



Family Based Solutions Child Protection and Safeguarding Policy

Background

Family Based Solutions takes its responsibility for the care of other people's children extremely seriously. All Centre staff and volunteers working directly with children and young people will be made aware of this policy, will undergo child protection training and will receive an enhanced criminal record check.

This policy sets out what action will be taken in various circumstances in order to reassure parents, carers and funders that all possible steps will be taken to protect children involved in any aspect of the organisation's work. This policy has been drawn up based on law and guidance that seeks to protect children, namely:

- The Care Act 2016
- Working together to Safeguard Children 2015
- The Protection of Freedoms Act 2012
- Safeguarding Vulnerable Groups Act 2006
- The Children Act 2004
- The Adoption and Children Act 2002:
 - Care Standards Act 2000
 - Human Rights Act 1998
 - Public Interest Disclosure Act 1998
 - The Police Act – CRB 1997
 - The Children Act 1989
- Mental Health Act 1983
- NHS and Community Care Act 1990
- Rehabilitation of Offenders Act 1974

This policy acknowledges that:

- Child abuse exists and can present itself in any of its forms, physical, emotional, neglect or sexual, alone or in combination
- Children may be abused and/or neglected by their parents, carers, guardians or other trusted adults as well as by strangers
- Abuse may be perpetrated by individuals, groups or networks of individuals
- Children may also be abused by other children/siblings

Children and young persons under the age of 18 of all races, religions and cultures, with or without disabilities, from any model of family life have an equal right to protection from abuse.

The Children Act 1989 places 2 specific duties on agencies to co-operate in the interests of vulnerable children:

Section 27 provides that a local authority may request help from:

Any local authority

Any local education authority

Any housing authority

Any health authority, Special Health Authority or National Health Service Trust; and

Any person authorised by the secretary of state

In exercising the local authority functions under Part 3 of the Act. This part places a duty on local authorities to provide support and services for children in need; including children looked after by the local authority and those in secure accommodation. The authority whose help is requested in these circumstances has a duty to comply with the request, provided it is compatible with its other duties and functions.

Section 47 of the act places a duty on:

any local authority; any local education authority; any housing authority; any health authority, Special Health Authority or National Health Service Trust; and any person authorised by the secretary of state to help a local authority with its inquiries in cases where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

4.3.2 Categories of Abuse

The definitions of abuse outlined below are taken from 'Working Together to Safeguard Children' Department of Health 1999.

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

Abuse can take many forms below are some of the categories:

- Physical abuse
- Sexual abuse
- Psychological or Emotional abuse
- Neglect or Omission to act
- Financial or material abuse
- Child Sexual Exploitation
- Modern Slavery
- Self Neglect
- Domestic Abuse
- Institutional Abuse
- Discriminatory Abuse
- Harassment
- Radicalisation

Physical Abuse:

This 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 feigns the symptoms of, or deliberately causes ill health to a child who they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen's syndrome by proxy.

Emotional Abuse:

This is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve 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:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether 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 or, 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failure to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Organised Abuse:

Organised or multiple abuse may be defined as abuse involving one or more abuser and a number of related or non-related abused children and young people. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

Organised and multiple abuse occur both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools.

Note: Children whose situations do not currently fit the above categories may also be at significant risk of harm. This could include situations where another child in the household has been harmed or the household contains a known child abuser.

4.2.4 Key Issues in Identifying Child Abuse

Child abuse can take place in several different settings, of which the following are examples:

- It is likely to occur most commonly where the young person knows the individual/s and is trusted. This can be a parent, carer, babysitter, sibling, relative, or friend of the child or of the family.
- The abuser is sometimes someone in authority such as a teacher, youth leader, children's worker or church/mosque worker/leader.
- The abuser is sometimes a paedophile or other person who sets out to join organisations to obtain access to children.

As an organisation working with children and young people, Family Based Solutions has a responsibility to act if abuse comes to light and, as far as possible, to protect children from the possibility of being abused within the organisation. For the purposes of this policy a child or young person is anyone under the age of 18 years of age.

It is the responsibility of the Family Based Solutions Board of Trustees to appoint a designated Child Protection person to oversee the implementation of this policy. A deputy will also be appointed. These positions would be held for a one-year term and then be reviewed by the Board when and as appropriate.

