



ARENA SPORTS CENTRE

CHILD PROTECTION

POLICY

(UPDATED 14TH MARCH 2008)

In the Arena Sports Centre we provide an environment which ensures children are safe from potential abuse. We will respond to any suspicion of potential abuse in a way which respects the child's rights and reinforces the adult's responsibilities to the children.

DESIGNATED & TRAINED MEMBERS OF STAFF:

- ✓ Sandy Meyers – Assistant Head Teacher (Community)
- ✓ Mark Betts – Arena Sports Centre Manager

TRAINED MEMBERS OF STAFF:

- ✓ Gaby Sartin – Out-of-School Club Manager
- ✓ Lorraine Mellors – Stepping Stones Nursery Manager

STAFF AWAITING TRIANING:

- ✓ Ben Lucas
- ✓ Katy Gadd
- ✓ Pauline Lucas
- ✓ Jackie Witheyman

It is important that the Arena Sports Centre, works with the Bognor Regis Community College Child Protection Policy. Therefore, the Head Teacher for Bognor Regis Community College or a named officer in the College must be kept informed regarding an incidents or allegations. This can be communicated initially via email, with hard copy following to the named person within the College.

1 INTRODUCTION

The aims of this policy are:

- ✓ To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to, approach adults if they are in difficulties believing they will be effectively listened to.
- ✓ To emphasise the need for good levels of communication between all members of staff.
- ✓ To develop a structured procedure within the departments of the Arena Sports Centre which will be followed by all members of staff in cases of suspected abuse.
- ✓ To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
- ✓ To ensure that all adults within the Arena Sports Centre who have substantial access to children have been checked as to their suitability.

2 PROCEDURES

We have nominated designated member of staff who should be contacted if there are any issues relating to child protection.

- ✓ Our 'Designated Member of Staff' (DMS), have undertaken the initial designated member of staff training and subsequent refresher courses every two years that are delivered through the Safeguarding Unit.
- ✓ We have a management team who are aware of procedures to follow if any of the DMS's are not contactable.
- ✓ All members of staff that have day-to-day contact with children are provided with child protection training every three years. This will be delivered through trained managers or external providers.

All members of staff and volunteers know:

- ✓ The signs and symptoms of concern
- ✓ How to respond to a pupil who discloses abuse
- ✓ What to do if they are concerned about a child

All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the Community or Arena Sports Centre 'Child Protection Policy'.

Community users organising activities for children are aware of the Arena Sports Centre's child protection guidelines and procedures.

We will ensure that our selection and recruitment of staff meet the requirements as set down in Safer Recruitment guidance.

We will ensure that there is at least one member of each interview panel has completed the safer recruitment course

Our procedures will be regularly reviewed on at least a yearly basis.

ALL STAFF - IT IS IMPORTANT TO REMEMBER WHEN READING THIS POLICY THAT YOU KNOW WHO TO CONTACT IF YOU BELIEVE THAT A CHILD IS SUBJECT TO ABUSE & TO REPORT IT!

All staff are aware of the trained and designated members of staff for Child Protection.

All members of staff will be given a copy of our child protection policy. They will also be asked to sign stating they have received and read the document.

Child Protection Policy for Staff

Procedures to follow if you suspect a child is being abused.

If a member of staff notices any of the following changes they share this with either a child protection trained member of staff or the DMS (names can be found at the start of this document).

- Any significant changes in children's behaviour
- Any unexplained bruising or marks
- Any comments children make which give cause for concern
- Any deterioration in a child's general well-being

All staff must be alert to the signs of abuse and neglect (following is a comprehensive list). It is their professional responsibility to report any signs of abuse of which they become aware on accordance with local child protection procedures. Suspicions may be aroused by signs of injury or comments made by the child.

If a child makes a disclosure

In these circumstances it is very important certain steps are taken:

- Listen to what is being said, without displaying shock or disbelief. Allegations must be taken seriously and procedures must be followed.
- Reassure the child, but only so far as is honest and reliable. Do not promise confidentiality: you have a duty to refer. It should be explained that you are concerned for the child's well being and Social Services will be contacted. Use language appropriate to the child's age and ability.
- The child must be allowed to disclose without questioning or prompting. Do not ask the child to repeat it all for another member of staff. A written record of the information given and all action taken should be made and a copy given to the supervisor/manager, dated and signed.
- If possible, stay with the child until a decision is made, in consultation with the Social Services duty officer, about any emergency or other immediate action which is to be taken. The child should be made to feel comfortable and helped to cope with what is a stressful situation.

This course of action could be that any minor causes for concern are recorded in an incident book, which would be stored in a locked filing cabinet.

