

Child Protection Policy

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Child Protection Policy Statement

The occurrence of child abuse, in any of its forms, cannot be denied. The harmful short-term and long-term consequences of childhood abuse cannot be ignored. The challenge now for every community is to confront this, and try to identify methods to deal with this issue. Tackling the issue of child protection is imperative, as it is the only way to safeguard the interests of the children. Children have a right to be safe. Children are not to blame for being abused. Children should not feel they are alone; rather they should feel able to tell someone they trust if they are being abused in any way.

Pakistan Centre wants every child who uses the community centre, regardless of age, to develop their potential and to enjoy and benefit from the services and facilities we have to offer. We therefore believe that at all times and in all situations they have a right to feel safe and protected from any situation or practice that might lead to their being physically or psychologically damaged. Every individual has a social and human responsibility to promote the welfare of children. Members of all communities can help to protect children from harm if they are aware of children's needs, and willing to act when concerned about a child's welfare. Our written Child Protection Policy is available on request to service users. This policy details our commitment to providing a framework for recognising and taking positive action against any form of child abuse.

Child Protection Policy

CHILD PROTECTION PROCEDURES

1. INTRODUCTION

1.1 These procedures give specific guidance to people working with children under the age of 18 years.

1.2 Child abuse occurs in all groups within society. It occurs within all cultural, ethnic and religious communities and across all classes. Perpetrators of all forms of abuse can be either male or female.

1.4 Our society embraces a variety of family forms, cultures and childcare practices. Staff must be sensitive to these differences, but clear that child abuse is not tolerated.

1.4 Staff working with children have an important role to play in the recognition and referral stage of child protection. Children usually attend projects on a regular basis and close relationships are formed staff, children and families. If there are particular concerns about a child staff must make enquiries when he/she stops attending the project suddenly or without explanation.

1.6 The main principle in the law on child protection (Children Act 1989) is that the welfare of the child is paramount. Staff may get to know families well and may feel anxious about their loyalties to the parent. However, under the law and Nottingham City/Nottinghamshire County Child Protection procedures, staff must put children's interests first and the Children's Services Department must be informed if child abuse is suspected.

1.7.1 It is not the role of staff to investigate actual or possible child abuse. Only Children's Services Departments, the NSPCC, and the police have the statutory powers to investigate when a child is or considered to be at risk of harm/abuse.

1.8 These procedures should be used whenever staff have a concern about the welfare of a child. The action taken will depend on the nature of the concern.

1.9 Pakistan Centre and project Managers must ensure that all staff working in their projects have read and are familiar with these procedures.

1.10 All staff should have a basic knowledge of child protection.

2 LEGAL REQUIREMENT

2.1 The major law on child protection is contained in the Children Act 1989 and local authorities are under a statutory duty to investigate where they have reasonable cause to suspect that a child is likely to suffer 'significant harm'. The Children's Services Department carries out these responsibilities on behalf of the local authority.

2.2 Any person who has knowledge of or suspicion that a child is suffering significant harm or is likely to suffer significant harm must refer their concern to the Children's Services Department.

2.3 It is the Pakistan Centre Manager's responsibility to act in all cases of suspected child abuse. Where the action to be taken is not clear, he/she should seek advice from the Children's Services Social Worker or the Lead Officer for Child Protection at the Pakistan Centre.

2.4 Children's Services cannot guarantee that the source of a referral will be kept confidential. This understandably causes anxiety for staff but it is important to emphasise that play staff have a duty under the Children Act 1989 and are required to report all concerns about a child's welfare to Social Services.

3. RESPONSIBILITY OF THE CENTRE

3.1 Staff are in a front-line position to observe signs and indicators of abuse or to be told of concerns that can alert to the possibility of abuse.

3.2 Staff members have an important role in the recognition and referral stage of child protection, particularly during holidays when children are not attending school. Many children attend play projects on a daily basis and form close relationships with play staff. It is possible that children will confide in play staff or that, because of the close relationship, play staff will be particularly sensitive to a change in a child's behaviour.

