

# National Deaf Children's Society

## Child Protection Policy

23 April 2010 (Local Groups Version)

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## Section One: Policy and overview

### Introduction

1. Protecting children<sup>1</sup> is everyone's responsibility. Deaf and disabled children are particularly vulnerable to child abuse, so it is especially important to keep a watchful eye for signs of abuse or neglect.
2. This policy applies to everyone who works for NDCS or a local group, whether they are paid or voluntary. Even if you are not sure about what is happening, you **MUST** take advice if you are worried.
3. Child protection professionals will decide whether or not they need to act to keep a child safe. This policy gives an insight into how these decisions are made, and explains what you need to look out for.

### How to use this document

The NDCS *Child Protection Policy* supports your work in protecting children. It is especially helpful to use after you have completed basic child protection training. It will help you to develop good practice and safeguard children. There are slight differences in the way child abuse is defined in different regions of the United Kingdom.

4. There is also information here about some of the signs that might indicate a child is suffering abuse or neglect. The policy contains a clear explanation of what your responsibilities are; it reminds you what to do if a child confides in you. A standard form for logging child protection concerns helps you to record the information clearly and pass it on.
5. This document will also explain the role of the designated person for child protection (see page 35 for more information).

Several flow charts are included to make clear:

- how you should report concerns about possible child abuse
- what happens when the report is referred on by the designated person to one of the statutory agencies dealing with child protection
- how to report concerns about a member of your local group who may be harming a child and what the process is for managing such allegations.

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<sup>1</sup> In law, a child is defined as being newborn to 18 years of age (England) and 16 years of age (Scotland). In this document the word 'child' is used to encompass the full range of children and young people i.e. up to age 18 (England) and 16 (Scotland). People aged either 18 or over (England) or 16 or over (Scotland) may be vulnerable adults and need protecting. See appendix 3 for guidance on protecting vulnerable adults.

6. There is a brief section setting out how to recruit and select staff and volunteers safely, and information about how to manage staff and volunteers to protect both children and adults. There is information about the Criminal Records Bureau (CRB) checks and about the new Independent Safeguarding Authority Scheme which should become fully operational in 2010. A copy of the self-disclosure form that all local group committee members and volunteers are required to complete before starting work with children is also included. (see page 33 & 34).
7. You are strongly urged to read ***Safe Working Practice for Adults who work with Children and Young People*** which is accessible at [\(insert hyperlink to document\)](#) alongside this child protection policy. It explains clearly how all staff and volunteers are expected to conduct themselves in relation to children; it should be fully used in the induction of new staff and volunteers and in the continuing supervision or appraisal of all staff.
8. Finally, there is a helpful list of useful contacts for further information on all aspects of safeguarding children.

## NDCS Policy Statement

9. The National Deaf Children's Society recognises that the welfare of all children and young people is of paramount importance.
10. Safeguarding their welfare is the responsibility of every NDCS and local group worker<sup>2</sup>, whether salaried or voluntary, whatever their role or status. It is also the responsibility of the partners we work with overseas.
11. The procedures outlined below apply to the UK. However, it is NDCS policy that we will expect the partners we work with overseas to support deaf children and their families to develop child protection policies consistent with the *UN Convention of the Rights of the Child* and the child protection legislative framework of those countries. We will support our partners' policies and procedures through the work of Deaf Child Worldwide.
12. NDCS uses the following definition of safeguarding:  
  
*'The process of protecting children from neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully.'*<sup>3</sup>
13. NDCS local group workers have a responsibility to report concerns of suspected abuse or poor practice to a designated person for child protection within their group.
14. The NDCS and local groups are committed to promoting the seven key themes found in the *UN Convention on the Rights of the Child* and reflected in the objectives for children's services in the four countries of the UK:
  - Being healthy
  - Staying safe, including being free from abuse, victimisation and exploitation
  - Having a nurturing place to live
  - Enjoying, learning and achieving
  - Making a positive contribution and being listened to
  - Achieving economic well-being
  - Security, stability, and a respect for the human rights of children
15. Staying safe includes safety from abuse, accidental death or injury, bullying, discrimination, crime and anti-social behaviour. This policy is about keeping children safe from abuse.

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<sup>2</sup> The term 'worker' refers to both paid and voluntary members of staff.

<sup>3</sup> *Working Together to Safeguard Children* (2006)

16. All children, whatever their age, culture, disability, gender, language, ethnic origin, religious belief or sexual orientation have the right to be protected from abuse.
17. Although very little research has been done in the UK regarding the vulnerabilities of deaf children, we know from studies around the world that deaf children are more vulnerable to neglect, emotional, physical, and sexual abuse than children in the general population. (Sullivan, Vernon, & Scanlan, 1987)
18. Research indicates that deaf children are over twice as likely to be abused as hearing children – e.g. “20% of deaf children had been abused compared to a prevalence rate of 9% among the non-disabled child population” (Sullivan and Knutson, 2000).
19. Children with communication disorders are more likely to be physically and sexually abused than children without these disorders. (Sullivan & Knutson, 1998)
20. As a result of this research we are aware that children and young people<sup>4</sup> whose families are receiving a service from NDCS and/or local groups are deemed to be especially vulnerable to abuse because of their deafness and in some cases other disabilities. Workers have a duty to be vigilant in monitoring their welfare.
21. Any other child with whom a worker may come into contact in the course of NDCS duties has the same right to be protected from violent, threatening or degrading treatment.
22. Each child should be treated as an individual, encouraged to express their own needs and wishes, and be listened to by the worker.
23. Children’s complaints and concerns will be taken seriously and responded to swiftly and appropriately.
24. NDCS and local group workers will work co-operatively with all agencies who share responsibility for protecting children from abuse.
25. The NDCS encourages working in partnership with children, parents and carers, whenever possible, where there are concerns or suspicions about child abuse.
26. All workers that have direct contact with children and their families will be recruited, trained and supervised to ensure that they are properly equipped to:
  - identify where there may be a concern
  - know how to obtain speedy and professional advice
  - refer concerns appropriately to specialist workers as necessary

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<sup>4</sup> The terms ‘child’ or ‘children’ include reference to ‘young persons’ and ‘young people’.

- contribute to the maintenance of a safe working environment and protect themselves from allegations of abuse
27. NDCS local groups will ensure that those who work with children and their families are subject to the appropriate level of criminal records check prior to their appointment. From July 2010, all staff and volunteers who work directly with children and young people will also be required to be members of the Independent Safeguarding Authority Scheme (ISA).
  28. The ISA service extends to England, Wales and Northern Ireland, although arrangements for application and appeals differ slightly in Northern Ireland.
  29. A separate but aligned scheme known as The Protecting Vulnerable Groups Scheme (PVG Scheme) is being set up in Scotland under the Protection of Vulnerable Groups (Scotland) Act 2007. Anyone included on a Barred List in Scotland will also be barred from working with children and vulnerable adults across the UK.
  30. All workers are required to work within the **Safe Working Practices for Adults Who Work with Children** document. [\(insert hyperlink\)](#)
  31. NDCS local groups are committed to respond to any allegations of abuse promptly and to implement the appropriate disciplinary and appeals procedures as necessary.
  32. Confidentiality will be upheld in line with current data protection and human rights legislation.
  33. The NDCS and Local Groups team will review this policy annually.

