

# **Teesdale Community Broadcasting (TCB)**

## **Child Protection Procedures**

### **The Immediate Response**

#### **A QUICK REFERENCE GUIDE TO RECEIVING DISCLOSURES AND MAKING REFERRALS**

This guide is designed to help workers and volunteers with children and young people focus their responses and direct the appropriate action in the event of the need to make a referral.

#### **The Decision to Make a Referral**

This will follow concerns raised by adults, other children and/or the child.

#### **A DISCLOSURE**

Important points on receiving disclosures:

- Listen carefully to what is said.
- Ask only open questions such as:
  - How did that happen?
  - What was happening at the time?
  - Anything else you want to tell me?
- And only ask question to the point at which it is apparent that abuse has occurred or to clarify points, however, do not stop the person from continuing to speak if he/she wishes to do so.
- Do not ask any questions, which may be considered as suggesting what, might have happened, or who has perpetrated the abuse.
- Do not promise to keep the information secret: breaking a child's confidence would be inappropriate, therefore, it is better to say that you might have to tell someone if what is said is very important.
- Note briefly the details using the child's words where possible. Date and time and sign your record.

A child's disclosure of abuse should always be taken seriously, and dealt with as seriously as would a statement by an adult. Should it be discovered that a false allegation has been made, this could be a sign of a disturbed family environment and an indication that a child needs help.

A child's behavior, relationships with adults and peers and general demeanor can all be points to help in assessing the possibility of abuse.

In such cases where there is sexual knowledge or behavior beyond a child's years, the possibility of sexual abuse cannot be ruled out.

**Child abuse concerns should be referred immediately to the designated person with responsibility for child protection issues. (Peter Dixon, Station Manager telephone 01833 696600) However, should the designated person not be available the procedures laid down by TCB should allow for an individual to make a referral.**

**The referral should not be delayed because, for example, the designated person is unavailable.**

## **HOW TO MAKE A REFERRAL**

A referral should be made the same working day as a disclosure is made and should be made as early as possible in the day to allow further checks to be made. At times TCB operates on an evening the referral can be made the next day although evening contact can be made via the Out-Of-Hours Duty Team at Social Services.

**A direct referral should be made to the Social Services Office using the Social Care Direct telephone number 0845 8505010. ( 24 hour telephone number)**

Start your referral by stating that you wish to make a Child Protection Referral.

It is important to have the appropriate information to hand when making a referral:

- Child's full name;
- Date of birth;
- Home address and telephone number;
- Parents/carers name;
- Details of the reason for the referral, the context and time
- the sequence of events/concerns
- the child's actual words, if possible
- any previous concerns leading up to this referral
- Your name
- Position

It is also important that you take the name of the person to whom you made the referral, and note the date and time of referral.

Once you have completed giving your information you should be asked to listen to what the person taking the referral has noted. This gives you the opportunity to clarify any points.

Send confirmation in writing of the referral – by fax, if possible – to Social Services Office. Keep all rough notes and sign with date and time, together with a copy of the written confirmation of the referral.

Early Police intervention may be required in cases of extreme abuse. Advice about police intervention will be taken from Social Services.

Where an allegation is made against an employee or volunteer. The disclosure should be received, as would any other disclosure.

## **SUPPORTING THE CHILD**

Making a disclosure can be an emotional experience for the child. The child therefore should be reassured that he/she has done the right thing to tell. However, he/she should not be told, for example, that everything would be all right. The person to whom the child has disclosed could create for the child further opportunities for discussion and reassurance. This person may also need support since receiving a disclosure can be an emotional experience. However, confidentiality must be retained.

### **The Importance of following Procedures**

It is vital that procedures are followed carefully by all agencies involved in Child Protection.

Procedures for responding to Disclosures and possible Evidence of Abuse  
It is essential that all employees and volunteers have clear guidance on what they should and should not do if a child or young person makes a disclosure or if they observe something, which indicates the possibility of abuse.

The following guidance should be made clear to all employees and volunteers, and the approach revisited regularly as part of training.

### **Receive**

- Listen to the child. If you are shocked by what they tell you, try not to show it.
- Take what they say seriously. Children rarely lie about abuse and to be disbelieved adds to the traumatic nature of disclosing.
- Children may retract what they have said, if they are met with revulsion or disbelief.
- Accept what the child says. Be careful not to burden them with guilt by asking, "Why didn't you tell me before?"

### **Reassure**

- Stay calm and reassure the child that they have done the right thing in talking to you. It is essential to be honest with the child, so don't make promises you may not be able to keep, like "I'll stay with you" or "Everything will be alright now".

- Don't promise confidentiality: you have a duty to refer a child who is at risk. For example, you could say: "Some things are so important that I might have to tell them to someone else". Be prepared that the child may say no more at this stage-but be alert for future attempts to disclose. Record this incident.
- Try to alleviate any feelings of guilt that the child displays. For example, you could say: "You're not to blame " or "You're not alone, you're not the only one this sort of thing has happened to".
- Acknowledge how hard it must have been for the child to tell you what happened.
- Empathise with the child – don't tell them what they should be feeling.

### **React**

- React to the child only as far as is necessary for you to establish whether or not you need to refer this matter; but do not "interrogate" them for full details.
- Do not ask "leading" questions such as: "What did he do next?" (this assumes that he did!) or "Did he touch your private parts?" Such questions may invalidate your evidence (and the child's) in any later prosecution in court.
- Instead ask open questions like "Anything else to tell me?"
- Do not criticize the perpetrator: the child may love him/her and reconciliation may be possible.
- Do not ask the child to repeat everything to another employee or volunteer.
- Explain what you have to do next and to whom you have to talk.
- Inform the designated person for Child Protection.
- Try to see the matter through yourself and keep in contact with the child.

