



AIF Child Protection Policy - Appendix E

Guidelines for Co-ordinator and those Responsible for Care of Children

E1.0 Definitions of Abuse

Abuse may take various forms: Physical Injury, Sexual Abuse, Neglect, Emotional Abuse, Organised Abuse.

The definitions of child abuse recommended as criteria for registration by the Department of Health, "Working Together under the Children Act 1989" are as follows:

Physical Injury

Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation and Munchausen's syndrome by proxy.

Sexual Abuse

Actual or likely sexual exploitation of a child or adolescent. *Sexual exploitation represents the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate social taboos or family roles*

Neglect

The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold and starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

Emotional Abuse

Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment. This category is used where it is the main or sole form of abuse.

Organised Abuse

Organised or multiple abuse may be defined as abuse involving one or more abuser and a number of related or non-related abused children and young people. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse. Organised and multiple abuse occur both as part of a network of abuse across a family or community and within institutions such as residential homes or schools.

E2.0 Recognising Abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.



Physical Signs of Abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which have not received medical attention
- Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc.
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises, bites, burns, fractures, etc. which do not have an accidental explanation
- Cuts/scratches/substance abuse

Indicators of Possible Sexual Abuse

- Any allegations made by a child concerning sexual abuse
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- Sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia

Emotional Signs of Abuse

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

E3.0 Responding to Allegations of Abuse

Any member of the Association or person looking after children at an Association meeting must report any concerns of possible abuse as soon as possible to the Children's Co-ordinator, CPP Trustee, or in their absence, committee member.

If the suspicions in any way involve the Children's Co-ordinator the report should be made to the CPP Trustee or in his/her absence one of the co-chairs or another member of the Committee (who must not be related to the Co-ordinator).

The Children's Co-ordinator (or CPP Trustee) should not seek to resolve the issue alone but should take one other person, preferably a co-chair or committee member into his / her confidence in order to discuss the most appropriate course of action and to gain support in what will be a tense and potentially distressing situation.

The Committee will support the Children's Co-ordinator, and accept that any information they may have in their possession will only be shared on a need to know basis.



E3.1 Allegations Of Physical Injury Or Neglect

If a child has a physical injury which gives rise to suspicion of abuse, or exhibits symptom(s) of neglect, the Children's Co-ordinator (or in his / her absence the CPP trustee or committee member) is to:

- 1 Seek emergency medical attention if necessary and inform the doctor of any suspicions of abuse
- 2 Contact Social Services for advice where concerned about the child's safety. If there is any likelihood that the parents may have been responsible for causing the injury they should not be informed by the Association of the actions being taken.
- 3 In other circumstances speak with the parent/carer and suggest that medical help/attention is sought for the child. The doctor, (or health visitor) will then initiate further action, if necessary.
- 4 Encourage the parent/carer to seek help from the Social Services Department if appropriate.
- 5 Given the short duration of most Association events and meetings, any action should be undertaken immediately suspicions are aroused. If, however, both the person raising the suspicion and the Co-ordinator consider that the suspicion is so vague that it would not be appropriate to contact the Social Services, advice should be sought as soon as possible (ie after the event has dispersed) from CCPAS who will record the concerns and confirm its advice in writing in case this is needed for future reference.

E3.2 Allegations Of Sexual Abuse

In the event of allegations or suspicions of sexual abuse, the Children's Co-ordinator (or in his / her absence the CPP trustee or committee member) is to :

- 1 Contact the Social Services duty social worker for children and families or Police Child Protection Team depending on the situation. If there is any suggestion that the parents may be implicated the Co-ordinator is not to speak with them.
- 2 Where there may be contact with groups other than the Association (e.g. at a conference centre) and the allegations involve a person not associated with the Association, the Centre Duty Manager shall be informed.
- 3 Under no circumstances is the Co-ordinator to attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the Co-ordinator is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department, whose task it is to investigate the matter under Section 47 of the Children Act 1989.
- 5 In cases of suspected sexual abuse the person reporting the allegation or suspicion has a responsibility as a member of the public to ensure that the matter is reported to the Social Services Department and should do so without hesitation if the Co-ordinator (or CPP trustee or committee member) fails to take the appropriate action.
- 6 Given the short duration of most Association events and meetings, any action should be undertaken immediately suspicions are aroused. If, however, both the person raising the suspicion and the Co-ordinator consider that the suspicion is so vague that it would not be appropriate to contact the Social Services, advice should be sought as soon as possible (ie after the event has dispersed) from CCPAS who will record the concerns and confirm its advice in writing in case this is needed for future reference.



E3.3 How To Respond To A Child Wanting To Talk About Abuse

It is not easy to give precise guidance, but the following may help:

General Points

- Show acceptance of what the child says (however unlikely the story may sound)
- Keep calm
- Look at the child directly
- Be honest
- Tell the child you will need to let someone else know - **don't promise confidentiality**
- Even when a child has broken a rule, they are not to blame for the abuse
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If a child decides not to tell you after all, then accept that and let them know that you are always ready to listen.

Helpful Things You May Say or Show

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

Don't Say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else"

Concluding

- Again reassure the child that they were right to tell you and show acceptance
- Let the child know what you are going to do next and that you will let them know what happens (you might have to consider referring to Social Services or the Police to prevent a child or young person returning home if you consider them to be seriously at risk of further abuse)
- Contact the Co-ordinator or contact an agency such as CCPAS for advice or go directly to Social Services/Police/NSPCC
- Consider your own feelings and seek pastoral support if needed

E3.4 What To Do If A Child Has Talked To You About Abuse:

1. **Make notes as soon as possible (preferably within one hour of the child talking to you), writing down exactly what the child said and when s/he said it, what you said in reply and what was happening immediately beforehand (e.g. a description of the activity). Record dates and times of these events and when you made the record. Keep all hand written notes, even if subsequently typed. Such records should be kept safely for an indefinite period.**
2. Report your discussion as soon as possible to the Co-ordinator. If the latter is implicated report to the CPP Trustee, one of the Co-Chairs, or a member of the committee who is not related to the Co-ordinator. Do not discuss your suspicions or allegations with anyone else
3. If a child has talked about abuse in the home environment, the Co-ordinator should consider whether or not it is safe for a child to return home to a potentially abusive situation. On rare occasions it might be necessary to take immediate action to contact Social Services and/or police to discuss putting into effect safety measures for the child so that they do not return home.

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