

Child Protection Policy

Child Protection Statement

Smiley Stars acknowledges that all children and young people have the right to be cared for and protected from harm and to grow up in a safe environment in which their rights and needs are respected. The welfare of children is paramount. (Protecting Children and Young People: Framework for Standards, Scottish Executive, 2004)

Smiley Stars aims at all times to meet the National Care Standards Early Education and Childcare up to the age of 16 which reflect the rights of children and young people as set down in the UN Convention on the Rights of the Child 1989. One of the main principles of the National Care Standards is safety: children who use our service have a right to be free from exploitation and abuse.

Smiley Stars aims at all times to abide by the Scottish Social Services Council Codes of Practice for Employers and Employees, employees being responsible for making sure that no action or omission on their part harms the wellbeing of the children in their care. Employees must uphold public trust and confidence in the service provided and this includes their undertaking not to abuse, neglect or harm the children in their care.

Staff at Smiley Stars will:

Staff attend child protection training initially as part of their induction and thereafter as part of their continuing professional development in order that they:

- have a clear understanding of their roles and responsibilities in protecting children and young people from harm, abuse, bullying and neglect;
- are knowledgeable about, and have a clear understanding of, relevant legislation relating to children and young people.

Smiley Stars will follow Safe Recruitment procedures:

Smiley Stars recruits and selects staff, volunteers and students through a process which takes account of safe recruitment practices. These include interviews, checking references and obtaining enhanced disclosures from Disclosure Scotland. All staff have a probationary period of 6 months before their appointment is confirmed.

What is child protection?

Action taken to protect a child from harm now and in the longer term. (Protecting Children and Young People: Framework for Standards, Scottish Executive, 2004)

What is child abuse?

The Scottish Office (1996) definition of child abuse is:

'Children may be in need of protection where their basic needs are not being met, in a manner appropriate to their age and stage of development, and they will be at risk through avoidable acts or omissions on the part of their parent(s), sibling(s), or other relative(s) or a carer i.e. the person(s) while not a parent who had actual custody of a child.'

This means that for a set of events or circumstances to be defined as 'child abuse', 3 elements must be taken into account:

1. Is there demonstrable damage or harm to the child or genuine reason to be concerned that the child will be harmed in some way?
2. Is this due to the action or inaction of the parent or other carer?
3. Could this have been (or can this be in the future) avoided?

The five categories of abuse are:

1. Physical
2. Emotional Abuse
3. Neglect
4. Sexual
5. Non-Organic Failure to Thrive.

Please see Appendix 1 for definitions of each category

Grounds for concern

Working in the nursery setting in daily contact with children puts staff in an almost unique position. You are able to listen carefully to children and assess their wellbeing. You will often be able to detect even minor changes in a child's physical, emotional and psychological wellbeing, to notice injuries, patterns of injury, to notice mood swings, listlessness, to recognise any departure from the behaviour that is 'normal' for that child and to recognise 'clues' that a child gives deliberately or otherwise that all is not well.

Grounds for concern can arise from a wide range of circumstances. Generally these are:

- A child states that abuse has taken place or that the child feels unsafe.
- A third party or anonymous allegation
- A child's appearance, behaviour, play, drawing or statement causes a suspicion of abuse.

See Appendix 2 for possible signs of abuse.

As part of our Child Protection policy, when a child is brought to nursery with an injury, we ask and expect to get an explanation from the parent as to how the injury happened.

The parent of a child, who has received an injury at nursery, including an unexplained injury, has the same right to ask and expect to get an explanation of how their child became injured. It is

therefore every member of staff's responsibility to record any incident that results in a child getting an injury, however caused, on an incident form.

If you notice a child with an injury, no form has been written and no one has any information or witnessed any incident as to how the child became injured then an incident form must still be filled in to this effect and parent still informed.

If a member of staff suspects abuse the following action must be taken immediately:

- Report your grounds for concern to the Nursery Manager or Director
- Do not wait to gather evidence
- Do not agree to keep the information secret
- Do not discuss the matter with others

Disclosure from a child:

During your work in the nursery there may be a time when a child approaches you to discuss their life outside the nursery. It is vital that you know how to react to this in a sensitive and appropriate manner.

