

# **Child Protection Procedures** ***Hooke Court in Malawi***

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# **Child Protection Procedures**

## ***Hooke Court in Malawi***

### **1) What is Child Protection?**

- a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm
- child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim proactively to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced

### **2) What is significant harm?**

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and require discussion with the statutory agencies.

### **3) Scope and purpose of these procedures**

3.1 These procedures should be read in conjunction with the Safeguarding Policy. They apply to the trustees, all staff (including supply and peripatetic staff), volunteers and anyone working on behalf of *Hooke Court* in Malawi and explain what action should be taken if there are concerns that a child is or might be suffering harm. A child is a person under 18 years but the principles of these procedures apply also to vulnerable young adults over 18 years.

### **4) Responsibilities and roles**

All those who come into contact with children and families in their work, including those who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

Trustees are accountable for ensuring their establishment has effective policies and procedures in place and monitoring the charity's compliance with them. The procedures should be reviewed annually.

We have a duty to be aware that abuse does occur in our society. If any person within the setting has reason to suspect abuse it is our responsibility to act quickly and report any suspected abuse to the relevant agencies.

### **What to do if you suspect a child is being abused**

This charity has a Designated Senior Person with responsibility for child protection who is Sarah McConnell. This is the person with whom you should normally discuss any concerns or allegations and she should be able to offer appropriate advice and refer to other agencies as necessary. The Deputy Designated Senior Person is Fiona Boggis

### **5) What is child abuse?**

5.1 It is generally accepted that there are four main forms of abuse.

#### **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. Physical abuse, as well as being a result of an act of commission (doing something), can also be caused through omission or the failure to act to protect.

#### **ii) Emotional abuse**

Emotional abuse is the persistent emotional ill-treatment 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 insofar as they meet 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 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 ill-treatment of a child, though it may occur alone.

#### **iii) Sexual abuse**

Sexual abuse 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 (e.g. rape, buggery or oral sex) or 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. Boys and girls can be sexually

abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

#### Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

#### iv) **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 and clothing, shelter including exclusion from home or danger, failure to ensure adequate supervision including the use of adequate 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.

5.2 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. These four definitions do not minimise other forms of maltreatment.

## **6) Recognising child abuse – signs and symptoms**

6.1 Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

6.2 The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse. The examples below are not meant to form an exhaustive list.

#### i) **Physical abuse**

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins. Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or there are differing explanations. A delay in seeking medical treatment for a child

when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

Patterns of bruising that are suggestive of physical child abuse include:

- bruising in children who are not independently mobile
- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks or fingertips

Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness should be seen promptly by a doctor.

Other physical signs of abuse may include:

- cigarette burns
- adult bite marks
- broken bones
- scalds

Changes in behaviour which can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather
- running away from home

## ii) **Emotional abuse**

Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Children who live in households where there is domestic violence can often suffer emotional abuse. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from parents' care
- sudden speech disorders
- Developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self harm
- fear of parents being approached.

### iii) **Sexual abuse**

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

### iv) **Neglect**

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children

- being constantly dirty or smelly
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

6.3 The above list is not meant to be definitive but as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

6.4 There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in the family, relationship problems between parents/carers, undiagnosed medical conditions etc.

v) **Parent/ Carer Behaviour**

In some circumstances it may be the behaviour of adults that may cause you suspect that a child is suffering abuse. If a parent demonstrates any of the following it may indicate child abuse:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

**7) Responding to the child who makes an allegation**

- Listen carefully to what is said
- Stay calm
- Find an appropriate opportunity to explain that it is likely that the information will need to be shared with others - do not promise to keep secrets
- Allow the child to continue at her/his own pace and do not interrupt if the child is freely recalling events
- You do not need to find a 'witness'
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed an open manner and not 'lead' the child in any way. For

example say, “Tell me what has happened”, rather than, “Did s/he do...”

- Reassure the child that s/he has done the right thing in telling you
- Explain what you will do next and with whom the information will be shared
- Do not ask the child to repeat the disclosure to anyone else in school or ask him/her to write a ‘statement’
- Contact your Designated Senior Person or deputy DSP as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the appropriate Social Care office
- Record in writing what was said, including the child’s own words, as soon as possible – note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated
- Do not discuss with parents/carers. The Designated Senior Person will agree with the area education advisor when parents/carers should be contacted and by whom

*Further advice on information sharing can be found in ‘What to do if you’re worried a child is being abused’, Appendix 3*

### **7.1 Remember**

It is important that everyone in the charity is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred and should not conduct an investigation to establish whether the child is telling the truth. Your role is to act promptly on the information you have received.

## **8) Responding to concerns or suspicions of abuse**

8.1 Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, **MUST** be acted on. Doing nothing is not an option. Any suspicion or concerns should be discussed without delay with the Designated Senior Person or deputy DSP. If the child/young person is felt to be in immediate danger, the Police should be called in collaboration with the area education advisor

8.2 A careful record should be made of what you have seen/heard that has led to your concerns and the date, time, location and people who were present. As far as possible, record verbatim what was said and by whom. Where physical injuries have been observed, these should be carefully noted but should not be photographed. Do not ask to see injuries that are said to be on an intimate part of the child’s body.

