## Child Protection Policy

**1.1 Introduction**

Everyone who participates in activities held in the ARC is entitled to do so in an enjoyable and safe environment. The ARC has a moral and legal obligation to ensure that, when given responsibility for young people, course leaders and volunteers provide them with the highest possible standard of care.

The ARC is committed to devising and implementing policies so that everyone in the ARC accepts their responsibilities to safeguard children from harm and abuse. This means to follow procedures to protect children and report any concerns about their welfare to appropriate authorities.

The aim of the policy is to promote good practice, providing children and young people with appropriate safety/protection whilst in the care of the ARC and to allow staff and volunteers to make informed and confident responses to specific child protection issues.

**A child/young person is defined as a person under the age of 18 (Children’s Act 1989)**

* 1. **Policy Statement**

The ARC is committed to the following:

* the welfare of the child is paramount
* all children, whatever their age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity should be able to participate in the ARC in a fun and safe environment
* taking all reasonable steps to protect children from harm, discrimination and degrading treatment and to respect their rights, wishes and feelings
* all suspicions and allegations of poor practice or abuse will be taken seriously and responded to swiftly and appropriately
* all Staff of the ARC who work with children will be recruited with regard to their suitability for that responsibility, and will be provided training in good practice and child protection procedures
* working in partnership with parents/carers and children is essential for the protection of children
	1. **Monitor and review the policy and procedures**

The implementation of procedures will be regularly monitored and reviewed. The responsible manager should regularly report progress, challenges, difficulties, achievements, gaps and areas where changes are required to the Operational Manager.

The policy will be reviewed annually or whenever there is a major change in the organisation or in relevant legislation.

## Promoting Good Practice

* 1. **Introduction**

To provide children with the best possible experience and opportunities in the ARC everyone must operate within an accepted ethical framework.

It is not always easy to distinguish poor practice from abuse. It is therefore NOT the responsibility of employees or participants in the ARC to make judgements about whether or not abuse is taking place. It is however their responsibility to identify poor practice and possible abuse and act if they have concerns about the welfare of the child, as explained in section 4.

This section will help you identify what is meant by good practice and poor practice.

* 1. **Good Practice**

All personnel should adhere to the following principles and action:

* always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets)
* make the experience at the ARC fun and enjoyable: promote fairness, confront and deal with bullying
* treat all young people equally and with respect and dignity
* always put the welfare of the young person first
* maintain a safe and appropriate distance to young people (e.g. it is not appropriate for Staff or Volunteers to have an intimate relationship with a child. them)
* Avoid unnecessary physical contact with young people. Where any form of manual/physical support is required it should be provided openly and with the consent of a parent or carer. Physical contact can be appropriate so long as it is neither intrusive nor disturbing and the young person’s consent has been given
* Involve parents/carers wherever possible, e.g. where young people need to be supervised in changing rooms, encourage parents to take responsibility for their own child. If groups have to be supervised in changing rooms always ensure parents, course leaders etc. work in pairs
* be an excellent role model, this includes not smoking or drinking alcohol in the company of young people
* always give enthusiastic and constructive feedback rather than negative criticism
* keep a written record of any injury that occurs, along with details of any treatment given
	1. **Poor Practice**

The following are regarded as prohibited and personnel will be taught that these measures are not allowed:

* unnecessarily spending excessive amounts of time alone with young people away from others
* taking young people alone in a car on journeys, however short
* taking young people to your home where they will be alone with you
* sharing a room with a young person
* engaging in rough, physical or sexually provocative games, including horseplay
* allow or engage in inappropriate touching of any form
* allowing young people to use inappropriate language unchallenged
* making sexually suggestive comments to a young person, even in fun
* reducing a young person to tears as a form of control
* allow allegations made by a young person to go unchallenged, unrecorded or not acted upon
* do things of a personal nature that the young person can do for themselves

If during your care you accidentally hurt a young person, the young person seems distressed in any manner, appears to be sexually aroused by your actions and/or if the young person misunderstands or misinterprets something you have done, report any such incidents as soon as possible to another colleague and make a written note of it. Parents should also be informed of the incident.

### **Defining Child Abuse**

* 1. **Introduction**

Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a young person regardless of their age, gender, race or ability.

There are four main types of abuse: **physical abuse, sexual abuse, emotional abuse and neglect.** The abuser may be a family member, someone the young person encounters in residential care or in the community, including sports and leisure activities. Any individual may abuse or neglect a young person directly, or may be responsible for abuse because they fail to prevent another person harming the young person.

Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

* 1. **Types of Abuse**
* **Physical Abuse:** where adults physically hurt or injure a young person e.g. hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, drowning. Giving young people alcohol or inappropriate drugs would also constitute child abuse.
* **Emotional Abuse:** the persistent emotional ill treatment of a young person, likely to cause severe and lasting adverse effects on the child’s emotional development. It may involve telling a young person they are useless, worthless, unloved, inadequate or valued in terms of only meeting the needs of another person. It may feature expectations of young people that are not appropriate to their age or development. It may cause a young person to be frightened or in danger by being constantly shouted at, threatened or taunted which may make the young person frightened or withdrawn.
* **Bullying** may come from another young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. There are three main types of bullying.

It may be physical (e.g. hitting, kicking, slapping), verbal (e.g. racist or homophobic remarks, name calling, graffiti, threats, abusive text messages), emotional (e.g. tormenting, ridiculing, humiliating, ignoring, isolating form the group), or sexual (e.g. unwanted physical contact or abusive comments).

