



Safe Guarding Children Policy and Procedures

- [Summary](#)
- [Introduction](#)
- [Responding to and Reporting Concerns](#)
- [Recruitment](#)
- [Supervision](#)
- [Training](#)
- [Appendices](#)

Area:	Organisational/16
Subject:	Safe Guarding Children
Updated:	Jan 2023
Trustee Approval:	
<u>Review Date:</u>	Jan 2024
<u>Versions</u>	
<u>Associated policies</u>	

Safeguarding Children Policy and Procedures for Child Protection

If you have any concerns that a child may be at risk of harm or abuse, it is your duty to raise an alert by following this policy and the procedures outlined.

➤ Summary

Medcan Family Foundation is a service for parents and carers over the age of 18. We do not provide direct services to children or young people. On occasions it is possible that there are young people who will contact us for advice and or support. Therefore we recognises that we have a role to play in safeguarding children.

This policy seeks to ensure that Medcan Family Foundation undertakes its responsibilities with regard to the safeguarding and protection of children and responds to concerns appropriately. The policy and procedures establishes a framework for all Trustees, founders and volunteers. Further Medcan Family Foundation policies and procedures that inform effective safeguarding practice are listed in Appendix 1.

This policy explains:

- Medcan Family Foundation commitment to safeguarding children
- Safe recruitment procedures and supervision of Trustees, founders and volunteers
- Child Protection training requirements for Trustees, founders and volunteers (as appropriate)

➤ Introduction

In this policy we use the term 'child' to mean an individual under the age of 18 years old, including unborn babies.

The term 'Trustees, founders and volunteers' is used to mean all paid Trustees, founders and volunteers and unpaid volunteers unless otherwise stated.

Medcan Family Foundation policy is to make sure children are safeguarded by:

- Having clear policies and procedures

Using safe recruitment procedures with full reference checks for all Trustees, founders and volunteers

- Trustees, founders and volunteers being regularly supervised and safeguarding concerns addressed early
- Trustees, founders and volunteers who are in regular contact with children receiving appropriate child protection training every two years. (Knowledge and understanding is reinforced and checked through Medcan Family Foundation supervision process.)
- Making sure any Trustees, founders and volunteers in regular contact with children have the skills, experience, support and resources to carry out their role
- Ensuring that we follow the Data Protection Act (2018) and General Data Protection Regulations (GDPR)
- Publicly displaying child protection helpline information in premises where children may visit
- Reviewing our policies and procedures annually

Medcan Family Foundation are committed to ensuring that any child is safeguarded from harm in line with the UN Convention on the Rights of the Child, Article 19:

Children have the right to be protected from all forms of violence (physical and mental). They must be kept safe from harm and they must be given proper care by those looking after them.

This policy and the procedures aim to ensure that Medcan Family Foundation and its Trustees, founders and volunteers operate in line with the legal framework for safeguarding and protecting children including: the Children Act 1989; the Adoption and Children Act 2002; and the Children Act 2004. The procedures are informed by:

- the statutory guidance 'Working Together to Safeguard Children 2015' (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf) and
- other relevant non-statutory guidance including 'What to do if you're worried a child is being abused: advice for practitioners 2015' (<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>).

➤ Responding to and Reporting Concerns

Trustees, founders and volunteers are not expected to be experts in identifying child abuse or neglect. You do not need to decide whether a child has experienced or is at risk of abuse or neglect, however if you have any concerns that a child may be at risk of harm or abuse, it is your duty to raise an alert by following the procedures outlined below. Definitions and descriptions of different types of abuse and neglect can be found in Appendix 2, possible signs of abuse are shown at appendix 4.

A child protection issue may come to the notice of Trustees, founders and volunteers in several ways:

- A child may make a direct disclosure;
- A child may make a comment that seems to suggest abuse
- A child may have bruises or marks or their behaviour may suggest the possibility of abuse;
- Something about an adult's behaviour may suggest that they are not a suitable person to care for children.

Trustees, founders and volunteers should know how to respond to each of these situations. The guidance below should be followed:

- Let the child speak, and ask questions only if they are necessary. The basic rule is to ask only questions that are necessary to clarify whether the child is alleging that abuse has taken place.
- Create a situation in which the child can talk freely and allow the child to speak for as long as s/he wants to.
- Do not promise to keep secrets but reassure the child that you will only share information with the relevant person(s) in order to keep them safe and protect their welfare.
- Do not ask a child to make a statement.
- Listen carefully, remembering that a child may not have the vocabulary to explain clearly what it is that distresses them.
- Do not examine the child.
- Ensure the child is safe and if you believe the child is in immediate danger, act quickly by contacting the Police.
- Keep the child informed about what action you are taking.
- As soon as possible make a written record of:
 - what happened to prompt the disclosure and where it took place
 - what the child said and/or details of significant marks or behaviour you observed which concerned you
 - how you responded including what you said
 - any witnesses
 - what communication method(s) was used

- sign and date your record.

