



*Kids on Track Child Protection and  
Safeguarding Policy*

Approved By Trustees  
19 September 2023

## Policy Statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of “it could happen here” where safeguarding is concerned.

The purpose of this policy is to provide staff, volunteers and trustees with the framework they need in order to keep children safe and secure on our camps / activity days and to inform parents and guardians how we will safeguard their children whilst they are in our care.

Specific guidance is available to staff within the procedure documents.

### Definitions Within this document:

**Child Protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **Staff** applies to all those working for or on behalf of Kids on Track, full time or part time, in either a paid or voluntary capacity.

**Child** refers to all young people who have not yet reached their 18<sup>th</sup> birthday.

**Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, stepparents, guardians and foster carers.

**Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document.

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## **Principles and Values**

- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff / volunteers have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst Kids on Track will work openly with parents as far as possible, the charity reserves the right to contact children's social care or the police, without notifying parents if this is in the child's best interests.

## **Leadership and Management**

We recognise that staff / volunteers anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this organisation, any individual can contact the designated safeguarding lead if they have concerns about a young person.

The DSL is Francesca Gardner and the deputy DSL is Kiki Godson.

As an employer we follow safer recruitment guidance as set out in Keeping Children Safe in Education 2022.

## **Safer Recruitment**

Kids on Track's reputation for high quality childcare depends on the professionalism and hard work of all staff. Kids on Track places the safeguarding and safety of all children as its number one priority, and therefore follows a strict safer recruitment policy.

All roles within Kids on Track have a job description which includes a section on safeguarding and promoting the welfare of children

Any adverts will include a section on Kids on Track's commitment to safeguarding and make clear the checks that will be undertaken.

All staff/volunteers are required to complete an [application form](#) and provide two references. Any applicant not previously known to the committee is interviewed.

All volunteers over 16 are asked to complete an Enhanced DBS disclosure and are encouraged to sign up to the update service. DBS checks are renewed every three years.

If the DBS identifies a concern that is unrelated to looking after children an additional reference will be sought and Trustee approval for allowing this individual to be a volunteer will be sought.

All volunteers under 16 must be accompanied by a responsible adult. No adult can be responsible for more than three under 16 year olds.

All staff/volunteers will be asked to sign that they have read the volunteer handbook which includes a staff/ volunteer code of conduct.

All external trainers / activity leaders will be asked to provide evidence that they have an up to date clear DBS certificate. Anyone not providing a DBS certificate will be supervised at all times.

Any visitors to Kids on Track camps or other events will be asked to sign the visitors books and will be supervised at all times.

## **Training**

The DSL will have regular up to date DSL training.

All staff / volunteers are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Therefore, all members of the charity who have unsupervised access to children including team leaders, committee members and mentors will receive annual face to face training. Occasional volunteers who help only at the camps will be asked sign that they have read the volunteer handbook which contains safeguarding information and will receive a briefing prior to each day of the camp. (See annex 7)

This policy will be updated during the year to reflect any changes brought about by new guidance. These will be communicated to staff / volunteers via briefings.

## **Code of Conduct**

### *Use of social media*

Kids on Track runs its own Social Media programme bound by very strict safeguarding protocols and as such no one is allowed to post text or pictures of the events or children. Only the Kids on Track committee will post approved photos on the website, Facebook, Instagram and in other publications.

No volunteers should be contacting the Kids on Track children directly via social media or email. Anyone under 16 who is asked to 'be a friend' with a Kids on Track child via social media should get permission from Francesca Gardner, Tor Strong or Kiki Godson.

### *Taking and keeping photos*

The General Data Protection Regulations (May 2018) state that it is illegal for any volunteer to keep photos of the children attending the camps on their personal phones. Only the official photographer should take photos of the children.

### *Use of mobile phones*

The day is about the children, so it is critical that volunteers are not seen using their phones apart from responding to essential incoming communication. One of the Kids on Track messages is that time away from social media / mobile devices is good – so volunteers need to set a strong example.

### *Smoking / Alcohol*

No volunteers should be smoking or drinking during the camp.

### *Personal Conversations.*

It is inappropriate to have personal conversations about expensive privileges such as holidays, cars etc at the camp.

### *Attendance*

The events are finely tuned and totally reliant on the requisite number of volunteers turning up. A volunteer who cannot attend any part of a camp should let Kids on Track know well in advance.

