

<b>Policy:</b>	Safeguarding Children Policy and Procedure
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**Berkshire child protection policies and procedures are available on line at <http://berks.proceduresonline.com/chapters/contents.html>**

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### 1. Introduction – who this policy and procedure applies to

For the purposes of this policy, the term ‘staff’ encompasses both volunteers and paid employees. This policy must be abided by all staff and trustees, and anyone working on behalf of Reading Refugee Support Group in any capacity, such as self-employed contractors.

This policy and procedure will be made accessible to all staff and trustees at Reading Refugee Support Group.

## 2. Purpose of this policy and procedure

**RRSG is fully committed to safeguarding the welfare of all the children and young people with whom it comes into contact. RRSR will take all reasonable steps to protect children from abuse or neglect, and prevent impairment of their health and development. This policy promotes the welfare of children and offers guidance for those working with them.**

Children may be harmed or their welfare put at risk in a number of ways, either through deliberate acts of commission or omission, or as a result of inadequate care or supervision. All those who work with children, parents and other adults in contact with children have a duty to be able to recognise, and know how to act upon, indicators that a child's welfare or safety may be at risk. They should have a basic knowledge of the indicators of possible abuse and neglect and how to respond. They should be alert to signs that a family is under stress and in need of help in the care and parenting of their children. They should also be aware of how such a family may obtain help. Everyone should always be mindful of the welfare and safety of children (including unborn children and older children) in their work.

## 3. Definitions of Abuse:

Neglect:

- The persistent or severe neglect of a child or failure to meet a child's basic physical and/or psychological needs which is likely to result in serious impairment of the child's health and development. This may involve:
    - 1) failure to protect children from exposure to physical danger or harm
    - 2) failure to provide adequate food, shelter and clothing
    - 3) failure to ensure access to appropriate medical care or treatment
    - 4) neglect of, or unresponsiveness to a child's emotional needs
- Indicators of neglect include: dirty clothes, smelly, failure to ensure access to appropriate medical treatment etc.

Physical Injury:

- Actual or likely physical injury to a child;
- failure to prevent physical injury to a child, including deliberate poisoning and suffocation.

Indicators include: Physical injuries which are not likely to be accidental e.g. grasp marks, bruising in the eyes, neck etc.

**NB: Bruises on children 1 year and under who are not mobile must be reported to social services**

#### Sexual Abuse:

- Actual or likely sexual exploitation of a child or adolescent.

Indicators include: Inappropriate sexual activity through play and talking, and infections and bruising of urinary tract etc.

#### Emotional Abuse:

- Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection.

Indicators include: Reluctance to play, depression, runaway attempts, excessive attention seeking etc.

#### Domestic Abuse

- Children who witness domestic abuse may:
  - become aggressive
  - display anti-social behaviour
  - suffer from depression or anxiety
  - not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

#### 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, often in unregulated private foster care
- lives in substandard accommodation
- isn't sure which country, city or town they're in
- is unable or reluctant to give details of accommodation or personal details
- might not be registered with a school or a GP practice
- has no documents or has falsified documents
- has no access to their parents or guardians
- is seen in inappropriate places such as brothels or factories
- possesses unaccounted for money or goods

- is permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt
- has injuries from workplace accidents
- gives a prepared story which is very similar to stories given by other children.

#### **4. Signs of Abuse you may notice**

If you're worried that a child is being abused, watch out for any unusual behaviour.

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

If you are concerned about a child being a risk of significant harm you should contact the Social Care Team without delay - [click here for Local Contact details in your area](#). In an emergency situation, call the Police.

#### **What Should You Do if Someone Tells You That They Are Being Abused**

Do:

- Stay calm and listen
- Take what you are being told seriously
- Inform the child you may have to contact other people to make sure you can keep them safe
- Be aware that medical or other evidence might be needed
- Follow the RRSR Reporting Safeguarding Concerns Procedure

- Make a written note of what you have been told (avoid using opinion and only state the facts as you saw or heard them)
- Contact social care or the police immediately

Do not:

- Press the person for more details;
- Assume that someone else will take action;
- Contact the alleged abuser;
- Promise to keep it a secret;
- Be afraid to contact social care or the police.

#### 5. **FGM:**

##### Definition

- Female genital mutilation (FGM) is a collective term for procedures which include the removal of part/all external female genitalia for cultural or other non-therapeutic reasons.
- The practice is not required by any major religion and is medically unnecessary, painful and has serious health consequences at the time it is carried out and in later life.
- The procedure is typically performed on girls between 4 and 13, but is also performed on new born babies and on young women before marriage/pregnancy. A number of girls die from blood loss or infection.
- Girls may be circumcised or genitally mutilated illegally by doctors or traditional health workers in the UK, or sent abroad for the operation.

