Merton Mencap

Safeguarding Children
Policy & Procedure

April 2014

Merton Mencap

SAFEGUARDING CHILDREN
POLICY & PROCEDURE

This policy and procedure has been adopted by Merton Mencap through its Executive Committee which remains responsible for its review.

Original signed version is kept at the Merton Mencap office.

Signed: _____ Date: _____

Name: _____

Chair of Executive Committee

Signed: _____ Date: _____

Name: _____

Chief Executive & Nominated Safeguarding Children Adviser (NSCA)

Record of adoption and review of this policy and procedure:-

Adopted: 16 September 2009
Reviewed: 2 June 2011
Reviewed: 2 November 2011
Reviewed: 24 July 2012
Reviewed: 29 April 2014

Merton Mencap

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Appendices

Merton Mencap

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1. Definitions

In this policy and procedure:-

"child" or "children"	refers to someone aged under 18
"staff and staff members"	means all Merton Mencap employees, bank workers and volunteers (including trustees)
"the LCPPs"	means the London Child Protection Procedures, 5th Edition, 2013
"NSCA"	the Nominated Safeguarding Children Adviser, as required by the LCPPs

2. Introduction

The following policy and procedure has been adopted by the Executive Committee of Merton Mencap, in line with the London Child Protection Procedures (5th edition 2013) and Working Together to Safeguard Children 2013.

This policy and procedure is one of the commitments of the *Merton Mencap Standards (Standard No 2: Child Protection), as recommended by the Safe Network.*

3. Policy Commitments

1) Merton Mencap believes it is always unacceptable for a child to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children, by committing to practice which protects them.

2) Merton Mencap recognises that:-

- safeguarding is everyone's responsibility - for our services to be effective, each member of staff should play their full part
- our services for children should be based on a clear understanding of their needs and views

- the welfare of the child is paramount
- all children have the right to equal protection from all types of harm or abuse
- working in partnership with children, their parents, responsible carers, and other agencies is essential in promoting the welfare of the child or young person

3) Merton Mencap recognises that children need the following:

Vigilance: to have adults notice when things are troubling them

Understanding and action: to understand what is happening; to be heard and understood and to have that understanding acted upon

Stability: to be able to develop an on-going, stable relationship of trust with those helping them

Respect: to be treated with the expectation that they are competent rather than not

Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans

Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

Support: to be provided with support in their own right as well as a member of their family

Advocacy: to be provided with advocacy to assist them in putting forward their views

4) In particular, Merton Mencap is committed to protecting and promoting the safety of children with whom it works and recognises the need to work with those agencies charged with statutory child protection duties.

5) Merton Mencap will ensure its recruitment and working practices reflect these policy commitments.

4. Purpose

The purpose of this policy and procedure is to:-

- safeguard children who receive Merton Mencap's services
- provide Merton Mencap staff with guidance on the procedures and conduct they should adopt during their work for Merton Mencap

5. Safeguarding Children

1) The local authority has a duty to make enquiries to decide whether or not to take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, "significant harm".

2) Those in contact with children and members of their families will make a referral to the local authority children's social care if there are signs that a child is suffering or is likely to suffer significant harm.

6. Types of abuse and neglect and possible indicators

1) There are no absolute criteria to determine what constitutes significant harm. However, the LCPPs set out definitions of child abuse and neglect, and give possible indicators for the recognition of abuse and neglect. See 'Definitions of Child Abuse & Neglect' at Appendix 1 and 'Recognition of Abuse & Neglect' at Appendix 2.

2) The LCPPs state that disabled children are generally more vulnerable to specific harm through abuse and neglect below because of factors relating to their disability. See 'Disabled Children' at Appendix 3. It is important to note, however, that the presence of indicators referred to is not proof that any abuse or neglect has occurred, nor does their absence mean that abuse or neglect has not occurred.

In the context of Merton Mencap's work, it is important to realise that some of the behavioural indicators may be part of the disability condition, rather than indicators of abuse. In this context, it is essential that staff remain alert, in particular, to unexplained changes in behaviour.

3) All staff will be provided with this policy and procedure (with appendices) and safeguarding will feature as part of the induction of all staff.

