



Safeguarding and Child Protection Policy and Procedures

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Policy statement and principals:

The providers safeguarding arrangements are inspected by The Committee members' under the judgements for the 'Effectiveness of leadership and management' and 'Personal development, behaviour and welfare'.

Our core safeguarding principles are:

- The Contact Centre's responsibility to safeguard and promote the welfare of children is of paramount importance.
- Children learn best when they are healthy, safe and secure.
- Policies will be reviewed at least annually unless an incident or new legislation or guidance suggests the need for an interim review.

Child Protection statement:

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

The procedures contained in this policy apply to all staff /volunteers and the management group and are consistent with those of the Hertfordshire Safeguarding Children Board (HSCB).

Policy principles

- The welfare of the child is paramount
- All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm
- Children and staff involved in child protection issues will receive appropriate support

Policy Aims

- To provide all staff/volunteers/management group with the necessary information to enable them to meet their child protection responsibilities
- To ensure consistent good practice
- To demonstrate the Contact Centre commitment with regard to child protection to resident children, parents and other partners

Terminology

Safeguarding and promoting the welfare of children refers to the process of protecting children from maltreatment, preventing the impairment of health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.

Child Protection refers to the processes undertaken to protect children who have been identified as suffering, or being at risk of suffering significant harm.

Staff refers to all those working for or on behalf of the provider, full time or part time, temporary or permanent, in either a paid or voluntary capacity.

Child includes everyone under the age of 18.

Safeguarding legislation and guidance

- The statutory guidance **Working Together to Safeguard Children 2018** covers the legislative requirements and expectations on individual services (including early year's providers) to safeguard and promote the welfare of children. It also provides the framework for HSCB to monitor the effectiveness of local services, including safeguarding arrangements in Early Years.
- **What to do if you're worried a child is being abused 2015 – Advice for practitioners** is not statutory advice which takes appropriate action. All staff must read this guidance and a copy can be found in each staff office.
- **The Prevent duty Departmental advice for schools and childcare providers June 2015** non statutory advice produced to help recipients understand the implications for the Prevent duty. The prevent duty is the duty to Counter Terrorism and Security Act 2015 on specified authorities.

In the UK, more than 50,000 children annually are subject to a child protection plan. Research suggests that one child a week dies from abuse and one child in six is exposed to violence in the home. The prevalence of neglect continues to be a major concern and online abuse is increasing. The sexual exploitation of children is a growing problem and disabled children are three times more likely to be abused and neglected.

Due to their day-to-day contact with children and the families' families at the Contact Centre, staff are uniquely placed to observe changes in children's behaviour and the outward signs of abuse. Children or parents may also turn to trusted adults at the Contact Centre when they are in distress or at risk. It is vital that all staff are alert to the signs of abuse and understand the procedures for reporting their concerns. The Contact Centre will always act on identified concerns.

Roles and Responsibilities

Key Personnel

The Designated Safeguarding Officer is Natasha Gregory

Tel: 07732 327680

The contact centre manager is Natasha Gregory

Tel: 07732 327680

The contact centre coordinator is Edson Flores

Tel: 07517 923048

The Committee member for Safeguarding is Sian Young

The Designated Safeguarding officer:

- Has the status and authority to carry out the duties of the post, including committing resources and support and directing other staff
- Is appropriately trained, with updates every three years
- Acts as a source of support and expertise within a childcare setting
- Encourages a culture of listening to children and taking account of their wishes and feelings
- Is alert to the specific needs of children in need, those with special educational needs and young carers
- Makes staff aware of training courses and the latest policies on safeguarding
- Has an understanding of locally agreed processes for providing early help and intervention
- Keeps detailed written records of all concerns, ensuring that such records are stored securely and flagged on, but kept separate from, the child's general file and that all concerns are included in the family observation report
- Attends and/or contributes to child protection conferences, looked after child reviews and placement reviews, unless it is more appropriate for another member of staff to attend
- Develops effective links with relevant statutory and voluntary agencies including HSCB
- Ensures that all staff sign to indicate that they have read and understood the child protection policy
- Ensures that the child protection policy and procedures are regularly reviewed and updated annually

