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THE CHALLENGING BEHAVIOUR FOUNDATION: CHILD PROTECTION POLICY

1. INTRODUCTION & GENERAL STATEMENT OF POLICY

Abuse is when a child is caused harm or distress by another's actions or failure to act. The Challenging Behaviour Foundation (CBF) recognises that children and young people can be the victim of a range of abuse including physical, sexual, emotional abuse, neglect and the inappropriate use of restrictive practices. Definitions of abuse are set out in appendix 1.

Research shows that disabled children are at significantly greater risk of abuse than non-disabled children (Jones, Bellis, Wood & Hughes, 2012¹). Disabled children at greatest risk of abuse are those with behaviour disorders (Sullivan & Knutson, 2000²).

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 family carers and paid 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 (NSPCC, 2014).

Disabled children living in residential care, for example a 52 week residential school are particularly vulnerable to abuse (Utting 1997³).

Expertise in both child protection and promoting the welfare of disabled children has to be brought together to keep disabled children safe (see Safeguarding Disabled Children – Practice Guidance, 2009).

As a charity the CBF takes our responsibility towards child protection very seriously and we are committed to:

- Ensuring that the welfare of children is paramount at all times
- Safe recruitment of all staff and volunteers
- Supporting staff and volunteers with training to ensure that all who are working in contact with disabled children or their families are clear about their responsibilities in safeguarding children
- Ensuring staff have access to appropriate supervision regarding safeguarding children

¹ Jones, L., Bellis, M.A., Wood, S., Hughes, K., et al. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*.

² Sullivan P.M., and Knutson J.F. (2000) Maltreatment and disabilities: a population based epidemiological study. *Child Abuse and Neglect* 24, 10, 1257–1273.

³ Utting, W. (1997) *People Like Us: The Report of the Review of Safeguards for Children Living away from Home*. London: The Stationery Office.

- Clear procedures for dealing quickly and appropriately with concerns about possible abuse
- Working in partnership with others in order to safeguard children.

It is the responsibility of all Trustees, staff and volunteers to be vigilant about child protection issues, to take concerns over the welfare of any child seriously, and to take appropriate action in accordance with the guidelines in this policy.

2. SCOPE OF POLICY

This policy applies to staff, Trustees and volunteers of the CBF. Throughout this policy staff refers to permanent staff, contractors, seconded and casual workers.

Family carers and professionals may contact the CBF in a variety of ways including by telephone, email, letter, via our website, Facebook, Twitter, during online peer support meetings and at training/events. This policy must be followed regardless of how the person has contacted the CBF.

This policy must be read in conjunction with the confidentiality policy and the adult safeguarding policy.

3. SAFE RECRUITMENT

3.1 Safe Recruitment

The CBF is committed to safe recruitment. This includes the recruitment of staff members, volunteers, trustees or any others who may be given access to disabled children and their families (including through the CBF database) for a limited period, such as research students.

We recognise it is our responsibility to check that any adult who may have access to disabled children or their families (including through the database) should be appropriately vetted, and will take the following steps:

1. We will follow a recruitment process for all prospective staff, volunteers and Trustees.
2. We will ensure that every new staff member, volunteer and Trustee is asked for the names of two referees who will be prepared to provide a written reference. Where possible these references will always be taken up prior to the person commencing the role.
3. We will carry out as a minimum, a Basic Disclosure check for all staff, volunteers and Trustees. If a role involves regular contact with disabled children we will carry out a basic or enhanced Disclosure and Barring Service (DBS) check in accordance with the Disclosure and Barring Code of Practice.
4. We will ensure that no-one is allowed unsupervised access to disabled children or their families until the Disclosure check is complete.
5. We will ensure that research students have appropriate ethical approval and a named supervisor from a University or reputable organisation. We will contact the supervisor for confirmation that the student has the appropriate Basic Disclosure/ DBS check in place.

3.2 Training

The CBF is committed to staff and volunteer training to ensure that all who are working in contact with families are clear about their responsibilities in protecting children from abuse and understand the procedures for dealing quickly and appropriately with concerns about possible abuse.