3.3 Staff may have concerns about the possible repercussions on the reputation of Pakistan Centre if they are known to have contacted the Children's Services Department. They may even fear threats from parents or community members. The Pakistan Centre Management Committee and the lead Officer for Child Protection will offer support and advice to any member of staff or service provider in such a position. The protection of the child is paramount at all times.

3.4 Pakistan Centre should ask to be kept informed by Children's Services when they have reported concerns, particularly if the child or other family members continue to use the Pakistan Centre service provision. It will often be appropriate for a senior person (and sometimes other staff) to be involved in a strategy meeting, case conference or core group.

3.5 Domestic violence and its impact on children is a child protection issue. Children can suffer from domestic violence as victims of actual violence or as witnesses to violence. Domestic violence must be considered within the Child Protection Procedures as physical abuse where the child has been the victim of violence, and emotional abuse when the child has witnessed adult violence.

4. AWARENESS AND TRAINING

4.1 To ensure that the content of this policy is fully understood by all those who use the Centre and can be fully implemented by those who work in it we will: -

4.2 prominently display our Child Protection Policy Statement in all activity areas and at key information points within the Centre

4.3 include this same statement in our Centre programme

4.4 ensure that all staff and volunteers are aware what to do if a child discloses abuse to them, or if they discover evidence of abuse, by issuing Child Protection guidelines

4.5 assess the training needs of all volunteers and staff working with children at the Centre.

4.6 ensure that as the governing body the Centre's Management Committee endorses in full the contents of this policy is fully aware of its responsibilities under it.

5. APPLICATION FOR HIRE

In addition to regulating the recruitment of paid staff and volunteers this policy also covers outside bodies and individuals who wish to hire space at the Centre to work with children. All such hirers must :-

5.1 make a written application to the Centre in which they :-

5.2 describe in full the nature and scope of the proposed activity

5.3 list the names of all staff and/or volunteers they intend to use in their work with children. This list must include the applicant.

5.4 All staff and/or volunteers must produce current Criminal Record Bureau check

5.5 sign to acknowledge that the provision of any false information will lead to the refusal or termination of any booking agreement

5.6 understand and agree in writing to comply with the procedures laid down in this policy including the guidelines on reporting any disclosed or observed evidence of abuse

WORKING WITH PARENTS

The Centre is committed to working with parents, wherever possible, to further the welfare of their children. Generally this will mean that staff will speak first directly to parents about any concerns they may have about a child. However, the welfare of the child is paramount and where there is serious concern about a child's safety, the Centre will need to share information with other services, in some cases without the parent's direct knowledge.

6. CONFIDENTIALITY

6.1 Confidentiality Agreements

The Centre operates a policy of confidentiality whereby users can request that information that they give to staff should remain secure with a designated worker and not to be shared. However users must be aware that the Centre reserves the right to break such agreements where child protection issues are involved. No such agreement should be offered to children in a disclosure situation.

6.2 Sharing Information with other Staff/Management Committee
Information about a child protection issue will be shared with other staff and the Management Committee strictly on a need to know basis, with need being defined as need to have access in the course of their duties. Any such information given must be given and kept in the strictest confidence. For staff their line managers, unless themselves implicated, must always be informed.

6.3 Keeping Records Securely

Where written records of a child protection issue are required, it is the responsibility of all staff with knowledge and access to such records to ensure that they are kept securely locked away and not visible to others.

7. ROLES AND RESPONSIBILITIES

7.1 Overall Responsibility

It is the responsibility of all staff, paid and volunteers, Management Committee members and Centre users to comply with the Pakistan Centre Child Protection Policy and to work together to maximise the protection we can offer children who use our facilities

7.2 Designated Responsibility

The Centre Manager will be the Senior Designated Officer responsible for all child protection duties including :-

7.3 de-briefing staff following a child protection incident ensuring that written referrals are completed, collated and sent to Children's Services

7.4 acting as a referral and liaison point for Children's Services

7.5 disseminating the policy guidelines and best practice to all staff

7.6 following procedures for allegations made against a member of staff.

