SAFEGUARDING AND CHILD PROTECTION POLICY AND PROCEDURE

This policy has been produced to act as a working document for the safe working practice of staff, trustees and volunteers associated with Meeting Point Trust Ltd. This document includes:

1. Our policy statement and commitment to safeguarding Children and Vulnerable adults
2. Definitions
3. What is meant by and how to recognise abuse.
4. Actions on what to do if a young person confides in you
5. Confidentiality
6. What to do if abuse is suspected
7. Contact details
8. Legislation and where to get further advice.
9. Meeting Point Trust disclosure form for reporting disclosures/incidents.

1. Policy statement

1.1 Meeting Point Trust (MPT) is fully committed to safeguarding the welfare of all Children and Vulnerable adults and it has a duty of care to all children and young people with whom its staff come into contact with whilst carrying out MPT activities.

1.2 MPT will make sure, as far as is reasonably possible, that these children are protected from harm and will take action to safeguard their well being. All children without exception have the right to protection regardless of gender, ethnicity, disability, sexuality or beliefs.

1.3 MPT believes that safeguarding and protecting the Children that we work with is the responsibility of everyone.

1.4 MPT staff and volunteers must at all times show respect and understanding for the rights of young people, their safety and welfare, and conduct themselves in a way that reflects this.

1.5 Child abuse is never acceptable. MPT will support anyone, who raises any concerns regarding the welfare or protection of Children. Any suspicions and allegations raised will be taken seriously and responded to swiftly and appropriately. *(Complaints, Discipline Policy, Whistle Blowing)*

1.6 MPT recognises that the best interests of the child must be paramount when considering any action concerning matters of child protection and safeguarding their welfare.

1.7 In pursuit of this policy MPT will make sure:

a) That all our staff, trustees and volunteers are carefully selected trained and supervised, and receives clear job roles and responsibilities. Staff receive regularly supervision, appraisals and support and will be expected to follow these guidelines *(Staff Recruitment, Staff Induction, Staff Training & Development Policy, Equality Policy & Lone Working Good Practice)*

b) Assess all risk carefully and take all necessary steps to minimise and manage the risk. *(Health and safety policy)*

c) Letting children, parents and key workers know how to voice concerns or complaints about anything that they may not be happy with. *(Complaints and disciplinary policy)*

d) Giving children, parents and key workers information about what we do and what can be expected from us.

e) All new MPT staff, during their induction period, will receive thorough information and training on this and other policies and any child protection issues.

f) All existing staff will receive copies of the Child Protection policy. Up to-date training and information regarding changes in legislation, guidance and procedures regularly passed out from the Centre Manager who is the designated safeguarding officer.

g) MPT values its staff and volunteers and is committed to training and development. Support, monitoring and appraisal mechanisms are in place to identify both individual and collective needs to ensure best practice at all times.

1.9 MPT will review this policy and the relevant procedures regularly keeping up to date with National and International policies legislation and guidance; together with all other policies and procedures.

2. <u>Definitions</u>

2.1 Child/Young person: All safeguarding and child protection legislation and guidance recognises a child or young person as anyone up to the age of 18.

2.2 Vulnerable adult: it is some one over the age of 18, who is considered 'vulnerable' for one reason or another, however there is no simple definition based on age or disability; not all those with a physical or other disability should be classed as 'vulnerable' and some young people may experience periods of vulnerability.

2.3 MPT staff: This policy applies to all full and part-time paid staff as well as volunteers at MPT, any contract or sessional paid staff or volunteers, all trustee board members. For the purpose of this document any reference to MPT staff will include all those mentioned above.

3.0 <u>Protecting adults and young people</u>

3.1 MPT promotes a culture of social responsibility amongst all of our members and a structure of respect for everyone, thinking safely, and acting safely. *(Code of Conduct, Health & Safety, Lone Working, Equal Opportunities Policies)*

3.2 Whilst working with adults and young people MPT will work with code of behaviour and expectations that will be agreed

3.3 Staff should ensure that the ratio between children and staff is adequate, and representative of the gender mix of the group. Staff should plan to have at least one other staff member present, preferably of the opposite gender.

3.4 All relevant consent, emergency contact details and health and medical forms to be completed by parents/careers for those under 18 yrs or by those over 18 themselves, before the activity or event. These must be kept in a safe and confidential place.

3.5 All activities including work with are risk assessed. Risk assessment forms must be completed before commencement of any activity or event, and risk assessing must be ongoing throughout the event/activity.