The following steps will be taken:

1. All staff and volunteer induction will include discussion around the principles of our child protection policy.
2. All staff and volunteers working with families will have their own copy of this document.
3. All staff and volunteers working with families will be required to sign a statement verifying that they have understood and will follow the policy document.
4. Additional child protection training will be identified and arranged as appropriate in accordance with their role.

3.3 Whistle Blowing

The Employment Rights Act 1996 provides protection for workers who 'blow the whistle' where they reasonably believe that some form of illegality, injustice or breach of health and safety has occurred or is likely to occur. This includes where they suspect a member of CBF Staff may be abusing or neglecting a child. The disclosure has to be "in the public interest". We encourage you to use the procedure to raise any such concerns:

- 1) In the first instance you should report any concerns you may have to the Safeguarding Lead or the CEO who will treat the matter with complete confidence. If you are not satisfied with the explanation or reason given to you, you should raise the matter with the Local Authority Child Protection Team where the adult lives.
- 2) If you do not report your concerns to the Safeguarding Lead or the CEO you should take them direct to the Local Authority Child Protection Team where the adult lives.

4. CONFIDENTIALITY

The CBF acknowledges the importance of effective collaboration between agencies, and the of appropriate information to achieve the best possible outcomes for children.

Where the safety or wellbeing of a child is at risk, the need to respond to a child protection issue will override the preservation of confidentiality. Absolute confidentiality must never be promised. The person disclosing concerns about the safety or wellbeing of a child should be clearly informed that it may be necessary to share information with other agencies. **Staff and volunteers have a duty to share information relating to potential abuse as set out in this procedure.**

Breaches of confidentiality relating to a child protection issue, should only ever be done on a *need to know basis*. It must only be done for this purpose and no other.

Sharing information on a need to know basis should take into account

- The nature and extent of the information involved
- The purpose of disclosing such information
- Whether the disclosure of information is an appropriate response in the context of safeguarding the welfare of the child to whom it relates

5. CONCERNS ABOUT ABUSE

Procedures for dealing with concerns about abuse will differ depending on your role within the CBF. Staff, volunteers and Trustees should have the flow chart in appendix 4 easily available at all times.

5.1 Professional guidelines

It is recognised that contracted, seconded or casual workers may have to follow the guidance of one or more professional bodies with regard to child protection procedures. When conducting work on behalf of the CBF it is expected that freelance staff will follow the CBF policy as set out below.

If concerns arise out of hours or contracted, seconded or casual workers do not feel the CBF's response complies with their professional guidelines, they should:

- contact the local authority child protection team where the child lives for advice, or
- follow their own professional guidance

The CBF must be informed of all actions taken using the contact details in appendix 3 (see separate document). A written record must be made using the template in appendix 6.

5.2 Finance, admin, communications and fundraising staff and volunteers

It is recognised that volunteers and staff who do not specialise in supporting families may on occasion be the first point of contact with families. If any such contact raises concerns about child abuse during office hours, the volunteer or admin staff member should immediately refer the case to the Family Support Lead.

If these members of staff are not immediately available contact details should be requested to enable the Family Support Team to follow this up.

Should the individual not wish to provide this information, the following guidance applies:

- The individual should be encouraged to seek appropriate help and support from their local social services department or the NSPCC.
- If the individual has already given some identity details, the member of staff must note all details given and any information which might help identify the individual concerned (in the case of telephone calls this could include accent, background noise, etc.).
- Before ending a telephone call the staff member must again encourage the caller to make direct contact with their local social services department or the NSPCC.

Staff and volunteers should immediately refer the matter to a member of the Family Support Team in person or by telephone. Please refer to the flowchart in appendix 4.

Outside of normal office hours a member of the Family Support Team may not be available. In these circumstances the member of staff or volunteer should follow the procedure in appendix 5.

Staff and volunteers must complete the child protection log (see appendix 6) as soon as practically possible.

5.3 Family support staff, trainers and volunteers who support families

Staff working in the Family Support Team, volunteers and trainers must follow the guidance as set out below.

WHAT TO DO IF YOU HAVE CONCERNS ABOUT A CHILD

If you have concerns about a child, the steps should be followed, in the order below:

1. Confidentiality

As soon as it appears that it may be necessary to breach confidentiality in order to protect the welfare of a child then the individual must be informed about this possibility immediately. Emphasise that the CBF sometimes shares information with outside agencies e.g. local authority child protection teams when we are concerned about the welfare of a child. Never promise absolute confidentiality.