### *Treating the children with respect*

The time they spend with us is very special to them and they look forward to the events immensely. Volunteers should treat the children with the utmost respect. At times it may be necessary to prevent some behaviour but Volunteers should never shout and should treat all children equally avoiding favouritism. Volunteers should always be non-judgemental when talking to or dealing with children.

### *Physical Contact*

Volunteers are asked to avoid physical contact where possible as this may be misinterpreted.

### *Confidentiality*

Volunteers should never discuss the children's circumstances with anyone other than a relevant volunteer – and never in public.

## **Transporting Children**

- All minibus drivers will have completed the minibus training, completed the driver forms and have an up-to-date DBS disclosure. Minibus drivers are insured through the Farleigh Minibus policy. This is reviewed annually.
- Drivers should always be accompanied by another adult when transporting children. However, it is recognised that as part of the mentoring role mentors will need to be in a car with a child unaccompanied. **Individual risk assessments will be carried out for each mentee to identify children for whom this may be a concern**
- Volunteers are responsible for the safety of children at all times including getting on and off the bus/car.
- It is the responsibility of the Kids on Track volunteers to ensure that all passengers are wearing seatbelts at all times.

- One adult must always sit in the back when there are passengers on the bus.
- It is the responsibility of the Kids on Track volunteers to check the bus is clean and tidy at the end of the day.
- All bus drivers must read the pick-up and drop off policy prior to driving a bus.
- Drivers should hand the mini-bus keys into the Kids on Track Office when they are not driving.
- In the event of a bus breaking down the driver should call the Kids on Track Office.
- Minibuses are clearly labelled with the Farleigh school logo and it is the responsibility of the Kids on Track volunteers to ensure that nothing happens to bring the Farleigh reputation into disrepute.
- If (under exceptional circumstances) volunteers are using their cars for Kids on Track collection and drop off it is their responsibility to check they have the appropriate insurance, **that they have a current license and an up to date MOT.**

## **Children with Medical Conditions**

Kids on Track has strict procedures for dealing with children with medical conditions these are outlined in the Camp Policy.

[Camp Policy](#)

## **Managing Poor Behaviour**

Kids on Track has a clear behaviour policy for dealing with any behaviour that may put other children at risk. This includes procedures for physical intervention and dealing with bullying. This is included in the camp policy.

[Camp Policy](#)

## **Referral**

Following any concerns raised by staff, the DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care and if appropriate the police. If the DSL is not available or there are immediate concerns, the staff member will refer directly to children's social care and if appropriate the police.

Generally the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.

## **Confidentiality**

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance.
- Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

## **Dealing with allegations against staff**

If a concern is raised about the practice or behaviour of a member of staff / volunteer or visitor this information will be recorded and passed to the DSL Francesca Gardner. The local authority designated officer (LADO) will be contacted and the relevant guidance will be followed.

If the allegation is against the DSL the person receiving the allegation will contact the Chair of Trustees.

## **Dealing with allegations against participants on the camp.**

If a concern is raised that there is an allegation of a camp attendee abusing another pupil during the camp, the 'dealing with allegations against camp attendees' guidance will be followed (Annex 6)

## **Annual review**

This policy will be reviewed annually



## **Roles and responsibilities within Kids on Track**

### **Staff / volunteers responsibilities**

All staff/ volunteers have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults whom they can approach if they are worried about any problems.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Recognise that abuse, neglect or other adverse childhood experiences could have an impact on mental health and behaviour
- Record their concerns if they are worried that a child is being abused and report these to the DSL or DDSL as soon as practical that day.
- If the disclosure is an allegation against a member of staff they will follow the allegations’ procedures (Annex 5).
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Ensure they know who the designated safeguarding leads (DSL) are and know how to contact them.

### **DSL**

The DSL will

- Ensure every member of staff/ volunteer knows who the DSL is, is aware of the DSL role and has their contact details
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL
- Ensure that training occurs annually so that staff and volunteers can fulfil their responsibilities.
- Keep written records of child protection concerns securely and separately from the main camp file and use these records to assess the likelihood of risk
- Link with the HSCB to make sure staff are aware of the latest local policies on safeguarding
- Report any signs of abuse to relevant bodies / agencies in a timely manner avoiding any delay that could put the child more at risk.
- Attend regular DSL training
- Ensure Staff / Volunteers who need to know about safeguarding issues pertaining to individual children are kept informed.

- Develop, implement and review procedures that enable identification and reporting of all safeguarding concerns.

