Safeguarding Quickread

for students, volunteers and working visitors

All staff (including students, volunteers, support workers and working visitors) have an equal responsibility in taking all reasonable steps to safeguard and protect the rights, health and well-being of all children who are in our care. This includes keeping them safe from abuse, including physical, emotional, sexual and neglect. More details about the different types and symptoms of abuse can be found overleaf.



If you are <u>worried about the immediate safety for a child</u> or if you believe that a serious criminal offence has been or is just about to be committed and cannot get hold of another member of staff: **RING 999 or 112**

For less urgent concerns, please first consult the designated safeguarding lead (DSL) or deputy DSL (or, if you can't get hold of either, the most senior member of staff)

John Moore

DSL





Flora Ellis

Deputy DSL

If you suspect any kind of abuse: (abuse suspected but no disclosure):

- 1. Ask casual open questions about the nature of the concern e.g. bruises, marks, change in behavior etc. "Can you tell me about..."
- 2. Believe the child and reassure them that they were right to talk to you.
- 3. Do not make any promises to the child.
- 4. Record the facts and conversation in writing immediately afterwards using the exact words spoken not implied. Sign and date the report (it may be required as evidence).
- 5. Discuss the suspicion with our Designate Safeguarding Lead and/or Children's Help Desk.

If a child in your care tells you about being abused in any way (disclosure):

- 1. React calmly & keep an open mind.
- 2. Allow the child to talk ask only open questions e.g. "Can you tell me more about..." Be careful not to be deemed as putting words into the child's mouth. Do not press for detail, put forward your own ideas or use words that the child has not used themselves.
- 3. Reassure the child that they were right to tell and that they are not to blame. Take what the child says seriously but do not apportion any blame to the perpetrator (it may be someone they love).
- 4. Ask the child if they have told anyone else.
- 5. Do not make promises that cannot be kept e.g. confidentiality tell the child that you will have to tell someone who will be able to help. Inform the child what you will do next.
- 6. Record the conversation and facts verbatim in writing immediately. Sign & date the report (it may be required in evidence) and don't delay in passing on the information.
- 7. Report to DSL or deputy DSL and follow directions.

Remember that an allegation of child abuse or neglect may lead to a criminal investigation, so do not do anything that may jeopardise a police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse.

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Types of Abuse (definitions from 'Working together to safeguard children')

<u>Physical abuse:</u> including 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 (this used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness).

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 children that they are worthless or unloved, inadequate or valued only for meeting the needs of another person. It may feature age – or developmentally-inappropriate expectations being imposed on children. These may include interactions that are beyond the 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, 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.

<u>Sexual abuse:</u> involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

<u>Neglect:</u> 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 misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing or shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate care-takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Possible signs of abuse and what you might see

- have bruises, bleeding, burns, fractures or other injuries
- shows signs of pain or discomfort
- look unkempt and uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- appear fearful
- be reckless with regard to their own or other's safety

- self-harm
- frequently be absent or arrive late
- shows signs of not wanting to go home
- display a change in behaviour from quiet to aggressive, or happy-go-lucky to withdrawn
- · becomes disinterested in play activities
- be constantly tired or preoccupied
- be wary of physical contact
- display sexual knowledge or behaviour beyond that normally expected for their age.