



Child Protection Policy

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Introduction

Although the incidence of child abuse recorded by child protection registration is low relative to the number of children in the UK, it is the responsibility of those professionals working with children and their families to work towards reducing the incidence of child abuse. At the same time they should ensure that children and young people are adequately protected when necessary.

What is 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 institutional or community setting, by those known to them or, more rarely by a stranger.

(Working Together To Safeguard Children – DoH 1999)

What is significant harm?

Significant harm is the ill-treatment or impairment of the health or development of a child which is serious, noteworthy or important.

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in a family life in the best interests of the children. The Local Authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm.

(Working Together To Safeguard Children – DoH 1999)

<p>AT ALL TIMES AREA CHILD PROTECTION COMMITTEE (ACPC) POLICIES AND PROCEDURES MUST BE FOLLOWED</p>

Purpose

- This policy document is intended to assist all staff particularly those working with children and families.
- These guidelines are for all staff within Whitgift Special Needs Activity Project.

Responsibilities

Management Committee:

- The trustees of the Management Committee will elect one of themselves as child protection officer, usually the Chairman or one of the Officers.
- The Child Protection Officer will be accountable to and report to the Management Committee.
- The Management Committee will act to provide services which safeguard children, promotes their welfare and are consistent with the local ACPC policies and procedures.
- The Management Committee will ensure that this policy document and ACPC policies and procedures are available to all staff, and ensure that all staff are conversant with these guidelines.
- The Management Committee will ensure that all staff participate in appropriate training (and renewal of training) and awareness raising, as well as offer support, supervision and counselling regarding child protection to all staff when needed.

Child Protection Officer:

The role includes:

1. To maintain a corporate overview on child protection issues.
2. To attend/chair child protection meetings held twice yearly.
3. Providing advice as necessary and seeking professional advice as appropriate.
4. Ensuring policies and procedures are robust and regularly reviewed and evaluated.
5. Organising and reviewing training, and ensuring that there is an appropriate training programme in place for all staff and training is accessed.
6. To ensure all staff are aware of child protection procedures by carrying out training and awareness sessions.
7. To support staff in child protection matters.
8. Ensuring that sound communication mechanisms are in place with all agencies, particularly Social Services and NSPCC.
9. Monitoring.

Scheme Officer:

- The scheme officer will ensure that all staff are aware of these guidelines.
- The scheme officer will facilitate a de-briefing session following an incident.

All staff:

- All staff will ensure awareness of these guidelines and seek advice and support when necessary.

Child protection procedure

When children (up to and including 16 years of age) attending the project present with unexplained injuries or where suspicious explanations or information is given, the following action should be taken:

1. report your suspicion immediately to your immediate superior or the scheme officer or care coordinator. Do not question the child further or make a promise not to tell others; explain that you must pass on the information if necessary.
2. record carefully all observations made using the incident forms giving specific details of any injuries and quoting actual words used by those concerned to describe the incident. Be sure to document your own name and contact details along with the details of any other individuals concerned. Medical staff should document a 'skin map'. Take care not to question the parents/carers/relatives regarding the injuries.

Recording should be immediate but certainly within 24 hours

3. report your suspicion to a trustee if your concerns have not already been relayed to the management committee.
4. if professionals disagree with the diagnosis of non accidental injury this should be documented.
5. if there is a child protection issue the child protection officer or named trustee in his/her absence should contact social services immediately, stating clearly that this is a child protection referral and that the Child Protection Register has not been checked. Details of the call should also be documented. The telephone call should be followed up with a written referral within 24 hours.
6. report all cases of suspected or recognised child abuse to the child protection officer as swiftly as possible.

NB: in emergency situations staff should inform the police if appropriate measures cannot be taken within the timeframe required to ensure the child's safety. Similarly, a child should be admitted to the nearest accident and emergency department should injuries so require. In all cases staff should also take into consideration any other siblings that may be involved. If in any doubt, staff should contact the child protection officer.

Categories of 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 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 factitious 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 insofar 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, including penetrative (e.g. rape or buggery) or nonpenetrative 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. 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.

(Working Together To Safeguard Children – DoH 1999)

References

Staff should refer to:

London Child Protection Procedures, London Child Protection Committee, 2003

Working Together To Safeguard Children, Department of Health, 1999