3.6 Experienced qualified staff will be appointed to oversee and supervise all activities.

3.7 Where organisation providers are used, relevant risk assessments and insurance cover and checks are made together with pre-visits where appropriate.

3.8 Appropriate first aid provision will be provided whilst working with children, notes of any injuries will be recorded in the MPT accident/incident book. (Health & Safety)

3.9 Mobile phones: The use of and exchange of mobile phone numbers are taken in case of emergency procedures. Staff are advised that they are to be used for this purpose only (Code of conduct & Lone working Policies)

4. What is meant by abuse?

4.1 Abuse is any behaviour towards a child that deliberately, or unknowingly, causes them harm, endangers their life or violates their rights. Abuse may be a single act or repeated acts. Abuse can occur in any relationship or any setting and may result in harm to, or exploration of, the child.

4.2 Abuse can include:

- Neglect
- Physical abuse
- Emotional abuse
- Sexual abuse
- Financial abuse
- Discriminatory abuse
- Institutional abuse

4.3 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some are subjected to more than one form of abuse at any one time.

4.4 Attention must be drawn to other sources of stress young people and their families such as social exclusion, domestic violence, and mental illness or drug/alcohol misuse. As these areas may have a negative impact on the young person's health and development, if your notice that a young person's well being is being adversely affected, then the same procedures must be followed.

4.5 **Recognising Abuse**

The following information is designed for you to use as a guide to help you become more alert to and aware of the signs of possible abuse. It isn't intended to turn you into an expert.
Recognising possible abuse is a complex and complicated procedure and **it is not your responsibility** to decide whether a young person has been abused or is at significant risk. However **you do have a responsibility to act on any concerns and report them** in accordance with your reporting procedures.

4.6 **Neglect** – the persistent or severe neglect of the child/young person, including failure to meet the child's basic physical and psychological needs, i.e. food, warmth, shelter, clothing, care and protection. This can be a difficult form of abuse to recognise, and yet it can have some of the most lasting and damaging effects.

The physical signs and changes in behaviour that may indicate neglect may include:

- Constantly hungry, perhaps food being stolen from others
- Constantly dirty or in an unkempt, unwashed state
- Inappropriately dressed for the weather conditions
- A loss of weight or being constantly underweight
- Being tired all the time
- Failure to attend medical appointments or not requesting them
- Mentioning of being left alone or unsupervised

.7 **Physical abuse** – any form of non-accidental injury to, or failure to protect from injury a child/young person. This may involve, hitting, shaking, poisoning, throwing, burning/scalding.
It's quite normal for young people to get cuts and bruises as part of their daily life; however some young people will have bruising or cuts that could only have been caused non-accidentally. Important indicators are where on the body the bruises or injuries occur, whether an explanation was given or the lack of explanations fits the injury, and also whether there was a delay in seeking medical treatment when treatment may be necessary.

The physical signs and changes in behaviour that may indicate physical abuse may include:

- Injuries that can not be explained on any part of the body
- Bruises which reflect hand marks or fingertips from slapping or pinching
- Cigarette burns, bite marks, broken bones, scalds
- A fear of approaching parents for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when touched or approached
- Depression, withdrawn behaviour
- Running away from home
- Reluctance to get changed

4.8 **Emotional abuse** – severe or persistent rejection or emotional ill treatment of the child/young person, which would negatively affect the emotional or behavioural development of the child/young person.
This can be very difficult to identify; often those who appear well cared for may be emotionally abused by being put down or belittled. Also some young people may be receiving little or no love, affection and/or attention from their parents/guardians/carers. Also those not allowed to mix/play with others may be experiencing emotional abuse.

The physical signs and changes in behaviour that may indicate emotional abuse may include:

- A failure to thrive or grow
- Sudden speech disorders
- Delayed development either physically or emotionally
- Exhibiting neurotic behaviour such as hair twisting or rocking
- Reluctance to have their parents/guardians contacted or approached regarding their behaviour
- Exhibiting a lack of confidence or the need for approval or attention
- Fear of making mistakes
- Exhibiting self harming behaviour

4.9 **Sexual abuse** – the actual or likely sexual exploitation of the child/young person by any person, whether or not that child/young person is aware of what is happening. This would include physical contact (penetrative or non-penetrative) and non-physical contact (looking at pornographic materials, watching sexual activities).