8. REFERRAL PROCEDURES

8.1 First Report

Any user, member of staff or management committee member who has a concern, suspicion or evidence of child abuse should immediately report it to the Centre Manager.

8.2 Referral

The Centre manager or the Child Protection Officer will then assess the report and make the appropriate referrals by phone and in writing to Children's Services using the Child Protection Report Form.

9. RECORDING

It is important that in all child protection cases a written record is made of what was seen, heard or disclosed. In all cases this record should be: -

9.1 Factual, listing what actually occurred, was seen or was heard

9.2 objectives, making a statement rather than an opinion

9.3 As far as possible a verbatim account of what a child has said

9.4 on the appropriate Child Protection report form copied, so that the Centre retains a copy of any report made

9.5 confidential, so that the record is stored safely and where unauthorised people cannot see it.

10. MONITORING

10.1 Requested Monitoring

Should the Centre be asked by Children's Services to monitor a child whose name has been placed or appears on the Child Protection Register or who is causing lower level Child Protection concerns, this monitoring should be carried out in line with guidance from the Social Worker.

10.2 Ongoing Monitoring

If the Centre is informed that a child attending its activities is on the Child Protection Register it is important that an ongoing monitoring is maintained again line with guidance from the Social Worker.

11 Inter-Agency Working

To ensure that any child at risk is given the maximum protection the PakistanCentre undertakes to co-operate fully with other concerned agencies by :-

11.1 naming a designated staff member to liaise on any given case

11.2 attending strategy meetings, case conferences and reviews

11.3taking part in any nominated Core Group for child protection case planning

11.4sharing with the appropriate agencies all relevant information

11.5 liaison with all relevant agencies for ongoing work with children and their families

11.6 giving other agencies the earliest possible warning of serious concerns

12 Internet

Because of the child protections risks inherent in unmonitored use of the internet by children the Pakistan Centre will ensure that:-

12.1 all internet facilities provided within the Centre are protected by software that will deny access to undesirable sites

12.2 use of chat-rooms by children will be strictly forbidden

12.3 notices about the risks of children having unsupervised access to the internet will be prominently displayed

12.4 staff will regularly monitor children's internet use

12.5 any disclosures by children about ill advised internet use will be treated as child protection issues and will prompt standard policy procedures

What is Childhood Abuse?

The NSPCC (The National Society for the Prevention of Cruelty to Children) defines the occurrence of child abuse to be "when a child suffers harm, or death, because of physical cruelty, emotional cruelty, sexual abuse or neglect by an adult".

A child can be abused in many ways. Somebody may abuse or neglect a child by inflicting harm, and also by failing to act to prevent harm. Four main categories of abuse have been identified by the Department of Health, all of which have significant physical and psychological effects on the victims of such abuse.

Following is a summary of the different forms of abuse, and the possible signs and symptoms of each, to allow people in the community to recognise and acknowledge what happens:

Physical Abuse

Physical abuse is when deliberate physical harm is caused to a child. This may involve hitting, shaking, throwing, biting, burning, punching or beating with objects. The use of belts, sticks and other such objects to administer discipline is also considered physical abuse. Physical abuse may also include poisoning, giving a child alcohol or drugs, and allowing other children to harm a child physically. Munchausen's Syndrome by Proxy (when a parent or carer deliberately causes ill health to a child they are looking after) also constitutes physical abuse.

Some indicators of physical abuse:

- Any injuries not consistent with the explanation given for them
- A history of previous injuries to the same child or siblings
- Injuries to the body in places that are not normally exposed to falls and rough games etc: whereas accidental falls can produce bruises to the front of the child, it is uncommon for accidental bruising to occur on the back of a child or on areas such as the mouth, cheeks, stomach or neck
- There is a delay in reporting the accident or getting treatment
- Reluctance on the part of the child to change for, or participate in, games or swimming

Emotional Abuse

Some level of emotional abuse is there in all forms of ill-treatment of a child, though it may also occur alone. This form of abuse is much harder to notice because there are usually no physical signs.

