

## **Child Protection Policy**

Norfolk Local Authority has a Multi-Agency Safeguarding agreement (**MASA**) in partnership with the Police and Health. In Norfolk, the Norfolk Safeguarding Children Partnership (NSCP) is led by the 3 statutory partners who work together with other local agencies including the voluntary sector to make sure that children are protected from harm and that their welfare is promoted.

The NSCP has robust independent scrutiny arrangements to ensure that people working with children carry out their safeguarding responsibilities as required by the law. The work of this partnership is underpinned by the document working together available at ; <https://www.norfolkscb.org/>

This policy will be followed by all volunteers of the One to One Project and those in the position of leadership within the organisation, including staff members, volunteers and the board of trustees.

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.
- Everyone within the organisation will work in accordance with the interests of children and young people and follow the policy outlined below.

### **The One to One Project recognises that:**

- we believe everyone has a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.
- we will give equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation".
- All suspicions and allegations of abuse and poor practice will be taken seriously and responded to swiftly and appropriately.
- All staff, trustees and volunteers have a responsibility to report concerns to the Project Manager.

### **Recognition of Abuse or Neglect**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child either directly by inflicting harm, or indirectly, 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. They may be abused by an adult or adults, or another child or children<sup>1</sup>. They are defined in the UK Government guidance Working Together to Safeguard Children (2018) as follows

1. Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or young person. Physical harm may also be caused when a parent or carer feigns the symptoms, or, or deliberately causes ill health to a child or young person whom they are looking after. This situation is commonly described using terms such as fabricated illness by proxy or Munchausen Syndrome by proxy.

2. Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child or young person such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to a child or young person 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 them. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children and young people. Some level of emotional abuse is involved in all types of ill treatment of a child or young person though it may occur alone.

3. 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 or non-penetrative acts. They may include non-contact activities, such as involving children and young people in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging them to behave in sexually inappropriate ways.

4. Neglect

Neglect is the persistent failure to meet a child or young person's basic physical and/or psychological need, 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.

Members of the One to One Project should know how to recognise and act upon indicators of abuse or potential abuse involving children and young people. There is an expected responsibility for all members of the One to One Project to respond to any suspected or actual abuse of a child or young person in accordance with these procedures.

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<sup>1</sup> <http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

## Reporting abuse or neglect

Anyone working for or on behalf of the One to One Project is required to inform **the Project Manager** if abuse or potential abuse has been identified. In addition, the following procedures should be followed in the circumstances described.

### 'Counselling in Schools' counsellor (direct contact with child or young person)

If a child or young person directly discloses information that indicates abuse or potential abuse or talks spontaneously to individuals in a group when you are present. The designated Child Protection Officer at the High School must be immediately informed

In these situations, the volunteer must.

- *Listen carefully to the child. **DO NOT** directly question the child.*
- *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.*
- *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.*

### Counsellors and Group Facilitators (indirect contact with child or young person):

If a client divulges any knowledge, he/she has that causes the counsellor or facilitator concern regarding the wellbeing of a child.

### Mentors (indirect contact with child or young person):

If there is evidence, or it is suspected that a child is at risk in the home of a client and/or

If the client has disclosed information regarding a child which may cause the volunteer to be concerned that a child may be at risk, **they should report this information as soon as possible to the Project Manager.**

### General:

Individuals within the One to One Project need to be alert to the potential abuse of children both within their families and from other sources including abuse by members of the organisation.

## **Making a referral**

A referral involves contacting CADS – Children’s advice and duty services on **0344 800 8021** this is done by the nominated officer which is Deborah Regan – project manager in her absence you would report it to the Assistant manager of the project. This allows concerns to be noted and appropriate action to be taken

Norfolk CADS – available at ;<https://www.norfolkscb.org/>  
Accessed on; 18/02/2020

### Duty to refer.

Available at; <https://www.norfolkscb.org/about/policies-procedures/3-1-referrals/>  
Accessed; 18/02/2020

**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. However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the parents should be approached and by whom.

## **Confidentiality**

The One to One Project will ensure that any records made in relation to a referral are confidential and kept in a locked filing cabinet.

Information in relation to child protection concerns will be shared on a “need to know” basis (See Policy of Report Writing). However, the sharing of information is vital to child protection and, therefore, **the issue of confidentiality under your ethical framework (bacp) is secondary to a child’s need** for protection as defined in Section 29(1)(a) and (b) of the Data Protection Act 1998<sup>2</sup>.as well as your duty to disclose and refer  
please see resources below for further information for

Government publications <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Please see BACP available at.  
<https://www.bacp.co.uk/media/6305/bacp-managing-confidentiality-legal-resource-gpia014-july2019.pdf>

This document is also linked to; One to One policy on safeguarding and confidentiality

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<sup>2</sup> <http://www.legislation.gov.uk/ukpga/1998/29/section/29>