- Liaises with one another appropriately on a regular basis.
- Ensures that the manager keeps a record of staff attendance at child protection training
- Ensures parents and local authorities are aware of the Contact Centre's role in Safeguarding and that referring local authorities, CAFCASS and all other relevant parties are informed of ALL incidents of suspected abuse and neglect

The Deputy Designated Safeguarding Officer:

Are appropriately trained and in the absences of the designated safeguarding officer can carry out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the designated safeguarding officer, the deputy will assume all of the functions above.

The Contact Centre Manager:

- The Bright Connections has a child protection policy and procedures including a staff behaviour/code of conduct that are consistent with HSCB and statutory requirements and reviewed annually.
- There are procedures for dealing with allegations of abuse made against members of staff including allegations made for the Manager and allegations against other children or parents.
- Safer recruitment procedures are followed which include statutory checks on staff suitability to work with children and disqualification by association regulations.
- A training strategy ensures all staff, including the manager receive information about the safeguarding arrangements, staff behaviour policy or code of conduct and participates in regular updated Safeguarding training.
- That all staff, including temporary staff and volunteers are provided with the child protection policy and staff behaviour, conduct policy.

It is the responsibility of the contact centre manager and contact centre coordinator to ensure that the Contact Centre's safeguarding, recruitment and managing allegations procedures take into account the procedures and practice of the local authority and ECSB and national guidance.

The Provider:

- Ensures that the safeguarding/child protection policy and procedures are implemented and followed by all staff.
- Allocates sufficient time, training, support and resources.

- Ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are in accordance with the whistleblowing procedures.
- Ensures that children are provided with opportunities to learn about safeguarding, including keeping themselves safe online.
- Ensures that the parents and child's wishes are taken into account when determining action to be taken or services to be provided.
- Liaises with the local authority designated officer (LADO) where an allegation is made against a member of staff/volunteer.
- Ensures that anyone who has harmed or may pose a risk to a child is referred to the Disclosure and Barring Service.

Good Practice Guidelines and Staff Code of Conduct

To meet and maintain our responsibilities towards children we need to agree standards of good practice which form a code of conduct for all staff. Good practice includes:

- Treating all parents and children with respect
- Setting a good example by conducting ourselves appropriately
- Involving parents and children in decisions that affect them
- Encouraging positive, respectful and safe behaviour amongst children
- Being a good listener
- Being alert to changes in children's behaviour and to signs of abuse, neglect and exploitation
- Recognising that changes in behaviour can be an indicator of abuse
- Reading and understanding the Contact Centre child protection policy, staff code of conduct and guidance documents on wider safeguarding issues, for example bullying, behaviour, physical contact, sexual exploitation, extremism, online safety and information-sharing
- Asking the child's permission, where age appropriate and the parents if present before initiating physical contact, such as assisting with dressing, physical support and administering first aid
- Maintaining appropriate standards of conversation and interaction with and between children and avoiding the use of sexualised or derogatory language
- Being aware that the personal and family circumstances and lifestyles of some children lead to an increased risk of abuse
- Referring all concerns about a child's safety and welfare to the DSO and if necessary, directly to police or HSCB safeguarding hub.

Abuse of position of trust

All staff are aware that inappropriate behaviour towards children is unacceptable and that their conduct towards children must be beyond reproach.

Children who may be particularly vulnerable

There may be a child protection concern about the child(ren) attending the Contact Centre placed. Staff must ensure that they have read the family referral form and relevant paperwork to be aware of what these concerns are.

