

# Safeguarding and child protection policy

## Introduction

The purpose of this policy is to outline the duties and responsibilities of staff, volunteers, and Trustees, working on behalf of **SickKids**, in relation to safeguarding and child protection procedures.

The key objectives of this policy are to:

- explain the responsibilities **SickKids** and its staff, volunteers, and Trustees have in respect of child protection;
- provide staff with an overview of child protection;
- provide a clear procedure that can be implemented where child protection issues arise.

## Context

For the purpose of this document, a child is defined as a person under the age of 18, in accordance with the United Nations Convention on the Rights of the Child.

All children have the right to protection from all forms of abuse including exploitation (of all types), neglect, physical abuse, and mental abuse, regardless of their age, gender, disability, culture, language, racial origin, religious beliefs, or sexual orientation.

## Legal framework

This guidance reflects the principles contained within the United Nations Convention on the Rights of the Child (UNCRC, ratified by the United Kingdom in 1991) and the Human Rights Act 1998.

Additionally, the Children Act 1989 sets out the legislative framework for safeguarding and promoting the welfare of children, and the Children Act 2004 underpins the Every Child Matters programme.

## The role of staff, volunteers and Trustees

All staff, volunteers and Trustees working on behalf of **SickKids** have a duty to promote the welfare and safety of children.

25<sup>th</sup> November 2015

Review date: 25<sup>th</sup> November 2018.

Page 1 of 7

Staff, volunteers, and Trustees may receive disclosures of child abuse and observe children who are at risk of abuse. This policy will enable staff, volunteers, and Trustees to make informed and confident responses to specific child protection and safeguarding issues.

## **What is Child Abuse?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to prevent harm, i.e. it may be an act of commission or omission. 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.

The 'Working Together to Safeguard Children' guidance published by HM Government defines four categories of abuse as follows.

### *Physical abuse*

This 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.

### *Emotional abuse*

This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless, unloved, or inadequate. It may involve bullying and causing children to feel frightened or in danger.

### *Sexual Abuse*

This type of abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Examples of physical contact include penetrative acts (e.g. rape, buggery, or oral sex) or non-penetrative acts (e.g. kissing, fondling, or masturbation). It may include non-contact activities involving children, for example looking at or be involved in the creation of sexual online images, or encouraging children to behave in sexually inappropriate ways.

### *Neglect*

This is the persistent failure to meet a child's basic physical and or psychological needs, likely to result in serious impairment of the child's health and development. It can include failing to provide adequate food, clothing, and shelter, inadequate supervision, and failing to provide medical help when needed.

## **Procedure in the event of a disclosure or suspicion of abuse**

It is important that children are protected from abuse. All complaints, allegations, or suspicions must be taken seriously. This procedure must be followed whenever an allegation is made that a child has been abused or when there is suspicion that a child has been abused. Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the child. See Appendix 1 of this policy for a practical and structured approach to handling the initial disclosure.

If the complainant is the child, questions should be kept to the minimum necessary to understand what is being alleged and leading questions should be avoided (as use can cause problems for the subsequent investigation and any court proceedings).

A full record shall be made as soon as possible and should include the nature of the allegation and any other relevant information, for example by using the Safeguarding Form in Appendix 2 of this policy. Any record should include information about the date, time, and place where the alleged abuse happened; the name of the person to whom the disclosure has been made and the names of others present at the time; 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; and any details of your suspicions.

## **Responding to an allegation**

Any suspicion, allegation or incident of abuse must be immediately reported to the Designated Child Protection Officer. The Designated Child Protection Officer for **SickKids** is Professor Andrew Rowland. If the allegation relates to the Designated Child Protection Officer, a report must immediately be made to the Director of Nursing for **SickKids**.

The Designated Child Protection Officer, or the Director of Nursing, shall telephone and report the matter to the appropriate local authority (council) social services department's duty social worker. A written record of the date and time of the report shall be made and this report must include the name and position of the person to whom the matter has been reported at social services. The telephone report must be confirmed in writing to the relevant local authority (council) social services department within 24 hours.

## **Confidentiality**

Clear boundaries of confidentiality must be communicated to all. All personal information regarding a child will be kept confidential except when it is suspected that a child under the age of 18 years is the victim of abuse.

Child protection and safeguarding raise confidentiality issues that need to be clearly understood by all. Staff, volunteers, and Trustees have a responsibility to share relevant information about the protection of children with other professionals, particularly investigative agencies.

