**Procedure for children at possible risk of abuse**

This procedure relates to any paid member of staff or volunteer who may be concerned about the safety and protection of a child.

**Purpose and aim of this procedure**

Carers must aim to ensure that, those children who find themselves in care, receive the protection and support they need if they are at risk of abuse.

This procedure provides clear direction to staff and volunteers if they have concerns that a child is in need of protection.

**Different types of abuse**

**Physical abuse** is violence causing injury or occurring regularly during childhood. It happens when:

* a child is hurt or injured by being hit, shaken, squeezed, thrown, burned, scalded, bitten or cut
* someone tries to drown or suffocate a child
* someone gives a child poison, alcohol or inappropriate drugs
* someone fabricates the symptoms of, or deliberately induces, illness in a child.

In some cases the injuries will be caused deliberately. In others they may be accidental but caused by the child being knowingly put at risk.

**Sexual abuse** occurs when someone uses power or control to involve a child in sexual activity in order to gratify the abuser’s own sexual, emotional or financial needs or desires. It may include:

* forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening
* encouraging children to behave in sexually inappropriate ways
* showing children pornographic material or involving them in the production of such material
* involving children in watching other people’s sexual activity or in inappropriate discussions about sexual matters.

**Emotional abuse** is persistent or severe emotional ill-treatment of a child that is likely to cause serious harm to his/her development. It may include:

* persistently denying the child love and affection
* regularly making the child feel frightened by shouts, threats or any other means
* hurting another person or a pet in order to distress a child
* being so over-protective towards the child that he/she is unable to develop or lead a normal life
* exploiting or corrupting a child, eg by involving him/her in illegal behaviour

* conveying to a child the message that he/she is worthless, unlovable, inadequate, or his/her only value is to meet the needs of another person. This may or may not include racist, homophobic or other forms of abuse.

**Neglect** involves persistently failing to meet a child’s physical, psychological or emotional needs. It may include:

* failing to ensure that a child’s basic needs for food, shelter, clothing, health care, hygiene and education are met
* failing to provide appropriate supervision to keep a child out of danger. This includes lack of supervision of particular activities or leaving a child alone in the house.

**Ways that abuse might be brought to your attention**

* a child might make a direct disclosure about him or herself
* a child might make a direct disclosure about another child
* a child might offer information that is worrying but not a direct disclosure
* a member of staff might be concerned about a child’s appearance or behaviour or about the behaviour of a parent or carer towards a child
* a parent or carer might make a disclosure about abuse that a child is suffering or at risk of suffering
* a parent might offer information about a child that is worrying but not a direct disclosure.

**Talking to a child who has told you that he/she or another child is being abused**

* Reassure the child that telling someone about it was the right thing to do.
* Tell him/her that you now have to do what you can to keep him/her (or the child who is the subject of the allegation) safe.
* Let the child know what you are going to do next and who else needs to know about it.
* Let the child tell his or her whole story. Don’t try to investigate or quiz the child, but make sure that you are clear as to what he/she is saying.
* Ask the child what he/she would like to happen as a result of what he/she has said, but don’t make or infer promises you can’t keep.
* Give the child the ChildLine phone number: 0800 1111.

**Helping a child in immediate danger or in need of emergency medical attention**

* If the child is in immediate danger and is with you, remain with him/her and call the police.
* If the child is elsewhere, contact the police and explain the situation to them.
* If he/she needs emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from your first aider.
* If the first aider is not available, use any first aid knowledge that you may have yourself to help the child.
* You also need to contact your supervisor/manager or named person for child protection to let them know what is happening.

A decision will need to be made about who should inform the child’s family and the local authority children’s social care department, and when they should be informed. If you have involved the police and/or the health services, they should be part of this decision.

Consider the welfare of the child in your decision making as the highest priority. Issues that will need to be taken into account are:

* the child’s wishes and feelings
* the parent’s right to know (unless this would place the child or someone else in danger, or would interfere with a criminal investigation)
* the impact of telling or not telling the parent
* the current assessment of the risk to the child and the source of that risk
* any risk management plans that currently exist.

Once any immediate danger or emergency medical need has been dealt with, follow the steps set out in the flowchart at the end of this document.

The form should be signed and dated by all those involved in its completion and kept confidentially on the child’s file. The name of the person making the notes should be written alongside each entry.

**Useful contact details**

Supervisor/manager: (insert name and phone number)

Named person for child protection and deputy: (insert names and phone numbers)

Local police: (insert details)

Local authority children’s social care department: (insert details)

NSPCC Helpline: 0808 800 5000 or help@nspcc.org.uk

ChildLine: 0800 1111 (textphone 0800 400 222) or www.childline.org.uk

**Keeping a record of your concerns**

Use the example reporting form in this toolbox to record the concern and how it is dealt with. The relevant sections of the form should be completed and signed at each stage of the procedure. It can be used to forward information to the statutory child protection authorities if a referral to them is needed.

**Reporting child protection concerns**

If a child is in need of emergency medical attention or in immediate danger, follow the procedure set out in on the section on helping a child in immediate danger or in need of emergency medical attention.

You should then take the steps set out in the flowchart on the next page

If there is still uncertainty about the concerns, the named person (or supervisor/manager if named person not available) can discuss with children’s social care department or with NSPCC Helpline without disclosing the identity of the child/family.

If the child’s family does not already know about the concern, the member of staff or manager discusses it with them **unless**:

* a family member might be responsible for abusing the child
* someone may be put in danger by the family being informed
* informing the family might interfere with a criminal investigation.

If any of these circumstances apply, discussions with the family should only take place after this has been agreed with the local authority children’s social care department.

Member of staff makes notes of their concerns using the reporting form, and discusses them with

supervisor/manager. The named person for child protection should also be involved in discussion.

**Concerned**

Named person refers to local authority children’s social care department and confirms in writing within 48 hours.

**No longer concerned**

No further child protection action needed. Staff member and supervisor/manager decide whether to discuss the initial concern with other services (eg school) to ensure that the child’s needs are being met elsewhere.

Member of staff has concerns about a child’s safety or welfare