7. Nominated Safeguarding Children Adviser

1) Merton Mencap has identified a *Nominated Safeguarding Children Adviser* (NSCA), who has specific responsibility for all matters in relation to child protection. **This person is Andrew Whittington, Chief Executive.**

The NSCA will:-

- provide guidance to staff who have concerns, and decide on the appropriate course of action

- provide a single point of contact between the police and/or the local authority children's social care

2) In the absence of the NSCA, staff should approach the deputies at Merton Mencap for all matters in relation to child protection:-

In the first instance: **Brenda Fortune, Projects Manager (Young People)**

In the second instance: **Ruth Abbott, Projects Manager (Adults)**

The contact details can be found in the sections titled *Contact numbers and other details*, below.

3) The NSCA is also responsible for the overview of the Local Safeguarding Children Board requirements.

8. Responding to potential abuse or neglect - general

1) Safeguarding children is everyone's responsibility. All staff should:-

- be alert to potential indicators of abuse or neglect
- be alert to the risks which individual abusers or potential abusers may pose to children
- be able to gather relevant information and report on it, using the appropriate forms.

2) The law empowers *anyone* who has actual care of a child to do all that is reasonable in the circumstances to safeguard their welfare. If a child is in immediate danger, all staff should take all reasonable steps to offer a child immediate protection.

9. Response procedures - the role of staff

1) Concerns about actual or potential harm to a child may arise from observation of the child or as a result of something said by the child, by another child or by an adult.

2) If you have any concerns about any actual or potential harm to a child, you must contact the NSCA immediately to discuss the matter. The NSCA will advise on the appropriate course of action. If the NSCA is not available, you should contact the deputy responsible for safeguarding children, as stated in section 7, above. The contact details of these people can be found in the section titled *Contact numbers and other details*, below and are also available from the Merton Mencap office.

3) In cases of emergency, you may need to contact the police, accident and emergency services (for urgent medical treatment) or the local authority children's social care directly. The relevant contact numbers are listed in the section *Contact numbers and other details*, below.

4) Whenever a safeguarding concern arises, it is essential that you record anything which was said to you or which you said, the facts and your observations, as soon as practicable, on the relevant *Incident Report Form*. The form must be passed to the NSCA straightaway or, in their absence, the deputy referred to in section 7, above.

Originals of all completed *Incident Report Forms* will be kept securely in one place at the Merton Mencap office, to enable easy reference to the number and nature of all occurrences.

5) If your concern arises from something a child has said:-

- Listen carefully; you may need to clarify something, but do not press the child for information or prompt

- Offer reassurance; you may need to explain to the child how they will be kept safe

- Explain what action will be taken; if the child can understand the significance and consequences of the proposed action, you should ask for their view, explaining that whilst their view will be taken into account, you are responsible for ensuring their safety and the safety of other children

- Do not give false assurances of confidentiality; you may need to tell the child that what he/she has said cannot be kept secret.

6) If you have any concerns about a member of staff it is essential that you refer the matter immediately to the NSCA, or to the Chair of Trustees of Merton Mencap if your concern is about the NSCA (see *Contact numbers and other details*, below, for contact details of the Chair of Trustees). In this context, you should also refer to *Merton Mencap's Whistleblowing Policy and Procedure.*

7) If you feel a reported concern is not being dealt with appropriately by Merton Mencap, you should contact the local authority designated officer for this purpose (LADO). Their details are:

Janet Martin Head of Education (LADO for Education)
Tel: 0208 545 4060; Email: janet.martin@merton.gov.uk

Margaret Doe or Lee Hopkins
Service Manager for Safeguarding (LADO for Partnerships)
Tel: 0208 545 4993, Mobile 07985225731 Email lee.hopkins@merton.gov.uk

8) If any member of staff is contacted about a safeguarding matter by the local authority children's social care, the police or any other agency, the member of staff should tell the NSCA immediately before any information is imparted.

Further information and guidance on response is contained in the LCPPs.

10. Response procedures - the role of the NSCA

1) When a concern is referred to the NSCA, the NSCA will be able to offer advice and will decide whether to make a referral to the local authority children's social care.

2) Such a referral will be made if there are signs that a child is suffering significant harm through abuse or neglect or is likely to suffer significant harm in the future.

