

Child Protection Policy

1.1 Introduction

1.1 Migdal Emunah Ltd is committed to promoting the safeguarding of children and protecting them from the risks of harm as required by section 11(2) (a) Children Act 2004: safeguarding children is everyone's responsibility. Migdal Emunah's approach to child protection has been developed in line with the London Child Protection Procedures (2011) Working Together to Safeguard Children 2010, When to Suspect Child Maltreatment, 2009 which supersedes What to Do If You Are Worried a Child is Being Abused, 2006, The Protection of Children In England: A progress Report 2009 and the Government's Response a Year On, 2010.

2.0 Background: Why are Procedures Necessary?

2.1 Safeguarding children has three distinct domains: identifying children who have specific needs, children where there are welfare concerns regarding the quality and/or consistency of their parenting and a child or an unborn child who is at risk of, or have suffered significant harm, most commonly referred to as child protection. Safeguarding and promoting the welfare of children is defined for the purpose of statutory guidance under the Children Acts 1989 and 2004 respectively as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

2.2 Children can be abused in any section of our society. Abuse occurs in all ethnic and regional groups and in all classes. Children may be abused by family members, (adults, young people and children), family friends, professionals and carers and by strangers.

2.3 Professionals need to be sensitive to the child's needs, the distress which investigations may arouse in the family and that the needs of the child and his/her family may conflict. In all cases the welfare, well-being and protection of the child must be paramount.

2.4 Responding to and managing suspicions and allegations of child abuse demands much of professionals: recognising that our society embraces a variety of child-rearing practices that requires sensitivity to the customs and views of families, while at the same time distinguishing what constitutes acceptable child care and what does not.

2.5 It is vital that professionals make no lasting presumptions either that abuse has occurred, or that it has not happened without following Migdal Emunah procedures and the London Child Protection Procedures, 2011.

2.6 The effective management of child protection requires a multidisciplinary approach supported by sharing information in a timely manner with appropriate professionals. Sharing information with other professionals is a fundamental aspect of enabling a child's safety and protection. No professional should ever intervene alone. All concerns must be shared with others.

2.7 In order that the child's best interests are served, it is important that, during an investigation of child protection, discussion within the professional network has priority over that with parents and carers until it is clear there is no conflict between the interests of the child and his/her parents/carers. The same principle of priority is applicable in circumstances where there are concerns and/or allegations of child protection where a professional is suspected.

2.8 Where contradictions or inconsistencies, real or apparent, arise between the procedures set out in this document and those for the area in which the child lives, these should be resolved by discussion between the agencies' safeguarding leads.

3.0 Roles and Responsibilities

3.1 Chief Executive

3.1.1 The Chief Executive as the Accountable Officer has overall responsibility for ensuring the implementation of effective Child Protection Procedures.

3.2 Named Senior Professional – Service Development Practitioner

3.2.1 The Named Professional will take the professional lead within Migdal Emunah on child protection matters. They should have expertise on children's health and development, the nature of child abuse, local arrangements for safeguarding children and promoting their welfare.

3.2.2 They provide a source of advice and expertise to fellow professionals, support the interface with other agencies and play an important role in promoting good professional practice in safeguarding children.

3.2.3 They are responsible for overseeing the effective conduct of Migdal Emunah's internal case reviews and will ensure investigation and response to child protection complaints on behalf of Migdal Emunah.

3.2.4 They review Migdal Emunah's policy and procedures, practices and multi-agency working. They ensure that appropriate child protection standards are adhered to.

3.2.5 The accountabilities of the Named Doctor and Named Professional will be clearly identified in their job descriptions along with their responsibilities in relation to this policy and procedure.

3.2.6 The Service Development Practitioner has responsibility for individual cases, as set out in detail within this policy and procedure.

3.3 Human Resources

3.3.1 The Chief Executive together with The Board of Trustees is responsible for:

3.3.1.1 Ensuring Migdal Emunah Recruitment and Selection Policies comply with relevant legislation and guidance relating to staff working with children and include Enhanced Criminal Records Bureau checks.

3.3.1.2 Ensuring that the induction programme and mandatory training programmes include safeguarding and child protection training as defined by the training needs analysis.

3.4 All Staff

3.4.1 All Employees, Trustees and volunteers are responsible for:

3.4.1.1 Promoting working practices that ensure the welfare of children and young people.

3.4.1.2 Ensuring all staff attend all relevant training in respect of safeguarding and child protection: induction, mandatory and PDP training as required by Migdal Emunah.

3.4.1.3 Ensuring that staff who are affected in any way by child protection issues receive the appropriate help and support they require.

