 **Churches Together in Melton Mowbray**

**Child Contact Centre**

**Safeguarding Children and Vulnerable Adults policy**

Melton Mowbray Child Contact Centre believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises it has a responsibility in safeguarding the welfare of all children and young people by being committed to promoting a practice that protects them.

**Melton Mowbray Child Contact Centre (MMCCC) recognises that:**

1. The welfare of the child is paramount.

2. All children regardless of age, gender, disability, racial heritage, religious belief, sexual orientation, or identity have the right to equal protection from all types of harm and abuse.

3. Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

4. Working in partnership with children, parents, carers, and other agencies is essential in promoting children’s welfare.

**Accountability**

All volunteers will be given a copy of the Safeguarding policy at Induction and will be required by the management committee to attend safeguarding training and read the policy annually.

**Basic Principles**

1. The Management Committee of the Melton Mowbray Child Contact Centre (MMCCC) believes that children and young people need safe environments in which they can grow and develop in confidence.

2. MMCCC recognises that organisations working with and supporting children and young people have a duty to keep them safe. 3. MMCCC places Safeguarding children and young people and Child Protection at the centre of its activities.

4. MMCCC is committed to and working towards the objectives as defined in Working Together 2018. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf>

5. MMCCC believes that children and young people should not be exposed to negligence or avoidable risks.

6. MMCCC recognises that Safeguarding and Child Protection are emotive issues that need to be handled both sensitively and carefully.

7. MMCCC is committed to creating and implementing policies and procedures that will ensure where risks need to be taken regarding children and young people, they are both calculated and carefully managed.

8. MMCCC recognises the difference between Child Protection and Safeguarding namely:

* Child Protection is the process of protecting individual children identified as either suffering or likely to suffer significant harm because of abuse or neglect. It involves recognising signs and symptoms of physical, sexual, or emotional abuse or neglect and acting upon them.
* Safeguarding involves keeping children and young people safe from a much wider range of potential dangers and/or harm. It looks at preventative action rather than just reactive action.

9. MMCCC is committed to ensuring that all its volunteers are aware of, kept up to date with and operate in accordance with good practice in relation to Safeguarding and Child Protection. This will mean that they will have the ability to recognise, respond to, report, record and refer issues of Safeguarding and Child Protection.

**Intentions**

Managing Safeguarding and Child protection within MMCCC

MMCCC will have one named member of staff who will be responsible for ensuring that the Policy and its processes are implemented and adhered to. This person is: Helen Dickinson.

MMCCC will also have one member of the management committee who will have specific responsibilities for all matters referring to Safeguarding and Child Protection. This is: Paul Croxford.

**Recruitment**

MMCCC will reduce the risk to children and vulnerable adults by ensuring that all volunteers:

* are DBS checked and rechecked every 3 years
* complete a standard application form, interview, and provide 2 references.
* complete induction training and annual safeguarding training

**Education and Training**

* All volunteers will receive induction training which includes safeguarding training.
* All volunteers will have annual safeguarding training either by NACCC’s workbook, or face to face training.
* All volunteers will understand what constitutes child abuse and procedures that need to be followed to report or prevent it. They are aware that child protection is everyone’s responsibility.
* A record of all volunteers training will be maintained.

**Support and Supervision**

* Volunteers are aware that referrals to the Children and Young Person’s Services are confidential.
* There is an easily accessible support structure for volunteers who deal with families where there is actual or alleged safeguarding concerns.
* Volunteers will receive group supervision/ support at regular intervals throughout the year, which will be recorded. The opportunity to discuss any safeguarding concerns will be on the agenda at every session.
* Additional support is available from the coordinator and chair of the management committee as required.

**Sharing Information**

Volunteers will follow a procedure that makes sure that all safeguarding issues are logged correctly and followed up to ensure that information is shared with NACCC and relevant agencies.

**Distribution of MMCCC’s Policy for Safeguarding and Child Protection**

* Child Contact Centre Users and referrers will be made aware that there is a MMCCC Safeguarding and Child Protection Policy that they can see on request.
* Unless there are exceptional circumstances, no person who has been convicted of an offence against a child will be allowed to use the centre.

**Review of MMCCC’s Safeguarding and Child Protection policy**

This policy will be reviewed (and updated if required) annually.

March 2021

**APPENDIX 1**

Information to guide your decisions when using the step-by-step poster guide.