## Section Two: NDCS child protection procedures

### What to do if a child tells you about abuse or if you are concerned about a child's welfare?

34. The meaning of 'tell' is very broad in this context. Often, it is not what a child says or signs, but what s/he does, or does not do, that alerts you. A child may be frightened to talk or sign about what is happening at home. Sometimes, communication difficulties have made speech or sign impossible. A child may display sudden or strange changes of behaviour, for example angry outbursts or complete withdrawal. A child might become unusually dirty or dishevelled, may lose weight dramatically or look exhausted. Changes in behaviour or appearance that worry you must be passed on. It may be that what is happening has nothing to do with child protection. But there may still be a need for support in other ways. So the agencies that can offer this help need to be alerted.

- **Listen carefully.** Most children find it difficult to talk about abuse. If they have summoned up the courage to talk to you, it is because they believe you can help. Now is not the time to be working out whether what you hear can possibly be true.
- **Let the child lead the pace.** Try not to ask questions. Don't jump in to fill pauses. Keep the conversation going with encouraging nods, attentive eye contact and repetitions of what has been said or signed.
- **Once is enough.** Once you know you will have to report what you have been told, don't ask the child to repeat what s/he has said. Make sure the child knows that s/he is not alone, and that you are taking what s/he says seriously. You will be getting help from someone who knows what to do in this kind of situation.
- **Be honest.** Answer the child's questions as honestly as you can; if you don't know the answer, say so, but say you will try to find out.
- **Don't investigate, don't confront.** Your job will be to pass on the information, not to investigate. Don't confront the alleged abuser; this will not be helpful and may cause difficulties for any investigation.
- **Remember the boundaries of confidentiality.** Never promise total confidentiality if you are told about possible abuse. You will almost certainly have to share the information in order to help keep the child safe. If a child wants to tell, but wants a promise of confidentiality first, tell the child that you will keep a secret if you possibly can, but if you believe that the child or anyone else might be harmed, you will have to tell someone. If the child is not able to say anything more, you can help them find some privacy and a telephone to contact Childline (0800 1111 or textphone 0800 056 0566 for hearing impaired children). This is a totally confidential service.
- **Seek advice.** Explain to the child that this kind of thing happens to a lot of children; that's why you are able to talk to people who

know what to do to help. Enlist the support of your designated person in making a confidential report. Even if the account the child has given seems vague or unlikely, still take advice from social services/social care. You can do this, if necessary, by discussing the situation without mentioning any names.

- **Keep contact numbers handy.** Some general contact numbers are given at the end of this document. But it's useful to have the numbers for your local police, social workers and other useful organisations in your area ready to hand. Make a note of them in the space provided in Section 3 on page 41.

35. In conclusion, your job is to **listen, support and pass information on**. Then let the experienced professionals take over, and co-operate with them in any way that you can to protect the child.

### **What to do if a child tells about abuse or you have concerns about a child's welfare out of hours or away from home**

36. In an out-of-hours situation, at an event for example, the immediate decision you will face is whether the child is safe to go home; for example, you will need to consider what to do if the alleged abuser is likely to be there. If you believe the risk to the child is serious and immediate, or the child does not feel safe to go home, call the local emergency duty team (children's social care/ social services) or the police. Make clear that this is a child protection matter and take advice on what to do next.
37. As soon as possible after receiving the information or becoming aware of the concern:
- **Make a careful log of what has happened:** what the child told you (use the child's own words as closely as you can); what you saw and heard; when and where the alleged abuse took place; who was involved, when and where the child told you about it.
  - **Log any calls you make** e.g. to children's social care/social services team or the police. Put a full date and time on the log. (See the Child Protection Incident Form on page 30 - 32.)
  - **Contact your designated person (DP)** to report what has happened and seek advice. Go over the log together to make sure it is clear, then give it to the DP for filing in a secure place. It might be needed by other agencies.
  - **The designated person should call the appropriate children's social care team<sup>5</sup> (local to the child's address)** if you have not already made an emergency referral. Make sure s/he has to hand as much information about the child as possible i.e. name(s), address and date of birth etc. This may be obtained from an event registration form, if the child is attending a local group event.

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<sup>5</sup> In England/Wales, this will usually be called the children's social care team, but in some parts of the UK it may have a different name, e.g. children's social services. You need to speak to the duty child protection worker.

- **The designated person will seek advice on whether or not to inform the parents or carers of the referral, and will:**
- **Follow up the call with a written note** (s/he will be advised about what needs to be included in it by the social worker who takes the call).
- **The designated person will keep copies of your log and any logs of further actions ensuring they are available where required.**

38. If the designated person for your group is not available and you believe the child is in imminent danger, contact the police and explain that this is a child protection call. They will advise you on what to do next.

## **What to do if you have concerns about an adult who works with children?**

39. Sometimes, adults deliberately seek work or positions as a volunteer that will give them ready access to children for sexual abuse. There may be others who would be horrified at the thought of harming a child, but who nonetheless unintentionally put children at risk, or actually harm them.
40. Ideally, you should be working in an ethos of open and honest comment. So if you are worried about something a colleague does, you can talk directly to him/her about it at an early stage – just as s/he would talk to you if your practice was not quite following safer practices guidance when working with children. Then you would only need to refer the concern if the colleague's behaviour didn't change. This open and honest relationship between those who work with children protects children but also protects the worker from misunderstandings and false allegations.
41. NDCS has a clear, comprehensive **whistle blowing policy** (see page 37) to help you protect children from those who might put them at risk. You have a duty to seek advice from your designated person where you observe:
- a lack of appropriate boundaries e.g. in physical contact;
  - personal issues affecting behaviour with children;
  - ignorance of, or refusal to accept, health and safety issues;
  - an uncontrolled tendency to lash out when angry;
  - special attention to a child or group of children that singles them out from the rest of the group;
  - attempts to make contact with children outside the work environment;
  - flouting of guidelines for behaviour with children;
  - possible targeting and grooming of individual children;
  - a child's disclosure of abuse or of behaviour that has made the child feel unsafe

42. If the designated person is the person about whom you have concerns, contact the appropriate social care team or the police.
43. Reporting the behaviour of a colleague is usually an uncomfortable situation, particularly if you are unsure about what is happening. You might be worried that you are over-reacting and that you might be wrong. It is useful to consider what could happen if your concerns are well-founded and you fail to act: it is very likely that children will come to harm. So it is better to be safe than sorry. Your role is to pass on concerns, not to investigate their merit. You have no option but to pass on behaviour in a colleague that worries you.
44. The **whistle blowing policy** (see page 37) is designed to protect you during the process of investigation; if your concerns turn out to be mistaken, you should not be made to feel that you were wrong to bring them to anyone's attention. Whistleblowers are protected by the law.
45. For further information and how to refer, turn to the flowchart on page 29

### **What to do if you have concerns about a child or young person who might be harming other children?**

46. It is important to be aware that children can abuse other children. It is therefore important to understand the difference between consenting and abusive, and between appropriate and exploitative peer relationships. Staff and volunteers should not dismiss some abusive sexual behaviour as 'normal' between young people, and should not develop high thresholds before taking action.
47. Therefore when another child or young person within or outside the family alleges abuse of a child, the child protection procedures must be followed in respect of both the victim and considered in relation to the alleged abuser.
48. The needs of children and young people who abuse other children should be considered separately from the needs of their victims, and an assessment should be carried out in each case. They may also be in need of protection. The perpetrator of abuse should therefore also be referred to the statutory child protection agencies.