3) The timing of a referral should reflect the level of perceived risk of harm, but should not be longer than one working day of identification or disclosure of the harm or risk of harm.

4) Merton Mencap will ensure that all concerns about abuse or neglect identified by it or disclosed to it are appropriately recorded, securely stored and retained indefinitely.

Further information and guidance on response, and in particular on the referral process, is contained in the LCPPs.

11. Allegations against staff

Any allegation against a member of staff that they have behaved in a way that has harmed or may have harmed a child, may have committed an offence against a child or related to a child, or behaved in such a way that indicates they are unsuitable to work with children will be dealt with by Merton Mencap in accordance with the LCCPs.

12. Confidentiality and sharing of information

1) Personal information about children and families should not generally be shared without the consent of the person(s) concerned. Please refer to Merton Mencap's *Data Protection, Confidentiality and Security of Information Policy and Procedure*. However, in the context of safeguarding children, in the public interest, confidential information may need to be shared without such consent.

2) Save in cases of emergency, staff who feel information relating to a child or their family needs to be shared, must refer to the NSCA for guidance. Staff should, in any event, however, note the following points in relation to the sharing of information.

3) Not all personal information is confidential. Confidential information is, broadly, information of some sensitivity, which is not already public and which has been shared in a relationship where the person giving it understood that it would not be shared with others.

4) Seeking consent to the sharing of confidential information from the person who gave it or to whom it relates should be the first option, if appropriate. A refusal of consent should not necessarily, however preclude, the sharing of confidential information.

5) It will normally be justified, in the public interest, to share confidential information without consent:-

- where there is evidence that a child is suffering or at risk of suffering significant harm
- where there is reasonable cause to believe that a child may be suffering or at risk of suffering significant harm
- to prevent significant harm to children or serious harm to adults (for example through some involvement in a serious crime against a child).

6) The amount of confidential information disclosed and the number of people to whom it is disclosed should be no more than is necessary to meet the

public interest in protecting the health and wellbeing of the child. This approach applies whether any proposed disclosure is within Merton Mencap or to an outside agency.

7) The context in which information is shared, the perceived level of harm, the information requested, the information shared and with whom must recorded.

Further information and guidance on sharing of information is contained in the LCPPs.

In this context, staff should also refer to *Merton Mencap's Data Protection, Confidentiality and Security of Information Policy and Procedure*

13. Codes of conduct

In addition to observing the provisions of this policy and procedure, all staff must observe the provisions of the *Staff Code of Conduct,* and *Safeguarding Children Code of Conduct* at Appendix 4.

14. Risk assessments

Merton Mencap recognises that the assessment and management of risk contributes to running safe services and activities. Merton Mencap's *Risk Assessment Policy* should be referred to for full details but, in summary, Merton Mencap will complete the following:-

- all staff conducting risk assessments will receive appropriate training
- a risk assessment will be completed for each service and activity
- a risk assessment will be completed for each individual accessing a service or activity

15. Recording images

Reference should be made to Merton Mencap's *'Managing Images of Service Users Policy'* which sets out the conditions for recording images at our projects and services.

16. Recruitment, selection and vetting procedures

Reference should be made to Merton Mencap's 'Recruitment Policy and Procedure' which sets out the conditions of our safe recruitment of staff.

17. Providers

1) All third party providers contributing to Merton Mencap's services or activities (for example, a sports instructor or provider of a disco for a children's party) must be agreed by the relevant manager beforehand.

Providers, or their relevant representatives, are required to sign the relevant *Provider Declaration Form* which sets out the conditions of their involvement at our services and activities, all of which act as safeguards.

If a provider or the relevant representative is unable to meet the provisions set out in the Provider Declaration Form, above, they will not be allowed be allowed to access to the service or activity.

2) Merton Mencap will ensure providers or their relevant representatives are supervised by an identified member of staff at the service or activity to ensure they do not have unsupervised access to children.

18. Visitors and guests

1) Any visitors and guests will need to be agreed by the relevant manager (e.g. Projects Manager). Should a visitor or guest arrive unexpectedly in circumstances which give cause for concern, the person in charge of the activity (e.g. the team leader or, in their absence, their deputy) should seek guidance from their line manager.

