What to do if you are concerned

- Immediately inform your manager or the designated person in your organisation.
- Every organisation has a responsibility to designate a senior person for child protection. It is essential that all staff know who this person is.

The designated person should then:

- Phone social care to consult, or make a referral of child protection concern
- Confirm the referral in writing using the Medway referral form, with the parents' consent (see below)
- Collate all information and ensure it is properly recorded and filed in a confidential child protection file for the pupil

If a member of staff feels that the designated person has not acted appropriately for referral, s/he should make direct contact with social care.

The designated person should seek parental consent to refer a child to social care unless this would put the child at greater risk or jeopardise evidence. In these circumstances, the designated person should discuss and agree with social care who will inform the parents and when this is to be done.

When an allegation of abuse is made against a member of staff, your manager must be informed directly. If the manager is the subject of the allegation, the Local Authority Designated Officer (LADO) at Medway Council must be notified.

Unconfirmed worries about child abuse

Very often, staff have unconfirmed worries about the children with whom they come into contact, but little real evidence and are unsure about how to proceed. Many cases have shown that these unconfirmed worries are in fact the tip of the iceberg; if a number of other concerns were placed alongside that of, say, a teacher or health visitor, it adds up to a serious cause for concern.

It is, therefore, vital that even vague worries are passed on at the earliest stage to the appropriate authority. The designated person is in a position to involve other agencies, collate information and make decisions about referral to social care.

Again, staff should record incidents or suspicions, dating and signing the record. This should be kept in a secure place.

The designated person may consult with social care to help determine whether a referral of child protection concern should be made, or what other action would be appropriate.

Do and don't

- Do react calmly
- Do be aware of your non-verbal messages
- Do keep responses short, simple, slow and gentle
- Do observe and listen but don't ask for more information
- Do tell the child or parent they have done the right thing by telling you
- Do avoid making comments or judgements about what is shared
- Do tell the child or parent what will happen next, and be honest
- Do take notes
- Don't make any promises
- Don't stop a child or parent who is talking freely about what has happened

If English is not your first language and you would like to speak to someone in your own language about the information in this leaflet please phone

01634 335577

এই সিস্টেমটি সম্পর্কে আপনার যদি কোন প্রশ্ন থাকে তবে এ ব্যাচের আপনার নিজের ডায়েরি লিখুন। যখন আপনি ডায়েরি লিখতে শুরু করেন, তাহলে লিখুন এই নম্বরে টেলিফোন করুন।	331780 (Bengali)
如果您對這本小冊子的內容有任何疑問，請與您學校的兒童保護人員談話。請打這電話號碼。	331781 (Chinese)
જો તમને આ પત્રિકા વિશે કોઈ પ્રશ્નો હોય અને તમે તમારી માન્યતાઓ કોઈની સાથે વાત કરવા માવતા છો તો, કૃપા કરીને આ નંબર ઉપર ફોન કરો.	331782 (Gujarati)
यदि आपने इस सीएमएच के बारे में कुछ सुचना है और उस व्यक्ति के साथ आप अपने बच्चे में बात करना चाहते हैं, तो कृपया सम्पर्कित नगर पर टेलीफोन करने करें.	331783 (Hindi)
ਜੇ ਤੁਸੀਂ ਇਸ ਸੀਐਮਏ ਦੇ ਬਾਰੇ ਕੁਝ ਪੁੱਛਣਾ ਚਾਹੁੰਦੇ ਹੋ ਜਾਂ ਕੋਈ ਹੋਰ ਵਿਚਾਰਤੀ ਦੇ ਕਮ ਆਪਣੀ ਬਿਨਾਂ ਕਿੱਤੇ ਹੱਦ ਲਗਾ ਕੇ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਸਕੂਲ ਦੇ ਟੈਲੀਫੋਨ ਕਰੋ.	331784 (Punjabi)
اگر آپ اس کتابکے بارے میں کوئی سوال پوچھنا چاہتے ہیں تو آپ کسی فرد سے بات کرنے کے خواہشمند ہیں تو براہ مہربانی اس نمبر پر فون کیجیے۔	331785 (Urdu)
Elaazdeki bu yazılı duyuru ile ilgili herhangi bir sorunuz varsa ve dilinizi bilen birisi ile konuşmak istiyorsanız, lütfen 331785 numarasına telefon ediniz.	331786 (Turkish)

Useful names and addresses

You may find it helpful to record the following information for your own use:

Medway Council Customer First
Phone: **01634 334466**

Local Authority Designated Officer (LADO)
- regarding allegations against staff
Phone: **01634 331229**

Medway Safeguarding Children Board
Phone: **01634 336329**
www.msrb.org.uk

Other useful contacts

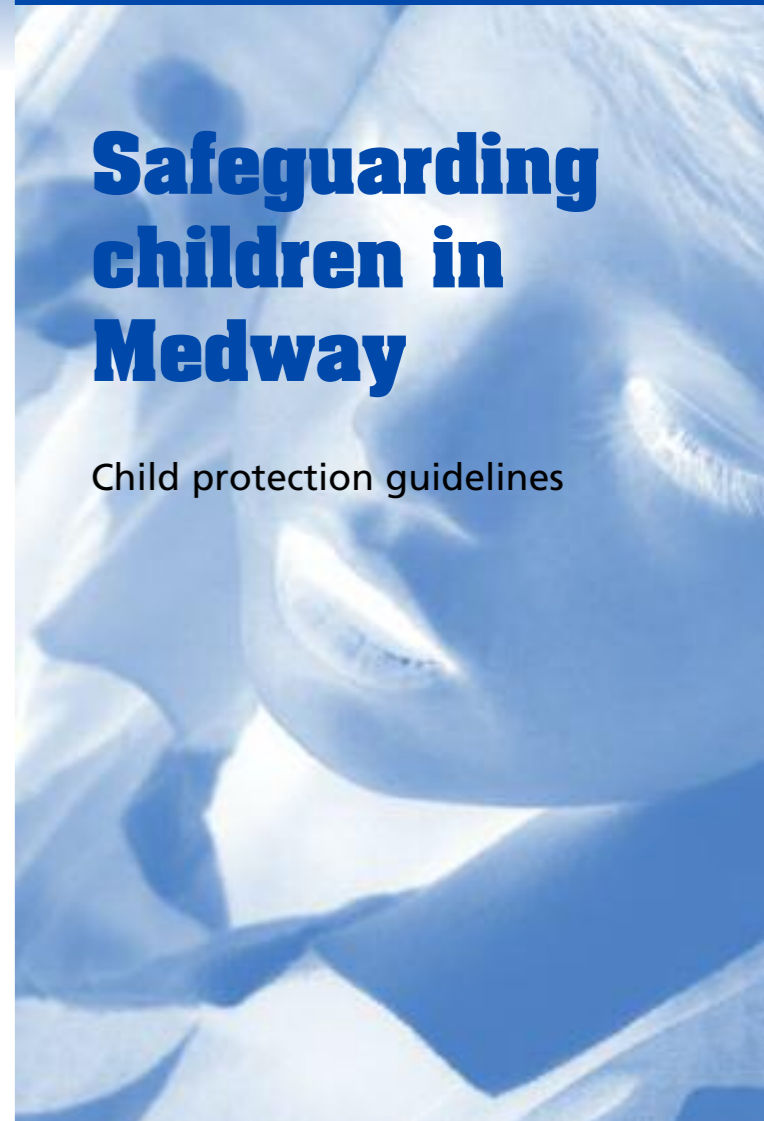
Child Protection out of hours team
Phone: 0845 7626777

NSPCC
National helpline phone: 080 88 00 5000

Childline
National Helplines for children
Phone: 0800 1111

Other sources of information:

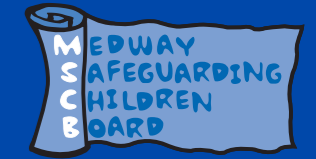
- What to do if you are worried about a child being abused
- Kent & Medway Safeguarding Children Procedures - available to download from www.msrb.org.uk



Safeguarding children in Medway

Child protection guidelines

This leaflet contains important and sensitive information for adults. *Please keep in a safe place.*



Introduction

This leaflet has been produced by Medway Safeguarding Children Board. It provides information about safeguarding and child protection and the procedures that must be observed by all professionals. Safeguarding and promoting the welfare of all children is now the statutory responsibility of all agencies and organisations. This leaflet also gives contact names and addresses for further information.

All professionals are responsible for keeping children and young people safe by:

1. Providing children with a safe environment
2. Identifying those who are suffering, or likely to suffer significant harm and taking appropriate action with the aim of making sure they are kept safe both at home and in the community

This leaflet explains how you can set out to achieve point two.