You (**Staff**) should at all times:

- Allow the child time to speak and not interrupt. Do not make suggestions to the child that might jeopardise the investigation.
- Reassure the child that they were right to tell you and that you are glad they did.
- Don't interrogate or question the child other than to clarify what they have just said. If you do have to ask a question, ensure that you use an open ended question. Open questions encourage the child to provide information in the order they wish to give it; with the detail they feel comfortable with, and in their own words. Do not use direct or closed questions. This may put suggestions to the child and could jeopardise subsequent social work investigations. They will have to go over it again during the investigation anyway and you should spare them having to re-tell it too many times.
- Be honest with the child and tell them you cannot keep it a secret. You have to tell someone who will help them.
- Remain calm and no matter how hard it is for you to listen, think how hard it must be for the child to talk about. Do not show anger, disgust, disbelief or negative feelings.
- Listen to the child - REALLY LISTEN. It is not your responsibility to investigate the allegations.
- As soon as practical - write down everything the child said word for word. Do not add anything or put down an interpretation of what you think they meant. Report all grounds for concern to the Nursery Manager immediately.
- Remember above all that this is all confidential and **MUST** not be discussed with anyone other than the Nursery Manager.

Reporting Procedures

Member of staff

If a member of staff suspects abuse the following action must be taken immediately:

- Report your grounds for concern to the Nursery Manager
- Do not wait to gather evidence
- Do not agree to keep the information secret
- Do not discuss the matter with others

The **Nursery Depute Manager** will then follow the procedural action points in the order they feel is most appropriate for the particular circumstances. There should be the absolute minimum of delay in moving through the action points.

All grounds for concern will be treated as a priority for action:

- Consider immediate needs of the child/ren involved
- Take emergency action if required. Phone the police if the child is in an immediate danger
- Gather information
- Ask staff to record information, signed and dated.
- Store all information in a confidential file
- Contact will be made with the duty social worker at the social work office. During this, discuss with the social worker what action to take next including when and by whom parents will be informed
- If required, report a medical emergency to the medical services and administer first aid before reporting to the social worker.
- Urgent circumstances may require help from the police to avoid further abuse, immediate pursuit of the alleged abuser, avoidance or destruction of evidence or an immediate place of safety for the child.
- If a member of staff is alleged to be involved then the Nursery Manager will take all necessary steps to ensure the protection of the child. Contact will be made with the Nursery Director, the police and the social work department. The Nursery Manager may consider the need for precautionary suspension. All employees will be treated with consideration pending the outcome of any investigation and we will ensure that any employees alleged to have abused a child will have adequate information and access to representation in any disciplinary or review process.

Everyone within the nursery setting has a responsibility to be aware of child protection issues; however it is important to have one designated person who has agreed to monitor child protection issues.

The **child protection co-ordinator** at Smiley Stars is the Nursery Director who is responsible for ensuring that:

- Policies are up-to-date and meet local and national guidelines
- They attend child protection training and meetings
- They co-operate on behalf of Smiley Stars Childcare with inter-agency Child Protection Support Plans
- They liaise with other establishments and external organisations
- They help to ensure that all staff, students and volunteers are aware of the policy and that they have read it and understood it
- They know who the social work contact is
- They have up-to-date telephone numbers for both local social work and police.

In the event of a suspicion that abuse has taken place, all reports should be given directly to the Nursery Manager not the child protection co-ordinator.

CONTACTS

SW Community Health and Care Partnership Social Work Services

Duty Officer
1 Merryland Street
Govan, G51 2QG

Phone: 0141 276 2900
Fax: 0141 276 6545
Emergency out of hours service: 0800 811505

Office hours: Mon-Thurs 8.45am - 4.45pm
Friday 8.45am - 3.55pm

Govan Police Station

923 Helen Street
Govan, G52

Phone: 0141 532 5400

Appendix 1

1. Physical abuse

'Actual or attempted physical injury to a child where there is definite knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.'

Physical injury may include a serious incident or a series of minor incidents including bruising, fractures, scratches, burns or scalds, deliberate poisoning, attempted drowning, smothering, Munchausen's Syndrome by Proxy, serious risk of actual injuries resulting from parental lifestyle prior to birth (e.g. substance abuse while pregnant) and physical chastisement deemed to be unreasonable.

2. Sexual Abuse

'Any child below the age of 16 may be deemed to have been sexually abused when any person(s) by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behaviour.'

Sexual abuse may include activities such as incest, rape, sodomy of children, homosexual practices towards children, intercourse with children, lewd or libidinous practices or behaviour towards children, indecent assault of children, taking indecent photographs of children, encouraging children to become prostitutes or witness intercourse or pornographic material.

3. Non-Organic Failure to Thrive

'Children who significantly fail to reach normal growth and developmental milestones (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.'

Factors affecting a diagnosis may include inappropriate relationships between caregiver and child, especially at meal times, for instance, the persistent withholding of food as punishment and the sufficiency and/or suitability of food for the child. In its chronic form non-organic failure to thrive can result in greater susceptibility to more serious childhood illness, reduction in potential stature, and in very young children may be life threatening in a very short space of time.

