

Child Protection Policy and Procedure

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1. Preface

“Processes and procedures are never ends in themselves, but should always be used as a means of bringing about better outcomes for children. No guidance can, or should attempt to offer a detailed prescription for working with each child and family. Work with children and families where there are concerns about a child’s welfare is sensitive and difficult. Good practice calls for effective cooperation between different agencies and professionals: sensitive work with parents and carers in the best interests of the child; and the careful exercise of professional judgement and critical analysis of the available information”. (*Working Together to Safeguard Children – A Guide To Inter-Agency Working To Safeguard And Promote The Welfare Of Children-HM Government 1999*).

2. Statement of Intent

We recognise that protecting and safeguarding children and young people is a shared responsibility and depends upon effective joint working between agencies and professionals that have different roles and expertise. Individual children and young people, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need coordinated help from health, education and children's social care services. The voluntary sector and other agencies also have an important role in protecting and safeguarding children.

We have a responsibility to protect and safeguard the welfare of children and young people we come into contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

We will aim to protect and safeguard children and young people by;

- Ensuring that we have up to date CRB checks and if we should take on any other staff or volunteers that they are also CRB checked and attend safeguarding children training prior to any work with children. Should any volunteers be engaged this would be discussed with parents and the volunteer would never be left alone with the children.
- Having a Child Protection Policy and Procedure and regularly reviewing and updating this in line with national and local policy developments. We will always be aware of any updates by maintaining communication with the Childminding quality improvement officer for the council and NCMA publications.
- Should any additional staff or volunteers be engaged we would ensure that they are familiar with the Child Protection Policy and Procedure by making sure they read the policy and having a discussion with them about it after they have read it.
- As a Childminder I (Sharon Clayton) am the designated Child Protection Co-ordinator should we engage any staff or volunteers they would be made aware of this and the process of reporting concerns to me.
- Assessing the risk that children and young people may encounter and taking steps to minimise and manage this. This is covered in our risk assessments for trips and outings when children will constantly supervised.

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- Letting parents, carers, children and know how to report concerns about a child, staff member or volunteer or complain about anything that they are not happy about further details of this are in our Complaints policy.
- Giving children, parents and carers information about what the we do and what you can expect this is communicated through our policies and procedures for parents and carers and through circle time for the children.

3. National and Local Guidance

This Child Protection Policy and Procedure should be read in conjunction with the Local Safeguarding Children Board (LSCB) Guidelines and Procedures. In accordance with the Children Act 2004 it is a statutory responsibility for key agencies coming in to contact with children and young people, to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children (Section 11, Children Act 2004). Where private or voluntary organisations come in to contact with or offer services to children they should as a matter of good practice take account of this guidance and follow it as far as possible.

The following national guidance should also be referred to.

- The Children Act (1989)
- The Children Act (2004).
- Every Child Matters
- Working Together To Safeguard Children: A Guide to Inter-Agency Working To Safeguard and Promote The Welfare Of Children (HM Government 2006).
- Human Rights Act 1998
- Criminal Justice & Court Services Act 2000
- The Protection of Children Act 1999
- The Sexual Offences Act 2003
- What To Do If You're Worried A Child Is Being Abused (Department of Health, Home Office, Department for Education & Skills, the Lord Chancellor's Department, the Office of the Deputy Prime Minister & the Department for Culture, Media & Sport 2003)
- Policies and Risk Assessments

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4. Safeguarding & Promoting Welfare & Child Protection

4.1 Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment.
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

4.2 Child Protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm. Effective child protection is essential to safeguard and promote the welfare of children. However all agencies should aim to proactively safeguard and promote the welfare of children so that the need for action to protect from harm is reduced.

4.3 Children in Need

Children who are defined as 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. This includes those children with a disability.

4.4 Significant Harm

Some children are in need because they are suffering or likely to suffer significant harm. The concept of significant harm is the threshold that justifies compulsory intervention in family life in the best interests of the child, and gives the Local Authority a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

5. Who Abuses Children?

Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or

children (Working Together to Safeguard Children – A Guide To Inter – Agency Working To Safeguard and Promote The Welfare of Children (HM Government 2006).

6. What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child or young person. Child refers to anyone under the age of 18. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

- **PHYSICAL ABUSE:**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

- **EMOTIONAL ABUSE:**

Emotional abuse is the persistent emotional maltreatment 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 insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **SEXUAL ABUSE:**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or 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.

- **NEGLECT:**

Neglect is 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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, 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.

This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff/volunteers/child protection co-ordinator do have a duty to report any concerns about harm in accordance with the Local Safeguarding Children Board, Guidelines & Procedures.