Child Protection Employee: Joe Lettieri and Ayse Adil

Title: Project Manager

Contact Number: 07720651633 / 02083636262

4.2.5 Detection – Signs of Abuse

Extreme care should be taken as misreading signs of abuse can result in significant harm or trauma to the child and their family. In general staff employed in the independent and voluntary sector will not have the expertise to diagnose child abuse but do have a responsibility to be alert and aware of the signs. However, just because a child exhibits one of the signs listed below, this does not mean that they have been abused. Nevertheless, the presence of one or more of the signs, or their repeated presence, might raise concerns and should be used as a prompt for discussion with the designated child protection employee, in their absence the matter should be brought to the attention of a manager without delay. However, where a child has made a direct allegation or there is clear evidence of a

child suffering or at risk of suffering significant harm the matter should be referred immediately to the Social Services.

Physical signs

- any injuries, bruises, bites, burns, fractures, etc, which are not consistent with the explanation given for them
- injuries which occur to the body in places which are not normally exposed to falls, rough games, etc
- injuries which appear to have been caused by a weapon e.g. cuts, welts, etc
- injuries which have not received medical attention
- instances where children are kept away from the group inappropriately or without explanation
- self-mutilation or self-harm e.g. Cutting, slashing, drug abuse

Emotional signs

- Changes or regression in mood and behaviour, particularly where a child withdraws or becomes clinging. Also, depression/aggression
- nervousness/inappropriate fear of adults e.g. frozen watchfulness
- sudden changes in behaviour e.g. under-achievement or lack of concentration
- inappropriate relationships with peers and/or adults e.g. excessive dependence
- attention-seeking behaviour
- persistent tiredness
- wetting or soiling of bed or clothes by an older child

Neglect signs

- regular poor hygiene
- persistent tiredness
- inadequate clothing
- excessive appetite
- failure to thrive e.g. poor weight gain
- consistently being left alone and unsupervised

Sexual signs

- any direct disclosure made by a child concerning sexual abuse
- child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age inappropriate sexual play
- preoccupation with sexual activity through words, play or drawing
- child who is sexually provocative or seductive with adults
- inappropriate bed-sharing arrangements at home
- severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- other emotional signs (see above) may be indicative of sexual or some other form of abuse

4.2.6 Procedures for Responding to Allegations/Concerns of Abuse

1. All concerns about the welfare of a child or concerns that a child may be suffering, or at risk of suffering abuse or neglect should be referred to the Social Services who will seek to clarify the nature of the concern and whether immediate action is needed to make them safe from harm.
2. Where there is a clear allegation or strong suspicion or evidence of abuse, there must be no delay in making a referral to the statutory agencies.
3. Where there is no clear evidence or allegation, but suspicion exists, that abuse may have occurred, a preliminary consultation with the designated child protection employee, should take place without delay. If the designated officer is absent at this time, then preliminary consultation should take place with the child protection deputy.

4. Where the level of risk remains, unclear consultation should be sought from Social Services as to whether a referral is appropriate (see information at end of policy document).
5. At the end of any discussion about a child, the referrer and Social Services should be clear about who will be taking what action or that no further action will be taken. The decision will be recorded by Social Services and the professional referrer.
6. Concerns should be discussed with the parent or carer and, where possible their agreement should be sought before making referrals to Social Services **unless this places a child at increased risk of significant harm**. For example, in cases where the allegation of abuse is of a sexual nature, which must involve a referral directly to the relevant Social Services department or Police Child Protection Team.
7. Social Services should decide on the next course of action within 24 hours. On the basis of available evidence, they have a responsibility to address whether there are concerns about both the child's health and development, or actual and/or potential harm which justify further inquiries, assessment or intervention.
8. You should not discuss your suspicions or allegations with anyone other than those named in the above points.
9. Under no circumstances attempt to carry out any investigation into allegations or suspicions of abuse. It is the task of Social Services to investigate the matter under Section 47 of the Children Act 1989.
10. Referrals may lead to:
 - a. no further action
 - b. directly to the provision of services or other help and/or
 - c. a fuller assessment of the needs and circumstances of the child which may in turn lead to child protection inquiries
 - d. emergency action to safeguard the child
 - e. Child protection inquiries being undertaken

4.2.7 Guidelines for Responding to an Allegation of Abuse from a Child

General Points

- Keep calm – do not appear shocked or disgusted
- Accept what the child says without passing judgement (however unlikely the disclosure may sound)
- Look directly at the child
- Be honest
- Let them know you will need to tell someone else, don't promise confidentiality
- Be aware the child may have been threatened and fear reprisals for having spoken to you
- Never push for information or question the child as this can undermine any subsequent criminal investigation. If at any point a child decides not to continue, accept that and let them know that you are ready to listen should they wish to continue at any time.

