

# Hall Green and Smith's Wood Child Contact Centres

## Safeguarding and Child Protection Policy

### Basic principles

1. Hall Green and Smith's Wood Child Contact Centres ('the Centres') believe that children and young people need safe environments in which they can grow and develop in confidence.
2. The Centres recognise that organisations working with and supporting children and young people have a duty to keep them safe.
3. The Centres place Safeguarding children and young people and Child Protection at the centre of its activities.
4. The Centres are committed to and working towards the objectives as defined in Working Together to Safeguard Children 2018 ('the guidance') *(See Appendix 3 below for relevant extracts of the guidance and explanatory notes)*
5. The Centres believe that children and young people should not be exposed to negligence or avoidable risks.
6. The Centres recognise that Safeguarding and Child Protection are emotive issues that need to be handled both sensitively and carefully.
7. The Centres are committed to creating and implementing policies and procedures that will ensure where risks need to be taken regarding children and young people they are both calculated and carefully managed.
8. The Centres recognise the difference between Child Protection and Safeguarding namely:
  - Child Protection is the process of protecting individual children identified as either suffering or likely to suffer significant harm as a result of abuse or neglect. It involves recognising signs and symptoms of physical, sexual or emotional abuse or neglect and acting upon them.
  - Safeguarding involves keeping children and young people safe from a much wider range of potential dangers and/or harm. It looks at preventative action rather than just reactive action.
9. The Centres are committed to ensuring that all its staff, trustees and unpaid support workers are aware of, kept up to date with and operate in accordance with good practice in relation with Safeguarding and Child Protection. This will mean that they will have the ability to recognise, respond to, report, record and refer issues of Safeguarding and Child Protection

### Accountability

10. The Coordinators will be responsible and accountable for all aspects of the Centres' work in relation to Safeguarding and Child Protection. The Centres are committed to ensuring that all their volunteers, staff and trustees know about and operate Safeguarding and deal with Child Protection issues, if they arise.

## **Intentions**

### **11 (a) Managing Safeguarding and Child Protection within the Centres**

The Coordinators will manage all aspects of the Centres' work in relation to Safeguarding and Child Protection. In addition he/she will be responsible for ensuring the Centres are aware of and operating in accordance with their Local Safeguarding Partnerships' policies and procedures in relation to Safeguarding and Child Protection.

### **11 (b) Recruitment**

The Centres will have a clearly defined recruitment process for their staff, volunteers and trustees. This will include application forms, checking ID, interviews, checking references, induction procedures and probationary periods. The Coordinators will be responsible for ensuring these processes are followed.

### **11 (c) Disclosure and Barring Service (DBS)**

All volunteers, staff and trustees will be checked to an enhanced level when they first join the organisation and every three years thereafter.

All volunteers, staff and trustees, will be aware of and kept up to date with good practice and procedural changes in relation to DBS checks.

### **11 (d) Education and Training**

It is a condition of being accepted that a volunteer undertakes initial induction training and agrees to participate in the various subsequent training courses notified to them by personal attendance or workbooks. Annual Safeguarding and Child Protection Training is mandatory for Coordinators, volunteers, staff and trustees. It also forms part of the induction training for new volunteers.

### **11 (e) Attending Sessions**

All new volunteers will be subject to a probationary period of four contact sessions. Thereafter volunteers at Hall Green agree to attend at least one session every six weeks and volunteers at Smith's Wood once every four weeks, holidays and illness excepted. They may attend more often if they wish or if they offer to fill a shortage.

### **11 (f) Providing Advice, Support and Supervision**

The Centres will ensure that their volunteers and staff receive the advice, supervision and support they require, when they are working with Safeguarding and Child Protection incidents or concerns. Volunteers and Staff are in particular referred to the current NACCC Safeguarding and Child Protection Booklet, which includes the Step by Step Guide, The Reporting Form and Information to guide decisions when using the step by step guide. *(See Appendix 1 below for the Step by Step Guide and information to guide decisions, when using it and Appendix 2 for responding and reacting to a child making an allegation of abuse)*

#### 11 (g) **Sharing information**

- (i) The Centres have a statutory obligation to pass information to relevant partner organisations when a Safeguarding or Child Protection issue has arisen within the Centres or elsewhere.
- (ii) The Centres have recognised procedures for volunteers, staff and trustees to follow when such a Safeguarding or Child Protection issue has arisen within the centre or elsewhere.
- (iii) The Centres will make user families and referrers aware of the Centres' statutory obligation to record and report any incidents relating to Safeguarding and Child Protection.

