The responsibility for child protection belongs to everyone. Children will only be safe if families, communities and professionals work together to promote their welfare.

Guiding Principles

1. Children

Children's rights

- Children have the right to protection from neglect, physical, emotional and sexual abuse.
- All citizens, as well as professionals, have a responsibility for the protection of children and for reporting concerns about a child's welfare or safety.

Putting children first

- The well being of the child is the paramount consideration in all circumstances.
- In any conflict between the needs of the child and those of the parents/carers, the needs of the child must be put first.

Treating children as individuals

- Children must be listened to and taken seriously, whatever their level of development or communication.
- All children will be treated with respect and accorded full civil and legal rights.

2. Definitions

The Children Act 1989 provides the legal framework for defining the situations in which local authorities have a duty to make enquiries about what, if any, action they should take to safeguard or promote the children's welfare.

The Act requires that if the local authority has 'reasonable cause to suspect that a child who lives or is found in their area is suffering or is likely to suffer significant harm, they must make, or cause to be made, such enquiries as they consider necessary....

'Child' means any child or young person under the age of 18 years old.

2.1. The Concept of Significant Harm

Under Section 3 1(9) of the Children Act 1989:
'harm' means ill-treatment or the impairment of health or development; **'development'** means physical, intellectual, emotional, social or behavioural development; **'health'** means physical or mental health; AND
'ill treatment' includes sexual abuse and forms of ill treatment, which are not physical.

Under Section 31(10) of the Act:
Where the question of whether harm suffered by the child is significant turns on the child's health and development, his or her health or development shall be **compared with** that **which could reasonably be expected of a similar child.**

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the extent of premeditation, degree of threat and coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the ill treatment.

Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is an accumulation of significant experiences, both acute and long-standing, which interrupt, change or damage the children's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.

To understand and establish significant harm, it is necessary to consider:

- The family context;
- The child's development within the context of their family and wider social and cultural environment;
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- The nature of harm, in terms of ill-treatment or failure to provide adequate care;
- The impact on the child's health and development; and
- The adequacy of parental care.

It is important always to take account of the child's reactions, and his or her perceptions, according to the child's age and understanding.

2.3 Categories of child 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 in a child whom they are looking after. This situation is commonly described using terms such as 'factitious illness by proxy' or 'Munchausen's Syndrome by Proxy'.

- **Emotional abuse** — 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. 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** — 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, including non-organic failure to thrive. It may involve the 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 educational or emotional needs.

2.4 Recognising the signs

- **The child-** Listen carefully to the child. Disclosure may be partial or disguised. Observe the child's behaviour and demeanour. Take note of any 'signs and symptoms' in the way the child presents.

- **Third party information** --Anonymous referrals must be taken seriously and investigated, as must neighbourhood concerns.

- **The wider context/situation** — delay in seeking help, poor or chaotic home/living conditions, lack of safety precautions, or any previous pattern of abuse or neglect need to be taken into account

- **Indirect signs**— such as information from other sources, association with a 'known' abuser, or general distress should be noted.

3. Action

Our organisation will ensure that members of staff and volunteers are aware of child protection procedures and the following steps should be observed:

- Record concerns fully, promptly, and legibly within the case notes.
- Refer the matter immediately to the Manager who should then discuss the case with at least one member of the Management Committee. Referral of the matter to Social Services should only be made following full and comprehensive discussion with the Management Committee and with their clear approval.
- If necessary and immediate action is needed to protect a child, making contact with Emergency Services.

4. Referral to the Department of Social Care and Health where there are child welfare concerns

- The Department of Social Care and Health is the co-ordinating agency for child protection work. When an individual agency becomes aware of child protection concerns a referral to Social Care and Health should be made without delay.
- The Department of Social Care and Health will make a decision about the next course of action within 24 hours, normally following discussion with the referring professional/agency, looking at all records and involving other agencies as necessary.
- If necessary the Department of Social Care and Health can take immediate action

to protect the child using whatever legal powers are required (e.g. Emergency Protection Order or Police Protection).

- Contact made for discussion and advice rather than referral must be clearly stated to the receiving officer at the time.
- Social Care and Health and the Police have statutory responsibilities to initiate action to protect children and to investigate where it is thought that a child may be suffering or is likely to suffer significant harm.
- Written/verbal referral — referrers should be asked to provide written confirmation of verbal referrals within three working days. Social Care and Health must give feedback in writing to the referrer about the actions taken in response to the referral within three working days of concluding the investigation.
- Referrals should be made in the knowledge that in the course of the investigation it will be made clear which agency has originated the referral.

This policy was adopted by the Management Committee on _____

Signed on behalf of the Committee _____

Name_____

Position_____