## Significant Harm

49. The child protection framework deals with families, or those who have a family-type responsibility for children. It is different from the criminal process, although in very serious cases of abuse there will be criminal and child protection enquiries going on side by side. The priority for good child protection work is to ensure that children are in the best possible situation for their potential to be fulfilled as they grow. For most children, even when parenting styles cause concern in the community, outcomes for the child are best if a child grows up in his or her own family.
50. The concept of Significant Harm is outlined here for information. However, the decision about whether or not a child is at risk is a decision to be taken by the statutory child protection agencies, not employees or volunteers in NDCS or local groups.
51. **The concept of Significant Harm (or threshold of risk, in Scotland), is the threshold between children who might be in need of support or services from the local authority, and children who are simply not safe at home, and need protection. If you are concerned about a child, you MUST seek advice.**
52. To cross that threshold into Significant Harm, the child protection agencies must agree that:
  - the child has suffered, OR is likely to suffer, significant harm already, AND
  - this harm or likelihood of harm is a result of the parental care of the child.
53. It's a difficult concept, because 'significant' is open to interpretation. Each child has to be considered individually. Even in the same family, one child might cross the threshold and a sibling might not. Significant Harm could be the result of one incident – a physical beating, a serious sexual assault, for example. But sometimes it is more difficult to recognise; the threshold is reached after repeated activity or damage building up over a period of time. Emotional abuse and neglect often fall into this pattern. This is why it is so important to keep careful records of any concerns, as they build an accurate picture of what has been happening and what changes you may have seen in that child.
54. Remember to consider the **impact on the child** when abuse occurs, whether it is a one-off event or the result of continuous concerns. However much sympathy you might have for the stress parents are suffering or the difficult situation they are in, you have a duty to refer if you are worried.
55. **If you have any doubts about whether or not you are looking at Significant Harm, always refer on to someone who has the skills and experience to help you decide.** It is better to be cautious than

risk harm to a child. Remember, you do not have to have evidence of harm to a child: if you believe that a child *might* be at risk of harm that is enough to trigger asking for advice.

56. See page 38 for useful contacts for advice and support if you suspect a child might be at risk.

## **Definitions of abuse: England and Wales**

### **Physical abuse**

57. 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. Please see appendix 1 for additional information on smacking.

### **Emotional abuse**

58. Emotional abuse 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 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 the 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 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.

### **Sexual abuse**

59. 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, 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.

### **Neglect**

60. 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 and 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 or 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-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include the neglect of, or unresponsiveness to, a child's basic emotional needs.

## **Definitions of abuse: Northern Ireland**

61. Significant Harm is identifiable under four headings:

### **Physical Abuse**

62. Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour. Please see Appendix 1 for additional information on smacking

### **Emotional Abuse**

63. Emotional abuse is the persistent 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, or valued only insofar as they meet the needs of another person. 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. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

### **Sexual Abuse**

64. Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

65. Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive.

## **Definitions of Abuse: Scotland**

### **Physical injury**

66. This can involve hitting; shaking; throwing; poisoning; burning or scalding; drowning; suffocation, or otherwise causing harm to a child. As a result of the Criminal Justice Act (Scotland) 2003 it is regarded as an assault to:

- hit any child under three years
- hit a child of any age around the head
- hit a child with an implement.

Please see Appendix 1 for additional information on smacking.

### **Physical neglect**

67. This occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care, including deprivation of access to health care, may result in persistent or severe exposure, through negligence, to circumstances which endanger the child.

### **Non-organic failure to thrive**

68. Children who significantly fail to reach normal growth and developmental milestones (i.e. physical growth, weight, motor social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

### **Emotional abuse**

69. Failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child.

There are three tiers of concern:

- Parental attributes e.g. mental health, domestic violence, substance misuse
- Forms of adult ill-treatment e.g. denigration, rejection, inappropriate expectations
- Indicators of impairment in the child's development e.g. behaviour, educational attainment

### **Sexual abuse**

70. Involves exploiting the child, by design or neglect, directly or indirectly, in any activity intended to lead to the sexual gratification of a person or group of persons, including organized networks. This definition holds whether or not there is genital contact, or consent from the child.
71. Indicators of sexual exploitation, particularly between young people, include:
- lack of consent
  - inequalities of age, development or size
  - actual or threatened coercion
72. Responsibility and motivation are key factors in determining harm.

## Indicators of abuse: introduction

73. There can never be a definitive list of signs and symptoms of abuse. Children are all individuals and the spectrum of abuse is very wide. Below are some of the common signs that are seen in abused children. However, many of them can be explained by something other than abuse, and many abused children behave in a way that is not described below.
74. Deaf children may already be facing difficulties with communication and other aspects of deafness, which can affect the family or child's behaviour and make problems more difficult to detect. There are likely to be many people involved in the care of a deaf child, and if abuse is suspected, there may be quite a few people who had the opportunity. Also, deaf children may have problems with communicating clearly what has happened to them. Yet a clear account of what has happened is an important part of the protection process.
75. Children with special needs are, unfortunately, significantly more at risk from abuse, especially sexual abuse. Any sudden change from a child's typical behaviour, or any situation where your instincts tell you something is not right, should be discussed with your designated person.

## Indicators of physical abuse

76. Parents have the right to reasonable discipline of a child, but if an injury is left on a child as a result, the line has been crossed. (In Scotland, hitting a child who is under the age of three, or hitting any child on the head area, is also considered to be unreasonable).
77. **Always ask about an injury.** Use an open, non-threatening question e.g. "How did that happen?" Ask the child rather than the parent, unless communication with the child is not possible. If the injury you see does not fit the explanation, or if there is something about the reaction of the child or adult that makes you suspicious, always seek advice.
78. Typical indicators of physical abuse include:
  - **black eyes**
  - **'fingertip' bruises that seem to have been made by a hand, or marks that show something that has been used to hit the child;**
  - **signs (or disclosure) of over-restraint** (e.g. tying a child up);
  - **poisoning** (resulting from giving a child inappropriate drugs or alcohol)
  - **locking a child up;**

- **denying access to food or to equipment** e.g. hearing aids or a walking frame needed by a child who uses one;
  - **factitious illness** (this used to be called Munchausen's syndrome by proxy). A factitious illness is one that the carer has deliberately induced (e.g. with drugs) or that the carer pretends is there, allowing the child to undergo medical examinations and treatments that are not necessary.
79. Use the Incident Report form (pages 30 - 32) to make a note of exactly where on the child's body an injury was, and what it looked like. This will be very helpful to the child protection professionals who will help you deal with the situation. Be as detailed as possible: for example, rather than "a bruise on her face", say "a bruise the size of a five pence piece just above the left cheekbone".
80. **Speedy action is vital** in physical abuse; it is the abuse most likely to result in serious injury or even death if it happens again.

### Indicators of sexual abuse

81. Sexual abuse covers a wide spectrum of behaviour. It may involve no physical contact at all, for example if children are shown pornography or made to pose for pornographic images. What these behaviours have in common is that **the contact is being sought for the sexual gratification of the adult, who exploits the child for his or her own gain.**
82. The indicators shown below are not necessarily signs of sexual abuse, but they are often found in sexually abused children. Seek advice from your designated person promptly, if you are worried about sexual abuse. Do not talk to the parents/carers about it without taking advice first.
- **Sexual behaviour beyond a child's years.** Very young children often inadvertently disclose abuse because they copy patterns of behaviour that show a really advanced sexual knowledge that is way beyond that of their peers.
  - **Reckless behaviour, self-harm, withdrawal or sudden aggression** These behaviours are certainly likely to be indicators of distress; they may or not be abuse, but either way the underlying cause needs to be addressed.
  - **Injuries around the genital area or recurrent and unexplained urine infections** can indicate abuse and may in any case need medical attention.
  - **Fear of certain places or people.** Of course, some children develop what appear to be irrational fears for all sorts of reasons, but a fear that is sudden, or unusual, may be an indicator of harm.
  - **Explicit drawings or writing** can be a way of re-living abuse, or perhaps trying to make sense of what has happened. These behaviours can be repetitive and compulsive.