Helpful things to say or show

- Show acceptance of what the child says
- "I take what you are saying very seriously"
- "I am pleased that you have told me. Thank you for telling me"
- If appropriate, "it isn't your fault and you are not to blame at all"
- "I am sorry that happened to you"
- "I will help you"

Things not to say

- "Why didn't you say something before?"
- "I really can't believe it"
- "Are you sure this has happened?"

- “Why?” “Where?” “When?” “Who?” “What?” “How?”
- Don’t make false promises to the child – like confidentiality – be honest now, any lies will be further abuse and betrayal
- Never make statements such as ‘I am shocked!’ or ‘don’t tell anyone else’.

Concluding the conversation

- Reassure the child that they were right to tell you
- Let the child know what you are going to do next and tell them that you will let them know what is happening at each stage.

All staff must be aware that they have a professional duty to share information with other agencies in order to safeguard children and vulnerable adults. The public interest in safeguarding children and vulnerable adults may override confidentiality interests. However, information will be shared on a need to know basis only, as judged by the Designated Safeguarding Lead.

All staff must be aware that they cannot promise service users or their families/ carers that they will keep secrets.

What to do after the conversation

- The staff must compile, with help if necessary, a written record of the allegation or suspicion including
- Date, time and place conversation and date, time and place of allegation and anyone else present
- What the concern is
- Exactly what the child has said
- What was happening immediately beforehand e.g. description of the activity)
- What if anything the parent or carer is saying
- What if anything the staff are saying
- Any known relevant history
- If the initial note is handwritten, keep it if it is subsequently typed up.
- Inform the designated Child Protection employee, immediately, in their absence inform the Deputy immediately. Record the date and time that the concern was reported to the Duty Social Worker.
- Either the designated Child Protection employee or you should contact the Social Services Area Office. Whilst allegations or suspicions of abuse will normally be reported to the designated Child Protection employee, in their absence, the deputy, the absence of both should not delay a referral to the Social Services.
- Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the designated Child Protection employee, or Deputy as to the appropriateness of a referral to the Social Services, that person retains a responsibility as a member of the public to report serious matters to the Social Services, and should do so without hesitation.
- Do not be tempted to try to investigate further the claims – this could lead to contamination of the evidence and could jeopardize any Police investigation and criminal prosecution activity.
- The Duty Social Worker should be asked to keep the project informed of any outcome.

The organisation will monitor the following Safeguarding aspects:

- Safe recruitment practices
- DBS checks undertaken
- References applied for new staff
- Records made and kept of supervision sessions
- Training – register/ record of staff training on child/ vulnerable adult protection
- Monitoring whether concerns are being reported and actioned
- Checking that policies are up to date and relevant
- Reviewing the current reporting procedure in place
- Presence and action of Designated Safeguarding Lead responsible for Safeguarding is in post

4.2.8 Appointment of Workers

The following procedures are designed to promote the effectiveness of work and to protect both children and workers. The procedures involve all potential staff and volunteers being treated as potential job applicants.

Appointing Workers.

Prospective workers will be asked to complete an application form requesting basic details, experience or working with children. Family Based Solutions expects that all staff and volunteers working directly with children will be subject to enhanced police checks (DBS). Disclosure of a criminal record may not itself prevent appointments as the nature of any offence is considered; except for convictions for crimes against children. Where employees and volunteers may be in contact with children two references will be taken prior to appointment. Interviews will be undertaken and any gaps in job history or rapid movement from one to another will be investigated.

4.2.9 Boundaries and Touch

All workers are responsible for establishing and maintaining appropriate boundaries and or ensuring that meeting their own emotional needs are not dependent on their relationships with children and young people. Keep everything public. A hug in the context of a group is very different from a hug behind closed doors. Touch should be related to a child's needs not the workers. Touch should be age appropriate and be initiated by the child rather than the worker. Avoid any physical activity, which is, or may be construed as, sexually stimulating the adult or child. For example, fondling, touching private parts of the body. Workers should take responsibility for monitoring one another in the area of physical contact. They should be free to constructively challenge a colleague if necessary.