## **Trustees Responsibilities**

- Ensure Kids on Track has effective safeguarding policies and procedures including a Child Protection Policy, a Staff Code of Conduct, and a Behaviour Policy
- Ensure that recruitment, selection and induction follows safer recruitment practice, including all appropriate checks.
- Allegations against staff are dealt with by the DSL. Allegations against the DSL are dealt with by the Chair of Trustees.
- Staff / Volunteers have been trained appropriately and this is updated in line with guidance
- Any safeguarding deficiencies or weaknesses are remedied without delay

## **Kids on Track Child Protection procedures**

### **Overview**

The following procedures apply to all staff and volunteers helping at the camps and will be covered by training to enable staff to understand their role and responsibilities. The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused.

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

All staff are aware that children with disabilities, special needs or with language delay may communicate concerns with behaviours rather than words. Additionally, staff will question the cause of knocks and bumps in children who have limited mobility.

If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:

1. Make an initial record of the information either using the paper based forms or through the electronic safeguarding form.

2. Report it to the DSL immediately
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL is not immediately available (see point 6 below)
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - a. Dates and times of their observations
  - b. Dates and times of any discussions they were involved in.
  - c. Any injuries
  - d. Explanations given by the child / adult
  - e. What action was taken
  - f. Any actual words or phrases used by the child
5. The records must be signed and dated by the author.
6. In the absence of the DSL or their Deputy, be prepared to refer directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm.

Following a report of concerns from a member of staff, the DSL must:

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care and the police if it is in keeping with the National Police Chiefs Council "When to call the Police" guidance. The rationale for this decision should be recorded by the DSL
2. Normally the DSL should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could have an impact on a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where

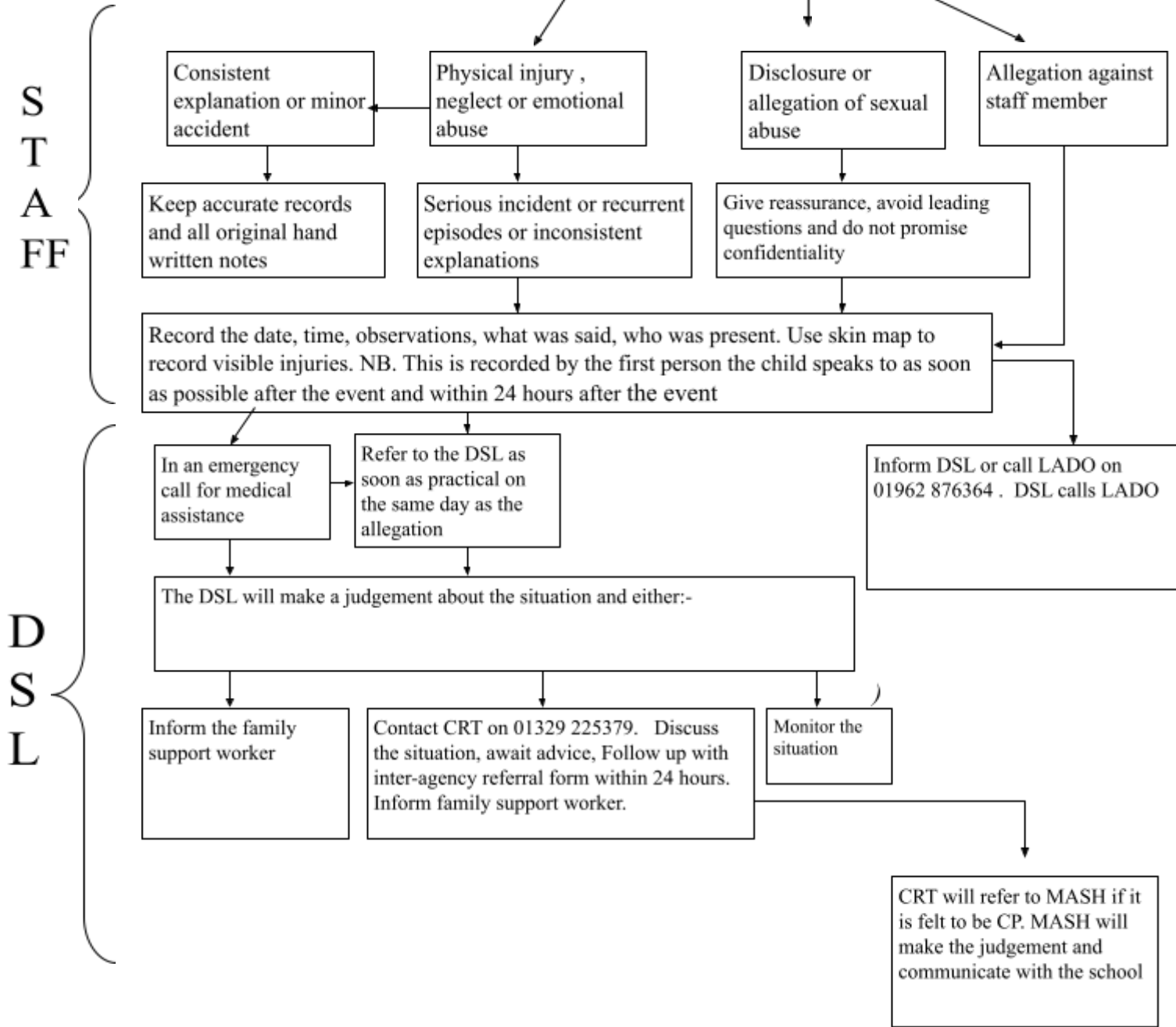
the police may need to conduct a criminal investigation. The child's views should also be taken into account as appropriate.

