

The Brainwave Centre Ltd

Child Protection Policy

The purpose of this paper is to inform the Trustees of the proposed Child Protection Policy and to seek their approval.

Responsibilities

The Child Protection Officers are : C Puzey (Bridgwater), M Piorkowska (Witham), P Edge (Birchwood). In the absence of the relevant Centre Manager, Andrew Glass will be responsible.

The Trustee Child Protection Officer is Andrea Blower.

Introduction

As an organisation which makes provision for children and young people we affirm that :

- the welfare of the child is paramount in all our dealings with our client families
- all children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to protection from abuse
- all suspicions and allegations of abuse and poor practice will be taken seriously and responded to swiftly and appropriately
- all paid or unpaid staff working with Brainwave have a responsibility to report concerns to the appropriate officer
- all paid or unpaid staff working with Brainwave have appropriate training and support concerning child protection issues

However, staff, Trustees and volunteers are not trained to deal with situations of abuse or to decide if abuse has occurred.

Policy statement/aims

Brainwave has a duty of care to safeguard all children involved in our activities from harm, whether attending therapy sessions, visiting our charity shops or other fundraising activities, or being visited at home or at school. All children have a right to protection, and the needs of disabled children and others who may be particularly vulnerable must be taken into account. Brainwave will ensure the safety and protection of all children involved in Brainwave through adherence to the Child Protection guidelines adopted by the Trustees.

A child is defined as a person under the age of 18 (The Children Act 1989).

Policy aims

The aim of the Brainwave Child Protection Policy is to promote good practice:

- providing children and young people with appropriate safety and protection whilst in the care of Brainwave
- allowing all staff /Trustees/volunteers to make informed and confident responses to specific child protection issues.

Promoting good practice

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgment about the appropriate action to take.

Abuse can occur within many situations including the home, school and other environments. Some individuals will actively seek employment or voluntary work with young people in order to harm them. As a charity working with children, we will remain alert to these possibilities at all times. All suspicious cases of poor practice should be reported following the guidelines in this document.

Good practice guidelines

All personnel should be encouraged to demonstrate exemplary behaviour, in line with the good practice guidelines, in order to promote children's welfare and reduce the likelihood of allegations being made. The following are common sense examples of how to create a positive culture and climate.

Good practice means:

- Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets)
- Treating all young people/disabled adults equally, and with respect and dignity
- Always putting the welfare of each young person first, before winning or achieving goals
- Maintaining a safe and appropriate distance with children
- Building balanced relationships based on mutual trust which empowers children to share in the decision-making process, when appropriate
- Ensuring that if any form of manual/physical support is required, it should be provided openly. Care is needed, as it is difficult to maintain hand positions when the child is constantly moving. Young people and their parents should always be consulted and their agreement gained
- Keeping up to date with technical skills, qualifications and insurance
- Involving parents/carers wherever possible. For example, encouraging them to take responsibility for their children in the changing rooms. If groups have to be supervised in the changing rooms, always ensure parents and/or therapists work in pairs
- Being an excellent role model - this includes not smoking or drinking alcohol in the company of young people
- Giving enthusiastic and constructive feedback rather than negative criticism
- Recognising the developmental needs and capacity of young people and disabled adults and not pushing them against their will
- Securing parental consent in writing to act *in loco parentis*, if the need arises to administer emergency first aid and/or other medical treatment
- Keeping a written record of any injury that occurs, along with the details of any treatment given
- Requesting written parental consent if staff are required to transport young people in their cars
- Obtaining written parental consent for photography for fundraising purposes for the child, and separate written consent for any other use, such as in Brainwave publications

No child will be assessed or provided with therapy except in the presence of the child's parent or carer.

Practices to be avoided

The following should be **avoided** except in emergencies. If cases arise where these situations are unavoidable it should be with the full knowledge and consent of a senior manager or the child's parents. (For example, a child sustains an injury and needs to go to hospital and the parent is unavailable)

- avoid spending time alone with children away from others
- avoid transporting a child without a parent/carer present

Practices never to be sanctioned

The following should **never** be sanctioned. You should never:

- engage in rough, physical or sexually provocative games, including horseplay
- share a room with a child
- allow or engage in any form of inappropriate touching
- allow children to use inappropriate language unchallenged
- make sexually suggestive comments to a child, even in fun
- reduce a child to tears as a form of control
- fail to act upon and record any allegations made by a child
- do things of a personal nature for children or disabled adults, that they can do for themselves
- smoke or consume alcohol in the presence of children