4. Emotional Abuse

'Failure to provide for the child's basic emotional needs resulting in a severe effect on the behaviour and development of the child.'

This may include situations where, as a result of persistent behaviour by the parent(s) or caregiver, children are rejected, denigrated or scapegoated, inappropriately punished, denied opportunities for exploration, play and socialisation appropriate to their stage of development or encouraged to engage in anti-social behaviour, put in a state of terror or extreme anxiety by the use of threats or practices designed to intimidate them, isolated from normal social experiences, preventing the child

from forming friendships.

Children, who are left alone for long periods, are under-stimulated or suffer sensory deprivation, especially in infancy, children who do not experience adequate nurturing or who are subject to a large number of caregivers may also come into this category. Sustained or repeated abuse of this type is likely, in the longer term, to result in failure or disruption of development of personality, inability to form secure relationships and may, additionally, have an effect on intellectual development and educational attainment.

5. Neglect

This 'occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care results in persistent or severe exposure, through negligence, to circumstances which endanger the child.'

Physical neglect may also include a failure to secure appropriate medical treatment for the child, or when an adult carer persistently pursues or allows the child to follow a lifestyle inappropriate to the child's developmental needs or which jeopardises the child's health.

Appendix 2

Possible Signs of Abuse

Whilst this list is designed to list possible signs of abuse, it is not exhaustive, nor does it imply that if a child displays any of these signs then it means the child is being abused. Care and caution is advised by all staff who should keep an open mind and not jump to conclusions.

Signs of abuse are sometimes hard to see. Often the behaviour of the child is the first clue - anxious and disturbed behaviour by children, displays of undue fear of adults, apprehensive or withdrawn behaviour, or conversely very aggressive behaviour.

Staff should also be aware of parents' unusual or suspicious behaviour including delay in seeking medical advice, over-attendance at clinics or surgeries, or attendance at various different medical establishments and conflicting explanations of an injury.

Indicators of sexual abuse

Children may:

- Become insecure or cling to parent in a fearful way
- Show extreme fear of a particular person
- Cry hysterically when their nappy is changed or clothing removed
- Have some physical signs in the genital or anal areas
- Have soreness or bleeding in the throat, anal or genital areas
- Regress to a much younger behavioural pattern

- Behave in a way sexually inappropriate to their age
- Stare blankly, seem unhappy, confused, sad
- Become withdrawn, stop eating, have chronic nightmares, begin wetting again when previously dry
- Play out sexual acts in too knowledgeable a way with dolls or other children
- Produce drawings of sex organs
- Seem to be bothered or worried but won't tell why, as if keeping a secret
- Change from being happy and active to being withdrawn and fearful
- Repeat obscene words or phrases said by the abuser
- Say repeatedly that they are bad, dirty or wicked
- Become aggressive and hurtful

Indicators of physical abuse

Most children during the course of the day will bump and bang themselves and many young children will appear to have bruises all over. However it is vital that staff working with children are aware of possible signs of non-accidental injury such as:

A baby or toddler with a bruised cheek

- Black eye
- Bruising around mouth and lips
- Finger tip bruises
- Grasp marks
- Adult bite mark (may look like 2 crescents, diameter about 1.5 inches)
- Red outline of instruments such as sticks or belts - centre remains white
- Pinpoint haemorrhages on face, around ears or anywhere on the body
- Strange marking from being hit with objects such as a brush
- Crescent marks of fingernails
- Incisions, sometimes a clean wound or scar
- Cigarette burns
- Scalds, particularly with splash marks or a tidal mark
- Fractures of several different ages
- Swollen joints

If there are also emotional/behavioural indicators then abuse should be considered:

- Afraid or anxious
- Poor self esteem
- Lacking in confidence
- Passive
- Withdrawn
- Angry
- Frozen watchfulness
- Regressive behaviour
- Change in behaviour

- Unresponsive
- Self-harming
- Emotional outbursts

Indicators of emotional abuse

Emotional abuse can be very difficult to pinpoint but the emotional/behavioural indicators mentioned above may be present.

Indicators of neglect

- Constant hunger
- Poor personal hygiene
- Unkempt
- Emaciated
- Inappropriately dressed
- Untreated medical problems
- Lateness or non-attendance at school
- Destructive tendencies
- Tired all the time
- Rocking, hair twisting
- Scavenging for food
- Self conscious about changing clothes
- Withdrawn
- Apathetic
- Low self-esteem