

MEKIMI

Safeguarding and Child Protection Policy – January 2023

Contents Page

1. Introduction and Statement

2. Legal Framework

3. Organisational policies and procedures

4. Purpose of Policy

5. Roles and Responsibilities

6. Safer Recruitment

7. Monitoring and Review

8. Online Safeguarding

9. Version History

Appendices

Appendix A: Child Protection and Safeguarding Procedures 5

Appendix B: Definitions and Indicators of Abuse 9

1. Introduction and Statement

Mekimi recognises its duty of care to safeguard children as detailed under the Children Acts' 1989 and 2004 and Keeping Children Safe in Education & Working Together to Safeguard Children September 2018.

Mekimi is fully committed to safeguarding and protecting the welfare of all children, and taking all reasonable steps to promote safe practice and protect children from harm, abuse and neglect.

Mekimi acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse.

Mekimi believes that:

- **The welfare of all children and young people is paramount.**
- **All children, regardless of age, ability, gender, racial heritage, religious or spiritual beliefs, sexual orientation and /or identity, have the right to equal protection from harm or abuse.**
- **Some children are additionally vulnerable because of the impact of previous experiences such as bereavement, their level of dependency, communication needs or other issues.**
- **Working in partnership with children, their parents, carers and other agencies is essential in promoting young people's welfare.**
- **All staff, volunteers and Board Members have responsibility for Safeguarding, with Board Members holding ultimate responsibility for compliance.**

2. Legal Framework

This policy has been developed in accordance with the principles established by the following legislation and guidance:

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Children Act 2004
- Equality Act 2010
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years
- Working Together to Safeguard Children 2015
- What to do if you are worried a Child is being Abused 2015
- Keeping Children Safe in Education & Working Together to Safeguard Children September 2018

This policy applies to all staff, including senior managers, committee members/board of trustees, paid staff, volunteers, youth workers, group leaders and sessional workers, agency staff, students or anyone in a position of trust.

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

3. Organisational Policies and Procedures

This policy should be read alongside the following organisational policies and guidance:

- **Recruitment, induction and training**
- **Safer recruitment**
- **Recording, storing and sharing information**
- **Confidentiality**
- **Code of conduct for staff and volunteers**
- **ICT, Social Media and E-safety**
- **Photography and use of images of children**
- **Health and safety**
- **Anti-bullying**
- **Whistleblowing**
- **Training, supervision and support**

4. Purpose of Policy

The purpose of this policy is to:

- protect children and young people who receive Mekimi services.
- provide all those in a position of trust with the overarching principles that guide our approach to safeguarding and child protection.

To keep children safe Mekimi:

- provides a setting where children feel listened to, safe, secure, valued and respected.
- has appointed a Designated Safeguarding Lead for children and ensure a clear line of accountability with regards to safeguarding concerns.
- ensures all those in a position of trust have been provided with up to date and relevant information, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection.
- provides a clear procedure to follow when safeguarding and child protection concerns arise.
- ensures effective and appropriate communication between all individuals in a position of trust.
- has built strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice.

5. Roles and Responsibilities

All Mekimi staff and volunteers must:

- Understand the different types of abuse and recognise the possible risks and indicators.
- Understand their responsibility to report any concerns that a child is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children.
- If appropriate; liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences.
- Record and store information legally, professionally and securely in line with organisational policies and procedures.
- Understand the line of accountability for reporting safeguarding concerns, and be fully aware of the organisation's safeguarding lead and their role within the organisation.

Name of Safeguarding Lead: Aharon Pinchos Litwin

Telephone Number: 00447515505263

Name of Deputy Safeguarding Lead: Shani Kaufman

Telephone number: 00447858685106

All cases will be reported to the Board of Trustees on a no name basis

This policy is available to all and can be by emailing aron@Mekimi.co.uk or shani@Mekimi.co.uk

6. Overall Responsibility

The Management Committee/Trustees are ultimately accountable for ensuring settings provided by Mekimi are safe, including the implementation of effective safeguarding procedures.

7. Safer Recruitment

Safe recruitment is central to the safeguarding of children and young people. All organisations which employ people to work with children in a position of trust have a duty to safeguard and promote their welfare. This includes ensuring that the organisation adopts safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children.

Mekimi ensures this is done in a number of ways:

- Interview panels with more than one person
- DBS checks on all staff and volunteers who work with children and vulnerable people
- Reference checks for all new starters
- Membership of Peninsula HR who oversee all organisational compliance
- Induction packs which include the all Safeguarding and other relevant policies

8. Online Security

- The aim of this policy is to protect children and young people from abuse.
- Manage any allegations or incidents of inappropriate behaviour.
- Ensure everyone - staff, volunteers and children and young people - feels safe, respected and valued.
- Online talks/events should always adhere to the following code of conduct:
- Always use accounts that have been authorised by Mekimi to communicate with children and young people - never use personal accounts.
- Always use password protection and ensure passwords are protected.
- Turn on privacy settings on accounts that are used to interact with children and young people.
- Use an organisational device to communicate with young people where possible
- Ensure all communications are relevant to the work of the project and organisation.
- Use age-appropriate language.
- Follow Mekimi's main recommendations for online learning.

9. Monitoring and Review

The policy is reviewed annually. All individuals in a position of trust should have access to this policy and sign to the effect that they have read and understood its contents.