If certain patterns were emerging over a period of time regarding a child's behaviour then the supervisor / manager would evaluate this information and then make an informed decision about the necessary course of action.

3 RESPONSIBILITIES

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The DMS are responsible for:

- ✓ Referring a child if there are concerns about possible abuse, to the Social Care Assessment Team, and acting as a focal point for staff to discuss concerns. A written record of the referral will be sent to the Assessment Team by the end of the working day the referral is made.
- ✓ Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- ✓ Ensuring that all such records are kept confidentially and securely.
- ✓ Liaising with other agencies and professionals.
- ✓ Organising child protection training for all community staff.
- ✓ Providing, an annual report for the governing body, detailing any changes and reviews of relevant policy and procedures; training undertaken by the DMS, and by all staff and governors; number and type of incidents/cases, and number of children subject to a child protection plan (anonymised).

4 TYPES OF ABUSE

Signs and Symptoms of Abuse

These are divided into four headings: Physical, Neglect & organic failure to thrive, Sexual, & Emotional abuse.

Physical Abuse

DEFINITION: Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering), to a child. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Factitious Illness (Munchausen Syndrome by Proxy) may also constitute physical abuse.

Recognition

The first indication of physical abuse is not necessarily the presence of serious injury and concerns will be aroused by:

- Bruises and marks on a child
- Referrals made by a child, parents or friends
- Observations of a child's behaviour
- Indications that a family is under stress, for any reason

Bruising

Children can have accidental bruising, but the following types of bruising should be treated as concerning:

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- Bruising in or around the mouth, particularly in small babies, to the gum margins, the fraenum, inside the upper lip or under the tongue
- Fingertip bruising, e.g. grasp marks to the arms, chest or face, indicating having been gripped tightly or held fast and possibly shaken
- Variation in colour of bruising, indicating injuries caused at varying times
- Two simultaneous black eyes, without bruising to the forehead, which is rarely accidental. A single black eye could be accidental or abusive
- Bruising indicating the outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears, around or behind the earlobe(s) indicating injury by pulling or twisting
- Repeated or multiple bruising on the head or other non-accidental sites (see body map)

Bruising can disappear within 12-24 hours therefore ACT RAPIDLY!

Bite marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped.

Burns & Scalds

Any burn with a clear outline will be regarded with suspicion are:

- Circular burns from cigarettes
- Linear burns from hot metal rods or electric fire elements
- Burns of uniform depth over a large area
- Friction burns from dragging across a floor
- Scalds that have a line indicating immersion or poured liquid
- Splash marks from hot liquid being thrown
- Old scars indicating previous burns / scalds which did not have appropriate treatment

Fractures

Fractures cause pain, swelling and discoloration over a bone or joint. It is difficult for parents to be unaware that a child has been hurt. Common non-accidental fractures occur to 'long' bones i.e.: arms, legs and ribs.

The majority of non-accidental fractures occur in infants and pre-school children.

The following scenarios should give rise to suspicion and further investigation. Consideration in these cases should be given to a full skeletal survey, which should be co-ordinated by the social worker in conjunction with the consultant paediatrician.

- Any fracture in a child under 12 months is suspicious (and more likely to be non-accidental injury at this age than at any other)
- Any skull fracture in the first 3 years of life
- When history or injury suggests physical abuse
- In all children less than 18 months old with evidence of trauma
- In older children with severe soft tissue injury e.g. bruising
- When history of previous skeletal injury is present
- Unexplained neurological signs and symptoms are present

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- In children dying in unusual or suspicious circumstances

RESPONSE

All agencies: Refer to Social Services via the Help Desk (Access point) immediately.

Social Services Access Point (9am-5pm Monday – Friday) 01243 642963

Outside of these hours contact: 01903 694422

Neglect & non-organic failure to thrive

DEFINITION: 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. 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.

Recognition

Although evidence of neglect is frequently accumulative it can also be identified by the conditions a child lives in and may require assistance from Housing/Environmental Health and the Police in assessment.

Joint Protocol for Neglect

1. Investigation

The purpose of the investigation is to gather sufficient information to make a decision whether there is a need for:

- Services for a "child in need"
- Child protection Case Conferences
- Criminal proceedings / child care proceedings

2. Assessment

The purpose of a neglect assessment is to:

- Identify the needs of the child, establishing where they are met and unmet
- Establish the risk of significant harm to the child arising from his/her unmet needs
- Establish the parents capacity to change to meet any unmet needs
- Identify resources in the family or professional network which can be mobilised to meet the child's unmet needs
- Make recommendations for future action to secure the child's protection and ensure the child's needs are met in the future

3. Procedures

Where a neglect referral is to be the subject of a Child Protection Investigation, existing procedures will apply.