83. **Sexual abuse is almost always (over 90%) perpetrated by someone the child knows and trusts.** Children with special needs may be specifically targeted because of communication difficulties or a sense of isolation from their peers and/or family. Often, a relationship is built with the child and the family before abuse begins, making it even harder for the child to tell.
84. In addition to the information provided in this document that refers to sexual abuse staff and volunteers are required to read this policy in conjunction with the **NDCS Sexual Health Policy**.

## Indicators of Emotional Abuse

85. 'Persistent' is the key word. No parents behave impeccably towards their children all the time; they get tired, stressed, perhaps unwell. The threshold is crossed when the child is receiving a drip-feed of negative or uncaring messages: children grow up feeling worthless, unloved or only loved as long as they measure up to the standards of what the parents considers to be a 'good' child. Emotional abuse can lead to:
- **global delay** for which no underlying cause can be established
  - **fear of trying anything new**, which can be either because children have been taught to believe they will fail, or because they have been so over-protected they see the world away from their parents' authority as a frightening place. Where a child has a disability parents can easily become over-protective and feel unable to let the child take any risks at all.
  - **sudden inexplicable rages**, perhaps because the expression of anger is never allowed at home, or is dealt with aggressively;
  - **inability to deal with the normal range of emotions shown in others.** For some emotionally abused children other people's emotions can be overwhelming and they will react aggressively; others are bewildered or, having learned that their emotions will not have any impact, they adopt a calm, smiling or blank (sometimes called a 'scorched earth') expression whatever happens.

## Indicators of neglect

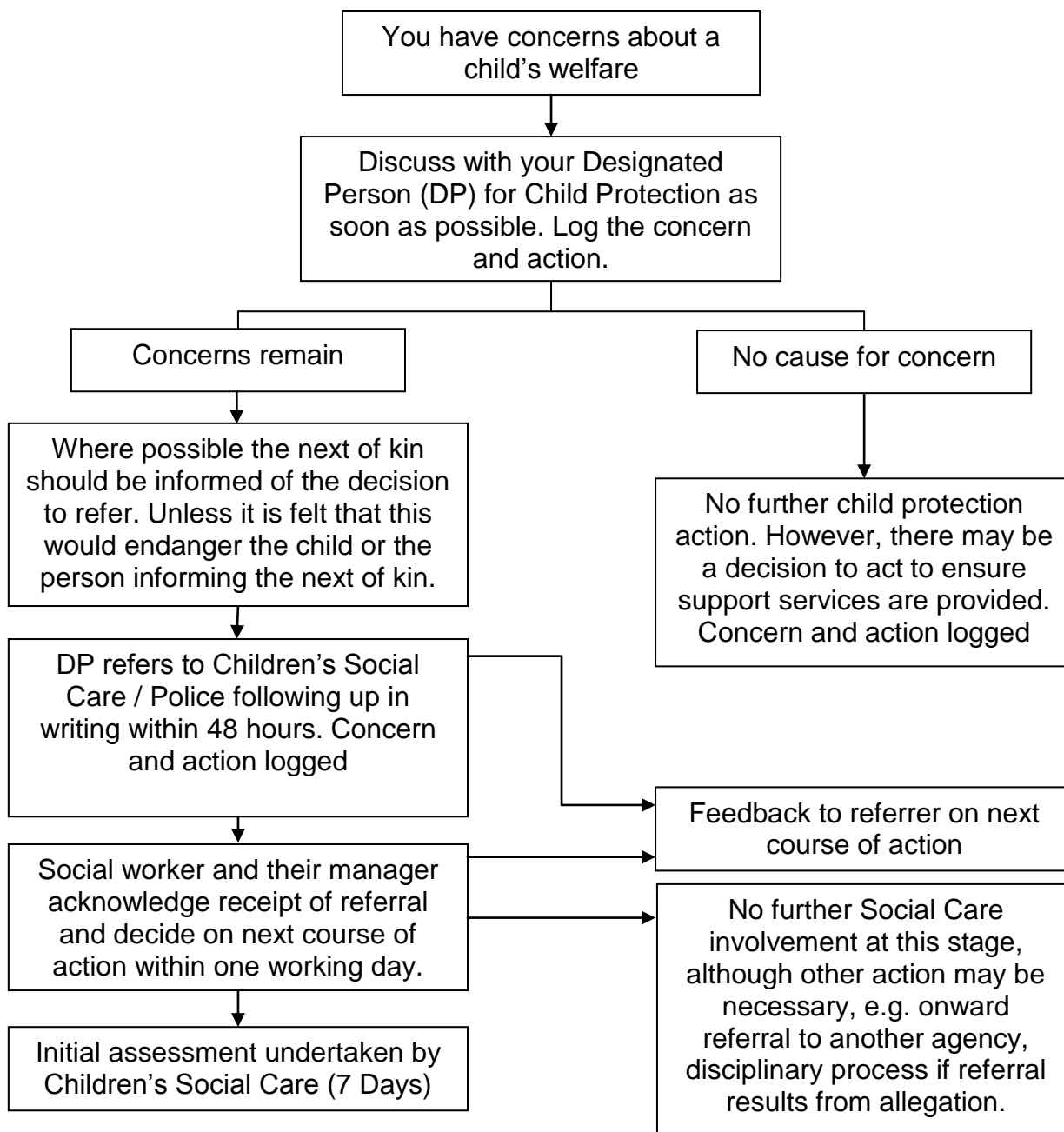
86. *NB in Scotland, this category is divided into two headings: Physical neglect and Non-organic failure to thrive. See page 16 for detailed definitions.*
87. Neglect and emotional abuse are both considered on a spectrum, with a range of different problems that often overlap with each other.
88. With very young children and babies, the threshold for harm is reached much more quickly, and they may not be involved in any activities outside the home that would enable professionals in the statutory agencies to see the effects of neglect. Therefore, if you have concerns about the neglect of an infant or young child in a family you

are visiting, take advice promptly from your designated person and consider contacting the health visitor for the family.

- **Undersized, pinch-faced, malnourished appearance**, particularly in a child where there is not a known medical condition to account for this.
- **Extremely dirty/smelly appearance**, particularly to the point where the child's peers refuse to play with him/her.
- **Missed health care appointments, refusal to take a child to the doctor**. Neglect can be seen in the parent who is too busy with their own concerns to take the child to health care appointments, or to make sure necessary medical equipment is maintained.
- **Lack of response to a child's social/emotional needs**, often observed through the lack of interaction with the child at home. With a deaf child, it might be seen in parents who make no attempt to learn how to communicate, leaving the child out of family conversations etc.