2. Encourage telephone contact

Individuals contacting the CBF by any method including email, our website, Facebook and Twitter should be encouraged to telephone or provide a contact phone number. Where appropriate, concerns raised at training or events should be followed up at the time. If for any reason this is not possible a contact telephone number should be sought.

3. Clarify unclear information

It is recognised that in many situations, it may be unclear as to whether abuse has taken place. It is therefore essential to clarify unclear information in order for an informed decision to be taken about what action to take next.

It may be necessary to suggest a follow-up call to enable further discussion after consultation with the Family Support Lead or an advisor.

4. Ask for personal details

Ensure you ask for personal details if the CBF does not already have these. Details of what information to request are shown in the flow chart in appendix 4. If you are unsure of whether or not the CBF has the details always request them.

Should the individual not wish to provide this information then before ending a telephone call the staff member must encourage the caller to make direct contact with the local authority child protection team or the NSPCC.

If the individual is anonymous e.g. Email enquiry with no name provided, the following guidance should apply:

- The individual should be encouraged to seek appropriate help and support, and be given details of relevant agencies - including the local authority child protection team (if the location of the child is known) or the NSPCC (if the location of the child is unknown).
- If the individual has already given some identity details, the member of staff must note all details given and any information which might help identify the individual concerned (in the case of telephone calls this could include accent, background noise, etc).

5. Discuss with Safeguarding Lead

The member of staff or volunteer should discuss their concerns with the Safeguarding Lead (see contact details in appendix 3, a separate document) as soon as possible in order to identify an agreed course of action.

In the event of the Safeguarding Lead not being available and the situation requiring an urgent response contact a safeguarding adviser (see contact details in appendix 3, a separate

document) or the local authority child protection team where the child lives for advice. If you do not know where the child lives contact the NSPCC.

On-going support will be provided as necessary in agreement with the Safeguarding Lead or adviser until a satisfactory outcome is achieved or a referral made.

Informal discussion with an advisor or external authority may be helpful to clarify an appropriate course of action.

6. Making a referral

If the Safeguarding Lead or advisor agrees there is a child protection concern, a referral will be made to the local authority child protection team in the area in which the child lives as soon as practically possible and in any event within 24 hours.

If at the time staff have reason to believe the child is in immediate and serious risk of harm or that a crime has been committed the police must be called.

Any referral made will be followed up in writing (by post or email) within 48 hours and a copy logged on file. If the referral is made by a freelance consultant or volunteer a copy should be sent by email to support@thebcf.org.uk marked FAO Safeguarding Lead.

The CEO should be notified of all referrals.

Timescales for investigation should be noted and a follow up letter (by post or email) sent if the safeguarding team do not respond or take appropriate action. Progress should be discussed with the Family Support Lead at least weekly to agree next steps.

7. Record

All relevant evidence, decisions and action taken will be recorded whether or not a referral is made, including date and time. If no referral is made, a clear record of the incident will be made, including date and time and reasons for this decision (see appendix 6)

Access to those records will be limited to staff working in the family support team and the CEO. Staff working in other roles will not be able to access these records.

5.4 On-going review and monitoring

The Family Support Lead will be the named safeguarding lead and will be responsible for monitoring this policy.

The policy will be reviewed every 12 months.

REFERENCES & APPENDICES

Appendix 1. Definitions of Abuse

Physical Abuse

Physical abuse is deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts.

Emotional abuse

This is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects to the child's emotional development. It may mean conveying to children that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may involve causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. It may also involve a child witnessing domestic violence and the emotional damage this may cause. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse

This involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

This is the persistent failure to meet a child's basic physical and/ or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Child Trafficking

Child trafficking is a type of abuse where children are recruited, moved or transported and then exploited, forced to work or sold. Children are trafficked for sexual abuse, benefit fraud, forced marriage, domestic servitude such as cleaning, childcare, cooking, forced labour in factories or agriculture and criminal activity such as pickpocketing, begging, working on cannabis farms, selling pirated DVDs etc.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision, cutting or sunna. Religious, social and societal reasons are sometimes given for FGM. However FGM is child abuse. It is dangerous and a criminal offence in the UK. It is used to control female sexuality and can cause long-lasting damage to physical and emotional health.