Bruising in Pre-mobile Babies

Bruising is the most common presenting feature of physical abuse in children. The younger the child the higher the risk that the bruising is non-accidental, especially where the child is under the age of six months. Bruising in any child 'not independently mobile' should prompt suspicion of maltreatment and referred to the contact centre manager or coordinator and if necessary, directly to the police and HSCB Safeguarding Hub.

Children with Disabilities

Statistically, children with behavioural difficulties are most vulnerable to abuse. Staff observing or working with children with complex and multiple disabilities and/or emotional and behavioural difficulties should be sensitive to signs of abuse.

Missing Children

A child going missing from the Contact Centre could be a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation. No child should go missing from the Contact Centre, either on their own or with a parent. Any child that goes missing must be reported immediately to the police and placing local authority.

Helping children to keep themselves safe

Older children using the Contact Centre will have access to different literature displayed about the building to help them understand how to keep themselves safe from relevant risks, including when using the internet and social media, online safety, the risks of sharing content and images online and cyber bullying. Staff at the Contact Centre, will also be available to offer guidance and support.

Support for those involved in a child protection issue

Child abuse is devastating for the child and can also result in distress and anxiety for any staff who become involved.

We will support children, their families, and staff by:

- Taking all suspicions and disclosures seriously

Policy created 08.01.2022

Review date 08.01.2023

- Nominating a link person who will keep all parties informed and be the central point of contact
- Where a member of staff is the subject of an allegation made by a child/parent/staff member, separate link people will be nominated to avoid any conflict of interest
- Responding sympathetically to any request from child or staff for time out to deal with distress or anxiety
- Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies
- Storing records securely
- Offering details of helplines, counselling or other avenues of external support
- Following the procedures laid down in our child protection, whistleblowing, complaints and disciplinary procedures
- Co-operating fully with relevant statutory agencies

Complaints procedure

Our complaints procedure will be followed where a child or parent/carer raises a concern about poor practice towards a child that initially does not reach the threshold for child protection action. Poor practice examples include unfairly singling out a child or discriminating them in some way. Complaints are managed by the manager and investigated by the independent complaints officer (an explanation of the complaints procedure is included in the parent's guide)

Complaints from staff are dealt with under the Contact Centre's disciplinary and grievance procedures.

Complaints which escalate into a child protection concern will automatically be managed under the contact centre's child protection procedures.

Whistleblowing if you have concerns about a colleague

Staff who are concerned about the conduct of a colleague towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. The Contact Centre's Whistleblowing Policy which can be found with policies and procedures in the office, enables staff to raise concerns or allegations, initially in confidence and for a sensitive enquiry to take place.

All concerns of poor practice or possible child abuse by colleagues should be reported to the contact centre manager. Complaints about the Manager or should be reported to our independent consultant Sian Young.

**Staff may also report their concerns directly to Local Authority Designated Officer (LADO)
01992 555420**

Allegations against staff

When an allegation is made against a member of staff, set procedures, must be followed. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

A child may also make an allegation against an innocent part because they are too afraid to name the real perpetrator. Even so, we must accept that some professionals do pose a serious risk to children and we must act on every allegation.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. Suspension is not the default option and alternatives to suspension will always be considered. In some cases, staff may be suspended where this is deemed to be the best way to ensure that children are protected. In the event of suspension, the Contact Centre will provide support and a named contact for the member of staff.

The Contact Centre Manager will also seek advice from LADO on how the allegation is best managed.

Staff, parents and management group are reminded that publication of material that may lead to the identification of a staff member who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing, including contention placed on social media sites.

Allegations concerning staff who no longer work at the Contact Centre or historical allegations will be reported to the police.

Staff training

It is important that all staff receive training to enable them to recognise the possible signs of abuse, neglect and exploitation and to know what to do if they have a concern.

New staff will be given a briefing during their induction which includes the providers safeguarding/child protection policy and staff behaviour policy, reporting and recording arrangements. All staff, including the Contact Centre Manger and Coordinator and will receive training that is regularly updated.