2) Visitors and guests at any activity are required to sign the register and record of attendance on their arrival. The person in charge of the activity must also ensure that the visitor or guest has no unsupervised access to the service users.

19. Staff induction, training, supervision and appraisal

1) Merton Mencap will ensure that all staff working with children receive the following (according to the type, level and frequency of their role):-

- an induction

- training in safeguarding children and/or vulnerable adults, including the use of this policy and procedure

- supervision, in which safeguarding is a regular agenda item

2) Merton Mencap will ensure all trustees have received training or a briefing in safeguarding children and vulnerable adults, which is recorded. Trustees who have received safeguarding training through another agency (e.g. their employer) will be required to provide written confirmation of this, such as a certificate of attendance.

3) Appraisals will be provided to all staff on an annual basis. Safeguarding will also feature as a standard agenda item during appraisals.

4) The relevant forms showing induction, supervision and appraisal are stored in the staff member's personnel file, which are stored securely in the Merton Mencap office.

20. Staff ratios

Risk assessments are completed to determine the precise staffing ratios needed to deliver an activity for children. In any case, the ratios of staff to children will not be less than the following:-

- for premise-based activities: 1:4 (one staff to four children)
- for community cased activities: 1:3 (one staff to three children)

21. Lone working

All our services and activities for children will have at least two members of staff present.

An exception to this will be a service which is provided specifically on 1:1 basis, i.e. independent travel training. In these cases, specific consent if gained from the parent or carer before any service is provided and a risk assessment is conducted for each child using the service. Reference should also be made to our *Lone Working Policy & Procedure.*

22. Written records of our services and activities

Written records are completed to show the services and activities we deliver. These include a written register of the children, the staff, any visitors and a de-brief of the session. These records are kept in a relevant filing system in the Merton Mencap office. Please also refer to our *Data Protection, Confidentiality and Security of Information Policy & Procedure*.

23. Team meetings

Staff based at the Merton Mencap office will have a team meeting each month. Safeguarding is a regular agenda item at every meeting and is reflected in the minutes.

24. Executive Committee Meetings

The Chief Executive and Executive Committee (Board of Trustees) will include Safeguarding as an agenda item at each of their Executive Committee Meetings, which will be reflected in the minutes.

SAFEGUARDING CHILDREN
Contact Numbers
and other details

Merton Mencap

Nominated Safeguarding Children Adviser

Andrew Whittington, Chief Executive	020 8646 0965 & 07767 670 134

If the NSCA is not available, you should contact the deputy responsible for safeguarding children, who is:

In the first instance:

Brenda Fortune, Projects Manager (Young People):	0208 254 8389

In the second instance:

Ruth Abbott, Projects Manager (Adults)	0203 458 5121

Chair of Trustees at Merton Mencap

Julian Walton	020 8946 2855

Accident and emergency services

In an emergency	dial 999
St Helier Hospital A & E	020 8296 2275
St George's Hospital A & E	020 8725 1279
Kingston Hospital A & E	020 8546 7711 (extension 2181)

Police

In an emergency	dial 999
Police Child Abuse Investigation Team based at Barnes Police Station	020 8247 7832

Wimbledon or Mitcham Police Stations (both open 24 hours) or Morden Police office (open Monday to Friday 0800 – 1600)	020 8947 1212

Local Authority children's social care

Access and Assessment Team Children, Schools and Families Department	020 8545 4226 or 020 8545 4227
out of hours/emergency duty team	020 8770 5000

NSPCC (National Society for the Prevention of Cruelty to Children)

national 24 hour Child Protection Helpline www.nspcc.org.uk/helpline	0808 800 5000
NSPCC free 24 national helpline for children, Childline www.childline.org.uk	0808 1111

Independent Safeguarding Authority 0300 123 1111

Local Authority designated officers

Janet Martin Head of Education (LADO for Education)
Tel: 0208 545 4060; Email: janet.martin@merton.gov.uk

Margaret Doe or Lee Hopkins
Service Manager for Safeguarding (LADO for Partnerships)
Tel: 0208 545 4993, Mobile 07985225731 Email lee.hopkins@merton.gov.uk

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Appendix 1: Definitions of child abuse and neglect

The following is an extract from the
London Child Protection Procedures – 5th edition (2013)

1.3 Definitions of child abuse and neglect

Physical abuse

1.3.1 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 fabricates the symptoms of, or deliberately induces illness in a child; see Fabricated or Induced Illness Procedure.