Definitions taken from *Working Together to Safeguard Children [Department of Health 1999] & NSPCC website 2015*

Inappropriate restrictive practices

Restrictive practices such as physical restraint, seclusion, mechanical restraint and chemical restraint (see definitions below) may sometimes be necessary to keep a person and others safe. However restrictive practices can also be used inappropriately to inflict pain, humiliate or punish children and young people. Equally staff and family carers without adequate training and support may cause harm to a child or young person through the use of inappropriate restrictive practices. The inappropriate use of these practices can be damaging and result in physical and psychological harm to a child or young person. The use of inappropriate restrictive practices can be unlawful and concerns about the misuse of restrictive practices should always be raised with the CBF and managed in accordance with this policy.

It is not possible to provide a list of all inappropriate restrictive practices as decisions about the appropriateness and lawfulness of restrictive practices will always be based on the individual circumstances. Relevant legislation and guidance should be followed (see appendix 2).

Physical restraint is defined as: 'any direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person'.

Withdrawal (Imposed and Autonomous) and seclusion Withdrawal is defined as 'a method of removing a child or young person from a situation which causes them anxiety or distress and taking them to a safer place where they have a better chance of composing themselves.' Seclusion is a form of restraint referring to the supervised containment and isolation of a child or young person away from others, in a room/area from which they are prevented from leaving. It should only be used to contain severely disturbed behaviour'. **Mechanical restraint** is defined as: 'use of a device to prevent, restrict, or subdue movement of a person's body with the aim of controlling their behaviour'.

Chemical restraint is defined as: 'the use of medication prescribed and administered by health professionals for the purpose of quickly controlling or subduing disturbed/aggressive behaviour and inappropriate prescription of substances for non-medical reasons, where it is not prescribed for the treatment of a formally identified physical or mental illness.

Long Term Segregation (under the Mental Health Act 1983) is defined as 'where a child or young person is prevented from mixing freely with other children or young people, should only be used in hospital settings; and by health professionals for those who present an almost continuous risk of serious harm to others and for whom it is agreed there would be benefit from a period of intensive care and support in a discrete area that minimises their contact with other children or young people. Particular attention should be paid to the potential risks of segregation as a form of restraint, considering the needs and behaviours of the child or young person. Segregation should not be undertaken for someone presenting, or at risk of, self-harm. Long-term segregation must never take place outside of hospital settings and should never be used with children or young people except those who are detained under the Mental Health Act 1983.'

Definitions taken from *Reducing the Need for Restraint and Restrictive Intervention* Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings (Department for Education, 2019)

Appendix 2. Framework – relevant legislation and guidance

The framework for this policy includes the following legislation and guidance:

Legislation

- Children & Families Act 2014
- The Children Act 1989
- The Children Act 2004
- The Protection of Children Act 1999
- The United Nations Convention on the Rights of the Child
- The Human Rights Act 1998
- Child Care Act 2006

