



CHILD PROTECTION POLICY

1.0 Introduction:

This document is CTS Projects Child Protection Policy which aims to raise awareness of child protection issues when carrying out duties on behalf of the company.

2.0 Responsibilities:

The QESH Manager will have the overall responsibility for communicating this policy to personnel. It is the responsibility of all members of the organisation to adhere to the Policy.

3.0 CTS Projects does not undertake activities with children in the absence of their parents/carers, but has the opportunity to observe the young persons/children's welfare within their family setting. Parents/carers remain responsible for their children's welfare throughout all the work undertaken by the organisation.

4.0 CTS Projects are aware that being a young person makes them vulnerable to abuse by adults. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the organisation are transparent and safeguard and promote the welfare of all young people.

5.0 If any parent or young person/child has any concerns about the conduct of any member of the organisation, this should be raised in the first instance with Serena Hylands (designated child protection contact).

6.0 The principles upon which the Child Protection Policy is based.

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- 6.1 The welfare of a child or young person will always be paramount.
 - 6.2 The welfare of families will be promoted.
 - 6.3 The rights, wishes and feelings of children, young people and their families will be respected and listened to.
 - 6.4 Those people in positions of responsibility within the organisation will work in accordance with the interests of children and young people and follow the policy outlined below.
 - 6.5 Those people in positions of responsibility within the organisation will ensure that the same opportunities are available to everyone and that all differences between individuals will be treated with respect.
- 7.0 Immediate action may be necessary at any stage in involvement with children and families.
- 7.1 If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
 - 7.2 If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.
- 8.0 Recognition of Abuse or Neglect of a child is caused by inflicting harm, or 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.
- 9.0 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a

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child. Physical harm may also be caused when a parent or carer feigns the symptoms, of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.

- 10.0 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 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.
- 11.0 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 (eg rape or buggery) or non-penetrative acts. This may include 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.
- 12.0 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. 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.

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

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

It is good practice to be as open and honest as possible with parents/carers about any concerns.

However, you must not discuss your concerns with parents/carers in the following circumstances:

14.1 where sexual abuse is suspected

14.2 where organised or multiple abuse is suspected

14.3 where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected

14.4 where contacting parents/carers would place a child, yourself or others at immediate risk. What to do if children talk to you about abuse or neglect

15.0 It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations you must:

15.1 Listen carefully to the child. DO NOT directly question the child.

15.2 Give the child time and attention.

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- 15.3 Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- 15.4 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.
- 15.5 Use the child's own words where possible.
- 15.6 Explain that you cannot promise not to speak to others about the information they have shared.
- 15.7 Reassure the child that: you are glad they have told you; they have not done anything wrong; what you are going to do next.
- 15.8 Explain that you will need to get help to keep the child safe.
- 15.9 Do NOT ask the child to repeat his or her account of events to anyone.
- 16.0 Consulting about your concern- The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary. You may become concerned about a child who has not spoken to you, because of your observations of, or information about that child.
- 17.0 It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.
- 18.0 You should consult externally with your local Social Services Department in the following circumstances:
 - 18.1 when you remain unsure after internal consultation as to whether child protection concerns exist

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- 18.2 when there is disagreement as to whether child protection concerns exist
- 18.3 when you are unable to consult promptly or at all with your designated internal contact for child protection
- 18.4 when the concerns relate to any member of the organising committee. Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

19.0 Making a referral

- 19.1 A referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action. 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 except in the circumstances outlined above.
- 19.2 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.

20.0 Confidentiality

- 20.1 The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place.
- 20.2 Information in relation to child protection concerns should be shared on a “need to know” basis. However, the sharing of

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information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection.

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