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## **Appendix C Child Protection Definitions**

## **Definitions:**

**Child** – A young person who has not reached their 18th birthday

**Young Person –** A young person is any person under the age of 18 years. The terms children and young person are used synonymously throughout the policy and procedures.

Vulnerable Young Adult – Any person aged 18 or over who is or may be in need of community care services by reason of mental health or disability, age or illness and who is or may be unable to care for themselves, or unable to protect themselves against significant harm or exploitation.

**Physical Abuse –** This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child/young person. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child/young person they are looking after. This situation is commonly described as Factitious or induced illness or Munchausen Syndrome by Proxy.

**Emotional Abuse –** This is the persistent emotional ill-treatment of a child/young person 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. 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.

**Sexual Abuse –** This 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 (e.g. rape or buggery) 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.

**Significant harm** – This is threshold that justifies compulsory intervention in the best interest of the child. It may be due to a single traumatic event or an accumulation of significant events. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

**Confidentiality** – A good working relationship between staff and learners depends to a large extent on the establishment of trust. This may be described as a 'confidential relationship'. Guarantees of absolute

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confidentiality should not be given if it relates to child protection, when:

- Where there is evidence that the child is suffering or is at risk of suffering significant harm; or
- Where there is reasonable cause to believe that a child may be suffering or at risk of significant harm; or
- To prevent significant harm arising to children and young people or serious harm to adults, including through prevention, detection and prosecution of serious crime.

**Information sharing –** If a confidential disclosure is made by a learner, there are circumstances where this may be shared with other parties. Wherever possible, it is best practice to get the learner to agree to share the information with other named staff ("informed consent"). If the learner does not agree to share the information, but you believe that if you fail to share the information significant harm may result, you have a duty to share the information.

If you require this policy in a larger font size, please contact the HR Department.