If a child confides in a member of staff, volunteer, or Trustee, and requests that the information is kept secret, it is important that the child is told sensitively that there is a responsibility to refer cases of alleged abuse to the appropriate agencies for the child's own sake. The child should, however, be assured that the matter will be disclosed only to people who need to know about it. Where possible, consent should be obtained from the child before sharing personal information with third parties. However, in some circumstances, obtaining consent may be neither possible nor desirable as the safety and welfare of the child is the priority.

Where a disclosure has been made, staff, volunteers, and Trustees should let the child know the position regarding their role and what action they will have to take as a result. Staff, volunteers, and Trustees should assure the child that they will keep them informed of the reasons for, and progress of, any action to be taken. The child's involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account as far as possible.

Child protection and safeguarding issues are highly sensitive and staff, volunteers, and Trustees who receive information about children or families in the course of their work should share that information only within appropriate professional contexts. All child protection records should be kept secure.

## **The roles of key individual agencies**

### *Social services*

The Children Act 1989 gives local authority social services the primary responsibility for the care and protection of abused children and children at risk of abuse. It is their statutory duty to ensure that there is an investigation in any case of suspected abuse or significant harm, and that action is taken to protect the child. Social services also take responsibility for convening child protection conferences and strategy meetings, and for managing child protection plans.

### *Police*

In a child protection setting, the overriding priority for the police is the welfare of the child. The police's general duties include the investigation of crimes as well as the prevention of offences being committed and the protection of those at risk of harm. The Children Act 1989 permits the police to take a child into police protection where there is reasonable cause to believe that s/he would otherwise be at risk of significant harm.

### *National Society for the Prevention of Cruelty to Children (NSPCC)*

The NSPCC pursues its objective of identifying and preventing child abuse through consultation and cooperation with social services and the organisation is identified as an 'authorised person' under the Children Act 1989. NSPCC child protection officers are

required to initiate procedures that ensure their own appropriate response to any complaint or request for help on all matters concerning children. NSPCC also runs national child protection helplines.

### **Role of designated child protection officer**

The role of the designated officer is to deal with all instances involving child protection that arises within **SickKids**. They will respond to all child protection concerns and enquiries.

The Designated Child Protection Officer for **SickKids** is Professor Andrew Rowland. Should you have any suspicions or concerns relating to child protection or safeguarding, please contact Andrew via 0161 7365255 or [andrew@sickkids.co.uk](mailto:andrew@sickkids.co.uk).

### **Recruitment and training**

**SickKids** operates procedures that take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff, volunteers, and Trustees where applicable. Training will be provided, where appropriate, to ensure that staff, volunteers, and Trustees are aware of these procedures. Specialist training will be provided for any member of staff or Trustee with child protection and safeguarding responsibilities. Any Trustee who feels in need of additional safeguarding training should speak to the Designated Child Protection Officer for **SickKids** in the first instance.

### **References, internet links and further sources of information**

#### *For adults*

“Working together to safeguard children.” and “What to do if you are worried a child is being abused”, both available to download at [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

[www.everychildmatters.org.uk](http://www.everychildmatters.org.uk)

[www.ceop.gov.uk](http://www.ceop.gov.uk)

[www.childline.org.uk](http://www.childline.org.uk)

[www.thinkuknow.co.uk](http://www.thinkuknow.co.uk)

[www.ceop.gov.uk/reportabuse/index.asp](http://www.ceop.gov.uk/reportabuse/index.asp)

#### *For children and young people*

[www.there4me.com](http://www.there4me.com)

[www.childline.org.uk/pages/yourplace.aspx](http://www.childline.org.uk/pages/yourplace.aspx)

Child Line 0800 1111

NSPCC 0808 800 5000

25<sup>th</sup> November 2015

Review date: 25<sup>th</sup> November 2018.

## **Appendix 1**

### **Responding appropriately to a child making an allegation of abuse**

Stay calm.

Listen carefully to what is being said.

Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets.

Tell the child that the matter will only be disclosed to those who need to know about it.

Allow the child to continue at her/his own pace.

Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer.

Reassure the child that they have done the right thing in telling you.

Tell them what you will do next, and with whom the information will be shared.

Record – in writing and as soon as possible – what was said, using the child's own words. Note the date, time, any names mentioned, to whom the information was given, and ensure that the record is signed and dated.

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. That is a task for the professional child protection agencies, following a referral from the designated child protection officer.

## Appendix 2

### Safeguarding form

Date and time of disclosure/concern:

Name of the individual that the safeguarding concern is about:

Age (if known):

Address (if known):

Date of birth (if known):

Describe your concern and action taken:

Observations to support cause for concern:

Description and location of any visible marks, bruising, etc.:

Name of alleged abuser and their relationship to child (if known):

Signature of person completing the form:

Date form completed: