

Friends of Skelmanthorpe Textile Heritage Centre

Child Protection

Last updated 1st August 2016

**Trustee to whom you should refer in relation to this policy:-
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INTRODUCTION:

Whilst we do not accept unaccompanied children as visitors, it is important to understand the role of a child protection policy. Groups using the centre who bring children should have their own policy. But if they do not then they should follow this policy. The policy whilst not aimed at family groups visiting does have relevance to them.

1. AIMS

- The purpose of this policy is to outline the duty and responsibility of The Management Committee, Staff, volunteers and all user groups in relation to Safeguarding Children.
- All children have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation.

2. OBJECTIVES

- To explain the responsibilities the Management Committee and all User Groups have in respect of child protection.
- To provide user groups with an overview of child protection
- To provide a clear procedure that will be implemented where child protection issues arise.

3. CONTEXT

- A child is defined as any individual under the age of 18 years
- The purpose of this policy is to make sure that the actions of any adult within each user group are transparent and that they safeguard and promote the welfare of all young people.
- Principles upon which the Child Protection Policy is based.
 - The welfare of a child or young person will always be paramount.
 - The welfare of families will be promoted.
 - The rights, wishes and feelings of children, young people and their families will be respected and listened to.
 - Those people in positions of responsibility within the user groups and committee will work in accordance with the interests of children and young people and follow the policy outlined below.

4. RECOGNITION OF ABUSE OR NEGLECT

Abuse or neglect of a child is caused 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 a stranger.

- **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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, Fabricated and Induced Illness (FII) fabricated illness by proxy or Munchausen Syndrome by proxy.

- **Emotional Abuse**

Emotional abuse is 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 feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill treatment 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, whether or not the child is aware of what is happening. The activities may involve physical contact. 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. 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.

5. PROCEDURES

- **Immediate Action to Ensure Safety**

Immediate action may be necessary at any stage in involvement with children and families.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILDREN ie:

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.

- **Guidelines:**

Individuals within the user groups need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of that organisation.

Each Leader 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 each user group to respond to any suspected or actual abuse of a child in accordance with these procedures.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you must not discuss your concerns with parents/carers in the following circumstances:

- where sexual abuse is suspected
- where organised or multiple abuse is suspected
- where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected
- where contacting parents/carers would place a child, yourself or others at immediate risk.

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

A child may seek you out to share information about abuse or neglect, or talk individually or in groups when you are present. In these situations you must:

- 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.
- Reassure the child that: 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.

- **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 own group. If no one has this role within your group then talk to the designated member of the Management Committee

(If one of those people is implicated in the concerns you should discuss your concerns directly with Children's Services.)

You should consult externally with your local Children's 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 your group or the organising committee.

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

6. Making a referral

A referral involves giving Children's 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.

Parents/carers should be informed if a referral is being made except in the circumstances outlined on page2. However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Children's Services about how and when the parents should be approached and by whom.

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 AND CONSULT WITH THE PARENTS.

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 Children's Services Office.

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.

7. CONFIDENTIALITY

The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place.

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.

We are committed to reviewing our policy and good practice annually.

Information can also be found on the government website www.dcsf.gov.uk

Working Together to Safeguard Children.