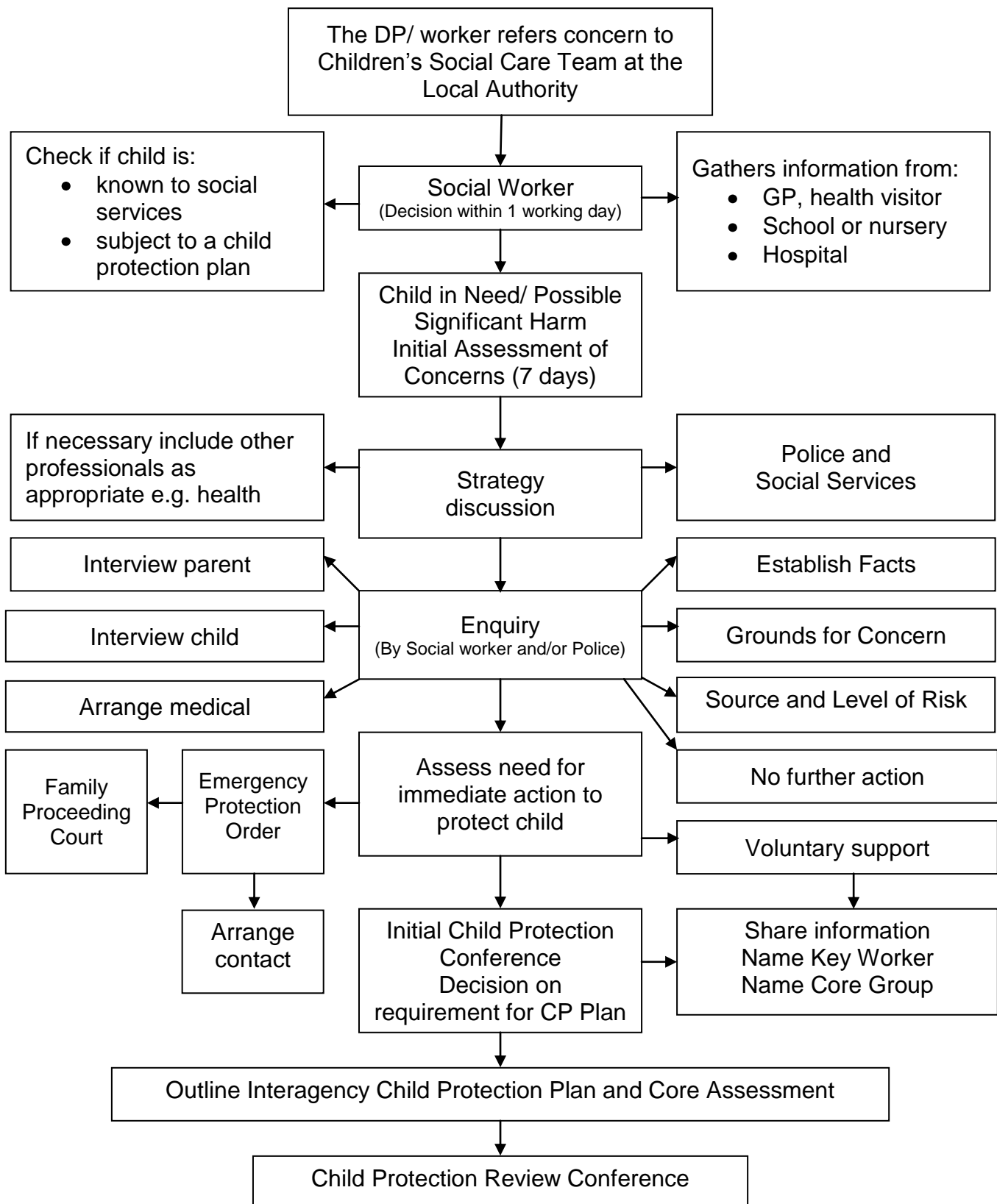
89. Neglect, like emotional abuse, is centred on 'persistent' activity. Many families go through short periods of stress where the care of the children is poor, but if this becomes a persistent pattern of behaviour, the child will be at risk of significant harm.

## Reporting child protection concerns flow chart



**It is essential that any NDCS or local group worker who suspects or knows of abuse raises their concerns in line with the procedures contained in this section. Failure to report concerns may lead to the group taking disciplinary action, for example in the case of volunteers, suspension pending investigation.**

## Referring on: what happens next



## **The responsibility of the NDCS local group after a referral is made**

90. If the statutory child protection agencies decide a child is at risk of significant harm, a child protection plan will be formed in order to try and keep the child safe and support the child and family appropriately in taking measures to lower the level of risk. Wherever possible, work will be done to try and keep the child within the family. But if the child cannot be safe there, despite everyone's best efforts, the child will be looked after by the local authority instead of the parents.
91. The role of NDCS/the local group is to support the statutory agencies in seeking the best outcome for the child. This responsibility may not end at the referral stage:
  - If the statutory agencies record or investigate your concerns but decide to take no further action, parents may want to know why a referral was made.
  - An inter-agency strategy meeting may be called to discuss the situation and the designated person may be asked to attend.
  - There may be a request from other agencies to contribute to the child protection plan that is formed for a child who has been referred.
92. The staff member or volunteer who recognised the possible abuse, or who heard the disclosure from the child, may require appropriate debriefing and emotional support from an external source. Local groups can draw on local resources for appropriate support.

## Section three: Creating a safeguarding organisation and culture

### Recruiting, selecting and managing staff and volunteers safely

93. NDCS and local groups know that it is possible that unsuitable people may attempt to get work in our organisations. Deaf and hearing-impaired children, and any child with a disability, are more vulnerable to abuse, especially sexual abuse. All workers need to be aware that risky individuals who seek to get access to children may 'slip through the net' and gain work, either as volunteers or as paid members of staff. It could happen.
94. The best way to ensure that only the most suitable people are recruited to work with families is to have rigorous recruitment and selection policies. NDCS and the local groups' recruitment and selection policies are designed to deter unsuitable individuals from seeking work with us.
95. More information about the safeguarding roles and responsibilities within the NDCS local group can be found on pages 35 - 36.

### Criminal Records Bureau (CRB) checks

96. All newly appointed committee members are required to undergo an Enhanced CRB check. In addition volunteers and paid staff are required to undergo an Enhanced CRB check when contact with children is likely to be:
  - activity involving contact with children or vulnerable adults and is of a specified nature (e.g. teaching, training, care, supervision, advice, medical treatment or in certain circumstances) on a frequent, intensive and/or overnight basis;
  - activity involving contact with children or vulnerable adults in a specified place (e.g. schools, care homes, etc), frequently or intensively. N.B. 'Frequent' is defined as once a month or more 'Intensive' is defined as three or more days in a 30 day period or overnight.
97. CRB checks for volunteers are free of charge.
98. We work with the Criminal Records Bureau (in England and Wales), Disclosure Scotland, and Access NI (in Northern Ireland) to obtain relevant information about potential employees and volunteers. **No new volunteer or employee is permitted to come into direct contact with children until their disclosure form has been cleared.**
99. The NDCS employs an outside organisation, Complete Background Screening, to process checks on behalf of local groups.

100. Application forms and accompanying guidance notes can be obtained from:

**Rachel Bedgood, Emlyn House, 36 Robert Street, RCT CF37 3DY**  
**Tel. 01443 799 307**  
**Fax: 01443 790 090**  
**Email: rachelb@cbscreening.com**

## **Self- disclosure**

101. All candidates who will be working with children are required to complete a self-disclosure declaration as part of their application. The declaration requests information about any concerns there may have been in the past about conduct with children, as well as any criminal convictions, cautions and bind-overs. This is done in addition to – never instead of - the CRB check.
102. The self-disclosure form used by NDCS local groups is shown on pages 33 - 34.