N.B. It may sometimes be necessary for staff, or volunteers to do things of a personal nature for children, particularly if they are young or are disabled. These tasks should only be carried out with the full understanding and consent of parents and (as appropriate) the children involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

Incidents that must be reported/recorded

If any of the following occur you should report this immediately to the Child Protection Officer for the Centre and record the incident. You should also ensure the parents of the child are informed:

- if you accidentally hurt a child
- if he/she seems distressed in any manner
- if he/she appears to be sexually aroused by your actions
- if he/she misunderstands or misinterprets something you have done

Use of photographic/filming equipment

As part of the therapy provision, we take a video or dvd of the programme as an aid for the parents when they are conducting the programme at home, and as a reference for therapists at future therapy assessments. Parents/carers will be made aware of this, and given the option not to have their child filmed. All copies of the video record will be kept securely and only made available to staff directly involved in the child's therapy. Any other images of children, whether for therapy, fundraising, publicity or any other purposes, will only be obtained and used with the express permission of the parents/carers of the child.

Recruitment and training of staff, Trustees and volunteers

Brainwave recognises that, however unlikely it may seem, any person could have the potential to abuse children in some way. All reasonable steps will be taken to ensure unsuitable people are prevented from working with children. Preselection checks must include the following:

- All volunteers/Trustees/staff should complete an application form. The application form will elicit information about an applicant's past and a self disclosure about any criminal record
- Consent should be obtained from an applicant to seek information from the Criminal Records Bureau
- Two confidential references, including one regarding previous work with children, wherever possible
- Evidence of identity (passport or driving licence with photo)

Interview and induction

All employees (and volunteers) will be required to undergo an interview carried out to acceptable protocol and recommendations.

- All staff whose roles involve direct contact with children will be asked at least one question relating to child protection to check their understanding and values.
- At least one of the interview panel will be trained in Child Protection.

All employees, Trustees and volunteers should receive an induction, during which:

- A check will be made that the application form has been completed in full (including sections on criminal records and self-disclosures)
- Their qualifications will be substantiated, where relevant
- The job requirements and responsibilities will be clarified
- Child protection procedures are explained and training needs are identified
- They will sign up to the Brainwave's Values Statement and Child Protection policy

Training

In addition to preselection checks, the safeguarding process includes induction after recruitment to help staff, and volunteers to:

- Analyse their own practice against established good practice, and to ensure their practice is not likely to result in allegations being made
- Recognise their responsibilities and report any concerns about suspected poor practice or possible abuse
- Respond to concerns expressed by a child or young person
- Work safely and effectively with children

In addition, all Trustees will receive an induction so that they are aware of their responsibilities.

Brainwave requires:

- Therapy staff to attend periodic good practice and child protection awareness updates, to ensure their practice is exemplary and to facilitate the development of a positive culture towards good practice and child protection
- Other staff and volunteers to complete a recognised awareness training on child protection. Trustees who may also spend time with families unsupervised should also undertake such training. There will always be a minimum of one Trustee who has been trained in child protection..
- Relevant personnel to receive advisory information outlining good practice and informing them about what to do if they have concerns about the behaviour of an adult towards a young person.
- Relevant personnel to gain a national first aid training.

Responding to allegations or suspicions

It is not the responsibility of anyone working in Brainwave, in a paid or unpaid capacity, to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns by reporting these to the appropriate officer or the appropriate authorities

Brainwave will assure all staff/Trustees/volunteers that it will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing a child

Where there is a complaint against a member of staff there may be three types of investigation:

- a criminal investigation
- a child protection investigation
- a disciplinary or misconduct investigation

The results of the police and child protection investigation may well influence and inform the disciplinary investigation, but all available information will be used to reach a decision.

Action if there are concerns

1. Concerns about poor practice:

- If, following consideration, the allegation is clearly about poor practice; the designated Child Protection Officer will deal with it as a misconduct issue
- If the allegation is about poor practice by Brainwave Child Protection Officer, or if the matter has been handled inadequately and concerns remain, it should be reported to the Chief Executive who will decide how to deal with the allegation and whether or not to initiate disciplinary proceedings

2. Concerns about suspected abuse:

- Any suspicion that a child has been abused by a member of staff, Trustee or a volunteer should be reported to the Brainwave Child Protection Officer, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk
- The Brainwave Child Protection Officer will refer the allegation to the social services department who may involve the police
- The parents or carers of the child will be contacted as soon as possible following advice from the social services department

- The Brainwave Child Protection Officer should also notify the Chief Executive and Child Protection Trustee who in turn will deal with any media enquiries
- If the Brainwave Child Protection Officer is the subject of the suspicion/allegation, the report must be made to the Chief Executive or in his/her absence to the Child Protection Trustee who will refer the allegation to Social Services
- All concerns should be documented in writing, and a copy kept on the child's developmental file (pink). The file is kept in a secure locked room.

Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes the following people:

- the Child Protection Officer
- the parents of the person who is alleged to have been abused
- the person making the allegation
- social services/police
- the Brainwave Chief Executive and Trustee Child Protection Officer

Advice should be sought from social services who should approach the alleged abuser (or parents if the alleged abuser is a child)

Information should be stored in a secure place with limited access to designated people, in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

Internal enquiries and suspension

The Brainwave Child Protection Officer will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.

Irrespective of the findings of the social services or police inquiries the Brainwave Chief Executive will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision; particularly where there is insufficient evidence to uphold any action by the police. In such cases, the Brainwave Chief Executive must reach a decision based upon the available information which could suggest that on a balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout. People making any reports in good faith, whether subsequently proven or not, will be treated with respect. However, any reports by staff which are subsequently found to be malicious may result in disciplinary action being taken.

In the case of a Trustee, the decision would be taken by the Chair of the Trustees.

Support to deal with the aftermath of abuse:

Consideration should be given to the kind of support that children, parents and members of staff may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. The British Association for Counselling Directory is

available from The British Association for Counselling, 1 Regent Place, Rugby CV21 2PJ, Tel: 01788 550899, Fax: 01788 562189, E-mail: bac@bacp.co.uk, Internet: www.bacp.co.uk .

Consideration should be given to what kind of support may be appropriate for the alleged perpetrator.

Allegations of previous abuse

Allegations of abuse may be made some time after the event (e.g. by an adult who was abused as a child or by a member of staff who is still currently working with children).

Where such an allegation is made, Brainwave will follow the procedures as detailed above and report the matter to the social services or the police. This is because other children in other situations may be at risk from this person. Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with children. This is reinforced by the details of the Protection of Children Act 1999.

3 Concerns outside the immediate environment (e.g. a parent or carer):

- Report your concerns to the Brainwave Child Protection Officer, who should contact social services or the police as soon as possible. It is the Social Services department for the area in which the child lives that should be contacted. **See 4. below for the information social services or the police will need :**
- If the Brainwave Child Protection Officer is not available, the person being told of or discovering the abuse should contact social services or the police immediately
- Social Services and the Brainwave Child Protection Officer will decide how to involve the parents/carers
- The Brainwave Child Protection Officer should also report the incident to the Brainwave Board of Trustees. The Board of Trustees should ascertain whether or not the person/s involved in the incident play a role in Brainwave and act accordingly
- Maintain confidentiality on a **need to know** basis only
- See 4 below regarding information needed for social services

4. Information for social services or the police about suspected abuse

To ensure that this information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern, which should include the following:

- The child's name, age and date of birth
- The child's home address and telephone number
- Whether or not the person making the report is expressing their own concerns or those of someone else
- The nature of the allegation. Include dates, times, any special factors and other relevant information
- Make a clear distinction between what is fact, opinion or hearsay
- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes
- Details of witnesses to the incidents
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred
- Have the parents been contacted?

- If so what has been said?
- Has anyone else been consulted? If so record details
- If the child was not the person who reported the incident, has the child been spoken to? If so what was said?
- Has anyone been alleged to be the abuser? Record details
- Where possible referral to the police or social services should be confirmed in writing within 24 hours and the name of the contact who took the referral should be recorded

If you are worried about sharing concerns about abuse with a senior colleague, you can contact social services or the police direct, or the NSPCC Helpline on 0808 800 5000, or Childline on 0800 11 11.

January 2010

Cause for Concern Reporting Form

This form is to be completed on all occasions when there is cause for concern in relation to the welfare of a child and given to your Designated Child Protection Person.

Centre/Location:

Details of the staff member reporting concerns

Full Name

Post Held

Details of child/children

Full Name

DOB

Home Address

.....