4.2.10 Seeking Expert Advice

If concerns regarding the welfare of a child come to light, and it is unclear if they should be referred to Social Services the designated Child Protection employee, may discuss the situation with a Child Protection Co-ordinator/Advisor for Borough of Enfield.

Alternatively, the concerns can be discussed with the Child Protection Co-ordinator/Advisor from the Borough in which the child resides. The NSPCC also offer child protection advice via their hotline 0808 800 5000

4.2.11 Managing Behaviour

Staff will always be required to treat children with respect and will not administer any forms of discipline that humiliates or ridicules the children i.e. shouting, smacking, threatening, shaking or by use of a "naughty chair or corner" etc.

Staff will always set a good example to children by being polite, considerate, not shouting, being calm, kind and gentle.

Staff will manage unwanted behaviour using distraction, supervision and early intervention in potential disagreements. Any forms of physical, verbal or discriminating abuse will be challenged. Staff will act fairly in dealing with all incidents. This is set out in the Behaviour Policy.

Parents and visitors will be expected to follow these rules whilst on the premises.

4.2.12 Health, Safety and Welfare

Family Based Solutions has a legal duty to provide a safe and healthy environment for children, staff, parents, carers and visitors. For this reason, smoking, alcohol and non-prescription drugs are always

banned from Family Based Solutions office. This ban applies to all staff, volunteers, parents, carers and visitors. Any breach of this ban by staff will be regarded as a serious breach of workplace discipline as would any other action that might endanger health and safety at work.

The Health & Safety policy sets out requirements for protecting members' health safety and welfare on and off site.

Sick Children

If a child/young person falls seriously ill or sustains serious injuries while at the Family Based Solutions office or on an off site activity, parents will be contacted immediately and the child/young person will be escorted to the hospital by the person in charge and remain there until the parent or carer arrives.

Useful Contacts

The Family Based Solutions nominated child protection advisers are:

Joseph Lettieri Tel: 07720 651633 (out of hours) or 0208 363 6262 (office hours)
Ayse Adil Tel: 07375 912084 (out of hours) or 02083636262 (office hours)

For concerns regarding child abuse and neglect for Enfield clients then you can report this to Enfield Council via:

To report abuse Monday to Friday during working hours you can ring Enfield Council and speak to the Multi-Agency Safeguarding Hub:

- Telephone: 0208 379 3196
- E-mail: TheMASHteam@Enfield.gov.uk There is also a dedicated phone line which is available day or night Tel: 0208 379 5212
- Address: Room 2, First Floor, Civic Centre, Silver Street, Enfield, Middx EN1 3XA

Referrals around children can also be sent to the Early Help Family Hub at earlyhelp@enfield.gov.uk, and the MASH at childrensmash@enfield.gov.uk, <https://new.enfield.gov.uk/services/children-and-education/childrens-portal/> Professionals will need to submit all referrals through the children's portal.

If the danger is immediate, always call the Police on 999.

For non-emergencies call Police on 101

For concerns regarding child abuse and neglect for Haringey clients then you can report this via:

Please use the numbers below to contact staff for advice on any suspected child abuse or neglect:

- Monday to Thursday 8.45am to 5pm; Friday 8.45am to 4.45pm
Tel: 020 8489 4470
- Out of office hours, including weekends the Emergency Duty Team
Tel: 020 8489 0000
- Email: mashreferral@haringey.gov.uk

If the danger is immediate, always call the Police on 999. For non-emergencies call Police on 101
For concerns regarding child abuse and neglect for Barnet clients then you can report this via:

If you feel you have urgent welfare concerns about children or young people that require and immediate response, phone the Multi-Agency Safeguarding Hub (MASH) on **020 8359 4066**. The MASH team are available Monday to Thursday 9 am to 5.15 pm and Friday 9 am to 5 pm.

Outside of these hours you should report any concerns that need an immediate response to our

- emergency duty team on 020 8359 2000.
- Email address: **mash@barnet.gov.uk**
- Address: Barnet Council Building 2 North

London Business Park Oakleigh Road South New Southgate London
N11 1NP

If the danger is immediate, always call the Police on 999. For non-emergencies call Police on 101

We are committed to reviewing our policy and good practice annually:

This policy was reviewed on: 14th July 2023

Signed: *j.lettieri*

(Project Manager)