

SAFEGUARDING/CHILD PROTECTION POLICY 2020

The aim of this document is to ensure that all personnel connected with The Ellesmere Centre (*hereafter called The Centre*) fully understand their responsibilities with regard to the safeguarding of children.

The Centre is committed to safeguarding all children involved with it from harm.

- the welfare of the child is paramount
- all children without exception have the right to protection from abuse* in any form
- the Policy is approved and endorsed by the Committee.
- the Policy applies to everyone connected with The Centre in carrying out its work and activities
- all concerns and allegations of abuse will be taken seriously by the Committee and other personnel and responded to appropriately - this may require a referral to children's services and, in emergencies, the Police
- the Committee are committed to safe recruitment, selection and vetting of everyone in contact with children in order to carry out The Centre's work and activities
- the Policy will be reviewed annually by the Committee.

RECOGNITION AND CATEGORIES OF ABUSE

Taken from "Working Together to Safeguard Children" – HM Government (2006).

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 fabricates the symptoms of, or deliberately induces illness in a child. (para 1.30)

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. These may include interactions that are beyond the 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 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. (Para 1.31)

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, 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 oral sex) 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. (Para 1.32).

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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, 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. (Para 1.33).

CHILD PROTECTION PROCEDURE

DBS Checks & Disclosure

It is a requirement of The Centre that all Trustees, staff and volunteers undergo a successful DBS check in order to commence work with the organisation.

Mobile Phones are not permitted in children's groups with the exception of receiving or making a call. The call should be taken outside the room where the group is held. This is to avoid potential videoing and photography of the children.

1. Roles and Responsibilities

1.1 The Chair must ensure that:

- (i) All personnel are aware of the procedure regarding child protection referral, and that all new personnel are made aware of them on appointment;
- (ii) The agreed procedure is followed every time a child protection concern is identified;
- (iii) All personnel who are involved in work, which involves children, receive appropriate training, including working with the agreed procedure within the first six months of appointment.

1.2 The Chair has additional responsibility for:

- (i) The processing of any referral documentation and for liaising with statutory bodies administering the referral;
- (ii) Keeping up to date with any changes to child protection law and informing and advising personnel of such changes;
- (iii) Ensuring that the appropriate people attend child protection conference/reviews;
- (iv) Keeping and storing all records in a safe and confidential manner.

1.3 All personnel have responsibility for:

- (i) Recording and reporting any concerns relating to child protection matters to the Chair or named Committee member.

2. Personnel Training

All personnel having contact with children will receive induction training for these procedures.

3. The Procedure

3.1 *Initial Response:*

- (i) Personnel will usually come to know about instances of abuse in one of two

- ***Disclosure***

When someone who is being, or has been abused or someone who knows about the abuse, or has concerns the abuse is occurring tells you that it is happening or has happened.

- **Observation**

When behaviour, appearance, attitude, injury, etc, observed by you or observed by others and reported to you, give cause for concern.

(ii) If a child *discloses* to you it is important to:

- Stay calm
- Listen
- If you are talking directly to the child, reassure them
- Consider who else can hear
- Make sure that the child knows you cannot keep secrets
- Do not ask leading questions or push the child for more information
- Inform the child what will happen next
- Record everything you have seen/heard as soon as possible;
- Follow the procedure

(iii) If you, or others, *observe* changes in behaviour, physical injury or changes in attitude or appearance you should:

- Record everything that you observe including times and dates and the nature of your concern;
- In cases of injury, if appropriate ask the child what happened;
- Ask yourself if the injury matches the 'story';
- Talk with your colleagues about your concerns and their observations;
- Remember not to ask the child leading questions;
- Follow the procedure

(iv) Care must be taken in interpreting children's responses to questions about, indications of, or information about, abuse.

(v) Asking leading questions can be interpreted as putting ideas into the child's mind. You should not ask questions which encourage the child to change his or her version of events in any way, or which impose your own assumptions (For example say, "Tell me what happened.". Rather than "Did they do this to you?") Your role is to listen and not interrupt when the child is recalling significant events, and to make a record of the discussion which should include the time, date, place and people present as well as what has been said. The recording with clear facts, observations, allegations and options be signed and dated by the writer. The original record of concern whether hand written or typed must be passed to the Chair or named Committee member.

3.2 Once a disclosure has been made or observations have given cause for concern, personnel **MUST** take action.

3.3 You must record any conversations or observations fully and ensure that these recordings are kept safe and confidential whilst in your care.

- 3.4 You must share your concern with the Chair, or named Committee member
- 3.5 The Chair, or named Committee Member must make immediate contact with the Child Protection Team at Social Services.
- 3.6 The Chair, or named Committee Member will duplicate the relevant paperwork/recordings and distribute as follows:
 - All original papers to the relevant Social Care team.
N.B. The Social Care team must know whether the child parents/carers have been informed of the referral. Only in exceptional circumstances should the parents/carers not be informed of the referral.
 - Copy to be securely stored in an envelope marked:
Strictly Private and Confidential Child Protection Matter.
- 3.7 The Chair will contact personnel involved in making the referral to ensure that they have the appropriate support in dealing with any issues that arise from the referral.
- 3.8 If any new information becomes available after a referral has been made that should be recorded and passed to the appropriate Social Care team via the Manager.
- 3.9 When a child protection arises in respect of a child who is in the care of, or the responsibility of another organisation, that organisation child protection designated worker should be contacted and their relevant protection procedure initiated.
- 3.10 This Policy will be reviewed annually by the Committee.

Signed.....

Position Held.....

Date.....

Signed.....

Position Held.....

Date.....

Signed.....

Position Held.....

Date.....

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The Ellesmere Centre is a non-profit-making Charitable Trust. Charity number 801728