Safer recruitment

The Contact Centre endeavours to ensure that we do our utmost to employ safe staff by following the Regulations, as amended. Staff recruitment policy and procedures can be found in the staff office.

Safer recruitment means that applicants will:

- Complete an application form which includes their employment history and explains any gaps in that history
- Provide two referees, including at least one who can comment on the applicant's suitability to work with children
- Provide evidence of identity and qualifications
- If offered employment, to be checked in accordance with the Disclosure and Baring Service (DBS) regulations as appropriate to role.
- If offered employment, provide evidence of their right to work in the UK
- Be interviewed, if shortlisted

The Contact Centre will also:

- Verify the preferred candidates mental and physical fitness to carry out their work responsibilities
- Obtain references for successful candidates
- Carry out additional or alternative checks for applications who have lived or worked outside the UK

At least one member of the recruitment panel will have completed safer recruitment training.

All new members of staff will undergo an induction that includes the familiarisation with the Contact Centre's Child Protection policy, code of conduct and identification of child protection training needs.

All staff signs to confirm that they have received a copy of the child protection policy, code of conduct and whistleblowing policy.

The Contact Centre will obtain written confirm from agencies or third-party organisations that agency staff or other individuals who may work at the Contact Centre have been appropriately checked.

Site Security

Visitors to the contact centre including contractors are asked to sign in the visitor's book. All visitors are expected to observe The Bright Connections safeguarding policy and health and safety regulations to ensure all children are kept safe. The Contact Centre Manager will

exercise professional judgement in determining whether any visitor should be escorted or supervised whilst on site.

Extended activities and off-site arrangements

All extended and off site activities are subject to a risk assessment to satisfy health and safety and safeguarding requirements. If other organisations provide services or activities on our site we will check that they have appropriate procedures in place.

Photography and Images

The majority of people who take or view photographs or videos of children do so for entirely innocent and legitimate reasons. Sadly, some people abuse children through taking or distributing images, so we must ensure that we have some safeguarding in place.

To protect children and families we will:

- Seek parent's (and children if able to give consent) photographs to be taken or published (for example, on our website or in newspapers or publications)
- Use only the child's first name with an image
- Ensure that the child is appropriately dressed
- Encourage parents and children to tell us if they are worried about any photographs that we have taken
- Use pictures for life story work

Online Safety

Our children, parents and staff increasingly use electronic equipment on a daily basis to access the internet and share content and images via social networking sites such as Facebook, twitter, Snapchat and Instagram.

Unfortunately, some adults, young people and children will use these technologies to harm children. The harm might range from sending hurtful or abusive texts and emails, to grooming and enticing children to engage in sexual harmful conversations, webcam photography or face to face meetings.

Children may also be distressed or harmed by seeing and or accessing inappropriate websites that promote unhealthy lifestyles, extremist behaviour and criminal activity. Serious incidents will be managed in line with our child protection procedures.

Many parents and children who use the Contact Centre own handheld devices and parents are encouraged to consider measures to keep their children safe when using the internet and social media at home and in the community. Any child using the internet at the Contact Centre must be directly supervised by their parent.

Child Protection Procedures

Recognising Abuse

To ensure that our children are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone, or leaving knives or matches within reach of an unattended toddler.

Abuse may be committed by adult men or women and by other children and young people.

Five categories of abuse

There are five types of child abuse. They are defined in the UK Government guidance Working Together to Safeguard Children (2006) as follows:

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

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 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 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 maltreatment of a child, though it may occur alone.

Sexual Abuse

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 both penetrative or non-penetrative

acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex.

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

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. 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; 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 caretakers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies.

Signs of abuse

It is the responsibility of staff to report their concerns, it is not their responsibility to investigate or decide whether a child has been abused.

Physical Abuse

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Policy created 08.01.2022

Review date 08.01.2023

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later.

The physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body „
- multiple bruises- in clusters, often on the upper arm, outside of the thigh „
- cigarette burns
- human bite marks „
- broken bones „
- scalds, with upward splash marks, „
- multiple burns with a clearly demarcated edge.