* **Neglect** occurs when an adult fails to meet the young person’s basic physical and/or psychological needs, to an extent that is likely to result in serious impairment of the child’s health or development. For example, failing to provide adequate food, shelter and clothing, failing to protect from physical harm or danger, or failing to ensure access to appropriate medical care or treatment.
* **Sexual Abuse** occurs when adults (male and female) use children to meet their own sexual needs.
	1. **Indicators of Abuse**

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child is being abused may include one or more of the following:

* unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
* an injury for which an explanation seems inconsistent
* the young person describes what appears to be an abusive act involving them
* another young person or adult expresses concern about the welfare of a young person
* unexplained changes in a young person’s behaviour e.g. becoming very upset, quiet, withdrawn or displaying sudden outbursts of temper
* inappropriate sexual awareness
* engaging in sexually explicit behaviour
* distrust of adult’s, particularly those whom a close relationship would normally be expected
* difficulty in making friends
* being prevented from socialising with others
* displaying variations in eating patterns including over eating or loss of appetite
* losing weight for no apparent reason
* becoming increasingly dirty or unkempt

###### Signs of bullying include:

* behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go training or competitions
* an unexplained drop off in performance
* physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food, alcohol or cigarettes
* a shortage of money or frequents loss of possessions

It must be recognised that the above list is not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place. It is **NOT** the responsibility of those working in the ARC to decide that child abuse is occurring. It **IS** their responsibility to act on any concerns.

**4** **Procedure In The Event Of A Disclosure**

* 4.1 It is important that children are protected from abuse. All complaints, allegations or suspicions must be taken seriously.
* 4.2 This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a child has been abused.
* 4.3 Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.
* 4.4 A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.
* 4.5 T his must include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the child who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

**5 Responding To An Allegation**

* 9.1 Any suspicion, allegation or incident of abuse must be reported to the ARC Management who will in turn report to the Safeguarding Manager on that working day where possible.
* 9.2 The nominated member of staff shall telephone and report the matter to the appropriate local social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

**6 RESPONDING APPROPRIATELY TO AN ALLEGATION OF ABUSE**

* 10.1 In the event of an incident or disclosure:
* DO
* Make sure the ▪ individual is safe ▪ Assess whether emergency services are required and if needed call them ▪ Listen ▪ Offer support and reassurance
* DON’T
* 10.2 It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Child Protection Officer.

**7 Confidentiality**

* Child protection raises issues of confidentiality which must be clearly understood by all.
* Staff have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigative agencies and social services.
* Clear boundaries of confidentiality will be communicated to all.
* All personal information regarding a child or young person will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection policy. Records will only record details required in the initial contact form.
* If a child or young person confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.
* Within that context, the child must, however, be assured that the matter will be disclosed only to people who need to know about it.
* Where possible, consent must be obtained from the parent/carer of the child before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the child is the priority. Ascertain and establish ▪ the basic facts ▪ Make careful notes and obtain agreement on them ▪ Ensure notation of dates, time and persons present are correct and agreed ▪ Take all necessary precautions to preserve forensic evidence ▪ Follow correct procedure ▪ Explain areas of confidentiality; immediately speak to your manager for ▪ Support and guidance ▪ Explain the procedure to the individual making the allegation ▪ Remember the need for ongoing support.
* Do not Confront the alleged abuser ▪ Be judgmental or voice your own opinion ▪ Be dismissive of the concern ▪ Investigate or interview beyond that which is necessary to establish the basic facts ▪ Disturb or destroy possible forensic evidence ▪ Consult with persons not directly involved with the situation ▪ Ask leading questions ▪ Assume Information ▪ Make promises ▪ Ignore the allegation ▪ Elaborate in your notes ▪ Panic
* Where a disclosure has been made, staff must let the child know the position regarding their role and what action they will have to take as a result.
* Staff must assure the child that they will keep them informed of any action to be taken and why. The child’s involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.
* This policy needs to be read in conjunction with other policies for the organization including:

**8 The Role Of Key Individual Agencies**

8.1 Child Social Services

The Department of Health’s ‘No secrets’ guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of children and young people at risk of abuse.

8.2 The Police

The Police play a vital role in Safeguarding Children with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

8.3 ROLE OF Safeguarding Manager

The role of the Safeguarding Manager is to deal with all instances involving child protection that arise within the organisation. They will respond to all child and young person protection concerns and enquiries. They will advise the Board and where necessary professional agencies of any issue.

8.4 Role of Line Manager

The role of the line manager is to support the member of staff, trustee or volunteer involved with the incident and to ensure the correct procedures are followed.

▪ Confidentiality ▪ Disciplinary and Grievance ▪ Data Protection ▪ Recruitment and Selection ▪ Safeguarding children and young people

The line manager could, if agreed with the staff member dealing with the incident, make contact with the Safeguarding Manager in the first instance.

The line manager must ensure that all staff within their team are familiar with the organisation’s vulnerable adult protection procedures and ensure that all staff undertakes training, where appropriate.

8.5 Training

Training will be provided to all management/supervisory staff and others who have direct responsibility for Young persons and children. It is also available to all staff.

8.6 Complaints procedure

The organisation has a complaints procedure available to all staff.

8.7 Recruitment procedure

The organisation operates procedures that take account of the need to safeguard and promote the welfare of children, including arrangements for appropriate checks on new staff, volunteers and trustees where applicable.

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