



Child Protection Policy

1. Immediate Action to Ensure Safety

Immediate action may be necessary at any stage of involvement with children and families. In all cases, it is vital to take whatever action is needed to safeguard the child/ren (i.e.:

- 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; and/or
- 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 a Police Protection Order.

2. 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 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 someone fabricates the symptoms of illness or deliberately causes ill health to a child whom they are looking after.

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 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 non-penetrative acts. Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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 guardian 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.

Individuals within WSD to be alert to the potential abuse of children.

WSD 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 staff 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/guardians about any concerns.

However, you must not discuss your concerns with parents/guardians 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; and/or
- where contacting parents/guardians would place a child, yourself or others at immediate risk.

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:

- 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 physical appearance 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; and
 - 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.

3. **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 WSD.

At WSD, this is Megan Christie or Beckie Lang. If either person is implicated in the concerns, you should discuss your concerns directly with Children's Services.

You should consult externally with Children's Services in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist;
- when there is a 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; and/or
- when the concerns relate to any member of 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.

4. **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/guardians should be informed if a referral is being made, except in the circumstances outlined above.

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 Children's Services.

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.

You should be prepared to provide:

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- The full name, address and telephone number of the family.
- The date of birth of the child and any siblings.
- Gender, ethnicity, first language and 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 (e.g. GP, Health Visitor, School).
- The nature of the concern and the 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 Children's 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.

5. Confidentiality

WSD should ensure that any records made in relation to a referral are 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 discuss with Children's Services