Emotional Abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking „
- being unable to play „
- fear of making mistakes „
- sudden speech disorders „
- self-harm „
- fear of parent being approached regarding their behaviour „
- developmental delay in terms of emotional progress

Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be

present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital area „
- bruising or bleeding near genital area „
- sexually transmitted disease „
- vaginal discharge or infection „
- stomach pains „
- discomfort when walking or sitting down „
- pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn „
- fear of being left with a specific person or group of people „
- having nightmares „
- running away from home „
- sexual knowledge which is beyond their age, or developmental level „
- sexual drawings or language „
- bedwetting „
- eating problems such as overeating or anorexia „
- self-harm or mutilation, sometimes leading to suicide attempts „
- saying they have secrets they cannot tell anyone about „
- substance or drug abuse „
- suddenly having unexplained sources of money „
- not allowed to have friends (particularly in adolescence) „
- acting in a sexually explicit way towards adults

Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

- The physical signs of neglect may include:
 - constant hunger, sometimes stealing food from other children „
 - constantly dirty or 'smelly' „
 - loss of weight, or being constantly underweight „
 - inappropriate clothing for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time „
- not requesting medical assistance and/or failing to attend appointments „
- having few friends „
- mentioning being left alone or unsupervised.

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats „
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing „
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in:

- depression „
- low self-esteem „
- shyness „
- poor academic achievement „
- isolation „
- threatened or attempted suicide

Signs that a child may be being bullied can be:

- coming home with cuts and bruises „
- torn clothes „
- asking for stolen possessions to be replaced „
- losing dinner money „
- falling out with previously good friends „
- being moody and bad tempered „
- wanting to avoid leaving their home „
- aggression with younger brothers and sisters „
- doing less well at school „
- sleep problems „
- anxiety „
- becoming quiet and withdrawn

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw and each small piece of information will help the DSO to decide how to proceed. Staff are encouraged to use the SET procedures for guidance.

It is very important that staff report their concerns – they do not need ‘absolute proof’ that the child is at risk.

If you are concerned that a member of staff or adult in a position of trust poses a danger to a child or that they might be abusing a child you must report your concerns to the Contact Centre Manager. Where those concerns relate to the Contact Centre Manager, this must be reported to the committee member's using The Bright Connections Whistleblowing Policy. If for whatever reason the staff member feels unable to inform the committee members' of their concerns they must report it to the Local Authority Designated Officer (LADO).

As part of the contact process it is important that all concerning behaviour is recorded in the daily logs. This includes all behaviours that may indicate neglect. Careful and accurate recording will enable The Bright Connections to identify patterns of concerning behaviour or neglect and evidence these in our reports.

Impact of abuse

The impact of child abuse, neglect and exploitation should not be underestimated. Many children do recover well and go on to lead healthy, happy and productive lives, although most adult survivors agree that the emotional scars remain, however well buried. For some children, full recovery is beyond their reach and that the rest of their childhood and their adulthood may be characterised by anxiety or depression, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships and long-term medical or psychiatric difficulties.

Taking Action

Any child, in any family provider could become a victim of abuse. Because of the nature of the work done at the contact centre, some children may be at risk or have already suffered abuse.

Key points for staff to remember for taking action are:

- in an emergency take the action necessary to protect the child, if necessary call 999
- report your concerns as soon as possible to the contact centre manager or
- immediately contact the Local Authority/EDT (if out of hours by telephone)
- complete incident form and clearly record incident in the daily log and observation report
- do not start your own investigation
- share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family
- seek support yourself if you are distressed

All adults have a duty to refer all known suspected cases of abuse to the relevant agencies include Essex Safeguarding Children Board, Social Care or the police.