### **Record**

- Make some very brief notes at the time and write them up as soon as possible.
- Do not destroy your original notes in case a court requires them.
- Record the date, time, place, any noticeable non-verbal behavior and the words used by the child. If the child uses the family's own private sexual words record the actual words used, rather than translating them into "proper" words.
- Draw a diagram to indicate the position of any bruising.
- Be objective in your recording: include statements and observable things, rather than your interpretations or assumptions.

### **Support**

- Make sure that you continue to support the child, providing time and a safe place throughout the process of the investigation and afterwards.
- Get some support for yourself, without disclosing confidential information about the child to colleagues. Receiving a disclosure can be an emotional experience.

## **SIGNS AND SYMPTOMS OF ABUSE**

It should be recognised that:

- .Abuse is not always the result of conscious, pre-meditated acts by the parent/carer or other adult, although it may be; Individual signs are difficult to judge; clusters of signs are more important than any one sign;
- .Signs and symptoms may also relate to more than one category;
- You may only have part of the picture; other agencies may have other information, which adds to an overall picture of abuse.

Abuse is categorised into four main areas;

- Physical
- Emotional
- Neglect
- Sexual
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In the section that follows additional advice is given to help in making the decision to refer; however, it must be stressed that advice can always be sought from Social Services.

### **NEGLECT**

Neglect can affect a child's physical and emotional development. There are occasions when neglect is associated with physical abuse, and in such cases the consequences for the child can be tragic.

Neglect may be added consequence of poverty as much as lack of care. Children may have an inappropriate diet or may be left unsupervised in dangerous situations, or indeed be supervising a dangerous situation, are the obvious examples of the links between poverty and neglect. Similarly, some children who become carers may be in need of protection.

However, the belief that the neglected child is always a "waif" should be countered by the fact that some materially well off and over-weight children, can also be neglected.

### **PHYSICAL ABUSE**

**Bruising:** Bruising is an inevitable part of life for an active child. Children usually run and fall forwards, leaving bruises on the front of the body – hands, knees, shins and forehead. A fall downstairs may result in single or multiple bruising.

Unprotected areas – the head, back and neck and limbs are vulnerable to both accidental and inflicted bruising. Bruising on children who are less mobile should always be a cause for concern.

The most common areas of the body where children are struck are:

Head, ears, cheeks, mouth, chest, upper arms, stomach, thighs and buttocks.

Bruising to the lips, gums, genital or rectal areas, neck or buttocks should arouse particular suspicion.

Finger mark bruising, bruising to the ears, grasp marks and outline marks (e.g. caused by a belt or strap) require considerable force.

**Black eyes:** Two black eyes are rarely accidental and in some cases a single black eye can be a cause for concern. Accidental black eyes are often accompanied by bruises to other parts of the face e.g. the forehead or the bridge of the nose.

**Bites and scratches:** Bites and scratches are common in childhood, including those from pets. Human bite marks are usually a circle of two discontinuous, semi-circles, corresponding to the upper and lower teeth. The central area is not usually bruised, but may be swollen. "Love bites" to a child may be signs of sexual abuse.

**Lesions and cuts:** A torn frenulum (the web of skin joining the upper gum and upper lip) is usually the result of force, which may require specialist investigation.

**A beating with an object may result in a series of marks.**

**Burns and scalds:** Scalds and burns are common accidents in children. Non-accidental burns are characterised by their regular outline and their location. Immersion in scalding water to the level of the liquid often produces a clear linear scald.

Scalds to the buttocks and groin are rarely accidental. A child does not sit in scalding water without also scalding his/her feet.

Accidental burns and scalds e.g. a child pulling a pan of boiling water over himself should lead to questions about the amount of supervision and protection of the child and should raise the issue of neglect.

Cigarette burns- children can sustain very superficial burns by accident if parents smoke. Deliberate burning is characterised by a circular, punched – out area of skin loss.

**Frozen watchfulness:** Whilst difficult to describe in words this outward sign may suggest physical harm.

**Young people who self harm:** Self harm includes a range of risk-taking behaviours: substance, alcohol and drugs use, eating disorders, compulsive sexual behaviour and deliberate self-harm. This latter category includes self-injurious behaviors, e.g. self-mutilation, overdosing, self-poisoning, which may result in injury or death.

**EMOTIONAL ABUSE:**

Emotional abuse can occur throughout a range of social grouping. Children who appear depressed or withdrawn, who have difficulty making and keeping friends or appear passive and apathetic may have to deal with hostility or rejection.

Emotional neglect is the basic failure to respond to a child's fears or worries. Emotional abuse is an active form of harm involving the deliberate frightening, bullying or scapegoat of a child.

Children who are given responsibilities beyond their years, which preclude their own social activities, may also be deemed to be suffering emotional abuse.

**SEXUAL ABUSE:**

Only a proportion of victims of sexual abuse will present any forensic or medical evidence of abuse. Children will most obviously show behavioral; or emotional symptoms – which could be interpreted as symptoms of other abuse. Thus, particularly if there have been sudden changes with no apparent explanation, then the possibility of sexual abuse must be considered.

Teenage pregnancy, especially where the girl refuses to identify the father or seems vague about her pregnancy, may suggest abuse. Sexually transmitted diseases are also a possible sign.

Bruising, lacerations, bites or scratches to the inner thigh, breasts, genitals or anal region are all causes for serious concern.

**Sexual abuse between children:** Where bullying or harassment involves sexual assault, advice should be sought on whether or not child protection procedures should be followed.

Some minor incidents may be part of normal development, complaints or observations involving fondling/touching of breasts/genitalia or of indecent exposure should be referred.