Research suggests that three children in every school class are being, have been or will be, abused in some way. Abusers come from all walks of life; they may be parents, an adult who has built up a trusting relationship with a child, a professional or another child. Everybody who works with children, especially those who have regular daily contact, has a duty to help protect children from abuse. This includes identifying those who need to be referred to the statutory agencies (social care, police and the NSPCC). Also by helping children learn how to keep themselves safe and ask for help when they need to do so.

Types of abuse

Child abuse is recorded under four categories:

- Physical injury
- Sexual abuse
- Neglect
- Emotional abuse

Physical injury

Physical injury can range from over-chastisement, slapping with the hand, a belt, stick or other object, to shaking, punching or throwing a child across the room. Also when an adult fabricates the symptoms, or deliberately induces illness in a child.

Neglect

Neglect can range from failure to provide adequate food, shelter or clothing; to failing to protect from harm or to ensure access to medical care. This also includes neglect of the child's psychological needs or neglect during pregnancy through maternal substance misuse.

Sexual abuse

Sexual abuse is the involvement of a child or adolescent in sexual activities that s/he may not understand, cannot give consent to and which is not accepted by our society. This includes inappropriate touching, using children in the production of sexual images, or encouraging them to behave in sexually inappropriate ways, as well as attempted or actual sexual intercourse. A young person over the age of 16 but under 18-years-old cannot consent to a sexual relationship with an adult in a position of trust. Adults may therefore be guilty under the Sexual Offences Act of an abuse of trust in such a case.

Emotional abuse

Emotional abuse ranges from rejecting a child, refusing to show a child love or affection, or making a child unhappy by continually belittling, or verbally abusing them. It also includes inappropriate expectations that may be beyond the child's capability or over protection and limiting exploration. It can also involve seeing or hearing the ill-treatment of another child or adult.

Indicators of abuse

The following is a list of signs and symptoms that may be consistent with abuse. Some children can exhibit one or more of these signs for other reasons. However, if there are concerns about a child displaying any of these indicators, discussions should be held as soon as possible with the individual within your agency designated to deal with child protection matters.



Physical injury

Physical indicators

Unexplained bruises/marks/cuts/grazes:

- On face, lips, mouth
- On torso, back, buttocks, thighs
- In various stages of healing
- Clustering forming regular patterns
- Reflecting shape of article used, e.g. belt, buckle, electrical flex
- On several different parts of the body
- Regularly appear after absence, weekend, or holiday
- Bite marks or fingernail marks

Unexplained burns:

- Immersion burns, where hands, feet or body have been forcibly immersed in very hot water
- Patterns like electrical burner, iron
- Rope burns on arms, legs, neck or torso

Unexplained fractures:

- To skull, nose, facial structure
- In various stages of healing
- Multiple or spiral fractures

Behavioural indicators

- Flinching when approached or touched
- Reluctance to change clothes for PE lessons
- Wary of adult contacts
- Difficult to comfort
- Apprehension when other children cry
- Crying/irritability
- Frightened of parents
- Afraid to go home
- Rebelliousness in adolescence
- Reports injury caused by parents
- Behavioural extremes – aggressiveness, withdrawal, impulsiveness
- Regression to childlike behaviour
- Apathy
- Depression
- Poor peer relationships
- Panics in response to pain

Neglect

Physical indicators

- Consistent hunger
- Poor hygiene
- Inappropriate dress
- Consistent lack of supervision, especially in dangerous activities for long periods
- Unattended physical problems or medical needs
- Abandonment

Behavioural indicators

- Begging
- Stealing food
- Constant fatigue, listlessness
- Poor relationship with care-giver
- Frequent delays in picking child up from playgroup or school



Sexual abuse

Physical indicators

- Difficulty in walking, sitting down
- Pain or itching in the groin
- Excessive crying
- Sickness

Behavioural indicators

- Inappropriate sexual behaviour or knowledge for the child's age
- Promiscuity
- Sudden changes in behaviour
- Running away from home
- Wary of adults
- Feeling different from other children
- Unusual avoidance of touch
- Reporting of assault
- Substance abuse (e.g. glue sniffing)
- Emotional withdrawal through lack of trust in adults
- Over compliance with requests of others
- Frequent complaints of unexplained abdominal pains
- Eating problems
- Sleeping disturbances
- Poor peer relationships
- Possessing money or gifts that cannot be adequately accounted for
- Inappropriately sexually explicit drawings or stories
- Soiling, especially at the end of school
- Frequent non-attendance at school
- Avoidance of school medicals