7. Recognition of harm

The harm or possible harm of a child may come to your attention in a number of possible ways;

1. Information given by the child, his/ her friends, a family member or close associate.
2. The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
3. An injury which arouses suspicion because;
 - It does not make sense when compared with the explanation given.

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- The explanations differ depending on who is giving them (e.g. differing explanations from the parent / carer and child).
 - The child appears anxious and evasive when asked about the injury.
4. Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
 5. Contact with individuals who pose a 'risk to children' ('Guidance on Offences Against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.
 6. The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, previous children removed from their carers.
 7. **Substance misuse** – the potential for a child to be harmed as a result of the excessive use of alcohol, illegal and controlled drugs, solvents or related substances may occur during a young person's life. The use of drugs or other substances by parents or carers does not in itself indicate child neglect or abuse, and there is no assumption that a child living in such circumstances will automatically be considered under the child protection procedures. It is important to assess how parental substance use impacts upon the children or young people in the family.
 8. **Mental Health** – Mental illness in a parent or carer does not necessarily have an adverse affect on the child or young person but it is important to assess its implications for any children involved in the family. The adverse affects of parental mental illness on the child are less likely when parental problems are mild, last for a short period of time, are not associated with family disharmony, and where there is another parent or family member who can respond to the child's needs and offer protection. Where mental illness is accompanied by problem alcohol use,

domestic violence or associated with poverty and social isolation, children are particularly vulnerable.

9. **Domestic Violence** – Children and young people can suffer directly and indirectly if they live in a household where there is domestic violence. It is likely to have a damaging effect on the health and development of children. The amendment made in section 120 of the Adoption and Children Act 2002 to the Children Act 1989 clarifies the meaning of harm to include, for example, impairment suffered from seeing or hearing the ill-treatment of another. This can include children witnessing violence in the home. Domestic violence has an impact in a number of ways:

- It can pose a threat to the physical well being of an unborn child, if a mother is kicked or punched.
- Children may suffer injuries as a result of being caught up in violent episodes.
- Children become distressed by witnessing the physical and emotional suffering of a parent.
- The physical and psychological abuse suffered by the adult victim can have a negative impact upon their ability to look after their children.
- The impact of domestic violence is exacerbated when the violence is combined with problematic alcohol or drug use.
- People working with children should also be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children.

10. **Bullying** – This can be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from activities and social acceptance of their peer group). The damage inflicted by bullying can be underestimated. It can cause considerable distress, to the extent that it can affect health and development and at the extreme significant harm.

8. Managing Disclosures of Abuse

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If a child discloses abuse it is important that, as far as possible, the following basic principles are adhered to;

- Listen to what the child has to say with an open mind
- Do not ask probing or leading questions designed to get the child to reveal more
- Never stop a child who is freely recalling significant events
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- THE CHILD PROTECTION CO-ORDINATOR MUST BE INFORMED IMMEDIATELY.

9. The Role of the Child Protection Co-ordinator

Where there are concerns about the welfare of any child or young person all staff / volunteers have a duty to share those concerns with the designated Child Protection Co-ordinator.

The Child Protection Co-ordinator is responsible for:

- Monitoring and recording concerns about the well being of a child or young person.
- Making referral to the Local Authority Children's Services
- Liaising with other agencies
- Arranging training for staff / volunteers

The Child Protection Co-ordinator, after receiving a referral or having concerns myself will refer concerns or allegations of harm to Local Authority Children's Social Care or the Police Public / Family Protection Unit.

If the Child Protection Co-ordinator are in any doubt about making a referral it is important to note that advice can be sought from Local Authority Children's Social Care. The name of the

child and family will be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

If the Child Protection Co-ordinator may share limited information on a need to know basis amongst the staff but respecting the need for confidentiality.

It is not the role of the Child Protection Co-ordinator to undertake an investigation into the concerns or allegation of harm. It is the role of the Child Protection Co-ordinator to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Central Duty Team, or Family Resource Centre if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

10. Seeking Consent for a Referral

Working Together to Safeguard Children (HM Government 2006) states that professionals should seek in general to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to the Local Authority Central Duty Team. This should only be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.

So in general where concerns about a child relate to Section 17 children 'in need' (Children Act 1989) consent should be sought from the parents, carer or children where appropriate prior to a referral being made to the Local Authority Child Care Team.

It should be noted that parents, carers or child may not agree to information being shared, but this should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded.

In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought prior to the referral being made.

If you are unsure about whether to seek parental consent prior to a referral being made then seek advice from the duty social worker at the relevant Local Authority Family Resource Team.

