

# Child Protection Policy

## Tinkers Bridge Residents Association

49 Brent,  
Tinkers Bridge,  
Milton Keynes.

## Policy Statement

We in (Tinkers Bridge Residents Association) are committed to practice which protects children from harm. Staff and volunteers in this organisation accept and recognise our responsibilities to develop awareness of the issues which cause children harm.

We will aim to safeguard children by:

- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers.
- Sharing information about child protection and good practice with children, parents and carers, staff and volunteers.
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
- Carefully following the procedures for recruitment and selection of staff and volunteers.
- Providing effective management for staff and volunteers through support, supervision and training.
- We are committed to reviewing our policy and good practice regularly.

<b>This policy sets out agreed guidelines relating to the following areas:</b>
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- Responding to allegations of abuse, including those made against staff and volunteers
- Recruitment and vetting of Staff and volunteers
- Supervision of organisational activities

## **1. Definitions of abuse**

These definitions are based on those from Working Together to Safeguard Children (Department of Health, Home office, Department for Education and Employment, 1999)

### **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing 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 whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness in children or “Munchausen Syndrome by proxy” after the person who first identified this situation.

A person might do this because they enjoy or need the attention they get through having a sick child.

Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

### **Emotional abuse**

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve making a child feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of a child.

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 or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.

Sexual abuse may also 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.

Boys and girls can be sexually abused by males and or females, by adults and by other young people. This includes people from all different walks of life.

### **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 a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.

## **Note**

Recent guidance notes other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse. These may have a negative impact on a child's health and development and may be noticed by an organisation caring for a child. If it is felt that a child's well-being is adversely affected by any of these areas, the same procedures should be followed.

## **2. Recognising and Responding to Abuse**

***The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.***

### **Physical signs of abuse**

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- scalds
- Injuries which have not received medical attention
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

### **Changes in behaviour which can also indicate physical abuse:**

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

### **Emotional signs of abuse**

#### **The physical signs of emotional abuse may include;**

- A failure to thrive or grow particularly if a child puts on weight in other circumstances e.g. in hospital or away from their parents' care
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

#### **Changes in behaviour which can also indicate emotional abuse include:**

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

## **Sexual Abuse**

**The physical signs of sexual abuse may include:**

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- 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 withdrawn or aggressive
- 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 development al level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they can not 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 with adults

## **Neglect**

**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 dress for the conditions

**Changes in behaviour which can also indicate neglect 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

### **3. What to do if you suspect that abuse may have occurred**

#### ***1. You must report the concerns immediately to the designated person (Chairperson currently John Orr)***

The role of the designated person is to:

- Obtain information from staff, volunteers, children or parents and carers who have child protection concerns and to record this information.
- Assess the information quickly and carefully and ask for further information as appropriate.
- They should also consult with a statutory child protection agency such as the local social services department or the NSPCC to clarify any doubts or worries.
- The designated person should make a referral to a statutory child protection agency or the police without delay.

The designated person has been nominated by (insert the name of your organisation here) to refer allegations or suspicions of neglect or abuse to the statutory authorities. In the absence of (the name of your designated person) the matter should be brought to the attention of (insert second name)

2. Suspicions will not be discussed with anyone other than those nominated above.

3. It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

### **Allegations of physical injury or neglect**

***If a child has a symptom of physical injury or neglect the designated person will:***

1. Contact Social Services for advice in cases of deliberate injury or concerns about the safety of the child. The parents should not be informed by the organisation in these circumstances.
2. Where emergency medical attention is necessary it will be sought immediately. The designated person will inform the doctor of any suspicions of abuse.
3. In other circumstances speak with the parent/carer/guardian and suggest that medical help/attention is sought for the child. The doctor will then initiate further action if necessary.
4. If appropriate the parent/carer will be encouraged to seek help from Social Services. If the parent/care/guardian fails to act the designated person should in case of real concern contact social services for advice.
5. Where the designated person is unsure whether to refer a case to Social Services then advice from the Area Child Protection Committee will be sought.

### **Allegations of sexual abuse**

***In the event of allegations or suspicions of sexual abuse the designated person will:***

1. Contact the Social Service duty social worker for children and families directly. The designated person will not speak to the parent (or anyone else)
2. If the designated person is unsure whether or not to follow the above guidance then advice from the Area Child protection Committee will be sought.
3. Under no circumstances is the designated person attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the designated person is to collect

and clarify the precise details of the allegation or suspicion and to provide this information to Social Services whose task it is to investigate the matter under section 47 of the Children Act.