Emotional abuse

1.3.2 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations 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;

- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger;
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

1.3.3 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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

1.3.4 Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or 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.

1.3.5 In addition; Sexual abuse includes abuse of children through

sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. See Part B1, Practice Guidance.

Neglect

1.3.6 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.

1.3.7 Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

1.3.8 Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.

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

1.3.10 Included in the four categories of child abuse and neglect above, are a number of factors relating to the behaviour of the parents and carers which have significant impact on children such as domestic violence. Research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships.

1.3.11 The Home Office definition of Domestic violence and abuse was updated in March 2013 as:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

1.3.12 **Controlling behaviour is**: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

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Appendix 2: Recognition of Abuse & Neglect

The following is an extract from the
London Child Protection Procedures – 4th edition (2010)

4.3 RECOGNITION OF ABUSE AND NEGLECT

4.3.1 The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm;
- Indicates a need for careful assessment and discussion with the agency's nominated child protection person;
- May require consultation with and/or referral to the LA children's social care and / or the police.

4.3.2 The absence of such indicators does not mean that abuse or neglect has not occurred.

4.3.3 In an abusive relationship the child may:

- Appear frightened of the parent;
- Act in a way that is inappropriate to their age and development.

4.3.4 The parent may:

- Persistently avoid routine child health services and/or treatment when the child is ill;
- Have unrealistic expectations of the child;
- Frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment);
- Be absent or leave the child with inappropriate carers;
- Have mental health problems which they do not appear to be managing;
- Be misusing substances;
- Persistently refuse to allow access on home visits;

- Persistently avoid contact with services or delay the start or continuation of treatment;
- Be involved in domestic violence;
- Fail to ensure the child receives an appropriate education.

4.3.5 Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household. See section 5.18. Harming others and section 13. Risk management of known offenders.

Recognising physical abuse

4.3.6 The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- The parent/s are uninterested or undisturbed by an accident or injury;
- Parents are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury);
- Frequent use of different doctors and accident and emergency departments;
- Reluctance to give information or mention previous injuries.

Bruising

4.3.7 Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
- Variation in colour possibly indicating injuries caused at different times;
- The outline of an object used (e.g. belt marks, hand prints or a hair brush);

- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks on small children;
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite marks

4.3.8 Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

4.3.9 A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and scalds

4.3.10 It can be difficult to distinguish between accidental and non- accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
- Linear burns from hot metal rods or electrical fire elements;
- Burns of uniform depth over a large area;
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.

4.3.11 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

4.3.12 Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.

4.3.13 Non-mobile children rarely sustain fractures.

4.3.14 There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- There are associated old fractures;
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- There is an unexplained fracture in the first year of life.

Scars

4.3.15 A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising emotional abuse

4.3.16 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

4.3.17 The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

4.3.18 The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- Appeasing behaviour towards others;
- Scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' – difficulty relating to others.
-

Recognising sexual abuse

4.3.19 Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

4.3.20 Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. According to a recent study[36], three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood.

4.3.21 If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

4.3.22 Behavioural indicators which may help professionals identify child sexual abuse include:

- Inappropriate sexualised conduct;

- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Contact or non-contact sexually harmful behaviour;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Involvement in sexual exploitation or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

4.3.23 Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area;
- Blood on underclothes;
- Pregnancy in a child;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

4.3.24 Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague[1].

Recognising neglect

4.3.25 It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

4.3.26 When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);

[1] Grubin. D (1998). *Sex offending against children: understanding the risk*. Police Research Series. Paper 99. Home Office

- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Failure of child to grow within normal expected pattern, with accompanying weight loss;
- Child thrives away from home environment;
- Child frequently absent from school;
- Child left with inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

4.3.27 Disabled children and young people can be particularly vulnerable to neglect (see section 5.10. Disabled children) due to the increased level of care they may require.