Adults who exploit their power and use young people to gratify their own sexual needs abuse both girls and boys of all ages, cultures and abilities, including babies, toddlers and young people. More often than not the young person's behaviour will cause you to be become concerned, however there are physical signs which highlight concerns. In all cases young people who talk about sexual abuse do so because they want it to stop. Therefore it is vitally important that they are listened to and taken seriously.

The physical signs and changes in behaviour that may indicate sexual abuse may include:

- Stomach pains, discomfort when walking or sitting down
- Bruising or injuries to parts of the body that are not normally seen
- Pregnancy
- Sudden or unexplained changes in behaviour and/or mood, e.g. becoming aggressive or withdrawn
- Nervousness or fear of being left with specific persons or groups
- Acting in a sexually inappropriate way with peers/adults
- Sexual knowledge/drawings/language which are beyond their development age or level
- Running away
- Self harm/mutilation, suicide attempts
- Eating disorders such as bulimia or anorexia
- Indicating that they have secrets which cannot be told to anyone
- Bedwetting
- Substance abuse (drug and alcohol)

4.10 It is important to know and remember that these lists are not definitive but should act as a guide to assist you in becoming more aware. Young people may show some of these indicators at some time, but the presence of one or more should not be taken as proof that abuse is occurring or has occurred. As mentioned it is not your responsibility to determine whether abuse has taken/is taking place; your responsibility lies with reporting any and all concerns to the relevant and appropriate people.

4.11 There may be other factors (within the family) for reasons in sudden or noticeable changes in behaviour, such as death, the birth of a new sibling etc.

5.0 <u>If a child confides in you, you must</u>:

5.1 Stay calm and approachable; do not let your shock show

5.2 Listen very carefully to what is being said without interrupting

5.3 Explain at an appropriate time as early as possible that the information being given by the young person will need to be shared and passed on to others – but stress only to those who need to know. Do not in any circumstances promise to keep it a secret

5.4 Make it clear that you are taking them seriously and acknowledge how difficult this must be

5.5 Allow the child to speak at their own pace

5.6 Reassure the child that they are doing the right thing in telling you

5.7 If you need to ask questions, then only ask questions for clarification, avoid asking questions that suggest particular answers, avoid asking probing questions – you do not need to know all the details; that is the job of the experts

5.8 Let the child know what will happen next, who you will report the information to, what will happen once its been reported

5.9 Record all the details of what was said, use the exact wording used by the young person; do not try to interpret any of the information yourself. Record details such as names mentioned, dates, times, who the information went to, what action was taken next; don't forget to sign and date the form (see incident/disclosure form)

6.0 Confidentiality

6.1 Whilst MPT staff will ensure that child's rights to privacy and confidence is respected, there may be times when this confidence is breached. If a child discloses information about him/herself or another child, which raises child protection concerns, then these concerns will be reported to the MPT Manager. MPT will ensure that the child is involved, consulted and kept informed about what action, if any, is to be taken, and during each step of the reporting procedure. *(Confidentiality Policy)*

6.2 Any personal information gathered about a young person will be stored in a safe and confidential place. Only those who need to know will have access to this information, (i.e. staff member involved, designated safeguarding officer and line manager/chief executive). It may be necessary to pass this information on to the relevant authorities, such as social services, police, NSPCC, and either parents/guardians or carers (if appropriate). When doing so, MPT will ensure that the child is involved and gives consent in making that decision. The only situation when a referral can and will be made without the consent of the young person will be if that young person is at serious risk of harm (e.g. life threatening).

7.0 Actions to be taken responding to any suspicions, concerns or allegations

N.B. Whilst it is everyone's responsibility to respond to child abuse it is a specialist professional task which should only be undertaken by the designated specialist agencies.
In all cases where concerns are reported the hvoss co-ordinator the safeguarding designated officer must be informed, he will then be able to advise on the process and timescales.

7.1 Concerns about behaviour of a staff member, volunteer, young person or trustee board member

Actions

a) Any concerns must be raised with the MPT Manager.
b) All staff has the right to report any concerns or suspicions they may have about another member of staff in confidence and free from harassment, being treated unfairly or being penalised.
c) Where an allegation has been made about a member of staff they will receive support throughout the process and thereafter is necessary, as agreed with their line manager.
d) All procedures will adhere to MPT disciplinary policy, support mechanisms put in place by MPT must not jeopardise any investigation or put young people at risk.