Emotional abuse is where persistent emotional ill-treatment adversely affects the child's emotional development. It may include repeated verbal threats, criticism, ridicule, shouting or a lack of love, affection and warmth. Constantly belittling or threatening a child, and causing children to feel frightened or in danger also constitute emotional abuse. It may involve conveying to a child that they are worthless, unloved, inadequate, or valued only if they meet the needs of another person.

Some indicators of emotional abuse:

If the child displays:

- Excessively clingy or attention seeking behaviour
- Sudden underachievement or lack of concentration
- Changes in mood or behaviour, e.g., fearfulness, being excessively withdrawn, depression, aggression, extreme anxiety
- Seeking adult attention, not mixing well with other children
- Very low self-esteem and excessive self-criticism
- Eating disorders of various kinds
- Extreme shyness or passivity

If the parent or carer is:

- Being verbally hostile
- Preventing social contact
- Consistently undermining a child
- Imposing developmentally inappropriate expectations on a child

Sexual Abuse

Sexual abuse involves any contact or interaction whereby a child is used for the sexual stimulation of an older, stronger, or more influential person, whether or not the child is aware of what is happening. Actions may involve physical contact, including penetrative or non-penetrative acts, such as touching, stimulating, rubbing or patting, which is meant to arouse sexual pleasure in the offender. It may also involve non-contact activities, such as involving children in looking at, or in the production of pornography and unsuitable videos.

Some indicators of sexual abuse:

- Any allegations made by a child concerning sexual abuse
- A child with an excessive preoccupation with sexual matters and age inappropriate knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- Physical signs, e.g., repeated urinary infections, unexplained tummy pains, genital soreness, injuries or discomfort
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations

- Self-harming behaviour, e.g., eating disorders, self-mutilation, suicide attempts

Neglect

Neglect is the failure to provide a child's basic physical, emotional and psychological needs. Neglect involves a parent or carer failing to provide adequate food, housing, clothes, heating, medical care and the necessary supervision to protect a child from physical harm or danger including failure to ensure access to education.

It may also include a failure to respond to a child's basic emotional needs.

Some indicators of neglect:

- Being frequently hungry and tired
- Being frequently left unsupervised or alone for periods of time
- Inappropriate standards of personal hygiene e.g. dirty skin, body smells, unwashed, uncombed hair
- Clothing that is unclean, under or oversized, or inappropriate for the weather conditions
- Untreated illnesses, infected cuts, and other physical complaints not responded to by carer
- Nutritional neglect, e.g., over-eating junk food
- What Are the Effects of Childhood Abuse?

Childhood abuse, in any of its forms, leaves a damaging impact on the victim, through adolescence and into adulthood. Severe abuse of any form can be the cause of mental health problems in adult life, having a detrimental effect on the individual's educational attainment and the social and economic status gained in later adult life. The low self-esteem and pessimistic outlook on life created by the occurrence of abuse may have repercussions on the social functioning of the individual as a child and adult.

One of the most widely recognised consequences of childhood abuse and possibly the one with the most far reaching consequences is the finding that, without the appropriate help or treatment, children who have been abused go on to abuse others. Continuous physical, emotional, sexual abuse or neglect can have significant immediate and long-term effects on all aspects of a child's health and development.

Why Does Abuse Occur?

Abuse can occur in any setting and community. There are no clear indications of differences between social classes or ethnic groupings, though sometimes particular cultural traditions could lead to behaviour identified as abusive.

However, certain risk factors have been identified in cases of abuse, which could help a community to recognise the danger signs.

Risk factors identified include the following:

Sexual abuse occurs more in socially deprived and disorganised families

Children in families with marital dysfunction are more at risk of abuse
The cultural tradition of a family can lead to abuse e.g. the belief that children are the property of parents, to be treated and controlled any way the adult wishes; or the belief that children need to be toughened up to face the hardships of life

Parents suffering from mental illness, alcoholism, criminality and a history of previous abuse are more likely to abuse their own children

Belief in the necessary use of physical punishment as a form of discipline

What Can We Do?