3.4.2 All staff are required to work to promote children's rights as detailed in the Article of the United Nations Convention on the Rights of the Child 1989. This is in line with the requirements of the Human Rights Act 1998. All Migdal Emunah staff (employed, honorary or volunteers) have a duty to safeguard and promote the welfare of children (section 5, Children Act 2004). To meet their responsibilities, all individual staff must ensure:

- They attend training provided by Migdal Emunah in respect of safeguarding and child protection.
- They are aware of how to obtain help and advice in relation to child protection matters.
- They follow the London Child Protection Procedures, 2011 when there are child protection concerns.
- They understand the sharing of personal information about children and families held by them is not disclosable without consent of the data subject. However, the law permits the disclosure of confidential information necessary to safeguarding children in the interest of the child, i.e. protecting

- the child will override the child's right to confidentiality.
- Staff should take advice from the Service Development Practitioner in complex cases and ensure that any confidential information shared is done in the child's best interests.
 - They seek advice initially from their Supervisor or Line Manager in all complex cases and understand that child protection issues should never be managed by a single professional.
 - They report any allegation or concern of child protection regarding a member of staff to the Service Development Practitioner or Chief Executive.

4.0 Procedures for Dealing with Suspected Abuse

4.1 Recognition of Abuse

4.1.1 To assist staff a summary set of guidelines on recognising abuse is shown at **Appendix A**. This should only act as a guide to staff as child abuse can manifest in a way that may not at first be understood as abuse. Staff are reminded to remain vigilant and be open to evidence of safeguarding and child protection either through direct care of the child or through learning of possible safeguarding concerns and child protection from other patients e.g. parent/carers.

4.2 Opportunities and Obstacles in Identifying Safeguarding Issues

4.2.1 Safeguarding and child protection cases may arise in the following ways:

- Planned referral for psychosocial assessment where possible abuse is suspected
- Concerns which arise during the course of an assessment and/or treatment

4.2.2 Any physical or sexual abuse disclosed by a child to a member of staff/trainee/clinical associate should immediately be reported to the Service Development Practitioner. An urgent internal discussion should take place and a referral should be made to the Children's Services in the area the child currently lives.

4.2.3 However, if the Service Development Practitioner is not available (e.g. sick leave/annual leave) the Chief Executive should provide cover for the case.

4.2.4 If a member of staff/trainee/clinical associate observes signs indicative of possible physical abuse, they should ask the child and parent/carer how the injuries were sustained. If the explanations given are not totally plausible and consistent and as such raise concern as to possible abuse, the staff member/trainee/clinical associate should indicate a need to discuss this further with colleagues, including Children's Services and inform the Service Development Practitioner immediately.

4.2.5 If a child appears to be suffering from neglect, the staff member/trainee/clinical associate should gain relevant information from the parent/carer/child and discuss with the Service Development Practitioner. The parent/carer should be informed if a referral to Children's Services is made.

4.2.6 If a child appears to be suffering from emotional abuse, which may cause significant harm, the Service Development Practitioner must be informed.

4.2.7 In all cases where the Service Development Practitioner considers that a child is likely to be at risk of further abuse and/or silencing these concerns must not be discussed with the parents/carers before contacting Children's Services.

4.2.8 Thereafter, Children's services might instigate either a section 17 (Child in Need Assessment) or a section 47 (Child Protection investigation) the Children Act 1989.

4.2.9 In cases where there is some doubt about whether to refer to Children's Services contacting the appropriate Local Authority's Assessment and Referral Team Manager to discuss concerns may assist in progressing matters.

4.3 Informing the Named Professionals for Safeguarding Children

4.3.1 Migdal Emunah's Named Doctor or Service Development Practitioner must be notified of all cases of suspected and known child abuse.

4.3.2 A member of staff/trainee/clinical associate who has a concern about actual or suspected abuse of any kind must immediately inform the Service Development Practitioner, who should formally notify either the Named Doctor or Lead Professional for Safeguarding Children.

4.4 Recording Information

4.4.1 Detailed contemporaneous records (within 24 hours, ideally on the same day) must be kept by all involved and must clearly differentiate between fact, reported information and opinion. (Keeping fact and opinion in separate pages or paragraphs in records is advised).

4.4.2 The reasons for any decisions made must be recorded clearly, including the decision(s) and reason(s) why the child was not referred to Children's Services.

4.4.3 The service users name will not be recorded amongst their personal notes, rather each child would be designated a numerical identity, thus ensuring confidentiality and respecting the child/young person.