#### 11 (h) **Distribution of the Centres' Policy for Safeguarding and Child Protection**

A current copy of this policy will be available to volunteers, staff and trustees. It supersedes the Centres' previous Policy for Safeguarding and Child Protection (A Working Document and Volunteer Agreement that incorporates Best Practice). New volunteers undergoing Induction Training and Safeguarding and Child Protection Training for the first time will sign this Policy and Agreement to signify their agreement to the same.

Copies of the policy will also be available to referrers, families using the Centres and other organisations upon request.

#### 11 (i) **Review of the Centres' Policy for Safeguarding and Child Protection**

This Policy will be reviewed at twelve monthly intervals by the Management Committee of the Centres.

### **Volunteer Policy**

12 This separate policy in its current form will be provided to new volunteers and will continue to be available to all volunteers. Volunteers should familiarise themselves with its contents. Attention is drawn particularly to the last section on **Resolving problems** and the procedures that will be followed in the event of problems arising between the volunteer and the Centre which he/she attends.

**Statement of Commitment to Hall Green Churches Child Contact Centre (a Company limited by Guarantee which operates Hall Green & Smith's Wood Child Contact Centres) in relation to the Centres' Safeguarding and Child Protection Policy and Volunteer Policy**

This form is to be completed by all of Hall Green & Smith's Wood Child Contact Centres' Volunteers and staff.

- a) I confirm I agree to the terms within this document/agreement relating to Attending Sessions and Training and have read and agree to be bound by the provisions of the Volunteer Policy.
- b) I have read and understood the standards and guidelines contained within Hall Green & Smith's Wood Child Contact Centres' Safeguarding and Child Protection Policy.
- c) I agree with the principles contained therein and accept the importance of implementing them in my capacity as an employee or volunteer of Hall Green & Smith's Wood Child Contact Centres.
- d) I agree to notify the Coordinator of Hall Green and Smith's Wood Child Contact Centres, should I be, or should I become the subject of a criminal conviction, a caution, reprimand or warning in respect of a criminal offence or a listing on the barring register of DBS.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

# Appendix 1

## NACCC Step by Step Guide as to Safeguarding

### Safeguarding is a preventative measure

If you think a child may be in danger, discuss the perceived problem with your co-ordinator/team leader. If your co-ordinator is not available and you are still concerned, call the Out of Hours number and/or the police.

#### STEP BY STEP GUIDE

### What to do when you have concerns about Safeguarding...

**Volunteer has concerns**

**Discuss with Coordinator/Team Leader**

**You may wish to inform parents of concerns/actions**

**Record details on NACCC form. Remember - time, date and sign**

**IF Self Referral  
LA Referral  
OTHER -  
CALL OUT OF HOURS SERVICE**

**IF CAF/CASS Referral -  
CALL CAF/CASS or  
OUT OF HOURS SERVICE**

**Send copy of form duly filled in to:**

1. Out of Hours and/or Police and/or CAF/CASS
2. NACCC Head Office

**WITHIN 24 HOURS**

**TELEPHONE NUMBERS:**

NACCC Helpline	<b>0845 4500 280</b>
NACCC Saturday Helpline	<b>07540 703577</b>
Police - 999 or local number	<input type="text"/>
CAF/CASS Office (Liaison Officer)	<input type="text"/>
Social Services	<input type="text"/>
Out of Hours	<input type="text"/>
LSCB	<input type="text"/>
Centre Name	<input type="text"/>
Named Safeguarding Person	<input type="text"/>
Contact No 1	<input type="text"/>
Contact No 2	<input type="text"/>

Before a session starts, all volunteers should know **who they must contact, who is the named safeguarding person** and have the relevant telephone numbers to hand

**A. Your centre should have completed the relevant telephone numbers in the box provided**

**B. This poster should be displayed clearly at each contact session**

Be familiar with: • 'child abuse - signs and symptoms' • 'Responding and reacting to a child making an allegation (www.naccc.org.uk/members/safeguarding)' • NACCC Publications © 2012. • Registered Charity No. 10786

## Information to guide your decisions when using the Step by Step guide

### Child abuse: signs and symptoms

To help readers, each category incorporates physical and behavioural signs:

#### Physical Abuse

##### Physical indicators

##### Unexplained bruises, welts, lacerations, abrasions, cuts

- on face, lips, mouth, ears
- on torso, back, buttocks, thighs
- in various stages of healing
- clustering forming regular patterns
- reflecting shape of article used e.g. belt, buckle, electrical flex;
- on several different surface areas
- regularly appear after absence, weekend, or holiday;
- bite marks or fingernail marks

##### Unexplained burns

- cigar, cigarettes, especially on soles, buttocks, palms, back
- immersion burns, forcibly immersed in hot water
- patterned such as an iron,
- rope burns on arms, legs, neck, torso

##### Unexplained fractures

This list is by no means exhaustive. Unexplained injuries also means injuries which are denied, poorly explained or where the explanation is not consistent with the injury.

##### The behavioural signs for physical abuse include:

- Flinching when approached or touched
- Afraid to go home
- Wary of adult contacts, frightened of parents / carers
- Difficult to comfort
- Becomes apprehensive when other children cry
- Extremes of behaviour: aggressive, compliant, impulsive, withdrawn
- Poor peer relationships
- Panics as a response to pain
- Inappropriate clothing (long sleeves in hot weather) covering injury

Again this list is by no means exhaustive. If you are worried SHARE your concerns with your coordinator or helpline.

#### Neglect

Please note that neglect is not easy to recognise.

##### Physical indicators

The following may give cause for concern

- Consistent hunger
- Poor hygiene
- Inappropriate dress

- Unattended physical problems and/or medical needs
- Always tired

**The behavioural indicators are:**

- Begging
- Stealing food
- Care givers always late to bring or collect child
- Constant fatigue or listlessness
- Attention seeking
- Not achieving milestones
- Isolates themselves

Please remember that there are many more signs and that sometimes a child will have a combination of signs or no signs at all.

**Sexual Abuse**

Please note that the signs are very varied and can often be linked to other forms of abuse. The following is a guide to the most common physical and behavioural signs only.

**Physical indicators:**

- Difficulty in walking, sitting down
- Stained or bloody underclothing
- Pain/itching in genital area
- Bruising, bleeding, injuries to external genitalia/vaginal areas
- STD
- Excessive crying
- Sickness
- Wetting / soiling

**Behavioural indicators:**

- Bizarre, sophisticated or age inappropriate sexual behaviour / knowledge
- Promiscuity
- Sudden changes in behaviour
- Wary of adults
- Feeling different from other children
- Over compliance
- Eating / sleep disorders
- Overtly seductive
- Excessive masturbation
- Inability to focus/concentrate
- Regressive behaviour

There are many more signs of sexual abuse and some signs could be misleading. Always share your concerns with colleagues or your team leader Remember that a sexually abused child is emotionally abused too and probably has been physically abused in the process.

**Emotional Abuse**

These are probably the most difficult signs to link to actual abuse as there may be other factors affecting the child's development or behaviour. The following is a list of what are commonly regarded as the main indicators:

Physical indicators:

- Failure to thrive
- Delays in physical, mental or emotional development or progress

**Behavioural Indicators:**

Behaviour disturbances such as:

- Sucking, rocking, biting
- Anti-social / destructive
- Sleep disorders, inhibition of play
- Either compliant and/or passive and/or aggressive and/or demanding
- Inappropriately adult or infant
- Rapid swings of behaviour.

These lists are not exhaustive.

## **Appendix 2**

### **Responding and reacting to a child making an allegation of abuse**

Children may ask for advice, talk to you personally or express themselves spontaneously in a group when you are present; the following points are there to help you in such cases:

- Stay calm
- Remain neutral and non-judgemental
- Listen carefully to what is being said
- Do not promise to keep secrets
- Let the child talk at his/her own pace
- Do not ask direct questions that may suggest an answer
- Reassure the child that they have done the right thing in sharing this information with you
- Tell them what you will do and explain that you have to share this information to make them safe
- Use the child's own words and language they can understand
- Do not ask them to repeat what they have said to anyone
- Record in writing what the child has said, who you have talked to, names that were mentioned and ensure your records are dated, timed and signed.
- Talk to your designated person and / or seek professional advice/help.

This is fairly standard advice which in one form or another can be found in most Local Safeguarding Partnerships' Guidelines, Specialised training manuals and Statutory Agencies' advice.