The occurrence of child abuse, in any of its forms, cannot be denied. The harmful short-term and long-term consequences of childhood abuse cannot be ignored. The challenge now for every community is to confront this, and try to identify methods to deal with this issue. Tackling the issue of child protection is imperative, as it is the only way to safeguard the interests of the children. Children have a right to be safe. Children are not to blame for being abused. Children should not feel they are alone; rather they should feel able to tell someone they trust if they are being abused in any way.

The most important factor when dealing with victims of abuse is to let them know that they are believed. Overcoming the fear, misplaced guilt and shame of abuse, to actually being able to confide in someone is the most difficult steps taken by a victim of abuse. This demands a sensitive and understanding response from the person taken into confidentiality, and from society as a whole.

According to the Children Act 1989, the safeguarding of children from harm should be the focus of every community. To achieve this, it is

essential to stop blaming the victims, and rather to believe in them, and do everything necessary to create an environment that minimises the risk of abuse.

WHAT TO DO IF YOU SUSPECT CHILD ABUSE IS TAKING PLACE

a) Matters of concern but no obvious injury or direct allegation

1. Staff who are worried that a child using their service is being abused or is at risk of harm, must inform their manager, who may wish to seek outside advice. Intuition as well as professional judgement should be taken seriously, particularly if you are close to the child concerned.

2. If referral is considered to be appropriate, following the above discussions, the Centre manager must contact the local Children's Services Duty Officer and inform the Chair of their Management Committee/Centre Organiser.

3 Careful written factual records must be made of any concerns about a child's welfare. In the case of a specific incident, a 'Child Protection Report' (should be completed as soon as possible, preferably the same day but definitely within 24 hours, even if no further action is taken. Such records may be important in building up a picture of a child's life and in the preparation of court reports if there are further incidents in the future. Staff may have to answer questions concerning these reports in court. Such reports must be kept confidential.

4 Frequently abuse does not show itself as an isolated, dramatic incident. More often, awareness of it is brought about by observation of a number of small incidents which build up over a period of time and form a pattern. It is important to make notes immediately or as soon as possible following such observations.

b) Physical abuse and neglect: Allegation, injury, strong suspicion

1. Staff must immediately report any concerns regarding injuries which appear to be non-accidental or other incidents or concerns, such as a direct disclosure of abuse, to the project manager who must report to the Centre Organiser.

2. Staff may wish to ask a child about an injury if s/he communicates with language. If so, keep it brief and open ended, e.g.: "Akbar, that's a big bruise - how did you get it?" is enough. Remember to write down the child's answer and general response to questions. Do not question the child more closely. This will be followed up by Children's Services if necessary.

3. Staff may receive information concerning a child's welfare from another person. It may come from a brother, sister or a friend or be picked up on the grapevine. Such information should be taken seriously and the managers must be informed.

4. If an indirect disclosure is made either by a child or an adult, staff must not promise to keep it a secret. It is important to explain that such information will be shared with the project manager and may be referred to Children's Services.

5. The Centre manager must ring the Duty Social Worker at their local Children's Services office immediately and give them the information. This should be followed up in writing. Outside office hours ring the Emergency Duty Social Worker on 0115 915 9299

6. Staff must record what they have seen, what the child has told them, or what made them seriously suspicious that a child is being abused, as soon as the immediate incident has been dealt with, preferably on the same day and definitely within 24 hours

c) Medical emergency

1. Staff must call an ambulance if a child requires emergency medical treatment and inform the Duty Social Worker at the Children's Services Department immediately if there is any suspicion that the injury is non-accidental.

2. Parents/carers must be contacted immediately if possible. A written consent form for emergency medical treatment should have been completed when the child started using the provision. Parents/carers should be informed of the specific symptoms or injuries which make it urgent that the child sees a doctor, but not that abuse is suspected.

