

Procedure for children at possible risk

BTBA

Procedure for children at possible risk of abuse

This

procedure applies to any paid member of staff or volunteer who may be concerned about the safety and protection of a child.

Purpose

and aim of this procedure

We

aim to ensure those children who receive the services of the BTBA, and any other children who may come to the attention of the BTBA, receive the protection and support they need if they are at risk of abuse.

This

procedure provides clear direction to staff and volunteers at the BTBA if they have concerns that a child is in need of protection.

Different

types of abuse

Physical

abuse is

violence causing injury or occurring regularly during childhood. It happens when:

-

a

child is hurt or injured by being hit, shaken, squeezed, thrown, burned, scalded, bitten or cut

-

someone

tries to drown or suffocate a child

-

someone

gives a child poison, alcohol or inappropriate drugs

-

someone

fabricates the symptoms of, or deliberately induces, illness in a

child.

In some cases the injuries will be caused deliberately. In others they may be accidental but caused by the child being knowingly put at risk.

Sexual

abuse occurs

when someone uses power or control to involve a child in sexual activity in order to gratify the abuser's own sexual, emotional or financial needs or desires. It may include:

-

forcing

or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening

-

encouraging

children to behave in sexually inappropriate ways

-

showing

children pornographic material or involving them in the production of such material

-

involving

children in watching other people's sexual activity or in inappropriate discussions about sexual matters.

Emotional

abuse is

persistent or severe emotional ill-treatment of a child that is likely to cause serious harm to his/her development. It may include:

-

persistently

denying the child love and affection

-

regularly
making the child feel frightened by shouts, threats or any other
means

-

hurting
another person or a pet in order to distress a child

-

being
so over-protective towards the child that he/she is unable to
develop or lead a normal life

-

exploiting
or corrupting a child, eg by involving him/her in illegal behaviour

-

conveying
to a child the message that he/she is worthless, unlovable,
inadequate, or his/her only value is to meet the needs of another
person. This may or may not include racist, homophobic or other
forms of abuse.

Neglect
involves
persistently failing to meet a child's physical, psychological or
emotional needs. It may include:

-

failing
to ensure that a child's basic needs for food, shelter, clothing,
health care, hygiene and education are met

-

failing
to provide appropriate supervision to keep a child out of danger.
This includes lack of supervision of particular activities or

leaving a child alone in the house.

Ways
that abuse might be brought to your attention

-

a child
might make a direct disclosure about him or herself

-

a child
might make a direct disclosure about another child

-

a child
might offer information that is worrying but not a direct disclosure

-

a
member of staff might be concerned about a child's appearance or
behaviour or about the behaviour of a parent or carer towards a
child

-

a
parent or carer might make a disclosure about abuse that a child is
suffering or at risk of suffering

-

a
parent might offer information about a child that is worrying but
not a direct disclosure.

Talking
to a child who has told you that he/she or another child is being
abused

-

Reassure

the child that telling someone about it was the right thing to do.

-

Tell

him/her that you now have to do what you can to keep him/her (or the child who is the subject of the allegation) safe.

-

Let the

child know what you are going to do next and who else needs to know about it.

-

Let the

child tell his or her whole story. Don't try to investigate or quiz the child, but make sure that you are clear as to what he/she is saying.

-

Ask the

child what he/she would like to happen as a result of what he/she has said, but don't make or infer promises you can't keep.

-

Give

the child the ChildLine phone number: 0800 1111.

Helping

a child in immediate danger or in need of emergency medical attention

-

If the

child is in immediate danger and is with you, remain with him/her and call the police.

-

If the child is elsewhere, contact the police and explain the situation to them.

-

If he/she needs emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from your first aider.

-

If the first aider is not available, use any first aid knowledge that you may have yourself to help the child.

-

You also need to contact a National Bowling council member or named person for child protection to let them know what is happening.

A decision will need to be made about who should inform the child's family and the local authority children's social care department, and when they should be informed. If you have involved the police and/or the health services, they should be part of this decision. Consider the welfare of the child in your decision making as the highest priority.

Issues that will need to be taken into account are:

-

the child's wishes and feelings

-

the parent's right to know (unless this would place the child or someone else in danger, or would interfere with a criminal investigation)

-

the

impact of telling or not telling the parent

-

the
current assessment of the risk to the child and the source of that
risk

-

any
risk management plans that currently exist.

Once
any immediate danger or emergency medical need has been dealt with,
follow the steps set out in the flowchart at the end of this
document.

Keeping
a record of your concerns

Use
the example reporting form in this toolbox to record the concern and
how it is dealt with. The relevant sections of the form should be
completed and signed at each stage of the procedure. It can be used
to forward information to the statutory child protection authorities
if a referral to them is needed.

The
form should be signed and dated by all those involved in its
completion and kept confidentially on the child's file. The name of
the person making the notes should be written alongside each entry.

Useful
contact details

BTBA
Contact: Mrs. Bernice Bass Phone: 020 8478 1745 Fax:020 8514
3665

Named
person for child protection: Mr. Lee Hart Phone: 01283
212207 Mobile: 07702543226

Local
police: Phone 101 or 0300 333 4444

Local
authority children's social care department <http://www.escb.co.uk>
phone: 0845 603 7634

Routine:
0845 603 7627

LADO
Essex
Tamsyn
Basson
tamsyn.basson@essex.gov.uk

NSPCC
Helpline: Phone 0808 800 5000 help@nspcc.org.uk

Childline:
Phone 0800 1111 (textphone 0800 400 222)

Reporting
child protection concerns

If
a child is in need of emergency medical attention or in immediate
danger, follow the procedure set out in on the section on helping a
child in immediate danger or in need of emergency medical attention.

You
should then take the steps set out in the flowchart on the next page
to ensure the concern is dealt with.