3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact children's social care via the interagency form. stating
  - a. the known facts
  - b. any suspicions or allegations
  - c. whether or not there has been any contact with the child's family
4. If the DSL feels unsure about whether a referral is necessary they can phone children's reception team (CRT) on 01329 225379 to discuss concerns
5. If there is not a risk of significant harm, then the DSL will inform the relevant family support worker or school.
6. If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify children's social care of the occurrence and what action has been taken
7. When a pupil is in need of urgent medical attention and there is suspicion of abuse the DSL should take the child to the accident and emergency unit at the nearest hospital, having first notified children's social care. The DSL should seek advice about what action children's social care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

## Annex 1 Flowchart for child protection procedures

DSL – Designated safeguarding lead  
 MASH – Multi agency safeguarding  
 CRT – Children’s reception team  
 CP – Child protection

Child hub



## Annex 2 Recording form

Child's name:			
Date and time		D.o.B	
Name and role of person raising concern:			

Details of concern (where? when? what? who? behaviours? use child's words)

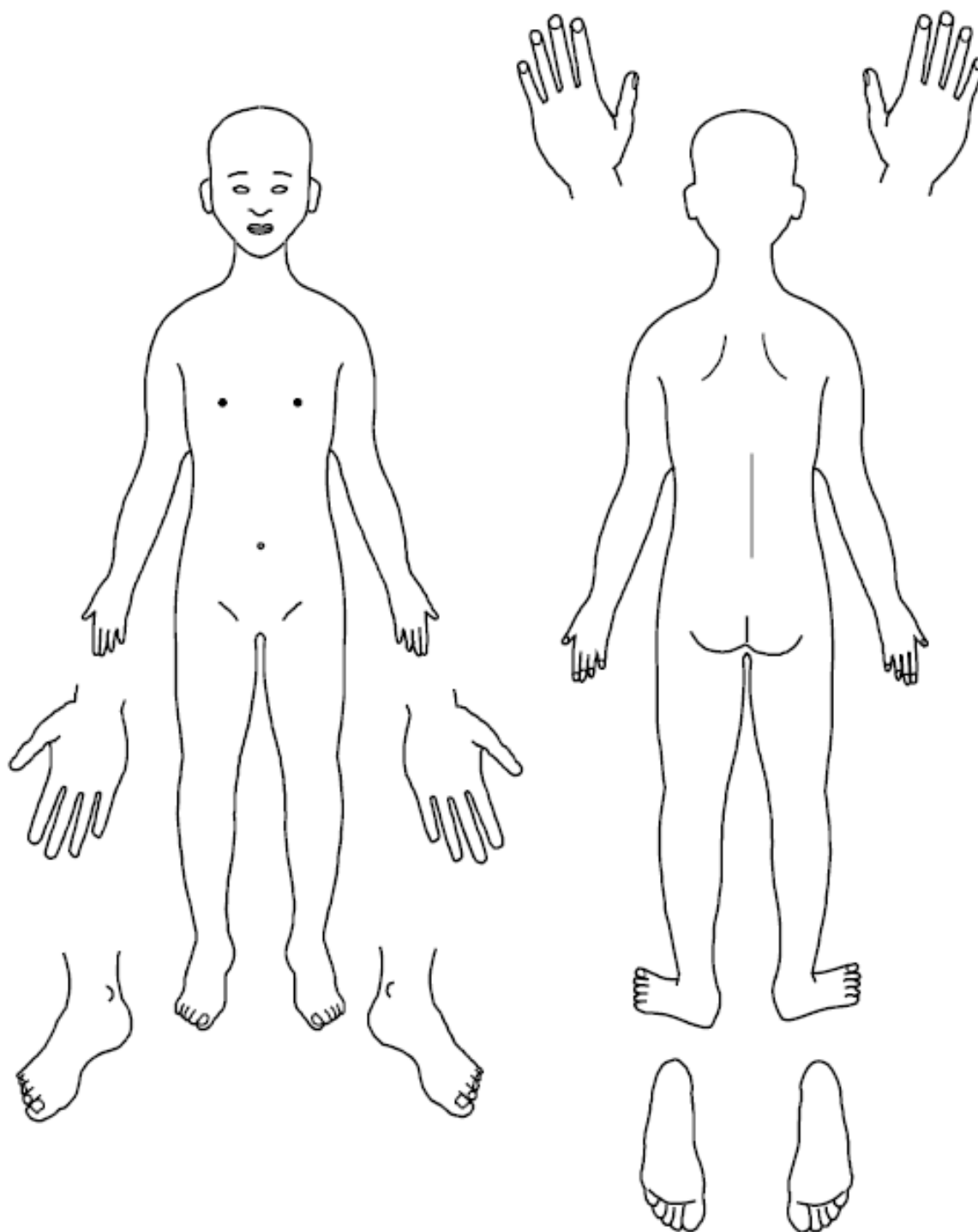
Actions taken			
Date	Person taking action	Action taken	Outcome of action