## **The Independent Safeguarding Authority (ISA) Scheme**

103. The Independent Safeguarding Authority (ISA) Scheme was recommended by Sir Michael Bichard in his report following the enquiry into the murders of two young girls in Soham, Cambridgeshire in 2002. The 2006 Vulnerable Groups Act says that all individuals who seek work with children have to be registered with the ISA. The register will confirm that ‘there is no known reason why an individual should not work with children’.
104. Anyone who knowingly seeks work with children (or vulnerable adults) without first joining the Scheme, or anyone who knowingly employs them, will be committing a criminal offence. All workers who want to work with children will have to provide their membership number before they can be employed. This part of the Scheme will be ‘phased in’, starting from 26 July 2010. Once it is in place, employers will be able to undertake a quick on-line check to find out if an individual is ISA registered. If at any time a worker becomes barred from work with children, employers will be notified by the ISA.
105. All statutory bodies are required to refer concerns about individuals they employ to the ISA, which will look at whether the person should be barred from working with children. The ISA will keep all information on file and will inform the employer if and when the threshold for barring has been met.
106. The ISA Scheme and CRB checks will run side by side. More details about the scheme will be provided closer to the time of the launch.

## The Protecting Vulnerable Groups Scheme (Scotland)

107. The Protecting Vulnerable Groups Scheme (PVG Scheme), which delivers on the provisions outlined in the Protection of Vulnerable Groups (PVG) (Scotland) Act 2007 will:

- help to ensure that those who have regular contact with children and protected adults through paid and unpaid work do not have a known history of harmful behaviour;
- be quick and easy to use, reducing the need for PVG Scheme members to complete a detailed application form every time a disclosure check is required;
- strike a balance between proportionate protection and robust regulation and make it easier for employers to determine who they should check to protect their client group.

108. The PVG Scheme will be managed and delivered by Disclosure Scotland which, as an agency of Scottish Government, will take on additional responsibilities. This will include taking decisions, on behalf of Scottish ministers, about who should be barred from working with vulnerable groups.

### Induction for new members of staff and volunteers

109. Even a careful and safe recruitment and selection process cannot solely be relied upon to ensure that all newly recruited staff and volunteers are suitable to work with children. Induction of staff or volunteers is a very important tool to keep children safe, and gives clear information about proper behaviour with children.

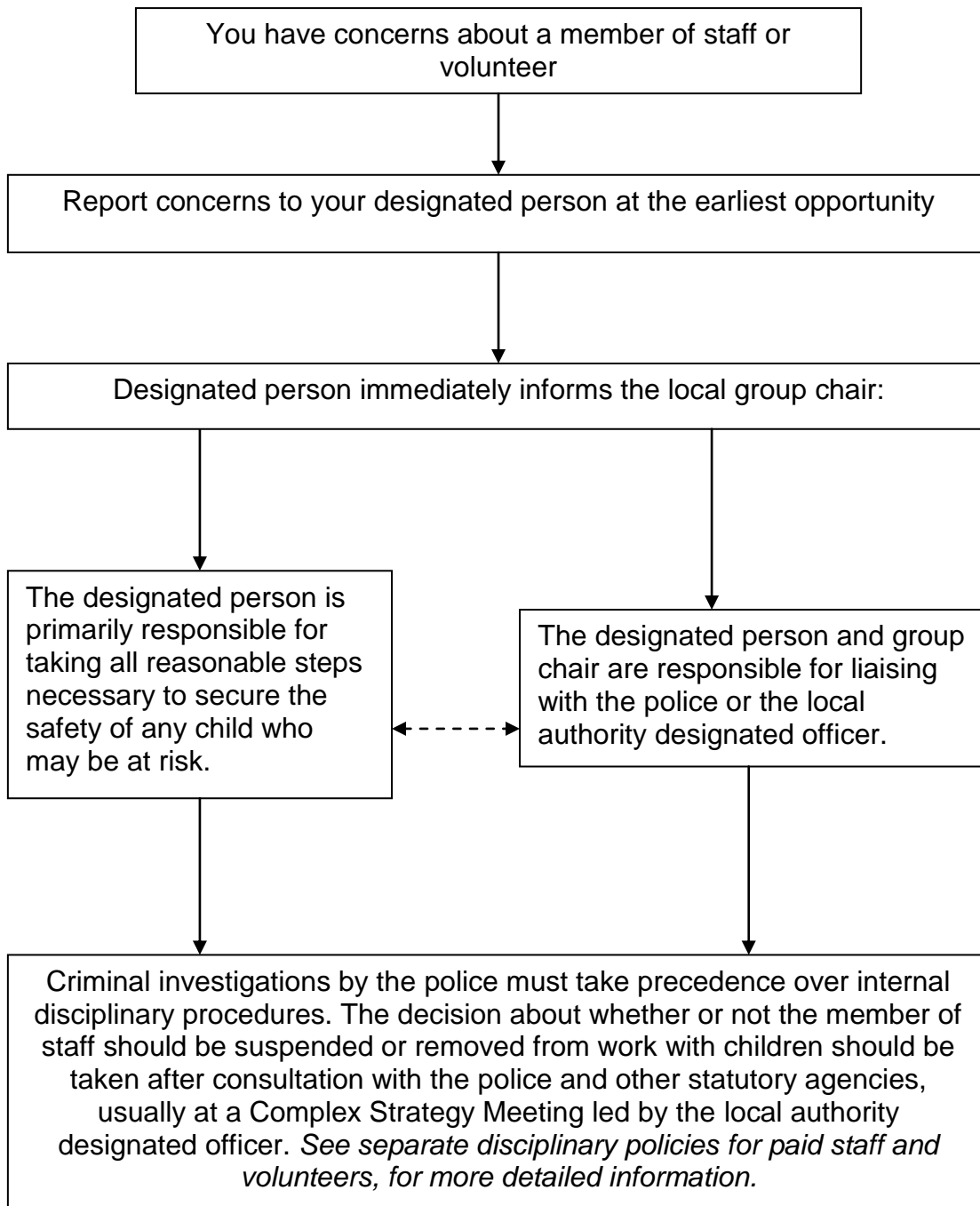
110. All new staff and volunteers are required to complete an induction, usually led by a committee member. This will show them the requirements of their role and reinforce the principles of NDCS and local groups. As part of this induction, all newly appointed staff and volunteers agree to work within the **Safe Working Practice for Adults who work with Children and Young People** document ([insert hyperlink](#)) they are required to sign an agreement to this effect. Where workers will work directly with children, whether or not they are supervised, they are required to countersign and date this document, a copy of which should be kept on file by the group secretary. In addition, all newly appointed staff and volunteers are required to read and understand the NDCS *Child Protection Policy* and the **Whistle blowing Policy** (See page 37).

111. Everyone is responsible for safeguarding children; best practice should be for all members of staff and volunteers to have access to supervision from a named person and regular discussions and appraisal with their line manager. (Local groups will need to determine if they are able to reach this standard given their resources and circumstances).

112. NB. Detailed information about safer recruitment and selection practices can be found by accessing the **NDCS Safe Recruitment and Vetting Policy**. **(insert hyperlink)**

## Responding to allegations about the behaviour of a member of staff or a volunteer of an NDCS local group

If any members of staff or volunteers have any concerns about the behaviour of colleagues with regard to children they should follow the procedure shown below.



**In the case of a member of staff or a volunteer reporting concerns about a colleague, appropriate support should be provided for all relevant workers in accordance with the Whistle blowing Policy.**

**Section four: Supporting documents and contact information**  
**Child protection incident report form**

Child's name	Date of birth
Ethnicity	Religion (if known)
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Parents/next of kin name(s) 1) 2)
Address	Telephone Textphone
Level of deafness	Communication method
Aid used (i.e. hearing aid)	Additional needs
Date of concern/incident (dd/mm/yy)	Time of concern/incident (dd/mm/yy)

Describe the incident as factually as possible. Include who was involved (any other children and/or adults present), where it happened, exactly what happened etc. Remember to describe clearly any behavioural or physical signs you have observed.