Name of Parent

Do these concerns relate to a specific incident? If YES complete Section A; if NO complete section B

Section A

Date and Time of Incident

Place of Incident

Date this form completed

Form completed by (please print)

Brief circumstances of incident, to include any precipitating factors and injuries sustained (if applicable)

9

Names(s) of potential witnesses

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.....
.....

Section B

Details of concern (specific or cumulative?) give dates, nature of concern and actions taken :

Any other relevant information

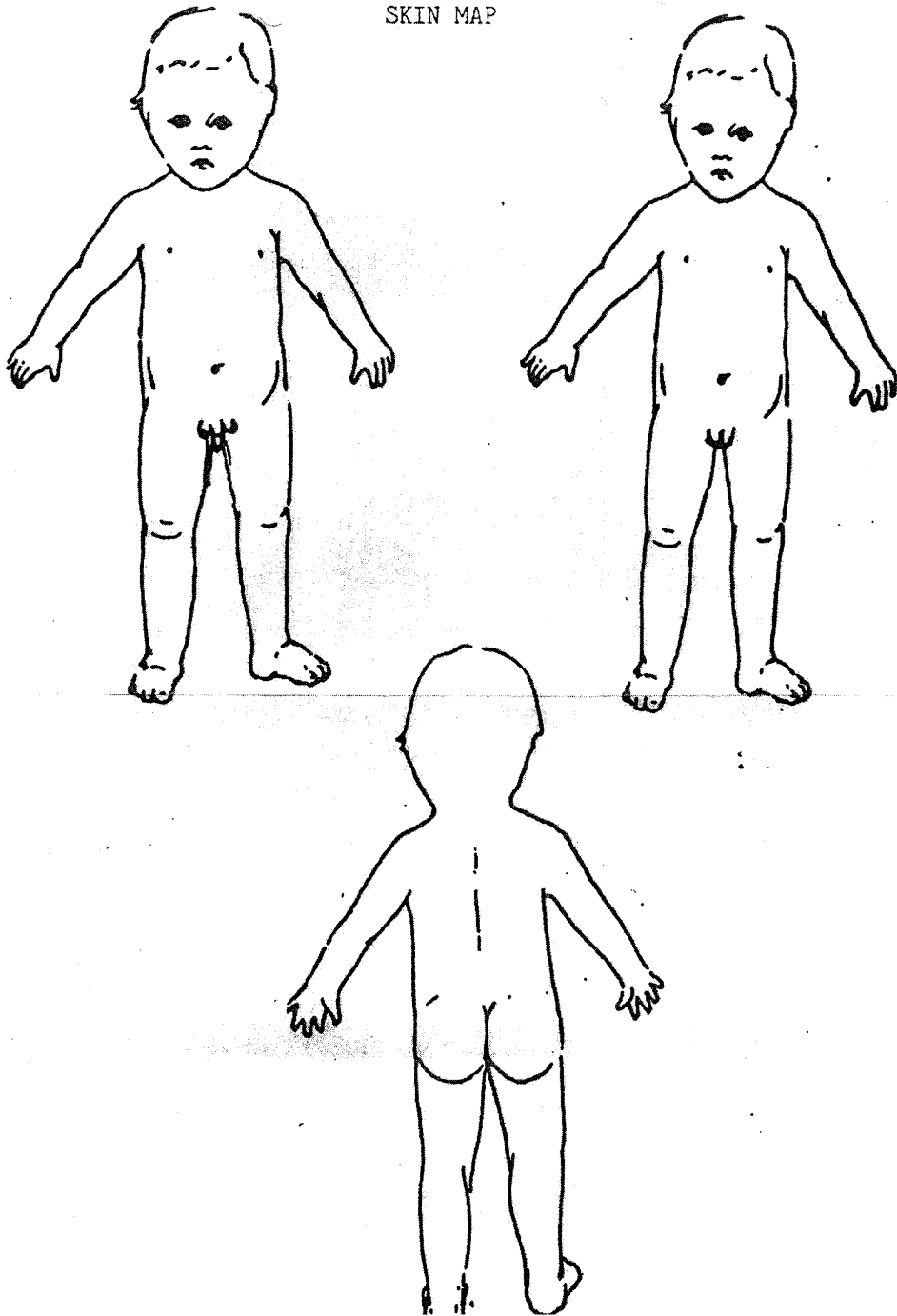
Signed Date

Discussed with Designated Child Protection Person: (Y/N)

Form passed to Designated Child Protection Person: (Y/N)

Skin map for use if applicable:

SKIN MAP



SKIN MAP