If you are concerned about a child's welfare

There will be occasions when staff may suspect that a child may be at risk, but have no 'real' evidence. The child's behaviour may have changed, their artwork or writing could be bizarre or physical but inconclusive signs may have been noticed. In these circumstances, staff will try to give the child the opportunity to talk. The signs they have noticed may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. It is fine for staff to ask the child if they are OK or can they help in anyway. Report to The Bright Connections contact centre manager or Social Work staff at the earliest opportunity record the information in the observation report and complete an Incident Form.

If a child discloses to you

It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or believe, or have been told, that the abuse is their own fault. Sometimes they may not be aware that what is happening is abusive.

If a child talks to a member of staff about any risks to their safety or wellbeing, for younger children this could be through their play or conversation with their peers, keyworker etc. **the staff member will need to let the child know that they must pass the information on** – staff are not allowed to keep secrets, the point at which they tell the child this is a matter of professional judgement.

During the conversations with the child, staff will:

- allow them to speak freely
- remain calm and not overreact – the child may stop talking if they feel they are upsetting their listener
- give reassuring nods or words of comfort – 'I'm sorry this has happened', 'I want to help', 'this isn't your fault', 'you are doing the right thing talking to me now'
- not be afraid of silences – staff must remember how hard this must be for the child
- **under no circumstances** ask investigative questions – such as how many times this has happened, whether this has happened to siblings too, or what the child's parents think about all of this. Do remember TED questions – Tell me... explain...describe
- at an appropriate time tell the child that in order to help them, the member of staff must pass the information on
- not automatically offer any physical touch as comfort. It may be anything but comforting to a child who has been abused
- avoid admonishing the child for not disclosing earlier. Saying things such as 'I do wish you had told me about this when it started' or 'I can't believe what I'm hearing' may be the staff member's way of being supportive but may be interpreted by the child to mean that they have done something wrong

- tell the child what will happen next
- report verbally to the contact centre manager
- write up the conversation as soon as possible on an incident form and hand it to the contact centre manager
- seek support if feeling distressed

Notifying the Parents

Savannah Lodge will normally seek to discuss any concerns about a child with their parents. This must be handled sensitively and the contact centre manager will speak with the parent in the event of a concern, suspicion or disclosure.

However, if the contact centre manager believes that notifying the parent could increase the risk to the child or exacerbate the problem, advice will first be sought from Essex Safeguarding Children's Board.

Children with sexually harmful behaviour

Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use The Contact Centre anti-bullying procedures where necessary. However there will be occasions when a child's behaviour warrants a response under child protection rather than anti-bullying procedures. In particular, research suggests that up to 30 per cent of child sexual abuse is committed by someone under 18.

The management of children and young people with sexually harmful behaviour is complex. The Bright Connections will immediately need to work with the relevant Local Authority to reduce the risks to the child and to other families. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator. Staff, who becomes concerned about a child's sexual behaviour, including any known online sexual behaviour, should speak to the DSO as soon as possible.

Sexual exploitation of children

Sexual exploitation involves an individual group of adults taking advantage of the vulnerability of an individual or groups of children or young people and victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol and sometimes accommodation. Sexual exploitation is a serious crime and can have a long lasting adverse impact on a child's physical and emotional health. It may also be linked to child trafficking.

A common feature of sexual exploitation is that the child often doesn't recognise the coercive nature of the relationship and doesn't see themselves as a victim. The child may initially resent what they perceive as interference by staff, but staff must act on their concerns, as they would for any other type of abuse.

All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the contact centre manager.

Female Genital Mutilation

FGM is the collective name given to a range of procedures involving the partial or total removal of external female genitalia for non-medical reasons. It has no health benefits and harms girls and women in many ways. The practice, which is most commonly carried out with anaesthetic, can cause intense pain and distress and long term health consequences, including difficulties in childbirth.

FGM is carried out on girls of any age, from young babies to older teenagers and adult women, so staff are trained to be aware of risk indicators.

In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both.