*See Appendix 3 for record keeping*

8.3 If the Designated Senior Person or deputy DSP is not available you should discuss your concerns with either

- The area education advisor



8.4 The Designated Senior Person should discuss the referral with the area education advisor. The Designated Senior Person should keep a record of the conversation, noting what actions will be taken and by whom, giving the date and time of the referral.

## **9) Responding to allegations or concerns about staff or volunteers**

9.1 Rigorous recruitment and selection and other safeguarding procedures, and adhering to safer practice guidance will hopefully mean that there are relatively few allegations against or concerns about staff or volunteers. However, if there is any reason to believe that another member of staff or volunteer has acted inappropriately or abused a child or young person, you must take action by discussing your belief or concern with the trustee. If you feel that staff have acted inappropriately, for example by making inappropriate comments, sharing images of children or behaving in a way that you feel is unacceptable it is vital that you voice your concerns. Even though it may seem difficult to believe that one of your colleagues may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action.

9.2 If the concern is about the trustee, it should be discussed with Ros Bush, Centre Manager

9.3 In all cases of allegations against staff or volunteers, the trustee, must follow the correct procedure (see school policy or Ch 5 of 'Safeguarding Children and Safer Recruitment in Education' and the Allegations Against Staff Policy).

## **Whistle Blowing**

Everyone connected to the charity has a duty to raise concerns, where they exist, about the management of safeguarding and/or any staff conduct, practises or procedures that they feel compromises the safety of children. Any concerns should be raised with the chair of trustees (Sarah McConnell). Please refer to our separate 'Whistle Blowing' policy.

## **11) Children with Special Educational Needs and Disabilities (SEND)**

11.1 Children with SEND are especially vulnerable to abuse and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

11.3 These child protection procedures should be followed if a child who is disabled discloses abuse or there are indicators of abuse or

neglect. There are no different or separate procedures for children who are disabled.

## **12) Safer Working Practice**

12.1 All adults who come into contact with children with this charity should behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Advice on safer working practice can be found in *Hooke Court in Malawi Code of Conduct*.

## **13) Training**

13.1 Child protection must be part of induction for all staff and volunteers new to the volunteer project and on going annually for others.

13.2 This should be followed up by basic child protection training that equips individuals to recognise and respond appropriately to concerns about visiting children. The depth and detail of the training will vary according to the nature of the role and the extent of involvement with children.

13.4 When staff with designated responsibility for child protection take up the role they should also aim to receive refresher training every 3years.

## **The role and responsibilities of the Designated Senior Person for Child Protection**

(Taken from 'Safeguarding Children and Safer Recruitment in Education', 2006)

### **Referrals**

- Refer cases of suspected abuse or allegations to the local area education advisor
- □ □ Liaise with chair of trustees to inform him or her of any issues and ongoing investigations and ensure there is always cover for this role.

### **Training**

- To recognise how to identify signs of abuse and when it is appropriate to make a referral.
- □ Ensure each member of staff has access to and understands the charity's child protection policy
- Ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise.
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- Be able to keep detailed accurate secure written records of referrals and or concerns.
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### **Raising Awareness**

- Ensure the establishment's child protection policy is updated and reviewed annually
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## **Record Keeping**

### **A) Record to be made by an adult receiving a disclosure of abuse**

This record should be made as soon as possible after the disclosure has been reported to the Designated Senior Person for Child Protection. The facts, not opinions, should be accurately recorded in a non judgemental way and should include:

- The child's name, gender and date of birth
- Date and time of the conversation
- What was the context and who was present during the disclosure?
- What did the child say? – verbatim if possible
- What questions were asked? – verbatim
- Responses to questions –verbatim
- Any observations concerning child's demeanour and any injuries
- The name of the person to whom you reported the disclosure
- Print your name and position in school
- Sign and date the record
- Pass all of this to your Designated Senior Person for Child Protection

This should be retained in the original form (as it could be used as evidence in criminal proceedings), even if later typed or if the information is incorporated into a report

### **B) Records kept by the Designated Senior Person for Child Protection**

#### **General principles**

- It is useful for centre staff to have a pro forma for recording information/concerns. This should include:-
  - pupil's details
  - date and time of event/concern
  - nature of the concern raised
  - action taken and by whom
  - name and role of the person making the record  
(for disclosures see (A) above)
- This record should be passed to the Designated Senior Person who will make a judgement about what action needs to be taken, in conjunction with the area education advisor
- All records relating to child protection concerns should be kept in a secure place
- Child protection information should be shared with all those in the charity who have a need to have it, either to enable them to take

appropriate steps to safeguard the pupil or to enable them to properly carry out their own duties, but it should not be shared wider than that.