3 Member of staff must inform the Centre manager or Chair of Management Committee as soon as possible and complete a 'Child Protection Report' form as soon as the immediate incident has been dealt with, and definitely within 24 hours. For reasons explained above, recording must be done carefully and confidentially.

d) Other emergency

1. If a child discloses abuse in a clear way or staff have other reasons to believe from their presentation that a recent and serious abuse has occurred, staff may have concerns as to whether the child can safely return home that day. In this situation, staff must inform their manager immediately and also inform the Children's Services Department and, if necessary, the Police to ensure that an immediate investigation is carried out.

2 The Centre manager must complete a 'Child Protection Report' form as soon as the immediate accident has been dealt with, and definitely within 24 hours.

e) Children with a disability

1. The same procedures must be followed if there is any suspicion that a disabled child is being abused.

2. Evidence from research strongly suggests that disabled children are more likely to be abused than those who are not disabled because:

- the number of adults involved in their personal and intimate care provides more opportunities for abuse;
- the nature of their impairment may add to their vulnerability (ie: lack of speech, lack of mobility);
- concerns of a child protection nature are often overlooked.

3. Disabled children who communicate through means other than language may disclose abuse to play staff. They must be listened to and the disclosure treated in the same way as those made by children using verbal language.

4. It is important to emphasise again, play staff must not ignore their intuition if they suspect the child may be abused. Discuss it with the Senior Worker or another worker who knows the child and seek further advice from Children's Services.

5. Staff must never assume that unusual behaviour is due to a child's disability.

PROCEDURE FOR REPORTING CONCERNS

A. PHYSICAL ABUSE, EMOTIONAL ABUSE OR NEGLECT

1. All concerns must be reported to the Centre manager. All records must be kept in a secure place. They may be required in court as evidence.
2. The project manager must talk to the parents who may give an acceptable explanation. This should be noted against the concern. This is not the case for suspected sexual abuse or where there is a serious injury which has possibly been caused by the parent or carer. These concerns must be reported directly to Children's Services.
3. The parents' explanation may be inconsistent with the injury. This would be a clear indication of the need to refer to the Children's Services Department.
4. Sometimes the Centre manager may be unsure of what to do. In this case informal discussion with the Children's Services Duty Social Worker is appropriate.
5. A social worker may want to see the child in the presence of a member of staff who knows the child best, as well as to talk to the parents. If there are grounds for further action and if it is likely that a crime has been committed, a joint investigation involving the Police Child Protection Team will take place.
6. Staff must be prepared to attend a strategy meeting and a case conference if required.
7. Always be honest with parents and explain to them what you are doing. It is important to understand that the general recommendation in the Children Act 1989 is that information should be shared unless there are good reasons for not doing so (ie: the paramount need to protect the child). It must be recognised that there may be circumstances when it is not possible to share the information.

B. CHILD SEXUAL ABUSE

1. In cases where a child makes a disclosure of sexual abuse or where there is strong suspicion of sexual abuse, the procedure is slightly different.
2. STAFF MUST NOT TRY TO INVESTIGATE THE MATTER THEMSELVES, or question a child for further information. This is a specialist task and is the responsibility of the Children's Services Department who work in conjunction with the Police Child Protection Team. Inappropriate questioning, i.e.: asking leading questions, can lead to vital evidence

being inadmissible in court. It is also essential that where a child's clothing may be used as evidence, it is not tampered with, and that any evidence, such as a child's drawing, is not discarded.

3. Staff must complete a 'Child Protection Report' including a verbatim recording of disclosures. These records may be used as evidence in court and, therefore, it is important that they are accurate.

4. The Centre manager must immediately report the concerns/incident to the Duty Social Worker at the Children's Services Department who will decide what action to take. In this case, in order to protect the child, the Centre manager DOES NOT discuss the concerns with the parents before reporting it, because one or other parent may be involved.

5. If a decision is made to investigate, a social worker may come and visit the Centre manager and relevant staff. The social worker will then want to talk through the matter in detail and explain the process of investigation. The Centre manager and relevant staff should be prepared to attend strategy meetings and a case conference if required. If it is likely that a crime has been committed, the Police Child Protection Team will be called in to undertake a joint investigation.