**Child abuse: signs and symptoms**

To help readers, each category incorporates physical and behavioural signs:

**Physical Abuse**

**Physical indicators:**

Unexplained bruises, welts, lacerations, abrasions, cuts • on face, lips, mouth, ears • on torso, back, buttocks, thighs • in various stages of healing • clustering forming regular patterns • reflecting shape of article used e.g. belt, buckle, electrical flex; • on several different surface areas • regularly appear after absence, weekend, or holiday; • bite marks or fingernail marks Unexplained burns • cigar, cigarettes, especially on soles, buttocks, palms, back • immersion burns, forcibly immersed in hot water • patterned such as an iron, • rope burns on arms, legs, neck, torso . Unexplained fractures

*This list is by no means exhaustive. Unexplained injuries also mean injuries which are denied, poorly explained or where the explanation is not consistent with the injury.*

**The behavioural signs for physical abuse include**:

• Flinching when approached or touched • Afraid to go home • Wary of adult contacts, frightened of parents / carers • Difficult to comfort • Becomes apprehensive when other children cry • Extremes of behaviour: aggressive, compliant, impulsive, withdrawn • Poor peer relationships • Panics as a response to pain • Inappropriate clothing (long sleeves in hot weather) covering injury

*Again, this list is by no means exhaustive. If you are worried SHARE your concerns with your coordinator or helpline.*

**Neglect**

Please note that neglect is not easy to recognise.

**Physical indicators**

The following may give cause for concern • Consistent hunger • Poor hygiene • Inappropriate dress • Unattended physical problems and/or medical needs • Always tired.

**The behavioural indicators are:**

• Begging • Stealing food • Care givers always late to bring or collect child • Constant fatigue or listlessness • Attention seeking • Not achieving milestones • Isolates themselves

*Please remember that there are many more signs and that sometimes a child will have a combination of signs or no signs at all.*

**Sexual Abuse**

Please note that the signs are very varied and can often be linked to other forms of abuse. The following is a guide to the most common physical and behavioural signs only. **Physical indicators:**

• Difficulty in walking, sitting down • Stained or bloody underclothing • Pain/itching in genital area • Bruising, bleeding, injuries to external genitalia/vaginal areas • STD • Excessive crying • Sickness • Wetting / soiling

**Behavioural indicators**:

• Bizarre, sophisticated, or age-inappropriate sexual behaviour / knowledge • Promiscuity • Sudden changes in behaviour • Wary of adults • Feeling different from other children • Over compliance • Eating / sleep disorders • Overtly seductive • Excessive masturbation • Inability to focus/concentrate • Regressive behaviour

*There are many more signs of sexual abuse and some signs could be misleading. Always share your concerns with colleagues or your team leader.*

*Remember that a sexually abused child is emotionally abused too and probably has been physically abused in the process.*

**Emotional Abuse**

These are probably the most difficult signs to link to actual abuse as there may be other factors affecting the child’s development or behaviour. The following is a list of what are commonly regarded as the main indicators:

**Physical indicators**:

• Failure to thrive • Delays in physical, mental, or emotional development or progress

**Behavioural Indicators**:

Behaviour disturbances such as: • Sucking, rocking, biting • Anti-social / destructive • Sleep disorders, inhibition of play • Either compliant and/or passive and/or aggressive and/or demanding • Inappropriately adult or infant • Rapid swings of behaviour.

*These lists are not exhaustive.*

APPENDIX 2

*Procedure to follow if you have concerns about safeguarding.*

* Remove the child/ren from the situation.
* Involve Team Leader immediately (unless the allegation involves the team leader in which circumstance call the co-ordinator immediately).
* If immediate action is needed call the out of hours service or 999
* You may wish to inform parents of concerns /actions.
* Record information on a ‘Safeguarding Form’ including dates / time /what has been noticed, said, or done. Please use facts wherever possible and distinguish between fact, observation, opinion, and information from others.
* Report the incident to the Co-ordinator.
* Further steps may be taken as required involving Social Services/ Police/CAFCASS.
* A safeguarding reporting form should be sent to the NACCC office within 24 hours.

*Procedure to follow in the event of alleged or suspected safeguarding concern.*

* Stay calm.
* Remain neutral and non-judgemental.
* Listen carefully to what the child/ren or adult(s) are saying.
* Let them talk at their own pace.
* Do not promise confidentiality but reassure the child/ren or adult(s)
* Do not investigate and refrain from asking the child/ren or adult(s) any leading or searching questions.
* Reassure them and tell them that you will need to share the information to keep the child/ren safe.
* As soon as possible record on a safeguarding form including dates / time / what has been noticed, said, or done. Please use facts wherever possible and distinguish between fact, observation, opinion, and information from others.
* Report incident to the team leader and Co-ordinator.
* Further steps may be taken as required involving Social Services or Police, the Co-ordinator will ascertain this.
* Remember confidentiality- this cannot be discussed.
* Send the safeguarding form to NACCC within 24 hours.