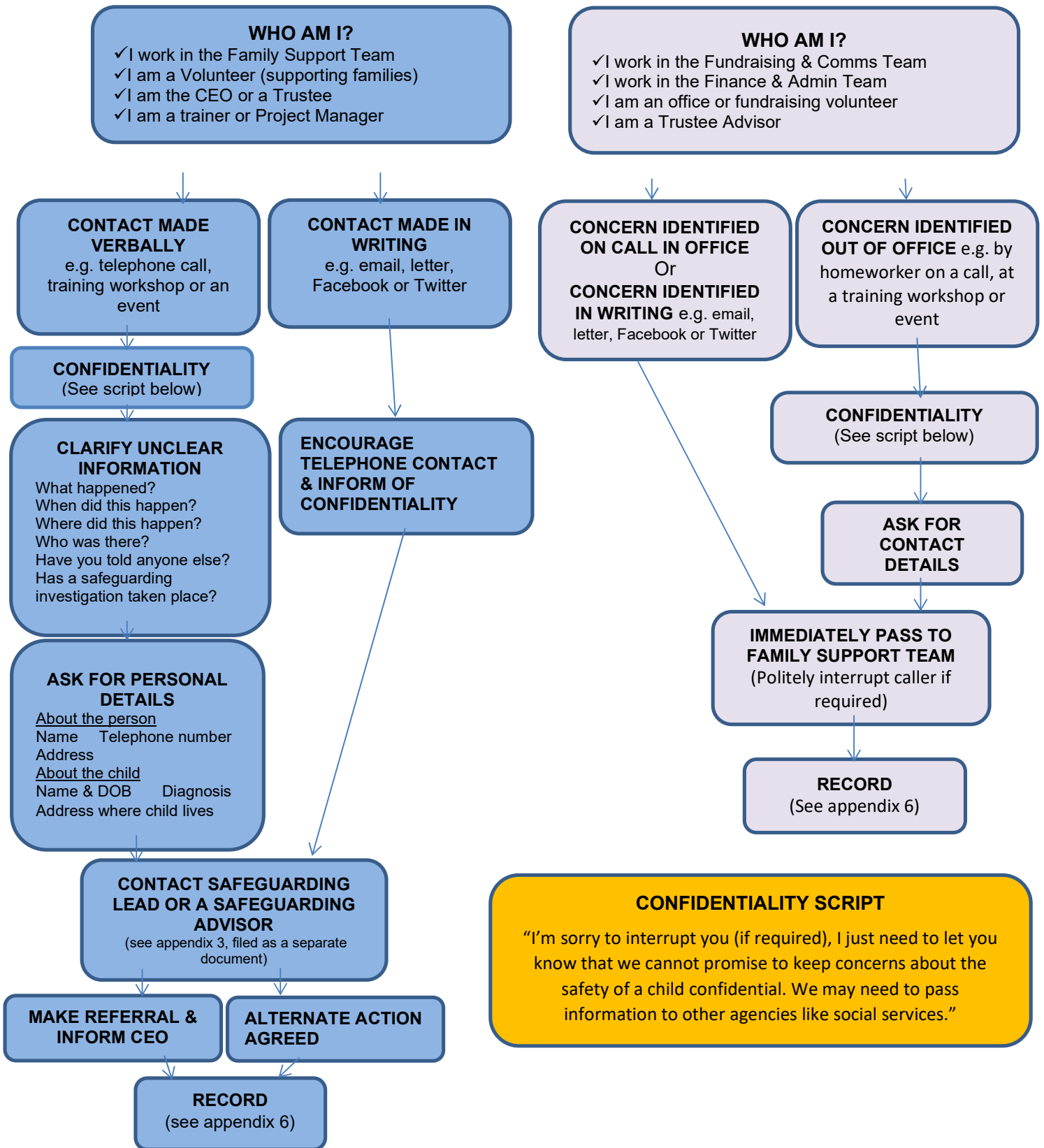
Guidance

- Working Together to safeguard and promote the welfare of children and families. Department of Health, 2013
- Safeguarding disabled children – Practice guidance. Department for Children Schools and Families, 2009
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. Department for Education, 2007
- Munro review of child protection: final report - a child-centred system, 2011
- A child- centred system: Responding to the Munro review of child protection, Department for Education and Department of Health, 2011
- 'We have the right to be safe'. Protecting disabled children from abuse. NPSCC, 2014
- Guidance for restrictive physical interventions: How to provide safe services for people with learning disabilities and autistic spectrum disorder. Department of Health and Department for Education and Skills, 2002 (New guidance covering the use of restrictive practices with children and young people has been agreed and is expected to be published by the end of 2015)
- *Reducing the Need for Restraint and Restrictive Intervention* Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings. Department for Education, 2019.