All child protection concerns **MUST** be reported immediately to The CEO or the chair of trustees if the CEO is not available.

Matt Hughes: 07525930300

Email: matt@medcanfoundation.co.uk

Trustee:

- Hannah Deacon (Chair)

See Appendix 3: Safeguarding Children at Risk Procedure Flow Chart and Useful Contacts.

If you feel your concerns are not being acted upon the Medcan Family Foundation Whistleblowing Policy should be followed.

If you have concerns about somebody who is aged 18 or over you should refer to the Medcan Family Foundation Policy for the Safeguarding of Adults at Risk of Harm or Abuse and Medcan Family Foundation Safeguarding Adults Procedures.

➤ Recruitment

Medcan Family Foundation policy is that all Trustees, founders and volunteers (paid or unpaid) who regularly come into contact with children, young people and adults at risk must have an Enhanced DBS disclosure check before they engage with children. Trustees, founders and volunteers and volunteers must not have unsupervised access to children without having this check.

If the DBS disclosure check comes back with a note of a previous record then the decision on whether to take on the person will be made in discussion with the Chief Executive and the relevant SMT member in accordance with Medcan Family Foundation Employment of Ex-Offenders Policy.

To ensure recruitment complies with Medcan Family Foundation Safeguarding Policy, all applicants for both paid and unpaid work at Medcan Family Foundation must:

- Complete an Application Form detailing full work/life history with no time gaps
- Complete a 'Self Disclosure' with details of any past criminal record
- Have references checked from their most recent employer and/or from relevant former employers (especially where a gap in the applicants' work history exists)
- Successfully complete a probationary period

➤ Supervision

Once in post all Trustees, founders and volunteers must receive regular supervision in line with Medcan Family Foundation Supervision Policy. Any safeguarding concerns about children must be reported immediately to the CEO.

Trustees, founders and volunteers members **must** advise the CEO of any issues that they themselves have in relation to a child protection issue (against themselves) and/or if they know that an allegation has been made against them immediately.

➤ Training

All Trustees, founders and volunteers and volunteers who are likely to come into contact with children must know:

- Where to find Medcan Family Foundation Safeguarding Children Policy and Procedures for Child Protection.
- Where to find the Safeguarding/Child Protection Procedures for their local safeguarding children board/local authority
- A summary of the different types of abuse and signs and symptoms of abuse
- What to do if they are concerned that a child is being harmed
- What to do if they are worried about the behaviour of a member of Medcan Family Foundation member of Trustees, founders and volunteers

This training must be refreshed every two years.

The Lead Person for Safeguarding Children must attend training related to The Role of The Lead Person for Safeguarding Children. This training should be refreshed every two years.

Appendix 1: Definitions and descriptions of different types of child abuse and neglect

Abuse	A form of maltreatment of a child. 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Neglect	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, clothing and shelter; protect a child from physical and emotional harm or danger; ensure adequate supervision; or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

<p>Physical abuse</p>	<p>A form of abuse which may involve hitting, shaking, throwing, poisoning, misuse of medication, restraint, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child</p>
<p>Sexual abuse</p>	<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>
<p>Child Sexual Exploitation</p>	<p>Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>
<p>Emotional abuse</p>	<p>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:</p> <ul style="list-style-type: none"> • conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. • not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