4.5 Sharing Information

4.5.1 The importance of sharing information with other agencies is fundamental.

4.5.2 Sharing Information effectively enables:

- (i) improved communication between professionals;
- (ii) a better understanding of what should be shared, with whom and under what circumstances, and the dangers of not doing so;
- (iii) building confidence and trust with partners and families;
- (iv) better knowledge of other agencies services;
- (v) less duplication for families

4.6 Confidential Information

4.6.1 Confidential information is 'information not normally in the public domain or readily available from another source, it should have a degree of sensitivity and value and should be subject to a duty of confidence.'

4.7 Common Law Duty of Confidence

4.7.1 A breach of confidentiality is when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential. However, all professionals have a duty to disclose information where failure to do so would result in a child or children or others suffering from neglect or physical, sexual or emotional abuse.

4.8 Public Interest and Proportionality

4.8.1 A public interest test can be used to make judgements regarding managing confidential information: It is in the public interest:

- (i) to protect children and other people from harm;
- (ii) to promote the welfare of children;
- (iii) to prevent crime and disorder;
- (iv) alternatively, non-disclosure may also be, in some circumstances, in the public interest.

4.9 Overall Legal Position

4.9.1 The law does not prevent individual sharing of information with other practitioners to assist a child if:
(i) those likely to be affected consent;

- (ii) the public interest in safeguarding the child's welfare overrides the need to keep the information confidential
- (iii) disclosure is required under a Court Order or other legal obligation

4.10 Sharing Information Checklist

- 4.10.1
1. Is there a legitimate reason to share information?
 2. Is there a necessity to identify the individual?
 3. If the information is confidential, has consent been obtained?
 4. If consent to share information is refused, do the circumstances meet a public interest test?
 5. Ensure the right information is disclosed appropriately (See London Child Protection Procedures, 2011).

5.0 Role of staff during Initial and Review Conferences

5.1 Following an Initial or Review Child Protection Conference, Migdal Emunah may continue to have a significant role with the child and his/her family as part of the Child Protection Plan. Apart from continuing any existing treatment, this may include any of the following:

- Contributing to the comprehensive assessment of the child and family or adult
- Carrying out further specified investigations
- Providing therapeutic treatment
- Providing reports for Court (subject to the Directions of the Court)
- Attending Court (subject to the Directions of the Court)
- Be available for consultation, by phone if need be, to discuss interviewing the child to assist police and social work colleagues.

5.2 Legal advice and support in the preparation of Court Reports and the giving of evidence can be obtained from the legal team of the relevant Local Authority.

6.0 Legal Advice and Management When There is a Threat of Violence

6.1 The Service Development Practitioner should be informed whenever there is considered to be a risk of violence either to the child concerned or to any other person so that appropriate arrangements for security can be made. In the exceptional circumstances, where it is thought that there is an extremely high risk of violence, it may be appropriate to inform and request a police presence prior to interviews. However this should be discussed with the Chief Executive and The Board of Trustees prior to any appointment being offered.

7.0 Supporting Staff Involved in Child Protection

7.1 Migdal Emunah recognises that involvement in any aspect of child protection can be stressful for staff. It is therefore committed to offering help and support for any staff that have concerns. Staff are advised at induction that they are provided with a Staff Advisory Service which can be accessed by any member of staff, where a trained professional will offer one-to-one support. In addition, staff should raise concerns directly with the Service Development Practitioner.

7.2 Staff who provide teaching and training may become aware of a safeguarding and child protection concern via concerns raised by students and trainees. Staff should encourage students/trainees who raise concerns that are external to Migdal Emunah that such concerns must be reported to the correct organisation. Occasionally, staff may need to assist students/trainees to escalate their concerns through the appropriate line management structures within their agencies. In circumstances, where the staff member encounters difficulties in assisting the students/trainees, they should inform either the Service Development Practitioner or the Chief Executive.

8.0 Complaints

8.1 Complaints about failure to follow these procedures should be addressed to the Chief Executive.

8.2 Complaints will be dealt with following the Complaints Procedures for Migdal Emunah.

8.3 Carers and children/young people have a right to complain under section 24(d) Children Act 1989 and for looked after children and young people under section 26 the Children Act 1989.

Appendix A

What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed 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. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, 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 (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, 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.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer 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);

or

- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (Working Together to Safeguard Children, 2011).

Significant Harm

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill treatment of another; 'development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under section 31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child. To understand and identify significant harm, it is necessary to consider:

- the nature of harm, in terms of maltreatment or failure to provide adequate care;
- the impact on the child's health and development;
- the child's development within the context of their family and wider environment;
- any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family;
- the capacity of parents to meet adequately the child's needs; and
- the wider and environmental family context.

The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and the local authority should give them due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding.

These guidelines apply to our employees and representatives and third party contracted services.

Policy to be reviewed December 2015

Implementation Date: ____December 2014____

Review Date: _____

Signed: _____

(for and on behalf of the Board of Trustees)