## Appendix 3

### Extracts from Working Together to Safeguard Children 2018

*Working Together to Safeguard Children 2018 replaces the earlier version of 2015. Set out below are extracts from this Guidance with short explanatory notes.*

*'Safeguarding is everyone's responsibility' is a long standing principle of Safeguarding. The sections of the guidance below (16 – 19) set out the basic framework for a co-ordinated approach.*

#### **A co-ordinated approach – safeguarding is everyone's responsibility**

16. Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

17. In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents/carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by the local safeguarding partners.

18. This statutory guidance sets out key roles for individual organisations and agencies to deliver effective arrangements for safeguarding. It is essential that these arrangements are strongly led and promoted at a local level, specifically by local area leaders, including local authority Chief Executives and Lead Members of Children's Services, Mayors, the Police and Crime Commissioner and through the commitment of chief officers in all organisations and agencies, in particular those representing the three safeguarding partners. These are Directors of Children's Services, Chief Constables of police and Accountable Officers and/or Chief Nurses of clinical commissioning groups.

19. The local authority and its social workers have specific roles and responsibilities to lead the statutory assessment of children in need (section 17, Children Act 1989) and to lead child protection enquiries (section 47, Children Act 1989). It is crucial that social workers are supported through effective supervision arrangements by practice leaders and practice supervisors, as defined under the National Assessment and Accreditation system, who have the lead role in overseeing the quality of social work practice. Designated Principal Social Workers have a key role in developing the practice and the practice methodology that underpins direct work with children and families.

*There is emphasis upon the need to identify children who would benefit from early help, particularly in the categories listed in the section below. Early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.*

## Assessing need and providing help

The guidance highlights specifically that “practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

*A need for early help is more likely to be spotted by agencies where children in the above categories spend significant periods of time during a week at their premises or by whom they may already be supported for other problems e.g. schools, nurseries, playgroups, social workers, counsellors, therapists, doctors and other healthcare workers. However you will see from the section below that staff and volunteers at Child Contact Centres are subject to the same safeguarding responsibilities, whether paid or a volunteer – we are a charity working with children and their families.*

*We have a responsibility to be equally vigilant. There are some families where pre-school children are brought up entirely in their home environment and do not attend nurseries or playgroups. The children could also escape the attention of professionals, such as health visitors. Older children of school age may not attend school at all because they are being educated at home by one or both of their parents or other relatives. If such families attend our Contact Centres, we may be the only agency in a position to spot safeguarding concerns and/or the need for early help.*

## Organisational Responsibilities

Under this section there is reference to -

### **Voluntary, charity, social enterprise, faith-based organisations and private sectors:**

This highlights that “all practitioners working in these organisations and agencies who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer”. The guidance also highlights that: “charity trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through contact with it”.

*The Children and Social Work Act 2017 provided for Local Safeguarding Children's Boards to be phased out and replaced by local 'safeguarding children partnerships'. The transition was to be completed by 29<sup>th</sup> June 2019. See the extract from the 2018 guidance below for more details. The Partnerships had to publish their arrangements for working together and implement these by 29<sup>th</sup> September 2019. Both Birmingham and Solihull have established safeguarding partnerships details of which can be found on their respective websites.*

*Birmingham Safeguarding Children Partnership*                      [www.lscpbirmingham.org.uk](http://www.lscpbirmingham.org.uk)

*Solihull Safeguarding Children Partnership*                      [solihull.lscp.co.uk](http://solihull.lscp.co.uk)

*In practice there is no change to the arrangements for reporting safeguarding incidents.  
The telephone numbers to report incidents are*

*Birmingham Children's Trust*

*During Office Hours 0121 303 1888    Out of Hours 0121 675 4806*

*Solihull Children's Department*

*During Office Hours 0121 788 4300    Out of Hours 0121 605 6060*

*In an Emergency always call 999*

## **Multi-agency safeguarding arrangements**

Local Safeguarding Children Boards (LSCBs) will be replaced by "safeguarding partners".

Under the new legislation, three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups) must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

The geographical footprint for the new arrangements is based on local authority areas. Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement.

## **Safeguarding partners**

- The 3 safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.
- To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies.
- All 3 safeguarding partners have equal and joint responsibility for local safeguarding arrangements.