7.2 Concerns about a young person and responding to disclosure

Action to be taken if you have a concern about a child's safety and well-being:

a) Act immediately
b) Follow the steps outlined in the section 5. Above.
c) Inform the MPT Manager with as much information/details as soon as possible
d) Keep a detailed record of what you witnessed, heard or was told, disclosure form below

7.3 Action to be taken by the MPT Manager designated officer:

a) Act immediately.
b) Consider if the child is in immediate danger; if so, contact the police, social services and or parents. Follow procedure as above.

c) If the child is not in immediate danger, find out as much as possible about the situation or incident from the child. Do not ask interrogating questions, just ask questions for clarification only.
d) Allegations or suspicions made about a member of staff must be dealt with in accordance with hvoss disciplinary policy and procedure.

NOTE: It is not the role of the MPT Manager to decide whether or not a child has been abused. This is the task of the Children's Social Services Department who have the legal responsibility or the NSPCC who also have powers to investigate child protection concerns.

7.4 Action to be taken if the child is in immediate danger:

a) Contact the police by dialling 999/112
b) Get medical help if necessary
c) Refer the young child to the local social services team or emergency duty team (if out of normal office hours). Give them as much details as you know, and what any future action may be
d) Contact parents or carers. DO NOT contact them if this will place the child or others in the household at further risk of harm. If this is the case contact the police.
e) As soon as possible inform the MPT Manager/line manager.
f) Record all the details on the relevant incident/disclosure forms.

8.0 Legislation to protect children and young people

- The Children Act
- Rehabilitation of Offenders Act 1974 (UK wide)
- Protection of Children Act 1999 (POCA)
- Human Rights Act 1998 and The United Nation's Convention on the Rights of the Child (signed up to by the UK Government in 1991)
- The Protection of Children Act 1999 and The Police Act 1997
- Criminal Justice and Court Services Act 2000
- Sex Offenders Act 1997
- Sexual Offences (Amendments) Act 2000 (Abuse of trust)
- The Data Protection Act 1984 & 1998 (UK wide)
- Health and Safety at Work Act 1974
- Public Interest Disclosure Act 1998

All available from: www.legislation.hmso.gov.uk/acts.htm

8.1. Guidance to protect children and young people - General information

- The Department of Health website ACPCs (Area Child Protection Committees) www.doh.gov.uk/acpc
- Child Records Bureau: PO Box 91 Liverpool L69 2UH; Tel:0870 90 90 811;
- www.crb.gov/ /www.disclosure.gov.uk
- Available from www.legislation.hmso.gov.uk/acts
- The Protection of Children Act 1999
  - Sexual Offences (Amendments) Act 2000
  - Activity Centres (Young Persons Safety) Act 1995
  - The Data Protection Act 1984 & 1998
  - Health and Safety at Work Act 1974
- Publications and Information Unit, NSPCC, Weston house, 42 Curtain Road, London. EC2A 3NH, Tel 020 7825 2775.
- NSPCC inform – A on-line resource for workers- www.nspcc.org.uk/inform
- Email:help@nspcc.org.uk Website: www.nspcc.org.uk
- Charity Commission for England & Wales
- Web site: www.charitycommission.gov.uk/supportingcharities/protection.asp
- Keeping it Safe – A young person-centred approach to safety and child protection (NCVYS Publication)
- Working Together To Safeguard Children (Department of Health)
- What to do if you're worried a child is being abused (DoH)

Incident / Disclosure Form – CONFIDENTIAL

All allegations, complaints or suspicions of abuse should be recorded as close to the time of the incident as possible. Any disclosures of abuse being made by children / young people should be a reflection of what was actually said. Do not try and interpret any information, just record what was said / witnessed.

Date	Time	Place of disclosure

Details of the young person involved:

Name	Age	Date of Birth
Address		
Post Code		
Home Phone	Mobile Phone	

Names of parents/guardians, address, telephone No. of person(s) involved:

Name	Relationship	Address	Tel

Names, ages, telephone numbers, addresses of any witnesses:

Name	Relationship	Address	Tel
			Mobile Home
Name	Relationship	Address	Tel
			Mobile Home

Name, role and contact details of person completing this form:

Name:	
Address:	
Post Code:	Telephone

Details of what happened /disclosure of allegations *(do not interpret information – use same language that was used by the young person).*

What action was taken? *(If no action taken please explain why)*

To whom did you report this incident?

……

Signed……

Date……