4.3.28 Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence (see section 5.11), mental health issues (see section 5.29), learning disabilities (see section 5.30), substance misuse (see section 5.31), or social isolation / exclusion (see section 5.1.1 to 5.1.4), this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

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Appendix 3: Disabled Children

The following is an extract from the
London Child Protection Procedures – 5th edition (2013)

2. Disabled Children

2.1 Any child with a disability is by definition a 'child in need' under s17 of the Children Act 1989. The Disability Discrimination Act 1995 makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service. The Disability Discrimination Act 2005 (DDA) defines a disabled person as someone who has:

"a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities"

This means that the needs of children and young people with long term illnesses such as leukaemia, diabetes, cystic fibrosis, or sickle cell are addressed. They may not usually be thought of as disabled, but their vulnerabilities may be similar. The key issue is the impact of abuse or neglect on a child or young person's health and development and how best to support them and safeguard their welfare.

2.2 Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than children who do not have a disability. See Responding to Concerns of Abuse and Neglect Procedure and 6.3 below.

Significant harm is defined in Responding to Concerns of Abuse and Neglect Procedure, Concept of significant harm as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

2.3 The national guidance Safeguarding Disabled Children - Practice Guidance (DCSF 2009) provides a framework collaborative multi-agency responses to safeguard disabled children.

2.4 The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. See Disabled children and young people and those with complex health needs. Disabled children may be especially vulnerable to abuse for a number of reasons:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- They have an impaired capacity to resist or avoid abuse;
- They may have speech, language and communication needs which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused; and/or
- They are especially vulnerable to bullying and intimidation.

2.5 Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly

susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillisation;
- Invasive procedures against the child's will;
- Deliberate failure to follow medically recommended regimes;
- Misapplication of programmes or regimes;
- Ill fitting equipment (e.g. callipers, sleep board that may cause injury or pain, inappropriate splinting);
- Undignified age or culturally inappropriate intimate care practices.

2.6 Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves. Measures should include:

- Making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- Ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
- Making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;

- An explicit commitment to, and understanding of disabled children's safety; and
- Welfare among providers of services used by disabled children;
- Close contact with families, and a culture of openness on the part of services;
- Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment;
- Anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home; and
- Guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack capacity will be governed by the Mental Health Capacity Act once they reach the age of 16.

2.7 Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the guidance in Chapter 5, in the same way as with any other child. Expertise in both safeguarding and promoting the welfare of child and disability has to be brought together to ensure that disabled children receive the same levels of protection from harm as other children (see Safeguarding Disabled Children - Practice Guidance (2009)).

2.8 Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings. In every area, children's social care and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and

helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice.

2.9 In criminal proceedings under the Youth Justice and Criminal Evidence Act 1999112 witnesses aged under 17 (to be raised to under 18 by the end of 2010) may be eligible for special measures assistance when giving evidence in court. There is a presumption that child witnesses should give their evidence by video recorded statement (if taken) and live link, which allows a witness to give evidence during a trial from outside the courtroom through a televised link to the courtroom. The other special measures available to vulnerable witnesses include clearing the public gallery in sexual offence cases and those involving intimidation, screens to shield the witness from seeing the defendant, and assistance with communication through an intermediary or communication aid.

2.10 Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable and intimidated witnesses including children gives detailed guidance on planning and conducting interviews with children and vulnerable adults and includes a section on interviewing disabled children and also those that are very young or psychologically disturbed.

See Working with interpreters / communication facilitators Procedure

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Appendix 4

Safeguarding Children Code of Conduct

1. Definitions

In this Code:-

"child" or "children"	refers to someone aged under 18
"staff or staff members"	means all Merton Mencap employees, bank workers and volunteers (including trustees)
"the LCPPs"	means the London Child Protection Procedures 5th Edition, 2013
"NSCA" adviser,	means the nominated safeguarding children adviser, as required by the LCPPs

2. General

This *Safeguarding Children Code of Conduct* relates to all activities of Merton Mencap which involve working with children.