##### Indicators

- A child may be considered at risk if it is known older girls in the family have been subject to the procedure.
- Suspicions may arise if a family is known to belong to a community in which FGM is practiced and is making preparations for the child to take a holiday, arranging vaccinations or planning school absence and the child may refer to a “special procedure” taking place.

##### Female Genital Mutilation Act 2003

Under the 2003 Act, it is illegal for any national, regardless of nationality or status, to:

- perform FGM in England or Wales;
- assist a girl to carry out FGM on herself in England or Wales; and

- assist (from England or Wales) a non-UK national or UK resident to carry out FGM outside the UK on a UK national or UK resident

Under the 2003 Act, it is illegal for any UK National or Resident to:

- perform FGM outside the UK
- assist a girl to perform FGM on herself outside the UK and
- assist (from outside the UK) a non-UK national or UK resident to carry out FGM outside the UK on a UK national or UK resident

### FGM Mandatory Reporting Duty

The 2003 Act requires regulated health and social care professionals and teachers in England and Wales (regulated by a professional body) to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Whilst professionals who are not regulated by a professional body are not subject to the mandatory reporting duty, they must still report FGM in accordance with their safeguarding procedures.

## **6. Private Fostering**

A private fostering arrangement is one made without the involvement of Children's Social Care for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative for 28 days or more. A close relative is defined as "a grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by marriage or civil partnership or step-parent). This may include children sent from abroad, asylum seeking and refugee children, teenagers staying in short term arrangements with friends or other non relatives and language students with host families.

Under the Children Act 1989 private foster carers and those with [Parental Responsibility](#) are required to notify the local authority of their intention to privately foster or have a child fostered.

Children's Social Care must visit privately fostered children at regular intervals (a minimum of 6 weekly visits in year one and thereafter a minimum of 12 weekly) to ensure that their welfare is being satisfactorily safeguarded and promoted and that private foster carers and parents are provided with any required advice.

The Children Act 1989 creates a number of offences in connection with private fostering, including the failure to notify an arrangement or to comply with any requirement or prohibition imposed by Children's Social Care. Certain people are disqualified from being private foster carers.

If you have concerns a child may be being privately fostered and the local council are not aware please call the numbers provided below in red for advice.

#### 7. **Guidelines including Recruitment, Training and Induction**

To ensure safeguarding the welfare of children at RRSg, we apply the following guidelines. These guidelines are also to protect the staff and volunteers in their work with Reading Refugee Support Group.

1. All new workers will complete a Safeguarding Induction process which includes meeting with the Designated Safeguarding Worker, completing safeguarding training (either online or at an annual training session), and reading the current Safeguarding Policies.
2. New workers will fill in an application form, provide 2 references and undergo the relevant level of DBS check according to the role description as part of the recruitment process. The role descriptions will specify the level of DBS required. All staff and volunteers will be asked to register with the DBS update service.
3. All new Trustees and workers will be introduced to this policy as part of their induction procedure.
4. All RRSg's staff and volunteers who are likely to undertake tasks whereby they are alone with children or vulnerable adults will undertake a Disclosure and Barring Service (DBS) at the relevant level according to their role description. Anyone engaged in regulated activity will undergo an enhanced DBS Check Plus Barring List Checks and will not work unsupervised with children until this is satisfactorily completed.
5. The Designated Safeguarding Officer will maintain a centralised list of all DBS checks and when they are next due to be checked.

6. Only staff and volunteers who have been DBS checked at the Enhanced Plus Barring List level can work unsupervised with children. During the Crèche in the case of the Drop In Centre, parents should be asked to change nappies and take children to the toilet. If this is not possible, only staff and volunteers who have a DBS at Enhanced Plus Barring List check level can take children to the toilet and change nappies.
7. All staff and volunteers should attend annual safeguarding training/refreshers and read and sign Safeguarding Policies. This will include information about different types of abuse and their indicators.
8. Board of Trustees, staff and volunteers should have an awareness of safeguarding children issues throughout the daily work of RRSg.
9. All Board of Trustees, staff and volunteers should be aware of the Referral Procedure if there is any cause for concern.
10. Information Sharing: the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately. If RRSg are required to share information they will refer to the 'Flowchart of when and how to share information' included in the Government Guidance; *Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers, 2015.*

## **8. Referral Procedure**

1. The Designated Safeguarding Workers for implementing this policy are the Chief Executive and the Deputy Chief Executive  
Nick Harborne  
Flora Roshi
2. If somebody believes that a child may be suffering, or may be at risk of suffering significant harm, they have a duty to refer such concerns to the Designated Safeguarding Worker, no matter how trivial they might seem.
3. Any incident or concern should be recorded on the Green Safeguarding Concern Forms kept in the main office (clients should not be allowed in the main office). On these you should include detailed factual information. You should refrain from including opinions. Dates, times and full names also need to be included. These Green Forms should be given directly to the Designated Safeguarding

Worker (or the Designated Safeguarding Worker in their absence) or placed in their paper tray ready for them to see when they return to the office. You should try your best to ensure your Green Form is seen before the end of the working day. The Designated Workers are responsible for checking their paper trays regularly. If you feel a person is at risk of imminent significant harm it is imperative you seek safeguarding advice before the end of the working day.

