



supporting families
through depression related
to pregnancy and birth

CHILD PROTECTION POLICY

Summary

Bluebell Care Trust believe that the welfare of the child is paramount and that all children, without exception, have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs.

- This policy is approved and endorsed by the board of trustees and applies to all trustees, staff and volunteers.
- All Bluebell staff and volunteers are expected to follow this policy.
- All concerns, and allegations of abuse will be taken seriously by trustees, staff and volunteers and responded to appropriately following this policy.
- Bluebell is committed to encouraging and supporting parents/carers although the protection of children is of paramount importance.
- Bluebell is committed to maintaining good links with statutory childcare authorities and other related organizations and observing good practice at all times.
- Bluebell has a commitment to safe recruitment, selection and vetting; workers will be appointed, trained, supported and supervised in accordance with the principles set out in government guidelines "Safe from Harm" (HMSO 1993), the Criminal Records Bureau / Scottish Criminal Records Office / PECS Codes of Practice.

1 Child Protection Policy

1.1 Introduction

Everyone who engages with support from **Bluebell Care Trust**, is entitled to do so in an enjoyable and safe environment. **Bluebell Care Trust** has a moral and legal obligation to provide parents and their children with the highest standard of support and care.

Bluebell Care Trust is committed to devising and implementing policies that ensure that the team are aware of their responsibilities in safeguarding children and adults from harm and abuse.

The aim of the policy is to promote good practice, providing children and young people with appropriate safety/protection whilst in the care of **Bluebell Care Trust**. Ensuring that staff and volunteers make informed and confident responses to specific child protection issues.

A child/young person is defined as a person under the age of 18 (Children's Act 1989)

1.1 Policy Statement

Bluebell Care Trust is committed to the following:

- The welfare of the child is paramount.
- All children, whatever their age, culture, ability, gender, language, racial origin, religious belief and/or sexual identity are able to access the help of **Bluebell Care Trust** and be safe doing so.
- Taking all reasonable steps to protect children from harm, discrimination and degrading treatment and to respect their rights, wishes and feelings.
- All suspicions and allegations of poor practice or abuse will be taken seriously and responded to promptly and appropriately.

- All **Bluebell** staff and volunteers who work with children will be recruited and vetted for their suitability for that responsibility, and will be provided with guidance and training in good practice and child protection procedures.
- Working in partnership with parents and children is essential for the protection of children.

1.2 Monitor and review the policy and procedures

The implementation of procedures should be regularly monitored and reviewed. The appointed **Bluebell Care Trust** welfare officer (Ruth Jackson) should regularly report progress, challenges, difficulties, achievements, gaps and areas where changes are required, to the management committee.

The policy should be reviewed every 3 years or whenever there is a major change in the organisation or in relevant legislation.

2 Promoting Good Practice

2.1 Introduction

To provide children with the best possible experience when their family is referred to **Bluebell Care Trust**, everyone must operate within an accepted ethical framework.

It is not always easy to distinguish poor practice from abuse. It is therefore NOT the responsibility of employees or employees in **Bluebell** to make judgements about whether or not abuse is taking place. It is, however, their responsibility to identify poor practice and possible abuse and act if they have concerns about the welfare of the child, as explained in section 4.

This section will help you identify what is meant by good practice and poor practice.

2.2 Good Practice

All personnel should adhere to the following principles and action:

- Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treat all children and young people equally and with respect and dignity.
- Ensure that the welfare of children retains paramount importance.
- Maintain professional boundaries (e.g. it is not appropriate for staff or volunteers to form an intimate relationship with a child or to take them to their home).
- Avoid unnecessary physical contact with children and young people. Where any form of manual/physical support is required it should be provided openly and with the consent of the parent and young person, if they are old enough. Physical contact can be appropriate, especially with babies, so long as it is neither intrusive nor disturbing.
- Involve parents/carers wherever possible, e.g. try to avoid any situation where you are left solely responsible for a child and if it does occur try to involve other family members and be clear what the parent has consented to.
- be an excellent role model, this includes not smoking or drinking alcohol when working with families.

2.3 Poor Practice

The following are regarded as poor practice and should be avoided by all personnel:

- Unnecessarily spending time alone with young people away from others.
- Taking young people alone in a car on journeys, however short.
- Taking young people to your home where they will be alone with you.

- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allow or engage in inappropriate touching of any form.
- Allowing young people to use inappropriate language unchallenged.
- Making sexually suggestive comments to a young person, even in fun.
- Reducing a young person to tears as a form of control.
- Allow allegations made by a young person to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature that the young person can do for themselves.

When a situation arises where it is impractical/impossible to avoid a certain situation e.g. transporting a young person in your car, the task should only be carried out with the full understanding and consent of their parent/carer. Bluebell Care Trust management should be informed prior to this taking place.

If during your care you accidentally hurt a young person, the young person seems distressed in any manner, appears to be sexually aroused by your actions and/or if the young person misunderstands or misinterprets something you have done, report any such incidents as soon as possible to your line manager or Ruth Jackson, and make a written note of it. Parents should also be informed of the incident.

3 Defining Child Abuse

3.1 Introduction

Child abuse is any form of physical, emotional or sexual mistreatment, lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a young person regardless of their age, gender, race or ability.

There are four main types of abuse: **physical abuse, sexual abuse, emotional abuse and neglect**. The abuser may be a family member, someone the young person encounters in residential care, or in the community. Any individual may abuse or

neglect a young person directly or may be responsible for abuse because they fail to prevent another person harming the young person.

Abuse in all of its forms can affect a young person at any age. The effects can be so damaging that if not treated may follow the individual into adulthood.

Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

3.2 Types of Abuse

- **Physical Abuse:** where adults physically hurt or injure a young person e.g. hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, drowning. Giving young people alcohol, or inappropriate drugs would also constitute child abuse.

This category of abuse can also include when a parent/carer reports non-existent symptoms or illness deliberately causes ill health in a young person they are looking after. This is called Munchausen's syndrome by proxy.

- **Emotional Abuse:** the persistent emotional ill treatment of a young person, likely to cause severe and lasting adverse effects on the child's emotional development. It may involve telling a young person they are useless, worthless, unloved, inadequate or valued in terms of only meeting the needs of another person. It may feature expectations of young people that are not appropriate to their age or development. It may cause a young person to be frightened or in danger by being constantly shouted at, threatened or taunted which may make the young person frightened or withdrawn.

Ill treatment of children, whatever form it takes, will always feature a degree of emotional abuse.

When a parent is dealing with depression they may, wholly unwittingly, deny a child the loving engagement they need to thrive and develop and transfer their own negative feelings onto their child with damaging effect.

- **Bullying** may come from another young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those

bullied to defend themselves. There are three main types of bullying.

It may be physical (e.g. hitting, kicking, slapping), verbal (e.g. racist or homophobic remarks, name calling, graffiti, threats, abusive messages via social media), emotional (e.g. tormenting, ridiculing, humiliating, ignoring, isolating from the group), or sexual (e.g. unwanted physical contact or abusive comments).

An adult who is depressed may unwittingly show irritation with a child and label their behaviour negatively with detrimental effect.

- **Neglect** occurs when an adult fails to meet the young person's basic physical and/or psychological needs, to an extent that is likely to result in serious impairment of the child's health or development. For example, failing to provide adequate food, shelter and clothing, failing to protect from physical harm or danger, or failing to ensure access to appropriate medical care or treatment.

Refusal to give love, affection and attention can also be a form of neglect.

When a parent is depressed neglect can occur when a parent does not keep their children safe, or exposes them to undue cold/heat, or unnecessary risk of injury as a result of their own decreased ability to actively engage with their physical surroundings.

- **Sexual Abuse** occurs when adults (male and female) use children to meet their own sexual needs. This could include full sexual intercourse, masturbation, oral sex, anal intercourse and fondling. Showing young people pornography or talking to them in a sexually explicit manner are also forms of sexual abuse.

When a parent is depressed or have been abused themselves, it is possible abusive situations could go unnoticed. When parents/carers are preoccupied with their own ill- health and no longer feel 'in control' of their lives, abusive situations can develop.

3.3 Indicators of Abuse

Even for those experienced in working with children, it is not always easy to recognise a situation where abuse may occur or has already taken place. Indications that a child is being abused may include one or more of the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- An injury for which an explanation seems inconsistent.
- The young person describes what appears to be an abusive act involving them.
- Another young person or adult expresses concern about the welfare of a young person.
- Unexplained changes in a young person's behaviour e.g. becoming very upset, quiet, withdrawn or displaying sudden outbursts of temper.
- Inappropriate sexual awareness.
- Engaging in sexually explicit behaviour.
- Not trusting adults, particularly those whom a close relationship would normally be expected.
- Difficulty in making friends.
- Being prevented from socialising with others.
- Displaying variations in eating patterns including over-eating or loss of appetite.
- Losing weight for no apparent reason.
- A marked deterioration in personal hygiene.