All staff:-

- will be given a copy of Merton Mencap's *Safeguarding Children Policy and Procedure,* which includes this *Safeguarding Children Code of Conduct*

- are required to read the *Safeguarding Children Policy and Procedure* and make sure they are fully familiar with it

- are required to sign the main Merton Mencap *Staff Code of Conduct* to confirm they have read, understood and will comply with the *Safeguarding*

Children Policy and Procedure, which includes this *Safeguarding Children Code of Conduct*

3. Training

All staff are required to attend training as appropriate (taking into account their role and responsibilities) in recognising and responding to child protection concerns, in the operation of Merton Mencap's *Safeguarding Children Policy and Procedure* and in the LCPPs.

4. DBS Disclosures

All new staff must agree to apply for an enhanced DBS disclosure and must have received a disclosure satisfactory to Merton Mencap before starting working on activities which involve working with children.

Any other individual working with children under a contract with Merton Mencap is required to provide evidence of a satisfactory DBS disclosure to the NSCA before undertaking any contract work.

All existing staff must apply for an up to date enhanced DBS disclosure when requested to do so by Merton Mencap in accordance with its policy for renewal of disclosure from time to time.

5. Activities involving working with children

Activity team leaders (or, in their absence, their deputy), are responsible for ensuring compliance with the provisions set out below. Other members of staff must comply with these provisions to the extent they apply to them.

Any member of staff who becomes aware of any non-compliance with any of the provisions set out below should report the matter to the team leader (or, in their absence their deputy). Team leaders (or, in their absence, their deputy) should report any such non-compliance to their line manager.

1) Health and Safety

Health and safety issues should be kept under consideration.

Risk assessments must be in place, and should be reviewed as appropriate, in respect of each child participating in any activity, each staff position and in respect of all venues and activities.

Staff must be fully aware of fire safety and evacuation procedures in the event of an emergency such procedures should be practiced at appropriate intervals.

2) Register and record of attendance

A register and record of attendance must be kept for each session of any activity.

3) Providers

Third party providers will only be permitted access to Merton Mencap's activities in accordance with section 17 of the Merton Mencap's *Safeguarding Children Policy and Procedure.*

4) Visitors and guests

Visitors and guests will only be permitted access to Merton Mencap's activities in accordance with section 18 of the Merton Mencap's *Safeguarding Children Policy and Procedure.*

5) First aid, medication and accidents and incidents

A first aid kit must be available for use at all activity sessions, with information on how to access it and where to get help in case of emergency.

A member of staff trained in first aid should be in attendance at all activity sessions.

No member of staff is authorised to administer any medication, unless appropriate training has been received and permission provided by the parent or responsible carer. Please refer to Merton Mencap's *First Aid & Administration of Medication Policy and Procedure.*

An accident/incident file must be kept for all activities and a record of any accidents/incidents must be made and retained on the file. General incidents must be recorded on the relevant *Incident Report Form* while incidents relating to safeguarding children must be recorded on the *Merton Mencap Safeguarding Children Incident Report Form.*

A parent carer or responsible carer must be made aware of any accident to or incident involving their child as soon as practicable and, at least, on the same day.

6) Supervision of activities

Activities must be supervised by staff in an appropriate ratio to the number of children participating, and according to the needs of those children. This will be determined by information from risk assessments and nature of activity.

No member of staff under the age of 18 should be left in sole charge of any child or group of children of any age. No child or group of children must be left unattended at any time, unless written permission has been gained from the parent or responsible carer and the nature of the service determines this – for example, during travel training.

At no time should any volunteer, third party provider, visitor or guest be left alone with or in charge of any children. In any event, all staff should avoid being left alone with any child for any significant period, unless permission has been gained from the parent or responsible carer and the nature of the service determines this – for example, during travel training.

Under no circumstances must any child, with prior arrangements for being collected by a parent or carer, be left alone at the end of any activity session.

7) Personal care

No intimate personal care must be carried out by any member of staff, unless authorised as provided for in *Merton Mencap's Dealing with Intimate Personal Care Policy and Procedure.*

A parent/carer should always be informed as soon as practicable, if a member of staff has had to do anything of a personal nature for a child, other than by prior arrangement.

8) Interviewing a child

If, for any reason, a child is to be interviewed alone, two members of staff should be present, or if only one can be present, that member of staff should be within sight of another member of staff. Where possible, the gender of the member(s) of staff interviewing should reflect that of the child interviewed.

