**Hepatitis B Foundation UK Child Protection Policy**

**Safeguarding children is the responsibility of everyone.**

The hepatitis B foundation UK recognizes its responsibility to safeguard and promote the welfare of children within the legal framework of the Children Acts 1989 and 2004.

We are aware that many children and young people are the victims of different kinds of abuse

and that they can be subjected to social factors that have an adverse impact upon their lives –including domestic violence, substance misuse, bullying, child prostitution and ritualistic abuse.

We aim to create a safe environment within which children and young people can thrive and

adults can work with the security of clear guidance.

Under the terms of the Children Act 2004 anyone under the age of 19 is considered to be a

child/young person.

These guidelines are for the use of all paid staff, volunteers and visitors. We will make them available to the parents and carers of the children and young people to whom we offer a service. Through them, we will endeavour to ensure that:

• Children and young people are listened to, valued and respected

• Staff are aware of the need to be alert to the signs of abuse and know what to do with their

concerns

• All paid and unpaid staff are subject to rigorous recruitment procedures

• All paid and unpaid staff are given appropriate support and training

All child protection concerns should be acted upon immediately. If you are concerned that a

child might be at risk or is actually suffering abuse, you should tell the designated child protection officer within your organization.

Your designated officer is: Mr Paul Desmond

Telephone number: 07958 558510

If the designated officer is not available, speak to a senior member of staff.

These guidelines are divided into the following sections:

1. Recognising signs of abuse

2. What to do with your concerns

3. Allegations made against staff

4. Safe recruitment

5. Good practice

6. Safeguarding children in Haringey

7. Contacts

**1. Recognising signs of abuse**

It can often be difficult to recognize abuse. The signs listed in these guidelines are only

indicators and many can have reasonable explanations. Children may behave strangely or seem

unhappy for many reasons, as they move through the stages of childhood or their families

experience changes. It is nevertheless important to know what could indicate that abuse is

taking place and to be alert to the need to consult further.

Someone can abuse a child by actively inflicting harm or by failing to act to prevent harm.

Abuse can take place within a family, in an institutional or community setting, by telephone or

on the Internet. Abuse can be carried out by someone known to a child or by a complete

stranger.

If you are worried about a child it is important that you keep a written record of any physical or

behavioural signs and symptoms. In this way you can monitor whether or not a pattern

emerges and provide evidence to any investigation if required.

**Physical Abuse**

Physical abuse can involve hitting, shaking, throwing, poisoning, burning, scalding, drowning,

and suffocating. It can also result when a parent or carer deliberately causes the ill health of a

child in order to seek attention; this is called fabricated illness, or Munchhausen’s Syndrome by

Proxy. Symptoms that indicate physical abuse include:

• Bruising in or around the mouth, on the back, buttocks or rectal area

• Finger mark bruising or grasp marks on the limbs or chest of a small child

• Bites

• Burn and scald marks; small round burns that could be caused by a cigarette

• Fractures to arms, legs or ribs in a small child

• Large numbers of scars of different sizes or ages

**Emotional Abuse**

Emotional abuse happens when a child’s need for love, security, praise and recognition is not

met. It usually co-exists with other forms of abuse. Emotionally abusive behaviour occurs if a

parent, carer or authority figure is consistently hostile, rejecting, threatening or undermining. It

can also result when children are prevented from social contact with others, or if

developmentally inappropriate expectations are imposed upon them. It may involve seeing or

hearing the ill-treatment of someone else. Symptoms that indicate emotional abuse include:

• Excessively clingy or attention-seeking behaviour

• Very low self esteem or excessive self-criticism

• Excessively withdrawn behaviour or fearfulness; a ‘frozen watchfulness’

• Despondency

• Lack of appropriate boundaries with strangers; too eager to please

• Eating disorders

**Neglect**

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs,

causing damage to their health and development. It may involve a parent or carer failing to

provide adequate food, shelter or clothing, failing to protect a child from harm or danger, or

failing to access appropriate medical care and treatment when necessary. It can exist in

isolation or in combination with other forms of abuse. Symptoms of physical and emotional

neglect can include:

• Inadequate supervision; being left alone for long periods of time

• Lack of stimulation, social contact or education

• Inadequate nutrition, leading to ill-health

• Constant hunger; stealing or gorging food

• Failure to seek or to follow medical advice such that a child’s life or development is

endangered

• Inappropriate clothing for conditions

**Sexual Abuse**

Sexual abuse 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. This may include physical contact, both penetrative and non-penetrative, or involve no contact, such as watching sexual activities or looking at pornographic material. Encouraging children to act in sexually inappropriate ways is also abusive. Under the Sexual Offences Act 2003, any sexual activity – contact or non-contact – with a child under the age of 13, is a crime. Symptoms of sexual abuse include:

• Allegations or disclosure

• Genital soreness, injuries or discomfort

• Sexually transmitted diseases; urinary infections

• Excessive preoccupation with sexual matters; inappropriately sexualized play, words or

drawing

• A child who is sexually provocative or seductive with adults

• Repeated sleep disturbances through nightmares and/or wetting

Older children and young people may additionally exhibit:

• Depression

• Drug and/or alcohol abuse

• Eating disorders; obsessive behaviours

• Self mutilation; suicide attempts

• School/peer/relationship problems

**2. WHAT TO DO WITH YOUR CONCERNS?**

In the event that a child makes an allegation or disclosure of abuse against an adult or another

child or young person, it is important that you:

• Listen to them and/or closely observe their presentation and behaviour;

• Let them know that you take what they are saying seriously;

• Do **not** attempt to question or interview them yourself;

• Let them know that you will need to tell someone else in order to help them.

**Do not promise to keep what they tell you secret**;

• Inform your designated child protection officer as soon as possible;

• Make a written record of the incident or events.

Sometimes you may just feel concerned about a child but do not know whether to share your

concerns or not. In this situation you should always raise your concerns with your designated

child protection officer, who will help you to decide what to do.

The responsibility for investigating allegations of abuse, whether they result from the disclosure

of a child or the concerns of an adult, lies with social workers (Haringey Children’s Service) and

the Police Child Abuse Investigation Team (CAIT). It is normally the responsibility of the designated child protection officer to make a referral to these agencies, but if you judge the situation to be an emergency and/or you require urgent advice in the absence of the designated

officer, you must report your concerns directly, using the contacts listed at the back of these

guidelines.

The Children’s Service also employs Child Protection Advisors (CPAs), who you can

contact in office hours for further specialist guidance.

The Duty social worker or CPA will advise you when or whether to inform the child’s parents or carers about any concerns. If they decide to pursue a child protection investigation, you should:

• Work closely and collaboratively with all professionals involved in the investigation, in order

to keep the child safe;

• Attend a child protection conference if you are invited. You will be asked to provide

information about your involvement with the child, which is why it is important to keep

records of your concerns;

• Attend any subsequent child protection review conferences.

www.everychildmatters.gov.uk

Information about the procedure for investigating allegations of abuse is contained in the London

Child Protection Procedures, available from the Local Safeguarding Children Board. Each Branch must have a copy.

**3. ALLEGATIONS MADE AGAINST STAFF OR VOLUNTEERS**

Organizations that work or come into contact with children and young people need to be aware

of the possibility that allegations of abuse will be made against members of their staff.

Allegations will usually be that some kind of abuse has taken place. They can be made by

children and young people and they can be made by other concerned adults. Allegations can

be made for a variety of reasons. Some of the most common are:

• Abuse has actually taken place;

• Something happens to a child that reminds them of an event that happened in the past –

the child is unable to recognize that the situation and the people are different;

• Children can misinterpret your language or your actions because they are reminded of

something else;

• Some children know how powerful an allegation can be; if they are angry with you about

something they can make an allegation as a way of hitting out;

• An allegation can be a way of seeking attention.