Sexual Abuse

DEFINITION: Actual or likely abuse/exploitation of a child or adolescent. 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 what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) and 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.

A child may be involved in a double bind when deciding whether to disclose abuse. S/he may want the abuse to stop but still want to continue a relationship with the abuser. S/he may not want to carry the guilt of naming his/her abuser: s/he is unlikely to understand that the abuser must take responsibility for wrong doing and will take that burden upon him/herself as part of his/her victim status. When an abuser uses threats, a child may not disclose because of his/her level of fear. It is not unusual for a child to retract on allegation of sexual abuse of the pressure s/he feels and his/her mistrust of the consequences.

Recognition

It is important to remember that boys and girls of all ages are abused. This form of abuse can be identified from a direct statement by a child but is more often suspected as a result of a child's behaviour and physical signs.

1. Physical signs

a) Specific

- Hymenal tears, genital laceration and abnormal dilation of anus with other signs e.g. venous engorgement
- Sexually transmitted disease
- Presence of semen on vagina, anus, external genitalia or clothing
- Pregnancy in a younger child where the identity of the father is not disclosed

b) Non-specific

- Vaginal bleeding
- Vaginal irritation, soreness
- Pain on passing urine and recurrent urinary tract infections
- Abdominal pain
- Soiling

2. Behavioural indicators

a) Specific

- Displays more knowledge of sexual matters that is usual in children of comparable age
- Engages in inappropriate sexualised play or behaviour with other children
- Sexually provocative relationship with adults

b) Non-specific

- Hints at sexual activity or secrets through words, play or drawing
- Excessive preoccupation with sexual matters

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- Excessive masturbation
- Occasionally requests information about contraception which may be indicative of a cry for help
- Lack of trust in, or marked fear of, familiar adults
- Child psychiatric problems including onset of wetting or soiling, severe sleep disturbance, change in pattern of behaviour/eating habits, social isolation and withdrawal
- Behaviour indicating role reversal in the home, e.g. daughter taking over the mothering role
- Inappropriate displays of physical contact between parents and their children
- Learning difficulties, poor concentration, poor peer group relationships and inability to make friends
- School may be a haven for some sexually abused children, they arrive early, are reluctant to leave and often perform well.
- Marked reluctance to participate in physical activity or to change clothes for physical education
- Truancy or running away from home
- Self-harm, self-mutilation and suicide attempts
- Dependence on alcohol and drugs
- Promiscuity and involvement in prostitution

Response

If anyone has concerns of sexual abuse of a child from observations then this should be discussed with a line manager, one of the trained staff named or DMS.

Emotional abuse

DEFINITION: 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 in so far as they meet the needs of another person. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional damage is involved in all types of ill treatment of a child, though emotional abuse may occur alone.

Recognition

- Reported or observed failure to thrive
- Abnormal attachments between a child and parent/carer e.g. anxious attachment
- Scape-goating of a child within a family
- Frozen watchfulness, particularly in pre-school children
- Where a child is withdrawn, seen as having low self esteem, is aggressive and seeks negative attention
- Inability by a child to accept boundaries
- Indiscriminate attachment or failure to attach
- Where a child struggles to relate to a peer group or significant adults
- Speech delay, or under stimulation, considered to have a social cause

Response

Refer to Social Services help desk (Access point).

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Outside of these hours contact: 01903 694422

5 CONFIDENTIALITY

We recognise that all matters relating to child protection are confidential.

The Head Teacher, DMS or Child Protection Liaison Officer will disclose any information about a child to other members of staff on a need to know basis only.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

We will always undertake to share our intention to refer a child to Children's Services with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Duty Manager at the Assessment Team on this point.

6 SUPPORTING STAFF

We recognise that staff working in the Arena Sports Centre who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with the DMS and to seek further support as appropriate.

7 ALLEGATIONS AGAINST STAFF

All Arena Sports Centre staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

We understand that a child may make an allegation against a member of staff.

If a member of staff suspects that a child is being abused by another member of staff a report should be made **without delay** in strict confidence to the Manager of the Out-of-School Club or a DMS will inform the Head Teacher & also contact:

WSCC 'Assessment Team' during office hours (9am-5pm Monday – Friday):

Neil Holden 07834 678892 or

Rosemary 07912 298265

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We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

8 PREVENTION

We recognise that the Arena Sports Centre plays a significant part in the prevention of harm to our children by providing them with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The Arena Sports Centre will therefore:

- ✓ Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- ✓ Ensure that all children know there is an adult in the community whom they can approach if they are worried or in difficulty.