



## **Child Protection Policy**

A-Stars fully recognises its responsibilities for child protection.

Our policy applies to all children attending A-Stars regardless of age, sex, race and disability attending A-Stars.

### **1. Statement**

It is the duty of all members and volunteers to protect children. A-Stars will actively promote awareness of the child protection policy to all members, volunteers, children and parents. All members will be able to access the child protection policy at any time either via our website [www.a-stars.org.uk](http://www.a-stars.org.uk) or by asking the child protection officer for a printout.

All activities involving children will be planned and appropriate.

This policy and procedures was adopted on 22/11/2008 and replaces all previous policies. It will be reviewed annually.

### **2. Code of behaviour.**

No member or volunteer shall be left in sole charge of children unless they are the parent of said children.

The following behaviour is not allowed at any time: sexual contact; exclusive/secretive relationships; intrusive play; physical contact with a child other than parent/children relationships.

The following behaviour may only take place in the presence of the child's parent: lending/borrowing of money/property; giving/receiving gifts; taking children home.

### **3. The definitions of abuse.**

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- **Physical abuse.** Physical abuse may involve hitting, shaking, throwing, poisoning, burning and scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after. A person might do this because they enjoy or need the attention they get through having a sick child. Physical abuse can be caused through the omission or the failure to act or protect.
- **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 making a child feel or believe that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.
- **Sexual abuse.** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex or non-penetrative acts such as fondling. Sexual abuse may also 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 abused by males/females, by adults and other young people. This includes people from all different walks of life.

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- Neglect. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, 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.

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#### 4. Recognising possible signs of abuse.

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##### Physical abuse.

- **Visible signs:** Injuries to any part of the body; children who find it painful to walk, sit down, to move their jaws or are in some other kind of pain; injuries which aren't typical of the bumps and scrapes of childhood; the regular occurrence of unexplained injuries; children who are frequently injured, even when apparently reasonable explanations are given.
- **Behavioural signs:** Furtive, secretive behaviour; uncharacteristic aggression or withdrawn behaviour; compulsive eating, or sudden loss of appetite; suddenly becoming ill co-ordinated; finding it difficult to stay awake; repeated absence.
- **What to listen for:** Confused or conflicting explanations or how injuries were sustained; evaluate carefully what is said and document it verbatim; consider if injury is consistent with age and site of injury.
- **Consider:** What do you know about the family; is there a history of known or suspected abuse; has the family been under stress recently; do you have concerns about the family.

##### Emotional abuse.

- **Watch for parent/carer behaviours:** Poor attachment relationships with the child; unresponsive or neglectful behaviour towards the child's emotional or physical needs; persistent negative comments about the child; inappropriate or inconsistent development expectations of the child; parental problems that supersede the needs of the child; dysfunctional family relationships including domestic violence.
- **Watch for child behaviours:** Emotional indicators such as low self esteem, unhappiness, fear, distress, anxiety; behavioural indicators such as attention seeking, opposing, withdrawn, insecure; physical indicators such as failure to thrive/faltering growth, delay in achieving development, cognitive or educational milestones.

##### Sexual abuse.

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- **Physical signs:** Signs of blood or other discharge on child's underclothes; awkwardness in walking or sitting down; tummy pains; regression into enuresis; tiredness.

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- Behavioural signs: Extreme variations in behaviour (e.g. anxiety, aggression or withdrawal); sexually proactive behaviour or knowledge that is incompatible with child's age and understanding; drawings and/or written work which are sexually explicit (indirect disclosure); direct disclosure; it is important to recognise that children have neither the experience nor the understanding to be able to make up stories about sexual assault.

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Neglect:

- Physical signs: Abnormal growth including failure to thrive; underweight or obesity; recurrent infection; unkempt dirty appearance; smelly; inadequate/unwashed clothes; hunger; listlessness.
- Behavioural signs: Attachment disorders; indiscriminate friendliness; poor social relationships; poor concentration; developmental delays; low self esteem.
- Environmental signs: Insufficient food, heating and ventilation in the home; risk from animals in the home; inappropriate sleeping arrangements and inadequate bedding; dangerous or hazardous environment.

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5. Responding to a child's report of abuse, or to suspected abuse.

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DO:

- Treat any allegations extremely seriously and act towards the child as if you believe what they are saying.
- Thank the child for telling you.
- Reassure them they are not to blame.
- Be honest about what you have to do and who you will have to tell next.
- Keep the child up to date with what is happening.
- Take further action immediately.
- Write down everything said (using the child's words) and what was done.
- Seek medical attention if necessary.
- Inform parents/carers, unless there is suspicion that they are involved.

Don't

- Make promises you can't keep.
- Interrogate the child or ask leading questions.
- Cast doubt on what the child has told you.
- Make the child feel responsible for the abuse.
- Interrupt or change the subject.
- Fail to act.

## 6. Referral procedures.

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- Write down what was reported/your suspicions as soon as possible.
- Inform A-Stars Child Protection Officer (or if that is not possible, inform Social Services immediately).
- If abuse is reported or suspicion of abuse causes concern, Child Protection Officer should report to Social Services immediately.
- If concerns are slight, Child Protection Officer may consult other staff/volunteers to ascertain if observations are shared. Child Protection Officer should seek advice from social services and ensure the child is monitored for anything leading to further concern.
- Child Protection Officer to contact parents/carers unless there is suspicion of their involvement in abuse.

## 7. Recording reported or suspected abuse.

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Complete an A-Stars safety concern form.

Records must be kept strictly confidential. (Preferably in a locked cabinet). They should only be made available on a need to know basis.

## 8. Complaints procedure.

Please refer to A-Stars complaints procedure document.

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## 9. Contact details

Child protection officer: Jacolyn Kelly-McGhee. Email: [jmusikka@aol.com](mailto:jmusikka@aol.com)

Telephone: 01305 784654

Social Services. Telephone: 01305 251414

Childline. Telephone: 0800 1111

NSPCC. Telephone: 0808 800 5000

Samaritans. Telephone: 08457 90 90 90