4. Whilst allegations or suspicions of sexual abuse should normally be reported to the designated person, their absence should not delay referral to Social Services.

#### **4. Responding to a child making an allegation of abuse**

- Stay calm, listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others-do not promise to keep secrets
- Allow the child to continue at his/her own pace
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer
- Reassure the child that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

#### **Helpful statements to make**

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

#### **Do not say**

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises

#### **5. What to do after a child has talked to you about abuse**

##### **The procedure**

1. Make notes as soon as possible (ideally within 1 hour of being told) you should write down exactly what the child has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered) You should record the dates, times and when you made the record. All hand written notes should be kept securely.

You should use the form "Reporting allegations or suspicions of abuse" This form is attached at the back of this policy. (Appendix 1)

2. You should report your discussion with the designated person as soon as possible. If this person is implicated you need to report to (second designated person) If both are implicated report to Social Services.

3. You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.

4. After a child has disclosed abuse the designated persons should carefully consider whether or not it is safe for a child to return home to a potentially abusive situation. On these rare occasions it may be

necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

## **6. Recruitment and appointment of workers and volunteers**

In recruiting and appointing workers we (Tinkers Bridge Residents Association) will be responsible for the following:

- Identifying the tasks and responsibilities involved and the type of person most suitable for the job.
- Drawing up the Selection criteria and putting together a list of essential and desirable qualifications, skills and experience.
- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- We will always send a copy of our child protection policy with the application pack.
- We will make sure that we measure the application against the selection criteria
- All applicants need to sign a declaration stating that there is no reason why they should be considered unsuitable to work with children. The Rehabilitation of Offenders Act (1974) requires that people applying for positions which give them "substantial, unsupervised access on a sustained or regular basis" to children under the age of 18 must declare all previous convictions which are then subject to police checks. They can then only be offered a job subject to a successful police check. This includes potential employees, volunteers and self-employed people such as sports coaches. They are also required to declare any pending case against them. It is important that your applicant in this particular category understands that all information will be dealt with confidentially and will not be used against them unfairly.
- We will ask for photographic evidence to confirm the identity of the applicant e.g. their passport
- We will request to see documentation of any qualifications detailed by the applicant.
- We will always interview our candidates, ask for two references and a police check.
- We will at least two people from our organisation on the interview panel.
- We will request two written references from people who are not family members or friends and who have knowledge of the applicant's experience of working with children. We will ask the referee to also comment on their suitability for working with children. We will also try and follow up written references with a telephone call.
- The same principles apply to young people who have been involved with the organisation and have become volunteers.
- We will ensure that our successful applicant obtains an Enhanced Criminal Record Certificate (ECRC) from the Criminal Records Bureau. They will need to show the ECRC before we will confirm them in post. The applicant will also need to get a co-signature from a registered body.

## **7. Supervisory arrangements for the management of (Tinkers Bridge Residents Association) activities and services.**

***We will aim to protect children from abuse and our team members from false allegations by adopting the following guidelines:***

- We will keep a register of all children attending our activities.
- We will keep a register of all team members (both paid staff members and volunteers)
- Registers will include arrival and departure times and the names of others in the building at the time.
- We will keep a record of all sessions including monitoring and evaluation records.
- Our team members will record any unusual events on the accident/incident form.
- Written consent from a parent or guardian will be obtained for every child attending our activities.

- Where possible our team members should not be alone with a child, although we recognise that there may be times when this may be necessary or helpful
- Team members should escort children of the same sex to the toilet but are not expected to be involved with toileting, unless the child has a special need that has been brought to our attention by the parent/guardian.
- We recognise that physical touch between adults and children can be healthy and acceptable in public places. However, our team members will be discouraged from this in circumstances where an adult or child are left alone.
- All team members should treat all children with dignity and respect in both attitude language and actions.

## 7. Support and Training

We (Tinkers Bridge Residents Association) are committed to the provision of child protection training for all our team members.

### Note

This policy was reviewed on.....31<sup>st</sup> March 2022.....

This policy will be reviewed on.....31<sup>st</sup> March 2024.....

Adopted and recorded in the minutes at the Annual General Meeting of the Residents Association on 31<sup>st</sup> March 2022

Reviewed and confirmed with no alterations:

Review date	Confirmed by	Comments
25 July 2024		