

Migrant English Support Hub

Safeguarding Children's Policy

Adapted from [NSPCC's Model Policy](#) and [Leeds Safeguarding Children's Board Guidance](#)

1. Scope and Purpose

MESH believes that a child or young person should never experience abuse of any kind. MESH is committed to the belief that protecting children is everybody's responsibility and this policy and associated guidelines will enable staff and volunteers to act appropriately to any concerns that arise in respect to a child.

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of Migrant English Support Hub (MESH).

The purpose of this policy is:

- to protect children and young people who come into contact with MESH. This includes the children of adults who use our services, or the children of adults who use our services.
- to provide staff and volunteers with the overarching principles that guide our approach to safeguarding.

2. Legal framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children

MESH is committed to the principles of '[Working Together to Safeguard Children](#)' (the guide to inter-agency working to safeguard and promote the welfare of children, published by the Department for Education and Skills).

3. We recognise that:

- the welfare of the child is paramount, as enshrined in the Children Act 1989
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- some children are further at risk because of the impact of previous experiences, their level of dependency, communication needs or other issues – such as seeking asylum
- some children and young people seeking asylum and who cannot provide documentary evidence of their age are assessed and treated as adults by the Home Office.
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare

4. We will seek to keep children and young people safe by:

- valuing them, listening to and respecting them
- adopting child protection practices through procedures and a code of conduct for staff and volunteers
- ensuring age disputed children/young people are supported to access appropriate advocacy and support
- providing effective management for staff and volunteers through supervision, support and training
- recruiting staff and volunteers safely, ensuring all necessary checks are made sharing information about child protection and good practice with children, parents, staff and volunteers
- sharing concerns with agencies who need to know, and involving parents and children appropriately.
- Investigating all complaints thoroughly and promptly
- Notifying the Police and LADO of any serious concerns alerted to us.

MESH is committed to reviewing this policy and good practice annually.

5. Designated Safeguarding Officers

The designated Safeguarding Officers with responsibility for Child Protection are the Director, **Catherine Hemmings**, and the **nominated Trustee, *******. Their roles and responsibilities are listed in Appendix 1. All matters relating to child protection at MESH should be referred to them.

Contact details:

Catherine Hemmings, Director

Work: 07539 361497

*****, nominated trustee

Mobile: *****

Telephone number of Children's Social Work Service

During Office hours - 0113 222 4403

Out of Hours - Social Care- Emergency Duty team - 0113 240 9536

Or phone relevant department in LA eg Hull, Doncaster etc

Appendices to this policy

1. Roles and responsibilities
2. Recognising signs of abuse
3. Becoming aware of a safeguarding issue
4. What to do if you are concerned about a child
5. Safe recruitment
6. Management and supervision of staff/volunteers
7. Allegations against staff
8. Recording and managing confidential information
9. Distributing and reviewing policies and procedures

This policy was last reviewed on:

By.....

Appendix 1 – Roles and Responsibilities

1. Roles and responsibilities of Designated Safeguarding Officers

- To be familiar with current legislation and guidelines on safeguarding children
- To understand and implement relevant child safeguarding procedures
- To take responsibility for organising appropriate training for staff and volunteers
- To ensure appropriate recruitment and vetting of staff and volunteers
- To establish good communication with agencies working in the field of safeguarding children
- To promptly investigate and refer appropriately any allegations or suspicions of child abuse

2. Roles and responsibilities of all staff and volunteers

- To work within MESH's Safeguarding Children policy and guidelines
- To inform and support the Designated Safeguarding Officers with any concerns or worries regarding children's safety and well being
- To attend appropriate training on Safeguarding Children
- To follow agreed procedures for reporting any causes for concern or worries about a child
- If required, to submit a report to any investigation or case conference concerning any causes for concern

3. Roles and responsibilities of all trustees of MESH

- To ensure that those benefiting from, or working with, MESH are not harmed in any way through contact with it.
- To discharge their legal duty to act prudently and this means that they must take all reasonable steps within their power to ensure that this does not happen. It is particularly important where beneficiaries are at risk of abuse, harm or neglect.
- To find out what the relevant law is, how it applies to their organisation, and to comply with it in line with best practice.

Appendix 2 – Recognising Signs of Abuse

Physical Abuse: 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/carer fabricates the symptoms of, or deliberately induces illness in a child.