Name:

Designation:

Copied to:

### Annex 3 – Skin Map



Skin map

Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of recording: \_\_\_\_\_

Name of completer: \_\_\_\_\_



Any additional information:



## **Annex 4 - Dealing with disclosures**

A member of staff / volunteer who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol.

### **Guiding principles, the seven R's**

#### **Receive**

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

#### **Reassure**

- Reassure the child, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

#### **Respond**

- Respond to the child only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not criticise the alleged perpetrator; the child may care about him/her, and reconciliation may be possible
- Do not ask the child to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

## Report

- Share concerns with the designated safeguarding lead as soon as possible.
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly

## Record

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the conversation or concern using the paper form or electronic form. Safeguarding Form
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising or marks.
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

## Remember

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it
- All staff should be aware that children may not feel ready or know how to tell somebody that they are being abuse, exploited or neglected and/or they may not recognise their experiences as harmful.

## Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

## What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

Receiving a disclosure can be upsetting for the member of staff / volunteers. DSL will seek to reassure and provide further support if required.

## Annex 5 - Allegations against staff / volunteers / visitors

Working Together to Safeguard Children (2018) states that organisations should have clear policies in line with those from the LSCP for dealing with allegations against people who work with children. Those policies should make a clear distinction between an allegation, a complaint or a concern about the quality of care or practice.

Allegations as defined by KCSiE should be reported to the LADO. Complaints or concerns can be managed independently by the charity under internal procedures.

Complaints could include: -

- Breaches of the code of Conduct
- Failure to follow policy, procedure or guidance
- Any breach of data protection or confidentiality
- Inappropriate use of social media
- Misadministration of medication

Concerns could include: -

- Inappropriate use of language, shouting or swearing
- Discussing personal or sexual relationships with, or in the presence, of pupils
- Making (or encouraging others to make) unprofessional comments which scapegoat, demean or humiliate children, or might be interpreted as such.

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

In dealing with allegations or concerns against an adult on the camp, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the DSL as soon as possible
- Once an allegation has been received contact the Local Authority Designated Officer on 01962 876364 or [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk) as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to.
- If the allegation is against the DSL please contact the Chair of Trustees, James Coulton, at [jim@thecoultons.com](mailto:jim@thecoultons.com).

## **Annex 6 - Allegations against other children which are safeguarding issues**

Kids on Track recognise that children are capable of abusing their peers and have a zero tolerance approach to sexual violence and sexual harassment. This abuse may take place at Kids on Track events or may be disclosed to individuals at Kids on Track but actually be taking place, at school, in the community at home. We will always maintain a 'it could happen here' attitude.