4. The Designated Worker will review the information on the Green Form, take appropriate action, and record these actions on the Green Form. These forms will then be filed within a locked filing system to which the Designated Workers have access to.
5. It is the responsibility of the Designated Workers to feed back to the staff who reported the concern what the actions have been taken, if deemed appropriate.
6. The Green Forms will be discussed during a weekly Office Management Team Meeting if deemed necessary by the Designated Safeguarding Workers.
7. If appropriate, the incident will be discussed with a Trustee before breaking confidentiality.
8. If a staff member has a safeguarding concern they must follow the procedures outlines above. However, if they feel a concern has not been dealt with appropriately, or the safeguarding concern implicates the Designated Workers, they must speak with their line manager. If they still feel the issue is not resolved they may get in contact with the Trustee Chair.
9. If appropriate, advice may be sought from the Duty Team, Children and Families Team (phone numbers below).
9. In the case of a serious concern, a referral will be made to the Duty Officer, Social Services Children and Families Team (phone numbers below).

Before calling Social Services to make a referral we need to gather some information e.g. what we are worried about; what we have seen and/or heard when, where, who from; are parents aware of the referral; what you have done so far; is the child disabled; name and address of GP etc. After a verbal referral, we should put our concerns in writing by the end of the working day and send to Social Services.

If anybody is concerned about a related vulnerable adult at RRSg, we will follow our safeguarding adults policy.

10. Where necessary, the person reporting the incident may be asked to take part in follow-up meetings with Social Services.
11. If a referral is made, advice will be sought from children and families services as to whether or not it is appropriate to inform or consult the parent/guardian. The designated worker needs to be aware that consulting parents and guardians may increase risks to the child and potentially jeopardise a police investigation
12. Private fostering of children outside the close family network needs to be registered with the local children and families services. A full assessment of the child's situation is then made. If staff and volunteers become aware of such a situation we should encourage the client to allow us to notify Social Services. In the event of a client not giving permission to register with Social Services, we should follow our Confidentiality and Safeguarding Children policies and procedure..

### Safeguarding Contact Numbers

#### 9.Key contact information

Internal:

The Designated Safeguarding Officer (DSO) for Reading Refugee Support is:  
Nick Harborne CEO 0119 850 5356 [nick@rrsg.org.uk](mailto:nick@rrsg.org.uk)

If the Designated Safeguarding Officer is unavailable please contact the Safeguarding Trustee at Reading Refugee Support Group, who is:  
Charlene Wattley [charlene@rrsg.org.uk](mailto:charlene@rrsg.org.uk) 0118 950 5356

External:

County	Children
Reading	MASH: 0118 937 3641 <a href="mailto:ChildrensSinglePointofAccess@reading.gcsx.gov.uk">ChildrensSinglePointofAccess@reading.gcsx.gov.uk</a>
Wokingham	MASH: 0118 908 8002 <a href="mailto:triage@wokingham.gov.uk">triage@wokingham.gov.uk</a> Out of hours: 01344 786 543



West Berkshire (Newbury)	MASH: 01635 503090 <a href="mailto:WBLSCB@Westberks.gov.uk">WBLSCB@Westberks.gov.uk</a>
Windsor and Maidenhead	MASH: 01628 683150 Out of Hours: 01344 786543

For more details refer to

[http://berks.proceduresonline.com/chapters/p\\_app\\_three.html](http://berks.proceduresonline.com/chapters/p_app_three.html)

This Policy has been drawn from the following guidance:

*‘Working Together to Safeguard Children: A guide to Inter-agency Working to Safeguard and Promote the Welfare of Children’* by the Department for Children, Schools and Families, HM Government, March 2010.

*‘What to do if you are worried a child is being abused: advice for practitioners’* by the Department for Children, Schools and Families, HM Government, March 2015.  
*‘Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers’* by the Home Office, HM Government, March 2015.

*‘Multi-agency statutory guidance on female genital mutilation’* by the Home Office, HM Government, 2016.

**10. Monitoring**

This policy will be reviewed annually by the Board of Trustees to ensure it remains fit for purpose.

**This policy was adopted by RRSB Board of Trustees**

**Signed:.....on behalf of the Board of Trustees**

**Position:.....**

**Date:.....**



Updated: October 2018