Signs of bullying include:

- Behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful or emotionally unstable.
- Physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food, alcohol or cigarettes.
- A shortage of money or frequent loss of possessions.

It must be recognised that the above list is not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place. It is **NOT** the responsibility of those working for **Bluebell Care Trust** to decide that child abuse is occurring. It **IS** their responsibility to act on any concerns, and referral appropriately.

3.4 Use of Photographic/Filming Equipment

Bluebell sometimes uses photography or filming for marketing purposes, or for child development journals for parents. **This will never be carried out without full written and verbal consent from parents/carers.**

Files will be stored as per Bluebell's data protection policy, and destroyed when no longer being used.

4 Responding to Suspicions and Allegations

4.1 Introduction

It is not the responsibility of anyone working for **Bluebell Care Trust** 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 through contact with the appropriate authorities so that they can then make inquiries and take necessary action to protect the young person. This applies **BOTH** to allegations/suspicions of abuse occurring within **Bluebell** and to allegations/suspicions that abuse is taking place elsewhere.

This section explains how to respond to allegations/suspicions.

4.2 Receiving Evidence of Possible Abuse

Abuse may be observed happening, it may suspected because of signs such as those listed in section 3 of this document, it may also be reported to us by someone else or directly, by the young person affected.

In the last of these cases, it is particularly important to respond appropriately. If a young person says or indicates that they are being abused, you should:

- **Stay calm** so as not to frighten the young person.
- **Reassure** the child that they are not to blame and that it was right to disclose.
- **Listen** to the child, showing that you are taking them seriously.
- **Keep questions to a minimum** so that there is a clear and accurate understanding of what has been said. The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words

and ideas have been suggested during questioning. Only ask questions to clarify.

- **Inform** the child that you have to inform other people about what they have told you. Tell the child this is to help stop the abuse continuing.
- **Safety of the child** is paramount. If the child needs urgent medical attention call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a child protection issue.
- **Record** all information concisely and accurately.
- **Report** the incident to the management.

In an emergency call 999

Bristol:

0117 903 644 -First Response

01454 615165- Emergency Social Services- out of Hours

North Somerset:

01275 888 808 - Monday to Friday, 8am - 6pm

01454 615165 - Emergency Social Services-Out of hours

South Glos:

01454 866000 in hours

01454 615 165 - Emergency Social Services-out of hours

BANES:

01225 39 61 11 or 01225 47 79 29 In hours

Social Services Emergency-out of Hours-01454 615165

Devon:

01803 208100-In hours

0300 456 4876 -Out of hours

**In all cases if you are not sure what to do you can gain help
from: NSPCC 24 hour helpline
0800 800 5000**

4.3 Recording Information

To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. In recording you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Do not include your own opinions.

Information 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 concern or someone else's.
- The nature of the allegation, including dates, times and any other relevant information.
- A description of any visible bruising or injury, location, size etc. 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/injuries occurred.
- Are the parents aware?
- Has anyone else been consulted?
- Has anyone been alleged to be the abuser?

4.4 Reporting the Concern

All suspicions and allegations **MUST** be reported immediately. It is recognised that strong emotions can be aroused particularly in cases where sexual abuse is suspected or where there is misplaced loyalty to a colleague. It is important to understand these feelings but not allow them to interfere with your judgement about any action to take.

Bluebell Care Trust expects its members and staff to discuss any concerns they may have about the welfare of a child **immediately** with the person in charge, and subsequently to check that appropriate action has been taken.

If the nominated welfare officer (Ruth Jackson) is not available you should inform Paula Bentley or Rachel Jenkins. Advice can be sort from the NSPCC helpline, the duty officer at your local social services department or the police.

Where there is a complaint against an employee or volunteer, there may be three types of investigation.

- **Criminal** in which case the police are immediately involved.
- **Child protection** in which case the social services (and possibly) the police will be involved.
- **Disciplinary or misconduct** in which case (**Bluebell**) will be involved.

As mentioned previously in this document Bluebell team are not child protection experts, and it is **not** their responsibility to determine whether or not abuse has taken place. All suspicions and allegations must be shared with professional agencies that are responsible for child protection.