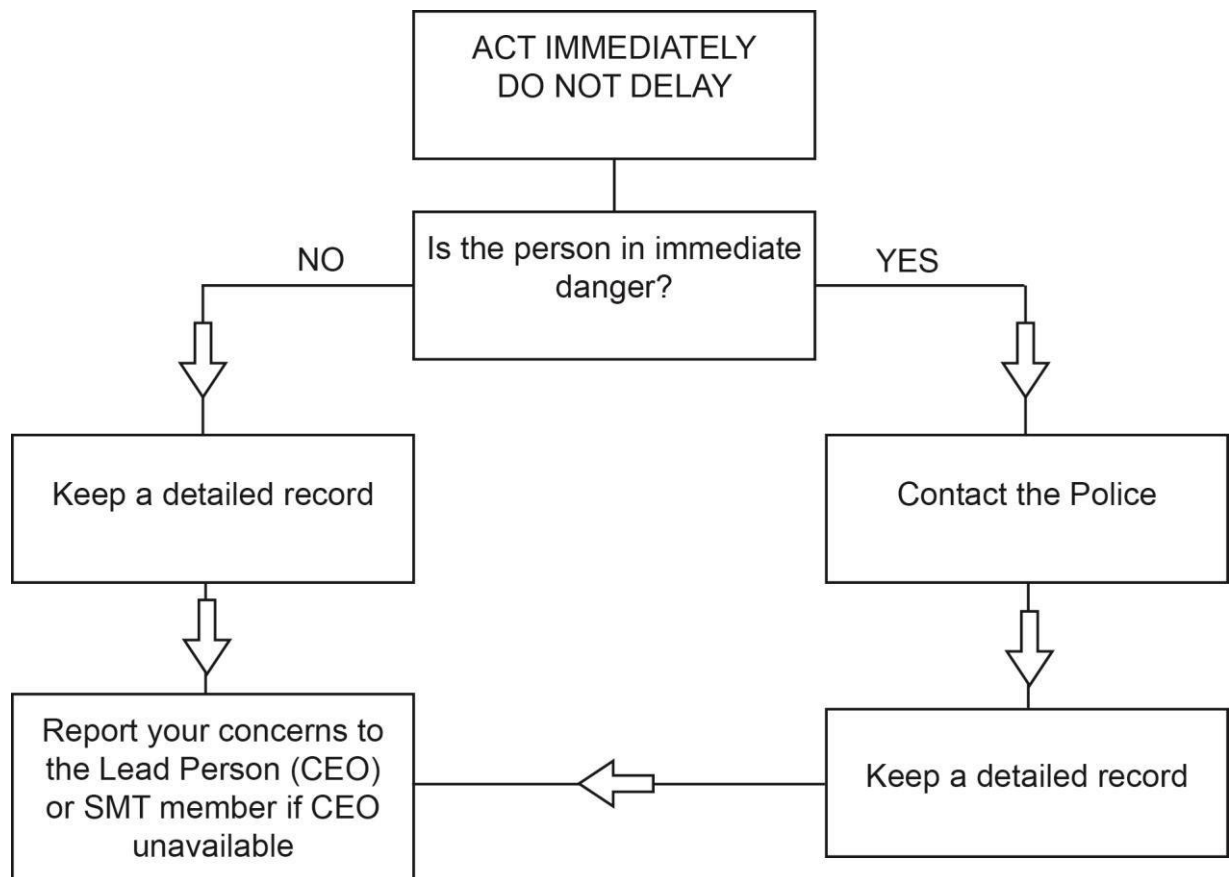
	<ul style="list-style-type: none"> • age or developmentally inappropriate expectations being imposed on children e.g. interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning • preventing the child participating in normal social interaction, isolation or withdrawal from services or supportive networks. • seeing or hearing the ill-treatment of another. • serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger. <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>
<p>Financial or Material</p>	<p>Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>
<p>Discriminatory</p>	<p>Including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.</p>

<p>Radicalisation</p>	<p>Refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Extremism is defined 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. It also includes calls for the death of members of our armed forces, whether in this country or overseas.</p>
<p>Modern slavery</p>	<p>Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment</p>

Appendix 2:

SAFEGUARDING CHILDREN AT RISK PROCEDURE FLOW CHART

It is everyone's responsibility to be alert to and report signs of abuse



Useful Contacts

Police

999

Social Services

Customer Service Centre (24 hours) 0344 8008020

Local Authority Designated Officer (LADO)

Virtual LADO Team

(always someone available during normal working hours) 01603 213611

<https://www.norfolk.gov.uk/children-and-families/keeping-children-safe/local-authoritydesignated-officer>

Norfolk Local Safeguarding Children Programme (LSCB) 01603 223409

<https://www.norfolklscb.org/>

Appendix 3

Possible signs of abuse

Physical abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities,
- Loss of previous skills, sleeplessness or nightmares, self-injury,
- Showing fear or aggression to one particular person, repeated or excessive • masturbation, inappropriately seductive behaviour,
- Loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed
- State

Psychological/emotional signs

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious or not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep

- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect signs

- Poor physical condition
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships



Versions

Version	Changes	Date Changes made	Who signed off
1.1	New format		