

## **SAFEGUARDING AND CHILD PROTECTION POLICY: MAGNETIC NORTH EAST (MNE)**

Magnetic North East (MNE) acknowledges the duty of care to safeguard and promote the welfare of children. Directors, Staff and volunteers within this organisation accept and recognise our responsibilities to develop awareness of the issues which cause children harm.

A child is defined as any individual under the age of 18 years. The policy and procedures may also be relevant for use in the case of any vulnerable young person over the age of 18 years who is utilising the services of MNE.

The MNE's Child Protection policy and procedures apply to all children and young people regardless of gender, ethnicity, disability, sexuality or religion.

Directors, staff and volunteers of MNE are familiar with this policy.

### **Supervisory arrangements for the management of MNE 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 participating in the activity
- We will keep a record of all sessions including any 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: meetings with individual children or young people should take place as openly as possible. If privacy is required, the door should be left open and other staff or volunteers informed of the meeting
- Team members may escort young 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 are discouraged from this in circumstances where an adult or child are left alone. Our Staff members and volunteers are: aware of a visually impaired child's need for physical contact, but will ensure that contact is appropriate and given only with the consent of the child or young person – in the case of restraining a child to prevent injury or comforting a distressed child, ensure physical contact is ceased at the earliest possible moment.

- All team members should treat all children with dignity and respect in both attitude language and actions.

1. Immediate Action to Ensure Safety

Immediate action may be necessary at any stage in involvement with children and families.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD/REN ie:

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.

2. Recognition of Abuse or Neglect

Abuse or neglect of a child is caused 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 a stranger.

Physical 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 or carer feigns the symptoms, of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.

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 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 feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 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 what is happening. The activities may involve physical contact, including penetrative (eg rape or buggery) or non-penetrative

acts. This may include non-penetrative acts. They may 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.

### 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 carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Individuals within MNE need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of that organisation.

Staff and volunteers of MNE should know how to recognise and act upon indicators of abuse or potential abuse involving children. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with these procedures.

It is good practice to be as open and honest as possible with parents/carers about any concerns.

However, you must not discuss your concerns with parents/carers in the following circumstances:

- where sexual abuse is suspected
- where organised or multiple abuse is suspected
- where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected
- where contacting parents/carers would place a child, yourself or others at immediate risk.

### *What to do if children talk to you about abuse or neglect*

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations you must:

- Listen carefully to the child. DO NOT directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Explain that you cannot promise not to speak to others about the information they have shared.

- Reassure the child that:  
you are glad they have told you;  
they have not done anything wrong;  
what you are going to do next.
- Explain that you will need to get help to keep the child safe.
- Do NOT ask the child to repeat his or her account of events to anyone.
- ***Make notes as soon as possible (ideally within 1 hour of being told)*** writing down exactly what the child has said and what you said in reply, taking care also to record the timing, setting and people present, and what was happening immediately before being told, as well as what was said. Do not throw this away as it may later be needed as evidence. You should record the dates, times and when you made the record. All hand written notes should be kept securely.
- Fill in the report form (See appendix 1) and hand to MNE designated child protection representative.
- Use the child's own words where possible.

## RESPONDING TO SUSPECTED ABUSE

All cases of alleged or suspected abuse should be immediately reported to the MNE designated Child Protection Representative, Kathryn Tickell 07785 790412 or to the Director in their absence. In the absence of any of the above named Representatives, you should contact your local Social Services office.

The appropriate external contacts are:

Newcastle Child protection initial response: 0191 277 2500

Out-of-hour emergency line: 0191 278 78 78

Other localities: Contact your local Social Services Office or Police Station

National advice – NSPCC Helpline – 0800 800500 (24 hr)

No member of staff, volunteer, parent or carer should investigate reports of physical or sexual abuse him/herself. Alleged victims, perpetrators, those reporting abuse and others involved should not be interviewed beyond the point at which it is clear that there is an allegation.

### 3. Consulting about your concern

The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary.

You may become concerned about a child who has not spoken to you, because of your observations of, or information about that child.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a child you must share your concerns. Initially you should talk to one of the people designated as responsible for child protection within your organisation. In

this organisation this person is **Kathryn Tickell** tel:**07785 790412** If one of those people is implicated in the concerns you should discuss your concerns directly with Social Services.

You should consult externally with your local Social Services Department in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when you are unable to consult promptly or at all with your designated internal contact for child protection
- when the concerns relate to any member of the organising committee.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

#### 4. Making a referral

**(This will, in most cases be done by MNE's designated Child Protection person)**

A referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases the level of concern will lead straight to a referral without external consultation being necessary.

Parents/carers should be informed if a referral is being made except in the circumstances outlined on p 3.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the parents should be approached and by whom.

IF YOUR CONCERN IS ABOUT ABUSE OR RISK OF ABUSE FROM SOMEONE NOT KNOWN TO THE CHILD OR CHILD'S FAMILY, YOU SHOULD MAKE A TELEPHONE REFERRAL DIRECTLY TO THE POLICE AND CONSULT WITH THE PARENTS.

**If your concern is about abuse or risk of abuse from a family member or someone known to the children, you should make a telephone referral to your local Social Services Office**

#### **DISABLED CHILDREN**

Disabled children, including the visually impaired, may be more vulnerable to abuse than other children. Safeguards are essentially the same as those for non-disabled children.

