

## **SAFEGUARDING**

Safeguarding children has been and remains the paramount concern for everyone involved in children's centres. The Department for Children, Schools and Families has introduced new legislation, guidance, structures and policy initiatives to ensure that children are safe and secure.

### **What is Safeguarding?**

The government has defined the term '**safeguarding children**' as;

'the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.' (Source: *Working Together to Safeguard Children, 2010*)

**Child Protection** is 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. (Source: *Working Together to Safeguard Children, 2010*)

### **Child**

For the purposes of this procedure a child is any child or young person under the age of 18 years. The procedure also applies to children pre-birth.

### **The concept of significant harm**

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. (Source: *Working Together to Safeguard Children, 2010*)

## **Categories of Abuse and Neglect**

### **Abuse and neglect:**

The following definitions are taken from *Working Together to Safeguard Children* (2010)

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**

Emotional abuse is 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 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 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, though it may occur alone.

### **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.

*(Working Together to Safeguard Children 1999 acknowledged that, although the definition of a child included those under the age of 19, young people aged 16 and over have the right to make their own informed choices regarding sex and sexuality).*

### **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 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.

### **Recognising Abuse & Neglect**

The factors described above are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of possible significant harm
- Justify the need for careful assessment and discussion with the Designated Safeguarding Liaison Officer
- May require consultation with and/or referral to Children's Social Care

## **THE ROLE OF CHILDREN'S CENTRES IN SAFEGUARDING AND CHILD PROTECTION**

Children's centres must be vigilant in keeping children safe, which includes;

- ensuring that practitioners and other people aged 16 or over who are likely to have regular contact with children are suitable
- giving careful attention to matters such as staffing ratios
- carrying out health and safety checks regularly to maintain an environment that is safe
- protecting children from intentional and unintentional harm.

### **Designated Safeguarding Liaison Officer**

Children's Centres must appoint a Designated Safeguarding Liaison Officer (SLO), who is responsible for leading on Child Protection issues.

The duties of the SLO include;

- liaising with local Statutory Children's Social Care Teams
- receiving training relevant to the role of SLO
- ensuring that Child Protection procedures are included in induction training of new staff
- making sure that parents are aware of the duty to share Child Protection issues with other professionals.

Every member of staff and volunteers should know how to act if faced with child protection issues, including the reporting and recording of such issues.

### **Roles and Responsibilities;**

Staff and volunteers are responsible for reporting suspected cases of child abuse to the appropriate people.

It is not the responsibility of staff or volunteers to try and deal with suspected abuse.

### **Reporting procedure for suspected cases of child abuse;**

If a member of staff has concerns about the protection of children they need to inform the SLO immediately and confirm in writing within 24 hours on the Child Protection Report Form. Copies of the form is available in reception and on the I drive.

If the SLO is not available, you must contact the Centre Manager, the Centre Co-ordinator or the Children's Centre Support Teacher.

The SLO and the other members of the Centre Management Team will know which outside agencies to contact.

**Example:**

Child behaviour/appearance gives reason for concern

Or

Child has unusual physical injury

Or

Child confides abuse



Report to Designated Safeguarding Liaison Officer immediately and complete the Child Protection Report Form within 24 hours.

**Responding to a disclosure**

1. Stay calm/do not panic/do not allow shock or disbelief to show on your face or in your voice;
2. Listen carefully to what is said;
3. 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;
4. Tell the child that the matter will only be disclosed to those who need to know about it;
5. Allow the child to continue at their own pace;
6. Ask questions for clarification only, and at all times avoid questions that suggest a particular answer;
7. Reassure the child that they have done the right thing in telling you;
8. Tell them what you will do next and with whom the information will be shared;
9. Record in writing what was said, using the child's own words as soon as possible – note the date, time, any names mentioned, to whom the information was given to and ensure that the record is signed and dated. If appropriate the young person may sign, (Fraser competence);

10. Do not approach or discuss the concerns with the alleged abuser;
11. It is important that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. That is the responsibility of Child Protection Agencies, following a referral from the SLO.

### **Dealing with alleged abuse**

It is important that witnessing or having a disclosure said to you, can affect you emotionally. This may be immediately after the incident, later that day, week or month. Please contact the SLO at any time. These situations can affect us all.

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