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 in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. 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, (including cyber-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: 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 include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet), and Child Sexual Exploitation. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Domestic violence and abuse: is "an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality" (Home Office, 2013). Domestic violence affects both adults and children within the family and impact on children by placing them at increased risk of physical injury: and of anxiety and distress caused by witnessing the physical and emotional suffering of a parent. Children in violent households are significantly more likely to be exposed to other forms of child abuse.

Female Genital Mutilation (FGM) - includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. Procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth increased risk of newborn deaths. It can occur either in this country or the child's country of origin.

(Child) Trafficking – A child has been trafficked if they have been moved within a country, or across borders, whether by force or not, with the purpose of exploiting the child for labour, sexual or any other activity.

Forced Marriage – a marriage that is performed under duress and without the full and informed consent or free will of both parties Child victims fall within the definition of forced marriage ‘since children are, by definition, incapable of consent or of exercising the right of refusal’.

Spiritual or Religious Abuse: Spiritual abuse is not covered by the statutory definitions but is of concern both within and outside faith communities. Aspects of spiritual abuse can be recognised under the four categories of abuse such as emotional abuse or physical abuse (e.g. forced healing rituals). Within faith communities, harm can be caused by the inappropriate use of religious belief or practice. This can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, obtrusive or forced healing and deliverance ministries or rituals, any of which may result in children experiencing physical, emotional or sexual harm.

Possible signs of abuse include:

- Unexplained or suspicious injuries such as bruising cuts or burns, particularly if situated on a part of the body not normally prone to such injuries or the explanation of the cause of the injury is does not seem right.
- The child discloses abuse, or describes what appears to be an abusive act.
- Someone else (child or adult) expresses concern about the welfare of another child.
- Unexplained change in behaviour such as withdrawal or sudden outbursts of temper.
- Inappropriate sexual awareness or sexually explicit behaviour.
- Distrust of adults, particularly those with whom a close relationship would normally be expected.
- Difficulty in making friends.
- Eating disorders, depression, self-harm or suicide attempts.

Appendix 3 - Becoming Aware of a Safeguarding Issue

Recognising abuse is not easy. The guidance issued to professionals often extends over many detailed pages.

It's also important to note that the presence of one or more of these factors does not prove that a child has been abused, but could indicate that things need further investigation.

Factors may include:

- An unexplained delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function
- Incompatible explanations offered or several different explanations given for a child's illness or injury
- A child reacting in a way that is inappropriate to his/her age or development
- Reluctance to give information or failure to mention previous known injuries
- Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury)
- Unrealistic expectations/constant complaints about the child
- Alcohol misuse or other substance misuse
- A parents request to remove a child from home or indication of difficulties in coping with the child
- Domestic violence
- Parental mental ill health
- The age of the child and the pressures of caring for a number of children in one household

Physical abuse: Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse. It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate advice.

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

Sexual abuse: Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Neglect: The growth and development of a child may suffer when the child received insufficient food, love, warmth, care and concern, praise, encouragement and stimulation. Apart from the child's neglected appearance, other signs may include underweight, red/purple mottled skin, swollen limbs with sores that are slow to heal, recurrent diarrhoea, abnormal voracious appetite, sparse hair, a child seen to be listless, apathetic and unresponsive, indiscrimination in relationships with adults.

Domestic violence and abuse: where partner violence is either known or suspected in a household where children are present, particular attention should be given to the behaviour and emotional welfare of the children. Fear of a particular household member, flinching, may accompany any of the other signs of physical, emotional, sexual abuse or neglect.

Female Genital Mutilation (FGM) - A girl at immediate risk of FGM may not know what's going to happen. But she might talk about being taken 'home' to visit family, a special occasion to 'become a woman', an older female relative visiting the UK. A girl or woman who's had FGM may: have difficulty walking, sitting or standing; spend longer than normal in the bathroom or toilet; have unusual behaviour after an absence from school or college; be particularly reluctant to undergo normal medical examinations; ask for help, but may not be explicit about the problem due to embarrassment or fear

Child Trafficking – Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. These include a child who: spends a lot of time doing household chores; rarely leaves their house, has no freedom of movement and no time for playing; is orphaned or living apart from their family, isn't sure which country, city or town they're in; might not be registered with a school or a GP practice

Forced Marriage – History of forced marriage in the family; not being allowed to leave the house; attempts to run away from home; constant monitoring by the family; request for extended leave of absence at school and/or failure to return from the country of origin; after holidays; fear about forthcoming school holiday; being withdrawn from school or prevented from continuing with higher education

Spiritual or Religious Abuse: Is most likely to happen in particularly religious households. Be aware of children expressing fear of going to a place of worship, or expressing negative thoughts about themselves using religious language.