11. Reporting Concerns or Allegations of Abuse

A member of staff or volunteer must report any concerns or allegation of harm immediately to the designated Child Protection Co-ordinator (Sharon Clayton). In the absence of the Child Protection Co-ordinator the matter should be reported to the person identified as their deputy (Richard Clayton). In the unlikely event of either of us not being available the matter should be reported directly to the appropriate Local Authority Child Care Team or Police Public / Family Protection Unit. In the case of it being out of hours the Emergency Duty Team should be contacted (SEE CONTACT DETAILS).

12. Making a Referral

Referrals of all children in need, including those where there are child protection concerns will be made to;

Hull - To Children's Social Care – Central Duty Team or Police Public Protection Unit

East Riding – By telephoning the Call Centre/Children's Social Care or Police Family Protection Team

Out of Hours – To the relevant Emergency Duty Team

All referrals made by telephone need to be followed up in writing within 48 hours.

The Child Protection Co-ordinator should make the referral as appropriate. The referrer should be prepared, where possible, to give the following information;

- The nature of your concerns / allegation.
- Whether the child will need immediate action to ensure their safety.
- Are the parents aware of the concerns? Has consent for the referral been sought? If not, the reasons for this?
- Factual information about the child and family, including other siblings.

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- The nature of your involvement with the family.
- Other professionals involved with the family.
- The source of your referral, is it based on your own assessment of the needs of the child, a reported allegation or disclosure, or has the concern been reported to you by another person, if so who?
- Child's current whereabouts and when they were last seen
- If you consider the child suffering or at risk of suffering significant harm, who is the source of that harm and their current whereabouts?
- Ready for Schools & Extended Services Team will be informed of any referrals made to Social Care Team.

13. Allegations against Staff Members / Volunteers

Any member of staff or volunteer who has concerns about the behaviour or conduct of another individual working with in the group or organisation will report the nature of the allegation or concern to the Designated Officer (Sharon Clatyton) for dealing with allegations against staff/volunteers/carers, etc. immediately. The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further. The Designated Officer for your organisation will report the matter to the Local Authority Designated Officer (LADO).

In the case that the concern or allegation relates to the Designated Officer, then OFSTED and the Local Authority Designated Officer should be contacted.

In cases where there is an immediate risk to any child or young person, the information must be passed to Local Authority Children's Social Care or the Police, as soon as possible.

Ofsted will be notified of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether that allegation relates to harm or abuse committed on the premises or elsewhere), or any other abuse which is alleged to have taken place on the premises and of the actions taken in respect of these allegations.

14. Seeking Medical Attention

If a child has a physical injury and there are concerns about abuse;

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- If Emergency medical attention is required then this should be sought immediately by phoning for an ambulance. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care.

15. Staff & Volunteer Self Protection

Adherence to guidelines on self protection for staff and volunteers working with children and young people can avoid vulnerable situations where false allegations can be made.

SELF PROTECTION GUIDELINES:

- Where practically possible minimise situations where either the childminder or assistant are alone with a child.
- In the event of an injury to a child, accidental or not, ensure that it is recorded and witnessed by another adult in the organisations accident book which is kept on the top shelf on the cupboard in the living room.
- Keep written records of any allegations a child makes against childminder, assistant or any staff and volunteers and report in line with the Child Protection Policy.
- If a child or young person touches a staff member or volunteer inappropriately record what happened immediately and inform the child protection coordinator.
- Adhere to policy on behaviour.

16. Code of Practice

Childminder / Assistant / Staff / Volunteers / children should always;

- Take all allegations, suspicions or concerns about abuse that a young person makes seriously (including those made against staff) and report them through the procedures.
- Provide an opportunity and environment for children to talk to others about concerns they may have.
- Provide an environment that encourages children and adults to feel comfortable and confident in challenging attitudes and behaviours that may discriminate others.
- Risk assess situations and activities to ensure all potential dangers have been identified.
- Treat everyone with dignity and respect.

Childminder / Assistant / Staff / volunteers / children should not;

- Permit or accept abusive or discriminatory behaviour.
- Engage in inappropriate behaviour or contact.
- Use inappropriate or insulting language.
- Show favouritism to anyone.
- Undermine or criticise others.
- Give personal money.

Contacts

Children's Social Care (Local Authority)

Central Duty Team	(01482) 448879
Emergency Duty Team	(01482) 788080
Child Protection Administrator	(01482) 790933
Local Authority Designated Officer	(01482) 846082
Police Public Protection Unit	(01482) 597360

Children's Social Care (Local Authority)

Call Centre	(01482) 393939
Children's Services	(01482) 396840
Emergency Duty Team	(01482) 880826
Child Protection Administrator	(01482) 396472
East Riding Safeguarding Children Board	(01482)396998/9
Local Authority Designated Officer	(01482) 396999
Police Family Protection Team	0845 6060222 ext 2407

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