All allegations should be brought to the notice of the [designated child protection officer]

immediately. In cases where the allegation is made against this person, the complainant should

approach a more senior official or take the following action him or herself:

• Make sure that the child in question is safe and away from the alleged abuser;

• Contact the Children’s Service Referral & Assessment Team relevant to where the child lives

• Contact the parents or carers of the child if advised to do so by the social worker/officer in

charge of allegations;

• Irrespective of any investigation by social workers or the police, you should follow the

appropriate disciplinary procedure; common practice is for the alleged abuser to be

suspended from work until the outcome of any investigation is clear;

• Consider whether the person has access to children anywhere else and whether those

organizations or groups need to be informed;

• Act upon the decisions made in any strategy meeting.

All incidents should be investigated internally after any external investigation has finished, to

review organizational practice and put in place any additional measures to prevent a similar

thing happening again.

**4. SAFE RECRUITMENT**

The application of rigorous procedures for the recruitment of any staff who come into contact

with children, both directly and indirectly, can reduce the likelihood of allegations of abuse

being made that are founded. As an absolute minimum, the following standards should be

followed:

• All prospective workers (paid and unpaid) should complete an application form which asks

for details of their previous employment and for the names of two referees;

• All prospective workers (paid and unpaid) should have a new Criminal Records Bureau

(CRB) disclosure before they start employment with you – anyone who refuses to do so

should not be employed;

• All prospective workers (paid and unpaid) should be interviewed to establish previous

experience of working in an environment where there is contact with children and

perceptions of acceptable behaviour;

• Nobody should start work before references have been received. Referees should be

reminded that references should not misrepresent the candidate or omit to say things that

might be relevant to their employment;

• All appointments to work with children should be subject to an agreed probationary period;

• New members of staff should be clear about their responsibilities and wherever possible,

work to an agreed job description;

• These guidelines should be available to everyone and fully discussed as part of an induction

process.

**5. GOOD PRACTICE**

• Every organization working with children should have a designated child protection officer

who must undergo child protection training. It is the responsibility of this person to make

themselves available for consultation by staff, volunteers, visitors, children and their

families;

• All staff are responsible for children while on these premises and must make sure that

health and safety guidelines are adhered to;

• All staff working with children should receive regular supervision from a more experienced

staff member and be encouraged to attend basic child protection training;

• No member of staff should be left alone with a child where they cannot be observed by

others;

• Under no circumstances should visitors be allowed to wander around the premises

unaccompanied when children and young people are present;

• Where possible there should always be at least two adults present with a group of children

– it is vital that the ratio of adult to child is adequate to ensure safety. For children under 8

the ration should be no more than 1:8; for children under 5 it should be no more than 1:6.

• Staff should be alert to strangers frequently waiting outside a venue with no apparent

purpose. Children should not be collected by people other than their parents unless

notification has been received;

• If a child is not collected after a session it is reasonable to wait approximately half an hour

for a parent or carer to arrive. If the parent or carer cannot be contacted, staff should

contact the relevant Children & Families Duty Team or the police and request assistance.

**8. IMPLEMENTATION CHECKLIST**

These child protection procedures will only be effective if all staff and volunteers in your

organisation own and understand them. This checklist is designed to help you to go

through that process:

• Identify designated child protection officer (CPO) Paul Desmond Executive Director

• Add CPO name and contact details to procedure

• Ensure CPO attends training on child protection and updates

• Ensure all staff and volunteers have a copy of child protection procedures

• Ensure that all staff and volunteers know what to do if they have concerns about a child

• Ensure all existing staff and volunteers who have contact with children have Enhanced CRB Disclosures

• Ensure that new staff/volunteers who have contact with children have Enhanced CRB Disclosures before they start work

• Ensure that the premises conforms to health and safety guidelines

• Ensure that any letting arrangements are bound by contracts that include an agreement to adhere to the host organization’s child protection procedures