

The Childhood Trust: Child Protection Policy

This policy applies to all workers, volunteers, trustees and anyone working for The Childhood Trust. Staff and volunteers in this organisation accept and recognise our responsibilities to develop awareness of issues, which cause children and young people harm or put children and young people at risk.

The organisation does not undertake activities with children in the absence of their parents/carers, but occasionally has the opportunity to observe the young person's/children's welfare within their family setting. Parents/carers remain responsible for their children's welfare throughout all the work undertaken by the organisation.

This policy has been drawn up as a response to:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children

We recognise that:

- the welfare of the child is paramount, as enshrined in the Children Act 1989
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting children's welfare.

We will endeavour to safeguard children and young people by:

- Valuing them, listening to and respecting them.
- Adopting child protection guidelines through a code of behaviour for staff and volunteers.
- Sharing information about child protection and good practice with children, parents, staff and volunteers.
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.

- Following carefully the procedures for recruitment and selection of staff and volunteers, ensuring all necessary checks are made.
- Providing effective management for staff and volunteers through supervision, support and training
- We are also committed to reviewing our policy and good practice at regular intervals.

Policy and Procedures

Statement of Intent

It is the policy of The Childhood Trust to safeguard the welfare of all children and young people by protecting them from all forms of abuse including physical, emotional and sexual harm. Staff and volunteers should be committed to treating children with respect and dignity, always listening to what a child is saying.

SHARING INFORMATION ABOUT CHILD PROTECTION AND GOOD PRACTICE WITH CHILDREN, STAFF AND VOLUNTEERS

Good communication is essential in any organisation. At The Childhood Trust every effort will be made to assure that, should individuals have concerns, they will be listened to and taken seriously.

It is the responsibility of the management to ensure that information is available to, and exchanged between all those involved in this organisation and its activities. Some information is confidential and should only be shared on a strictly need-to-know basis.

A copy of our Child Protection Policy will be made available to all staff, volunteers and any other appropriate body. It will also be placed on our website.

Each new member of staff will be required to undergo an Enhanced DBS check as part of our recruitment policy. Each new volunteer will be subject to a DBS check dependent upon the position applied for.

Induction - Each new member of staff or volunteer will be made familiar with The Childhood Trust's policies and procedures including the Child Protection Policy and Procedures.

PROCEDURE FOR REPORTING ALLEGATIONS OR SUSPICIONS OF ABUSE

DEFINITIONS OF ABUSE

Abuse

The term "abuse" is intended to include any situation where there is grave concern regarding the well-being of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical Abuse

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting; by those known to

them, or more rarely by a stranger. 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 carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after.

Emotional Abuse

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyber 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, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Female Genital Mutilation (FGM)

FGM involves cutting, and sometimes sewing the girl's genitalia, normally without anaesthetic, and can take place at any time from birth onwards. It is sometimes referred to as 'female circumcision' but this misnomer belies the invasive and irreversible nature of the procedure. It is now more correctly termed female genital mutilation.

The procedure has a cultural, rather than religious, origin and is practised by disparate ethnic communities in many countries, including Ethiopia, Somalia, Sudan, Egypt, Nigeria, India, Pakistan, Yemen and Iraq. The Female Genital Mutilation Act 2003 makes it a criminal offence, not only to carry out FGM in England, Scotland and Wales on a girl who is a UK national or permanent resident, but also to take a girl out of the UK to have FGM performed abroad, even to countries where FGM is legal. The indicators of FGM may initially mirror those of sexual abuse. You may notice, for example, that a girl or young woman shows signs of pain or discomfort, needs to visit the toilet constantly, has vaginal blood loss or is unable to sit comfortably.

It is the personal duty of staff or volunteers who identifies FGM or receives a disclosure to make a crime report to the police.

If a volunteer has either been told by a child/parent/carer that the child has had FGM s/he should personally report the matter to the police by calling 101.

If you think the girl is at imminent risk or has recently been cut you should take immediate action which may involve calling 999.

Individuals within The Childhood Trust need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of The Childhood Trust.

The organisation should know how to recognise and act upon indicators of abuse or potential abuse involving children. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with these procedures.

What to do if children talk to you about abuse or neglect

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations you must:

- React calmly and listen carefully to the child. DO NOT directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared. **Never guarantee absolute confidentiality, as Child Protection will always have precedence over any other issues.**

- Reassure the child:
 - you are glad they have told you;
 - they have not done anything wrong;
 - what you are going to do next.
- Explain that you will need to get help to keep the child safe.
- Do NOT ask the child to repeat his or her account of events to anyone.
- **It is not our responsibility to decide whether abuse has taken place or not, however it is our responsibility to pass on any concerns to the appropriate person/authority immediately.**

Consulting about your concern

The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary. You may become concerned about a child who has not spoken to you, because of your observations of, or information about that child.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a child you must share your concerns. Initially you should talk to one of the people designated as responsible for child protection within your organisation. In this organisation this person is Laurence Guinness, who will then contact the relevant services if required.

You should consult externally with your local Social Services Department in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when you are unable to consult promptly or at all with your designated internal contact for child protection
- when the concerns relate to any member of the Childhood Trust staff.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

Emergency action – In some cases you may need to protect a child immediately – in these situations dial 999. The police are the only agency with statutory powers for the immediate protection of children.

Making a referral

A referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases the level of concern will lead straight to a referral without external consultation being necessary.

If your concern is about abuse or risk of abuse from a family member or someone known to the children, you should make a telephone referral to your local Social Services Office.

IF YOUR CONCERN IS ABOUT ABUSE OR RISK OF ABUSE FROM SOMEONE NOT KNOWN TO THE CHILD OR CHILD'S FAMILY, YOU SHOULD MAKE A TELEPHONE REFERRAL DIRECTLY TO THE POLICE.

Information required

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals' known to be involved with the child/family eg: GP, Health Visitor, School.
- The nature of the concern; and foundation for them.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

Action to be taken following the referral

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to Social Services following the referral (within 48 hours).
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

Extremism/Radicalisation/Prevent Policy and Procedures

The government has defined extremism as:

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of our armed forces as extremist.

The Childhood Trust does not tolerate the expression or promotion of extremist views of any kind from any member of our charity or any external agencies or visitors.

Any concerns about extremist views or radicalisation should be recorded and reported to the designated Child Protection Officer who will then take appropriate action, consulting with Social Care and if necessary, make a referral.

Confidentiality

The Childhood Trust will ensure that any records made in relation to a referral will be kept confidentially and in a secure place. Only the designated Persons will have access to these files.

Information in relation to child protection concerns should be shared on a “need to know” basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child’s need for protection. If in doubt, consult.

Approved by: LAURENCE GUINNESS, Chief Executive, The Childhood Trust

Signature of Chief Executive: 

Date of signature: 10th April 2017

Date policy reviewed: 10th April 2017

Date that next review is due: 10th April 2018