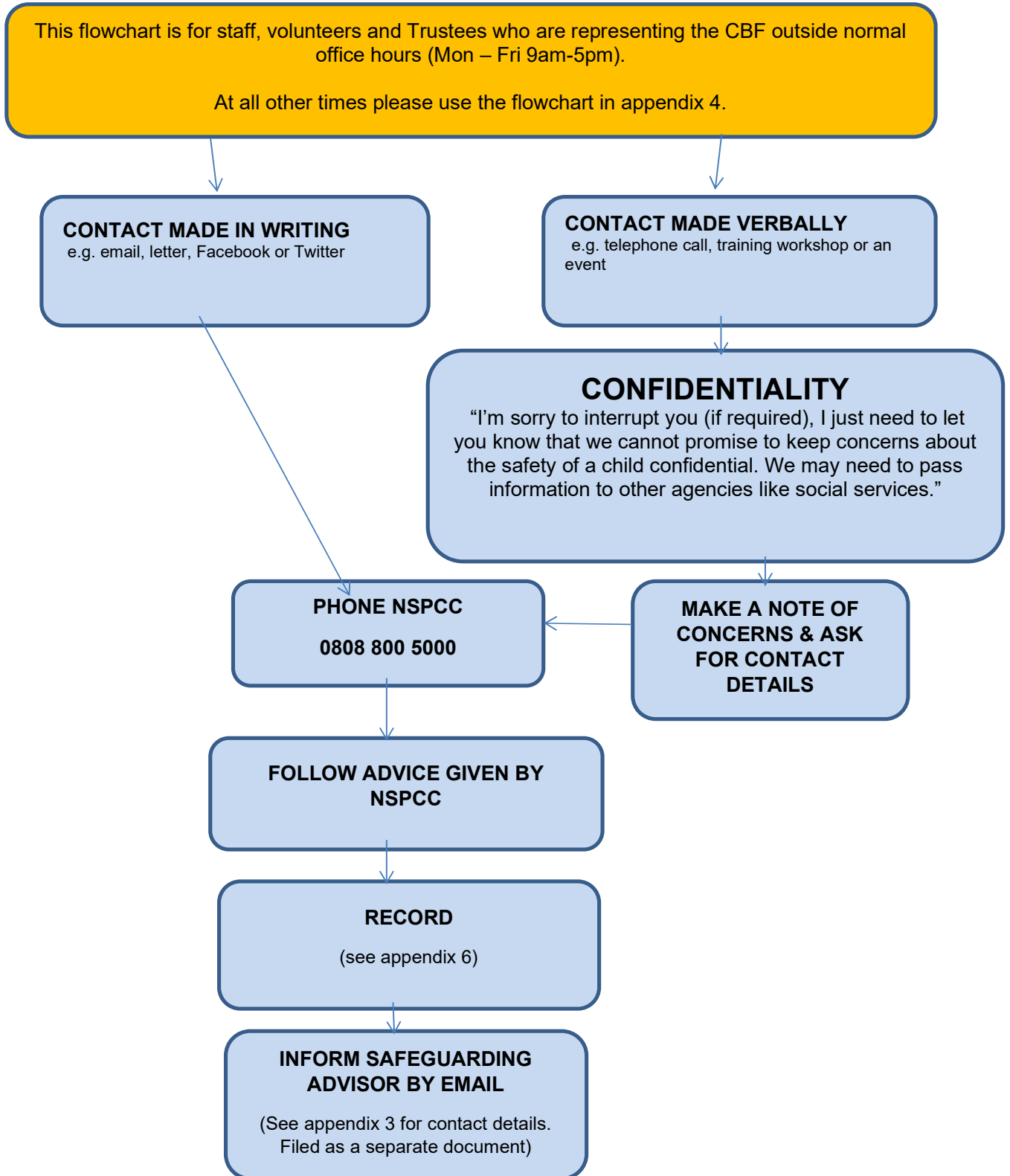
Appendix 3. Safeguarding advisor contact details

For internal use only. See separate document.

Appendix 4. Flowchart (for use during office hours)



Appendix 5. Flowchart (for use outside of office hours)



Appendix 6. Child protection log

Details of client	
Initial reason for concern	

Date & time	New information gathered	Decision & action taken	Staff members

Outcome	
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Appendix 6. Declaration

CHALLENGING BEHAVIOUR FOUNDATION: CHILD PROTECTION POLICY

NAME: _____

I confirm that I have read and understood the Challenging Behaviour Foundation Child Protection Policy.

I confirm that I will follow the policy at all times whilst representing the Challenging Behaviour Foundation.

I will undertake any training identified as being necessary.

Signed: _____

Date: _____