***For volunteer’s protection two adults should always be present when dealing with users of MMCCC*.**

**All volunteers will be offered a de-brief with the Co-ordinator after an incident, who can signpost them to relevant agencies if this is deemed appropriate.**

*Procedure to follow in the event of allegations against volunteers.*

* Record information as soon as possible on a safeguarding form including dates / time / what has been noticed, said, or done.
* Report incident to the team leader and Co-ordinator.
* Remember confidentiality – this cannot be discussed.

**Storage of safeguarding records Completed safeguarding forms should be logged and stored in a locked cabinet. When this has been done any computer records (including emails) should be deleted to ensure confidentiality is maintained for the family.**

**APPENDIX 3**

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| Safeguarding Recording/Reporting Form | | | | | | | | | | | | | | | | | | NACCC black logo tif | | | | | |
| * This form must be used to record information about a safeguarding concern. It can also be used to send information about the concern to Children’s Services or your local Safeguarding Board within 24 hours of the concern arising. * When completing the form **please use facts wherever possible** and distinguish between fact, observation, opinion, and information from others. | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Person completing the form:** | | | | | |  | | | | | | | | | | | | | | | | | |
| Position: | | | | | |  | | | | | | | | | | | | | | | | | |
| Name of centre/service: | | | | | |  | | | | | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | |
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| Telephone Number: | | | | | |  | | | | | | | | | | | | | | | | | |
| Email: | | | | | |  | | | | | | | | | | | | | | | | | |
| **Name of family causing concern:** | | | | | |  | | | | | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | |
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| Telephone number: | | | | | |  | | | | | | | | | | | | | | | | | |
| **Referral status** (please indicate) | | | | | | Mediation Y/N | | | | | | | | | | Private Law referral Y/N | | | | | | | |
| Statutory Court Order Y/N | | | | | | Self-referral Y/N | | | | | | | | | | SRS (Safe Referral System) Y/N | | | | | | | |
| **Names, date of birth and gender of child/ren causing concern and any siblings:** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Date of birth | | | | | | | | | | Gender M/F | | | | | | | | |
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| What is the child/ren’s first language? | | | | | | |  | | | | | | | | | | | | | | | | |
| Do any of the children have special needs? (please indicate) | | | | | | | | | | | | | Yes | | | | | | | No | | | |
| If ‘Yes’ please give details | | | | | | |  | | | | | | | | | | | | | | | | |
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| Names of any other household members or significant others involved with the children. | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Relationship to child | | | | | | | | | | | | | | |
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| **Names of other agencies and workers involved with the family/children** | | | | | | | | | | | | | | | | | | | | | | | |
| Contact name of worker | | | Agency of worker | | | | | | | | | | | | | | | | | | | | |
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| Nature/reason for your concern | | | | | | | | | | | | | | | | | | | | | | | |
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| Please give an opinion as to whether the children may need urgent action to make them safe | | | | | | | | | | | | | | | | | | | | | | | |
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| Has a parent with parental responsibility given consent for a referral to Children’s Services or a Safeguarding Board to be made? (please indicate) | | | | | | | | | | | | | | | | | | | Yes | | | No | |
| **Please record the action agreed or that no further action is to be taken and the reasons for this decision.** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name:** |  | | | | | | | | | **Date:** | |  | | | | | **Time** | | | | | |  |
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| **People contacted:** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Organisation | | | | | | | | Telephone number | | | | | | | Date | | | | | | Time |
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| **Copy of this form has been sent within 24 hours to:** (please complete and indicate method of sending form). In any event the form must be sent to the NACCC office. | | | | | | | | | | | | | | | | | | | | | | | |
| Organisation | | | | Email | | | | Post | | | Fax | | | Time | | | | | | | Date | | |
| Police | | | |  | | | |  | | |  | | |  | | | | | | |  | | |
| Out of hours Services | | | |  | | | |  | | |  | | |  | | | | | | |  | | |
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| NACCC head office | | | |  | | | |  | | |  | | |  | | | | | | |  | | |
| Other (please specify) | | | |  | | | |  | | |  | | |  | | | | | | |  | | |
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