Social services have a legal responsibility under The Children Act 1989 to investigate all child protection referrals by talking to the child and family (where appropriate), gathering information from other people who know the child and making inquiries jointly with the police.

NB: If there is any doubt, you must report the incident: it may be just one of a series of other incidences which together cause concern.

Any suspicion that a child has been abused by an employee or a volunteer should be reported to the Welfare officer (Ruth Jackson) who will take appropriate steps

to ensure the safety of the child in question and any other child who may be at risk. This will include the following:

- **Bluebell Care Trust** will refer the matter to social services department.
- The parent/carer of the child will be contacted as soon as possible following advice from the social services department.
- The director of **Bluebell Care Trust** should be notified to decide who will deal with any media inquiries and implement any immediate disciplinary proceedings.
- if **Bluebell's** welfare officer is the subject of the suspicion/allegation the report must be made to the appropriate manager who will refer the matter to social services.

Allegations of abuse can be made sometime after the event. Where such allegation is made, you should follow the same procedures and have the matter reported to social services. This is because other children may be at risk from the alleged abuser. Anyone who has a previous conviction for offences related to abuse against children is automatically excluded from working with children.

5 Concerns outside the family which Bluebell are supporting

- Report your concerns to **Bluebell's** welfare officer (Ruth Jackson), Paula Bentley or Rachel Jenkins should also be made aware.
- If **Bluebell's** welfare officer is not available, the person being told or discovering the abuse should contact their local social services department or the police immediately.
- Social Services and **Bluebell's** welfare officer will decide how to inform the parents/carers.
- **Bluebell's** welfare officer should also report the incident to **Bluebell's** Trustees.
- Maintain confidentiality on a 'need to know' basis.

4.6 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:

- **Bluebell's** Welfare Officer.
- The parents of the child.
- The person making the allegation.
- Social Services/police.
- The Director of **Bluebell Care Trust**.
- The alleged abuser (and parents if the alleged abuser is a child).

Seek social services advice on who should approach the alleged abuser.

All information should be stored in a secure place with limited access to designated people, in line with data protection laws.

4.7 Internal Inquiries and Suspension

- **Bluebell's** welfare 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 **Bluebell's** Board of Trustees 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; especially where there is insufficient evidence to uphold any action by the police. In such cases **Bluebell's** Board of Trustees must reach a decision based upon the available information which could suggest that on the 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.

6 Recruiting and Selecting Personnel with Children

6.1 Introduction

It is important that all reasonable steps are taken to prevent unsuitable people from working with children. This applies equally to paid staff and volunteers, both full and part time. To ensure unsuitable people are prevented from working with children the following steps should be taken when recruiting.

6.2 Controlling Access to Children

- All staff and volunteers should complete an application form. The application form will elicit information about the applicants past and a self disclosure about any criminal record.
- Consent should be obtained from the applicant to provide a current DBS check.
- Two confidential references, including one regarding previous work with children should be obtained. These references **MUST** be taken up and confirmed through telephone contact.
- Evidence of identity (passport or driving licence with photo)

6.3 Interview and Induction

All employees and volunteers will be required to undertake an interview carried out to acceptable protocol and recommendations. All employees and volunteers should receive formal or informal induction during which:

- A check should be made that the application form has been completed in full, including sections on criminal records and self disclosures.
- Their qualifications should be substantiated.
- The job requirements and responsibilities should be clarified.
- They should sign up to the organisation's Code of Ethics and Conduct. All new and existing employees are required to attend an accredited Safeguarding course.

6.4 Training

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:

- Analyse their own practice against what is deemed good practice, and to ensure their practice is likely to protect them from false allegations.
- Recognise their responsibilities and report any concerns about suspected poor practice and/or abuse.
- Respond to concerns expressed by a child.
- Work safely and effectively with children.

Bluebell Care Trust requires:

- All staff and volunteers who have access to children to undergo a DBS check
- All trustees, employees and volunteers, to undertake relevant child protection training.
- All staff and volunteers to receive advisory information outlining good/bad practice and informing them what to do if they have concerns about the behaviour of an adult towards a young person

Declaration

On behalf of **[BLUEBELL]** we, the undersigned, will oversee the implementation of the Child Protection Policy and take all necessary steps to ensure it is adhered to.



Signed:

Name: Mrs Ruth Jackson

Position within BLUEBELL: CEO & Safeguarding Lead

Review date: Dec 2022