9) Staff behaviour

Staff must not be involved in rough or over-physical activities with any child and must avoid inappropriate or intrusive touching.

Staff must not use bad language and must not make any inappropriate comments or gestures to a child.

10) Behaviour of children

Children should always be told if and why their behaviour is not acceptable, in line with the care plan and risk assessments.

A parent carer or responsible carer should be informed of any unacceptable behaviour by their child.

If any child presents any challenging behaviour this must be managed in accordance with M*erton Mencap's Managing Challenging Behaviour Policy and Procedure.*

11) Images

No photography and videoing must be done save in accordance with Merton Mencap's *'Managing Images of Service Users Policy'.*

In general, photographing and videoing activities must not be carried out without the prior written consent of their parent or responsible carer.

Photographing and videoing activities must only be carried out using a camera or video recorder belonging to Merton Mencap, unless the consent of the NSCA has been obtained beforehand.

Photographic or video images can only be used by Merton Mencap for the promotion and publicising of its work, unless Merton Mencap's prior written consent is obtained for another specified use.

If any photographic or video images are to be published in any publicity material, children's names must not be disclosed without the prior written consent of Merton Mencap.

12) Transport arrangements

Transport must be provided in accordance with Merton Mencap's 'Transport Policy and Procedure'

It should be noted, in particular, that where transport is arranged for any activity, no child should be driven unaccompanied and staff must not under any circumstances drive a child in their own vehicle.

13) Concerns about abuse or neglect

Any concern about abuse or neglect of any child must be dealt with in accordance with *Merton Mencap's Safeguarding Children Policy and Procedure.*

Confidential information about children or their parents should be shared only as described in *Merton Mencap's Safeguarding Children Policy and Procedure.*

14) Emergency contacts

An information sheet containing emergency contact details for each child, and emergency contact details for all staff must be available at all activity sessions.

A copy of that information sheet must be left with a responsible person from Merton Mencap.

An information sheet detailing what to do in the event of an emergency should be provided for parents/carers.

15) Confidentiality and security of information

All information held at or relating to an activity or any activity session must be dealt with in accordance with *Merton Mencap's Data Protection, Confidentiality and Security of Information Policy and Procedure.*

16) Induction & Employee Handbook

All staff will be provided with an Induction & Staff Handbook which provides a convenient summary of our safeguarding policies and procedures. Staff should keep this in a safe place for ongoing reference. A copy of the Induction and Staff Handbook will also be made available at our activities.

Internal Audit Guidance

Check	Evidence
Staff know where to find a copy of this safeguarding policy and procedure Staff have been provided with the Staff & Induction Handbook	Ask project staff whether they were provided with a copy of this policy Ask staff where they could get a new copy if they needed one Check that copies of the latest policy are available at the office
Staff know who the nominated person(s) for safeguarding children is, and how to contact them	Ask staff this question Ask staff what they would do if that person was unavailable Ask staff what they would do if they had a safeguarding concern which related to the nominated person
Staff are aware of types of abuse e.g. physical, emotional, sexual, financial, neglect, institutional, discriminatory	Ask staff this question Ask staff what could indicate signs of abuse Ask staff about confidentiality and safeguarding (e.g. what they would do if a person who was being abused disclosed this to staff and they asked that staff keep it a secret)
Staff know how to record a safeguarding concern	Ask staff what form they would use to record a safeguarding concern Ask staff what is important about making a record of a safeguarding concern Look at the Incident Forms and check their quality and whether safeguarding alerts have been followed up
Safeguarding is a standard feature of supervision and appraisal meetings	Ask to see a supervision/ appraisal forms and check whether safeguarding

	was discussed
Safeguarding is a standard feature of Team Meetings at the office	Ask to see the minutes of team meetings to check whether this is the case
Safeguarding incidents are reported to the Board of Trustees at each ECM	Ask to see the CEO's report for ECMs to check whether safeguarding is a standard reporting item
Safeguarding is a standard agenda items for all trustee meetings at ECMs	Ask to see minutes of ECMs to check that safeguarding is always dealt with as a standard item
All staff (including volunteers and trustees) have completed safeguarding training	Ask to see the main training records in the office