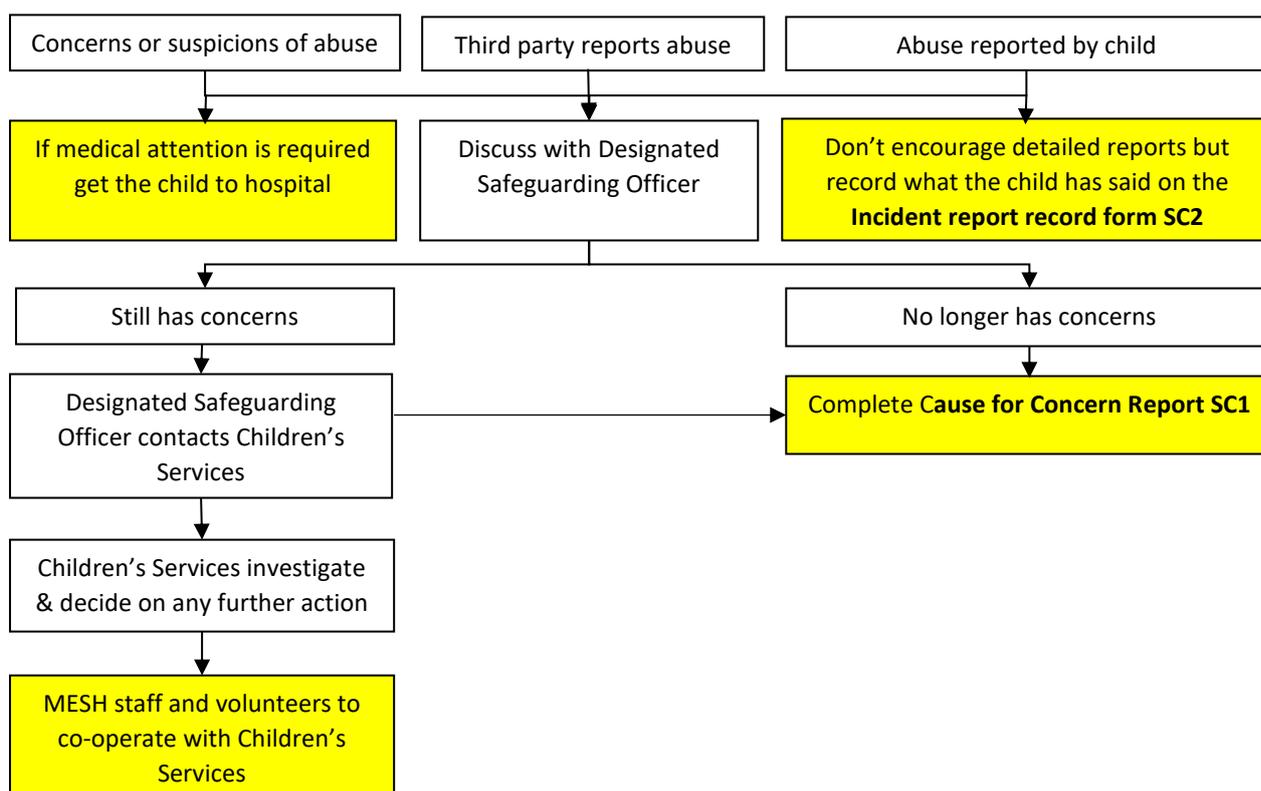
Appendix 4 - What to do if you are concerned about a child

How to deal with a disclosure or suspicion of abuse

Safeguarding is everyone's responsibility. It is not your responsibility as a worker/ volunteer to decide if abuse is occurring, but it is your responsibility to act on any concerns you may have

Always remember that the safety and protection of the child is the most important consideration:

- A worker or volunteer who suspects that a child or unaccompanied minor is experiencing abuse that is not already known to the authorities, **MUST** share their concerns at the earliest opportunity with the relevant Volunteers Manager, or the Director.
- They will jointly make a decision as to whether to report the matter immediately to Children's Safeguarding for investigation. The decision and the reasons for it will be recorded on the **Causes of Concern Report – aka SC1**. Subsequent actions and/or concerns will also be recorded.
- Usually, the volunteer or worker will seek to discuss concerns with both the child (as appropriate to their age and understanding) and with their parents. They would then seek their consent to making a referral to Children's Services *unless they such a discussion would place the child at risk or further risk of significant harm*.
- If a child or young person reports that abuse has taken place, the child should know that s/he will be believed. The worker/volunteer should assure the child of unconditional support, but should also make it clear that the worker/volunteer must take action to prevent further harm.
- The worker/volunteer must record what the child has said, their demeanour and actions as soon as possible after someone has something. The conversation should be recorded as far as possible in the child's own words and should clearly note any questions asked by the worker/volunteer. Please use the **Incident Report Record form – aka SC2**.
- Suspicions and reports will be kept confidential and shared only with the Child Safeguarding Officers.
- As this is a legal process, it is vital that the volunteer/worker does not encourage the child to expand on what they have reported, but reports concerns to the relevant body - so the child discloses to an appropriately trained officer



Appendix 5 - Safe recruitment

These procedures are outlined

- **MESH's Recruitment and Selection Policy and**
- **MESH's Criminal Records Policy**

Appendix 6 - Management and supervision of staff/volunteers

The supervision arrangements of staff are outlined in the MESH Policy Handbook, Section 6a

Staff supervisions will always include a discussion of safeguarding concerns, and ongoing safeguarding situations that we are aware of.

Records of these discussions will be kept and stored appropriately.

Appendix 7 - Allegations against staff and volunteers

Any allegation made against a member of staff and volunteers will be dealt with by the Director/Chair and investigated using MESH's Disciplinary Procedure.

In the event of any allegations made against a member of staff or volunteer, a phone call should be made to the Local Authority Designated Officer (LADO) Tel: 0113 247 8652.

If the allegation is about a lead person at MESH then the matter should be again be discussed with the LADO.

Regardless of whether a police and/or Children Social Work Service investigation follows, an internal investigation should take place and consideration is given to the operation of disciplinary procedures for Staff – using MESH's Disciplinary Procedure.

This may involve an immediate suspension and/or ultimate dismissal dependent on the nature of the incident.

Appendix 8 - Recording and managing confidential information

Please use the following forms to record concerns/allegations of alleged abuse and the actions taken.

These forms should then be passed to one of the Designated Safeguarding Officers at MESH
Completed forms will then be stored securely in the Safeguarding Folder which is only accessible by Director/Chair, in accordance with MESH's Confidentiality, Data Protection and Access to Information Policy.

Confidential - MESH Child Safeguarding

Causes of concern report – SC1

Name of Child:		Child's Date of Birth:	
Child's Home Address:			
Date form completed:		Time form completed:	
Your name:		Signature:	
Your role at MESH:			
Reasons for your concern			
Please record the following as accurately as possible	Who?		
	What?		
	Where?		
	When?		
Offer an opinion where relevant (how and why this may have happened)			

Record of Action taken or not taken

Record of all action taken, comments or statements made, agencies contacted and at what time

Time/date	Action taken/not taken (and reason if appropriate)	Initial

Signed:

Print Name:

Date of report:

Confidential - MESH Child Safeguarding
Incident record – SC2

DO NOT encourage further disclosure, but do record what has been said.

Name of Child:	Child's Date of Birth:
Child's Home Address:	
Date of disclosure:	Time of disclosure:
Your name:	Your role at MESH::
Where did the disclosure discussion take place:	
If anyone else was present please give their name and relationship to the child if any:	

The disclosure:

Please write as much as you can remember of the conversation you had. Record what the child has said, their demeanour and actions as soon as possible after the disclosure. The conversation should be recorded as far as possible in the child's own words and should clearly note any questions asked by the worker/volunteer.

Disclosure Summary:

Who the allegations are against?

What is their relationship to the child?

What are they alleged to have done?
(physical, sexual, neglect or emotional)

When did, or is the alleged abuse taking place?

To your knowledge is there more than one victim?

	Yes / No / Don't know

What evidence have **you seen** to support the allegation (bruises, burns, overt changes in behaviour, etc?)

Additional Information: Please use this space to share any other information you may feel is relevant to the disclosure

Signed:

Date:

Appendix 9 - Distributing and reviewing policies and procedures

1. MESH will ensure copies of safeguarding policies and procedures are
 - Included in Staff/Volunteer Induction Packs
 - Posted on MESH's website
 - available to clients on request
2. These policies and procedures will be reviewed by MESH's Board of Trustees annually.