Where a child has communication or learning difficulties, attention must be paid to the child's special needs and to ways of ascertaining his/her perception of events. The child's wishes may be identified by use of non-verbal communication systems, interpreters or facilitators.

Particular attention needs to be paid to promoting high standards of care and raising awareness of the risks to disabled children in order to strengthen the capacity of children and

their families to protect themselves.

Measures include:

Helping disabled children make their wishes and feelings about their care and treatment known. Ensuring that all disabled children know how to raise concerns if they are worried or angry about something. They should have access to people with whom they can communicate. Disabled children with communication difficulties should have a means of being heard available to them at all times. Close contact with parents and carers and a culture of openness on the part of MNE staff and volunteers.

## **APPROPRIATE CONDUCT AND BEHAVIOUR**

### **Adopting child protection guidelines through a code of behaviour for staff and volunteers**

It is essential that children and young people involved with MNE are:

Valued and respected as individuals

Listened to

Involved in decision making as appropriate

Encouraged and praised as appropriate

## **PROCEDURES FOR SAFEGUARDING CHILDREN ON TRIPS/OUTINGS**

Trips involving children and young people will often also include parents and carers. However, the following procedures will be adhered to in order to keep children and young people safe: MNE will ensure children and young people are aware of how they are expected to behave. MNE will gain written consent from parents/carers for children to participate in an outing, as well as a written statement of any specific needs or requirements for their child. MNE will ensure at least one staff member or volunteer participating in the outing is trained in first aid and has access to first aid equipment. MNE will ensure all those attending are aware of their roles and responsibilities and are appropriately qualified and experienced. Parents will be given a contact number in case of any concerns and MNE will have emergency contact numbers for parents or carers of every child involved in the trip.

## **PROCEDURES FOR ONLINE SAFEGUARDING CHILDREN**

Where children and young people are engaged in online activity with MNE, the following procedures will be adhered to in order to create a safe digital environment.

Where media or information pertaining to a child or young person will be posted online (including social media channels and the MNE website), a parent/guardian consent form must be submitted outlining all use of material and consent for posting. We will not share any media or identifying information relating to a child or young person without this written permission via the parent/guardian consent form. A copy of this consent form will be published on our website, along with this policy.

All interactions with the media are monitored or approved by the administrator of the accounts (MNE team), and we will invoke best practice in removing harmful content in order to stop this from reaching the young people.

Contact between the MNE team with/pertaining to a young person or child will be recorded and

conducted through professional channels only. All communication with the MNE team should come from a parent or guardian. Where communication is submitted from a young person to the team, we expect a parent or guardian to be copied in to all conversations. The team will never initiate contact with a minor, other than to highlight this information. All online communications related to a project involving young people and children will be retained and monitored for safeguarding purposes.

## **PROCEDURES FOR RECRUITMENT AND SELECTION OF STAFF AND VOLUNTEERS**

When a vacancy is identified, a job description or task/project brief must be drawn up which should identify the skills required for that post. The vacancy should be advertised as widely as possible through the most appropriate means.

All volunteers and staff, including temporary or casual workers, must be subject to MNE's selection and recruitment procedures as follows:

- All candidates must complete an application form.
- The recruiting manager should verify the person's identity by his/her birth certificate, passport or other formal document, preferably something bearing their photograph.
- The recruiting manager should verify any qualifications stated on the application form.
- All suitable candidates must have an interview or meeting, with the recruiting manager and one of the Directors.
- Any gaps in employment or inconsistencies in the candidate's history must be identified and reasons given.
- Written references should be taken up prior to the employment of the successful candidate, and verified by a telephone call.
- All successful candidates, including volunteers who may come into contact with children and young people, must be subject to Enhanced Disclosure checks by the Criminal Records Bureau (CRB).
- No unsupervised access to children is to be allowed until references have been reviewed and results from the CRB are obtained.
- 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 ANY applicant in this particular category understands that all information will be dealt with confidentially and will not be used against them unfairly.
- New members of staff or volunteers must undergo a supervised probationary period including a comprehensive induction which must cover the Child Protection Policy and Procedures.

### **Monitoring**

The policy will be reviewed a year after development and then every three years, or in the following circumstances:

- changes in legislation and/or government guidance
- as a result of any other significant change or event
- change of designated child protection person

This policy was adopted on 19/12/2015.....

This policy was last reviewed on 12/02/2021.....

This policy will be reviewed on 12/02/2022.....

These documents are based on the following detailed legislation and guidance,  
i)Department of Health/Home Office/DfEE: 'Working Together to Safeguard Children' 1999  
ii)Volunteer Development Agency 'Our Duty To Care'  
iii)The Children's Act 1989  
iv)The Protection of Children Act 1999

## APPENDIX I: RECORD OF CONCERN REPORT FORM

Name of Child:

Age:

Child's Address:

Name of Parent/Carer:

Telephone no:

Is the person making this report expressing his/her own concerns or passing on those of someone else?

What is said to have happened or what was seen?



When and where did it occur?

Has the child been spoken to?  
If so, what was said?

Who else, if anyone, was involved and how?

What was said by those involved?

Were there any obvious signs, e.g. bruising, bleeding, changed behaviour?

Has anybody been alleged to be the abuser?

Have the child's parents been contacted?

Who else has been told about it and when?

Signed..... Date.....

Print Name .....

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