Mandatory report of FGM* Duty Applies to regulated health and social care professionals and teachers in England and Wales. Requires these professionals to make a report to the police if, in the course of their professional duties they:

- are informed by a girl under 18 that an act of FGM has been carried out on her
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

*introduced in Section 5B of the FGM Act 2003, as inserted by section 74 of the Serious Crime Act 2015

Radicalisation and Extremism

The government defines extremism as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Some children and families are at risk of being radicalised: adopting beliefs and engaging in activities which are harmful, criminal or dangerous. Islamic extremism is the most widely publicised form however staff at The Bright Connections should also remain alert to the risk of radicalisation into white supremacy extremism.

Policy created 08.01.2022

Review date 08.01.2023

Staffs receive training to help identify signs of extremism.

Confidentiality and sharing information

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the Designated Safeguarding Office, Manager/Responsible Individual (depending on the subject of concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need to know' basis.

However, failed to act by the Contact Centre Manager /Responsible Individual, staff should report their concerns to ESCB or LADO directly.

Child protection information will be stored and handled in line with the Data Protection Act 1998. Information sharing is guided by the following principles. The information is:

- necessary and proportionate
- relevant
- adequate
- accurate
- timely
- secure

Information sharing decisions will be recorded, whether or not the decision is taken to share concerns. All records of child protection concerns and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.

Child protection and safeguarding information will be stored separately from the family assessment file.

All information obtained in placement will form part of the family's court reports and shared with all parties to the care proceedings.

Child protection records are normally exempt from disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a child or parent to see child protection records they will refer the request to the Manager.

The Data Protection Act does not prevent providers/staff from sharing information with relevant agencies, where that information may help to protect a child.

The providers' confidentiality policy is available to parents and children on request.

Reporting directly to child protection agencies

Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with children's social care, police or LADO if:

- the situation is an emergency and the Designated Safeguarding Officer, their deputy, the Manager/responsible Individual are all unavailable
- they are convinced that a direct report is the only way to ensure the child's safety
- for any other reason they a judgement that direct referral is in the best interest of the child

Relating safeguarding portfolio of policies

- Code of Conduct
- Use of restraint and physical policy
- Complaints procedure
- Behaviour conduct policy
- Personal and intimate care
- Whistleblowing
- Selection and Recruitment Policy
- Grievance and Disciplinary
- Child Protection
- Confidentiality
- Privacy Dignity and Respect

SAFEGUARDING REPORTING PROCEDURE

Suspicion, knowledge or evidence child/young person is likely to, has or is suffering from abuse or significant harm
(e.g. suspicions or allegations of poor practice or possible abuse)

Report concerns to Lead Designated Safeguarding Officer
Natasha Gregory – TEL: 07732327680

Or Contact centre Coordinator
Edson Flores –TEL: 07517923048

Referred to LADO for professional discussion and next course of action

TEL: 03330 139 797

Follow Guidance from LADO – i.e report to police, suspend staff, internal investigation

Where necessary notify placing authority Social Worker/EDT

Record all information in confidential Safeguarding Log

Possible Strategy Meeting (s) Attendance

Disciplinary action of team member(s)

Contact Essex Safeguarding Children Board

Tel: 0333 013 8936

Follow Guidance from HSCB– i.e report to police

Where necessary notify placing authority Social Worker/EDT

Record all information in confidential Safeguarding Log

Possible Strategy Meeting (s) Attendance

Action / Outcomes including No Further Action (NFA) to be recorded and notified to Placing Authority, Ofsted and parents (if applicable) by Designated Person

Action / Outcomes including No Further Action (NFA) to be recorded and notified to Placing Authority, Ofsted and parents (if applicable) by Designated Person

Confidential Independent Whistleblowing Hotline if concerns that not incident has not been appropriately managed by The Bright Connections

NSPCC WHISTLEBLOWING HOTLINE: tel 0800 028 0285

Created: 08.01.2022

Review Date: 08.01.2023