Please give brief details of any previous involvement with this child/young person.

Have you spoken to parents/carers about the incident? If yes, please give details of their response.

<b>To whom reported</b>		<b>Date &amp; Time (dd/mm/yy)</b>	
<b>Your name and position</b>			
<b>Signature</b>		<b>Date of report (dd/mm/yy)</b>	
<b>Designated person's signature</b>		<b>Date &amp; Time (dd/mm/yy)</b>	
<b>Further action recommended as a result of the concerns (to be completed by the designated person)</b>			
<b>Outcome (to be completed by the Designated Person)</b>			

**Designated person should keep form safe and available for child protection professionals.**

**Make sure that your report is clear now – and will also be clear to anyone in the future who reads it who may not have pre-existing knowledge of this concern/incident.**

Ensure that:

- ✓ it is written in clear language and makes sense
- ✓ it is concise
- ✓ all important details have been included
- ✓ you have separated fact from opinion and only given your opinion where you have substantiated it with factual information
- ✓ you have signed, timed and dated this account

**This form maybe made available to individuals involved in the incident under freedom of information laws.**

## **NDCS self disclosure form**

The principle that the welfare of children and young people must be the paramount consideration is at the core of child protection work in the United Kingdom. NDCS and local groups fully support this principle. Therefore, everyone connected with NDCS or any related local groups, who will come into contact with children or their personal details, must complete and sign this declaration.

**1. Have you ever been convicted of any criminal offence? Please include cautions and bind-overs as well as convictions.**

Yes  No

**2. Does your name appear on the Independent Safeguarding Authority list of individuals who are barred from working with children (formerly known as List 99 and the Protection of the Children Act List)?**

Yes  No

**3. Have you ever been the subject of a disciplinary hearing by any professional body?**

Yes  No

**4. Have you ever been the subject of any allegation, concern or disciplinary process in relation to your contact or care of children by any official body?**

Yes  No

**5. Have you ever been dismissed or been asked to leave employment or voluntary activity due to allegations of inappropriate behaviour towards a child?**

Yes  No

**6. Have you ever been disqualified from working with children or young people?**

Yes  No

If you have answered 'yes' to any of these questions please include a statement setting out the details and context of the situation in a separate envelope addressed to the Chair of your Recruitment and Selection Panel.

This declaration must be signed and returned to the designated person prior to commencing any direct work with children and young people.

I confirm that the above information given by me is correct and that I consent to my personal data being processed and kept for the purpose of safeguarding  
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and promoting the welfare of children and young people in accordance with the Data Protection Act 1998.

**Name** .....

**Role** .....

**Signature** .....

**Date (inc. year)** .....

## Designated person roles and responsibilities

113. The designated person takes responsibility for the overview of child protection cases. Because of the 'jigsaw' nature of child protection work, it is important that the designated person can keep clear up-to-date records and be able to co-ordinate any information that is received from staff/volunteers and other sources. Confidentiality is important and fine judgements are necessary in many cases to assess what the staff/volunteers as a whole need to know and what needs to be kept confidential for the sake of the child and the family in line with data protection and information sharing protocols.

114. The following are examples of duties that a designated person is expected to undertake:

- Update their designated personnel child protection training every two years.
- Make sure that all group committee members and volunteers receive child protection training every three years at a minimum.
- Understand the NDCS's or local groups' child protection policies and be able to use such policies when necessary.
- Make sure there is at least one hard copy of the child protection policy available so that all staff and volunteers have easy access to it.
- Clarify how to access the policy online for anyone who may wish to do so.
- Ensure that the policy has up-to-date information about local services (including telephone numbers and contact details).
- Be sure that all staff and volunteers are able to use the policy if necessary.
- Make sure that parents/carers are also given access to the policy and understand the responsibility of NDCS and local groups to safeguard and promote the welfare of children. Sometimes a decision to refer might have to be made without the parents'/carers' knowledge or consent.
- Ensure that all staff and volunteers feel equipped to handle a disclosure and that everyone is clear about the need to pass on 'nagging doubts'.
- Keep child protection records in a locked cabinet, separate from children's other records. These records are only accessible to designated personnel and the local group chair.
- Agree contingency plans with the local group committee for times when the designated person for your group might not be available and when the group chair also might not be available.
- Liaise with Children's Social Care Services and/or the Police (and/or any other appropriate agencies e.g. the local authority designated officer also known as the LADO) as necessary to safeguard the welfare of children.
- Represent the NDCS local group when inter-agency working is needed.
- Help staff/volunteers to devise and co-ordinate strategies to

support children who are particularly vulnerable.

- Work with your staff to reinforce appropriate personal safety messages for the children in your care, tailored to their special needs.
- Ensure that you have access to opportunities to further your own knowledge and keep up to date.
- Gather information from relevant sources to prepare reports for children, as required, whose cases are going to a child protection conference.
- Gather information from all relevant sources to contribute to an assessment at Core Group meetings/Children in Need meetings.
- Co-ordinate the implementation of any aspects of the Child Protection Plan to which you have agreed.
- Have overall responsibility for all policies and procedures related to child protection for the NDCS local group.
- Making sure that all workers and volunteers within the NDCS local group are using the child protection policy when there are concerns about the welfare of children.
- Gathering, managing and securely keeping all copies of child protection concerns directly from workers or volunteers so that they have an overview of how the whole of the NDCS local group is managing such concerns.
- Intervening with any agency outside the NDCS local group where there may be worries that concerns are not being taken seriously or managed in a timely way.

## **Additional or related policies**

**The NDCS Behaviour Guidelines: guidelines for the behaviour of staff and volunteers working directly with deaf children and their families**

**To be inserted at a later date**

***NDCS Guidelines for physical intervention***

**To be inserted at a later date**

***NDCS Whistle blowing Policy***

**To be inserted at a later date**

***NDCS data protection policy***

**To be inserted at a later date**

***NDCS Safe recruitment and vetting policy***

**To be inserted at a later date**

***NDCS Sexual health policy***

**To be inserted at a later date**

## **NDCS Useful Contacts: Further Information**

Katy McCoy – Designated Person (Local Groups)

Email: [katy.mccoy@ndcs.org.uk](mailto:katy.mccoy@ndcs.org.uk)

Tel: 020 7014 1140

Andi Ward – Development Officer Local Groups

Email: [andrea.ward@ndcs.org.uk](mailto:andrea.ward@ndcs.org.uk)

Tel: 020 7014 1114

Peter Weston – NDCS Designated Manager

Email: [peter.weston@ndcs.org.uk](mailto:peter.weston@ndcs.org.uk)

Tel: 01485 609256

## **Other Useful Contacts: Further Information**

### **Childline**

Telephone: 0800 1111 (24 hour)  
Textphone: 0800 056 0566  
Website: [www.childline.org.uk](http://www.childline.org.uk)

### **Children's Legal Centre**

Telephone: 020 7580 1664

### **Domestic Violence Helpline**

Telephone: 0808 2000 247

### **NSPCC**

Telephone: 0808 800 5000  
(Can offer bi-lingual service in South Asian languages, and Welsh 10am-6pm)  
Textphone 0800 056 0566  
Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)

### **Contact a Family**

Telephone: 0808 800 3555  
Textphone: 0808 808 3556  
Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

### **Independent Safeguarding Authority**

Website: [www.isa-gov.org.uk](http://www.isa-gov.org.uk)

### **Parentline Plus**

Website: [www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

### **Kidsmart**

Website: [www.kidsmart.org.uk](http://www.kidsmart.org.uk)  
(*Internet safety: advice for children and adults*)

## **Key words to 'Google' for additional information**

Before you click on a link, check that the source of the site is as shown in italics.