C. CONFIDENTIALITY

1. It is important to remember that all information regarding issues to do with any forms of abuse must remain confidential to the Centre manager and staff immediately involved with the child. Recording should be written, based on evidence, stating clearly what was said or noticed, and distinguish between fact and opinion.

2. Staff must ensure that the child in particular and the family in general, are treated with dignity. This will be a very difficult time for all concerned. Staff must make sure they obtain support from managers and/or other professionals trained in this field.

D MONITORING CHILDREN

1. Play staff may be asked to monitor children, some of whom may be on the Child Protection Register Form'

2. This may include observing and noting any changes in behaviour. It may include monitoring attendance of the child at the project.

3. It may include involvement in core group meetings or review conferences which assess the current position of the child.

4. The Centre manager is responsible for record keeping and ensuring appropriate confidentiality.

WHAT TO DO IF AN ALLEGATION OF CHILD ABUSE IS MADE ABOUT A STAFF MEMBER

1. Allegations or concerns about bad practice by staff, such as shouting or inappropriate punishment of children, must be taken seriously. Any such concerns must be investigated by the project manager and advice sought on the appropriate course of action.
2. All complaints of child abuse against staff must be handled swiftly and sensitively according to these procedures. The basic principles of child protection must apply and inform the whole process.
3. If an allegation concerning physical or sexual abuse is made about a member of staff, the Centre manager must deal with it as if it were a concern about abuse by anyone else and immediately report the allegation to the Children's Services Department, advising them of what action is being taken. A strategy discussion will then take place either immediately by telephone or quickly at an arranged meeting.
4. If at any point it appears that a serious physical assault or sexual abuse may have been committed, the Manager must inform the Duty Social Worker. If it is out-of-hours, the emergency Duty Social worker must be contacted.
5. The Centre manager must inform the member of staff that an allegation has been made and ask her/him to leave the premises immediately. The manager must inform the Chair of the Management Committee.
6. If the allegation is against the Centre manager, s/he must not be present at the strategy meeting.
7. If the complaint is identified as one of possible abuse, the Chair of the Management Committee must:

Inform the member of staff that the Child Protection procedures are being invoked, which will involve both Children's Services and the police. This must be done without questioning the member of staff about the complaint and making it clear that they have the right to be accompanied by a representative or friend at all stages.

Ensure that careful consideration is given to the kind of support the member of staff concerned and her/his colleagues require, both during the investigation, and after it has reported its findings.

Ensure that the process of the investigation is discussed with the child's parents/carers and that they are kept informed throughout, in conjunction with Children's Services as appropriate.

Ensure that the rest of the staff team is kept informed of the process of the investigation and briefed on what information to give to parents.

If it is decided that the complaint is not a child protection issue, the complaint will still need to be investigated using the Centre's own procedures.

CHILD PROTECTION REPORT FORM

The following pro-forma must be completed in cases of suspected child abuse even if no further action is taken. This report is confidential and must be kept in a secure place, such as a locked filing cabinet.

The worker concerned must complete reports as soon as possible after an incident but definitely within 24 hours. Pakistan Centre manager must countersign the report.

Date and place of incident

Name of child

Age of child _____ Gender of child

School attended

Names and ages of siblings'

Name of parent/carer

Address

Telephone number _____

Name of member of staff involved

Child's level of contact with centre

What took place

Source of information (i.e: indirect or direct disclosure):

Verbatim account of direct or indirect disclosure

Observed behavioural concerns

Action taken

Time, date and name of Duty Social Worker to whom report was made

Advice received

Have parents/carers been contacted?
YES/NO

If yes, date and time of contact

Has the Centre manager/Chair of Management Committee been contacted? YES/NO

If yes, date and time of contact

Was anyone else contacted (eg: Police, Doctor, etc)? YES/NO

If yes, dates, times and names of contacts

Advice received

Summing up (remember it is important to separate fact from opinion)

NAME OF WORKER MAKING REPORT

SIGNED _____ DATED

SIGNED _____

DATED _____ Centre Manager