The examples of safeguarding issues against a student could include:

### **Physical Abuse**

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

### **Emotional Abuse**

- Blackmail or extortion
- Threats and intimidation

### **Sexual Abuse**

- Indecent exposure, indecent touching or serious sexual assaults
- Forcing others to watch pornography or take part in sexting
- Sexual harassment
- Sexual or sexist name calling

### **Sexual Exploitation**

- Encouraging other children to engage in inappropriate sexual behaviour ( For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)
- Photographing or videoing other children performing indecent acts

### **Procedure:-**

- When an allegation is made against another participant, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances
- The DSL should contact the children's reception team (CRT) to discuss the case
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate

- If the allegation indicates that a potential criminal offence has taken place, CRT will refer the case to the multi-agency agency safeguarding hub where the police will become involved
- Parents, of both the participant being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL will make a written record of the concern, the discussion and any outcome and keep a copy in the files.
- Support will be given to the child who has been abused. If the individual who has displayed the abusive behaviour is still considered safe to attend the camps we will ensure the two are kept separate. We will take into consideration the victims views when deciding how to deal with the situation.
- Support will also be given to the child who has displayed abusive behaviour. They may not be aware what they have done is wrong. We will avoid using language that is judgmental.
- It may be appropriate to exclude the pupil being complained about from the camp.
- In situations considered a safeguarding risk, a risk assessment should be prepared along with a preventative, supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned

### **Prevention**

Kids on Track will create a healthy and safe environment for all children and young people and challenge societal norms that may allow peer-on-peer sexual abuse to take place.

We will ensure all staff / volunteers at Kids on Track are aware of peer on peer abuse and know what to do to tackle peer-on-peer sexual abuse.

We will have a clear code of conduct for staff and clear boundaries for acceptable behaviour amongst the children

Children will be encouraged to share their thoughts and opinions and will be respected and listened to.

Inappropriate behaviour will be challenged and dealt with.

The risk assessments will identify any areas where peer on peer abuse might take place and these locations will be monitored.

## **Annex 7 - Briefing sheet for volunteers at Kids on Track**

While working for Kids on Track you have a duty of care towards the children on the camp. This means that at all times you should act in a way that is consistent with their safety and welfare. In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the designated safeguarding leads (DSLs), who are Kiki Godson and Sara Falk.

This is not an exhaustive list but you may have become concerned as a result of:

- observing a physical injury, which you think may have been non-accidental
- observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for
- observing behavior that leads you to be concerned about a child or young person
- a child or young person telling you that they have been subjected to some form of abuse
- observing adult behaviour that leads you to be concerned about their suitability to work with children or young people.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL as soon as possible and no longer than 24 hours. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated person/child protection officer, who should contact children's social care if appropriate

The charity has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, in the theatre.

Remember, if you have any concerns, discuss them with the DSL.

## **Annex 8 - What is child abuse?**

The following definitions are taken from working together to safeguard children HM Government (2018). In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation

### **What is abuse and neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

### **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 fabricates the symptoms of, or deliberately induces, illness in a child.

### **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyber 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, although it may occur alone.

### **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## Indicators of abuse

### Neglect

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12:

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (what to do if your worried a child is being abused 2015)



would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

#### Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

#### Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

#### Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

### **Emotional abuse**

#### The nature of emotional abuse

Most harm is produced in low warmth, high criticism homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could effect positive change and prevent more intensive work being carried out later on.

#### Indicators of emotional abuse

#### Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

#### Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

#### Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

#### Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

### **Physical abuse**

#### The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the bony prominences – e.g., shins. Injuries on the soft areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (annex 3) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or tide marks
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

In the social context of the clubs, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adult's words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

## Sexual abuse

### The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

### Characteristics of child sexual abuse:

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

### Indicators of sexual abuse

#### Physical observations

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

#### Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults

- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

## Annex 9 - Useful contacts

Key Personnel	Name (s)	Telephone No.
DSL DDSL	Francesca Gardner Kiki Godson	07981 882214 07771 852386
Children's referral team		01329 225379
Out of hours social care		0300 555 1373
Police		101 or in emergencies 999
Safeguarding advisors / local authority designated officers (LADOs)	Barbara Piddington Fiona Armfield Mark Blackwell	HCC Safeguarding Unit 01962 876364 Child.protection@hants.gov. uk