### **England/Wales:**

What to do if you're worried

*(A child is being abused); teachernet.gov*

Independent Safeguarding Authority

*(Government web site)*

Every Child Matters

*(Government web site)*

The Children Act 1989

*(Look at Sections 17 and 47)*

The Children Act 2004

*(Government web site)*

LSCB

*(Look for the link to your local area)*

NB LSCB stands for 'Local Safeguarding Children Board'

### **Northern Ireland:**

Co-operating to Safeguard Children 2003

*(Northern Ireland DHSSPS) NB updated version due by 2010*

Children (NI) Order 1995

*(Look at Articles 17 and 66)*

Choosing to Protect 2003

*(Access NI government)*

Safeguarding Vulnerable Groups

*(NI) Order 2007*

ACPC NI

*(Look for the link to your local area)*

NB ACPC stands for Area Child Protection Committee

### **Scotland:**

Protecting Children, a Shared Responsibility

*(1998, Scottish Office)*

Children (Scotland) Act 1995

*(Look at Part II, chapters 1 and 3)*

www.ltscotland.co.uk

*(Look for links to child protection topics)*

LSCB Scotland

*(Look for link to your local area)*

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## Local contacts information

This information should be collected prior to any event taking place; or in the case of a local group this information should be collected and held by your local designated person.

Keep a note here of any sources of information or support that you think will be useful in your local area e.g. local police and social work contacts, other charity groups and so on.

### Local police:

Location.....

No. ....

### Local child protection team (children's services/social work):

Location.....

No.....

### Other useful contacts:

## Appendix 1

### Additional information on smacking

1. Please read this alongside the sections on physical abuse.

#### England and Wales

2. Prior to 1998, parents were afforded the right to use 'reasonable chastisement' to discipline their children but the subjective term 'reasonable' was never well explained. In September of that year, the European Court of Human Rights decided that this law did not adequately protect children's rights and so the Children's Act of 2004 sought to clarify the laws surrounding smacking. Under Section 58 of the Act, smacking remains legal as long as it does not cause visible bruises, grazes, scratches, swelling or cuts.

(Source: <http://www.kidsbehaviour.co.uk/SmackingAndChildren.html>)

#### What the law says about hitting children

3. In the UK it is an offence for one person to assault another. However, when it comes to children, parents may claim a defence of 'reasonable chastisement' if they smack or assault their child. This defence is not open to parents in many European countries, where hitting children is against the law. In the UK, a parent could be prosecuted for assaulting a child if the hitting went beyond 'reasonable chastisement'.

#### What is 'reasonable chastisement'?

4. The law does not define 'reasonable chastisement' clearly - it depends on the circumstances. Physical punishment is unlikely to be seen as 'reasonable' if it leaves a mark on the child or if the child is hit with a cane, stick, belt or other implement.

#### If another adult hits my child can they claim 'reasonable chastisement' in their defence?

5. It is against the law for teachers, nursery workers and child care workers to smack another person's child. But anyone employed privately by a parent, such as a babysitter or nanny, may smack a child as long as the parent gives permission.

(Source: [http://www.nspcc.org.uk/helpandadvice/whoturnto/nspcchelpine/adviceonthissite/physicalpunishment\\_wda33275.html](http://www.nspcc.org.uk/helpandadvice/whoturnto/nspcchelpine/adviceonthissite/physicalpunishment_wda33275.html))

## Scotland

6. From 2003, it has been illegal to punish children by:
  - Shaking
  - Hitting on the head
  - Using a belt, cane, slipper, wooden spoon or other implement.
7. The legislation is not confined to banning the specific types of behaviour mentioned above.
8. In addition, if a court were looking into the physical punishment which a child had received, it would consider:
  - the child's age
  - what was done to the child, for what reason and what the circumstances were
  - the duration of the punishment and the frequency
  - how it affected the child (physically and mentally)
  - other issues personal to the child, such as their gender and state of health

### Has smacking been banned altogether?

9. Smacking is not completely prohibited. Whether a physical punishment is legal or not will depend on the factors detailed above. However, smacking is not advisable as a method of disciplining children since it:
  - can be dangerous - it is easy to forget how delicate children are, particularly if you are frustrated or angry. What feels to you like a light slap can have the potential to cause real harm to a small child;
  - sets children the wrong example - rather than correcting misbehaviour, it can teach children to hit out at people who are doing things they don't like or who don't do what the child wants them to do;
  - has effects which last long after the physical pain dies away - young children will not necessarily associate the punishment with their behaviour. It can make them angry and resentful and can be damaging to their confidence and self-esteem;
  - is not an effective way to teach children discipline.
  - 'Smacking' is only one word used by parents in Scotland for physical punishment. Others include spanking, hitting and slapping.

(Source: <http://www.scotland.gov.uk/Publications/2003/10/18406/28339>)

## **Northern Ireland**

10. In 2006 the Government put a new law before Parliament to bring the law in Northern Ireland 'into line' with the law in England and Wales. This means that a child can be smacked as long as the smack does not leave a mark or cause lasting damage to the child.

(<http://www.niccy.org/article.aspx?menuid=329>)

## Appendix 2

### Vulnerable adult procedures

A person is described in the *Safeguarding Vulnerable Groups (Northern Ireland) Order 2007* and the *Safeguarding Vulnerable Groups Act 2006* as a vulnerable adult if they have attained the age of 18 and receive any service or participate in any activity specifically for persons who have any form of disability. Protection procedures apply if someone is in receipt of a service where staff or volunteers are in a position of trust and people have a right to expect that trust will not be abused.

In Scotland the *Protection of Vulnerable Groups (Scotland) Act 2007* defines a protected adult as a person, aged 16 or over, who receives one or more type of care or welfare service either regularly or for a short period of time. The purpose of the term 'protected adult' is to distinguish the category of adult requiring protection and to avoid labelling adults solely on the basis of having a specific condition or disability.

So an adult receiving a service from NDCS as a result of their deafness or disability e.g. an 18 year old at an NDCS weekend, could be regarded as a 'vulnerable adult' or an 'adult at risk'. A volunteer who is deaf or disabled is unlikely to be regarded as a vulnerable adult as they are not a recipient of a service because of their disability.

If an NDCS worker or volunteer was concerned that someone aged 18 or over who is in receipt of a service might be being abused by someone in their lives (outside of the NDCS setting) then it would be for the vulnerable adult to determine whether or not they wanted support or referral to the Police or Adult Social Care. It is not possible to make a referral without the consent of the person involved unless other people are at risk or the person is not able to act to protect themselves or does not have the mental capacity to make the specific decision to seek support.

Where there is an allegation that an NDCS staff member or volunteer or worker from any other agency has harmed a vulnerable adult then action similar to that within the child protection policy should be undertaken. However this should be with the consent of the vulnerable adult unless other people are at risk or the person does not have the capacity to make the specific decision.

This means that the same processes should be followed as in the child protection policy but with the consent of the vulnerable adult being sought before referral unless other people are at risk or the person does not have capacity to make that decision. Referral would be to adult social care or the police. Advice can be sought from adult social care if the situation is unclear.

The same good practices such as staff and volunteers monitoring each other's practice and behaviour and raising concerns (whistle blowing) - apply to work with adults as well as work with children i.e. staff or volunteers are expected to report any concerns to an appropriate manager.

## Appendix 3

### Reporting adult protection concerns flow chart