Document version history – January 2023 (version 2 of new template)

Document Name: **Safeguarding and Child Protection Policy**

Owner: **Aharon Pinchos Litwin**

Author: **Aharon Pinchos Litwin, January 2022,
Director of Operations**

Version	Date	Amendments made	By whom (name/job title)	Senior approval
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Appendix – Supporting Information for Safeguarding

Child Protection and Safeguarding Procedures

1. Introduction

All professionals have a responsibility to report concerns to Children's social care under section 11 of the Children Act 2004, if they believe or suspect that the child;

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of service.

2. What to do if you are concerned about a child

Supporting children

If/when a child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- **Clarify the concerns;**
- **Offer re-assurance about how the child will be kept safe;**
- **Explain what action will be taken and within what timeframe.**

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

Children have a right to confidentiality under Article 8 of the European Convention on Human Rights. It's important to respect the wishes of a child or any person who doesn't consent to share confidential information.

If you're not given consent to share information, you may still lawfully go ahead if the child is experiencing, or is at risk of, significant harm.

Child protection concerns, disclosures from children or safeguarding allegations made against a person in a position of trust must not be discussed across the workforce as a whole.

Personal information which is shared by the child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce as a whole.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child and their family remaining strictly confidential.

Please refer to the flow chart detailing what to do if safeguarding concerns arise (can be found in your staff and volunteer handbook).

3. Golden rules for information sharing

1. Document Everything. Any conversations or areas of concern must be documented and either emailed to Aharon or Shani. There is also a form which has been created which MUST be completed and returned to Aharon or Shani. Documenting everything is paramount.

2. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

3. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

4. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

5. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

6. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

7. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

8. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

4. Supporting those working with children

Mekimi recognises those in a position of responsibility are trustworthy. It is important that all staff and volunteers supporting children are able to discuss safeguarding concerns with the Designated Safeguarding Lead and with their line manager in regular supervision. The referrer should provide information about their concerns and any information they may have gathered prior to referral. They will be asked for the following:

- Full names, dates of birth and gender of all child/ren in the household;
- Family address and (where relevant) school / nursery attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- Names and date of birth of all household members, if available;
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant/important recent or historical events/incidents;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

Other information may be relevant and some information may not be available at the time of making the referral. However, the report should not be delayed, in order to collect information, if the delay may place the child at risk of significant harm.

Parents/carers must be informed about any referral unless to do so would place the child at an increased risk of harm.

5. To report a new concern

Immediate concerns about a child

The Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, for example:

- Allegations/concerns that the child has been sexually/physically abused
- Concerns that the child is suffering from severe neglect or other severe health risks
- Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
- The child is frightened to return home
- The child has been abandoned or parent is absent

You should call the MASH immediately Tel: 0333 014 3325, or 020 8359 4066, or 0345 050 7666 (The latter number will take you through to Customer Services who will ask a series of questions and triage into MASH where safeguarding concerns are raised). -

6. Allegations against others working with children

All allegations of abuse by those who work with children must be taken seriously, whether they are in a paid or unpaid capacity. This procedure should be applied when there is an allegation or concern that a person who works with children, has:

- **Behaved in a way that has harmed a child, or may have harmed a child;**
- **Possibly committed a criminal offence against or related to a child;**
- **Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.**

7. Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where those in a position of trust fail to do so. All those in a position of trust should be aware of their duty to raise concerns about dangerous or illegal activity, or any wrongdoing within their organisation.

8. Definitions and Indicators of Abuse

The table below outlines the main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children' document 2015. (Full definitions can be found in this document). All staff and volunteers should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

Type of Abuse

Possible Indicators

Neglect

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.

Signs that may indicate a child is living in a neglectful situation:

- excessive hunger

- poor personal hygiene
- frequent tiredness
- inadequate clothing
- frequent lateness or non-attendance at school
- untreated medical problems
- not brought basic provisions
- poor relationships with peers
- compulsive stealing and scavenging
- rocking, hair twisting and thumb sucking
- running away
- loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight)
- low self esteem
- poor dental hygiene

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.

Signs that may indicate physical abuse:

- Physical signs that do not tally with the given account of occurrence,
- conflicting or unrealistic explanations of causer
- repeated injuries
- delay in reporting or seeking medical advice.

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.

Signs that may indicate sexual abuse:

Changes in:

- Behaviour
- Language
- Social interaction

- Physical wellbeing

It is also important to recognise there may be no signs.

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.

Emotional Abuse

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 a child 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 a 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 cyber bullying), 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.

Signs that may indicate emotional abuse:

- Lack of self-confidence/esteem
- Sudden speech disorders
- Self-harming (including eating disorders)
- Drug, alcohol, solvent abuse
- Lack of empathy (including cruelty to animals)
- Concerning interactions between parent/carer and the child (e.g. excessive criticism of the child or a lack of boundaries)

Self-Harm

Deliberate self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, (www.nice.org.uk). Self-harm is an expression of personal distress, not an illness.

Self-harm can involve:

- Cutting, burning, biting • Substance misuse

- Head banging and hitting • Taking personal risk
- Picking and scratching • Self-neglect
- Pulling out hair • Disordered eating
- Overdosing and self-poisoning

Indicators of self-harm may include:

- Changing in eating/sleeping habits • Lowering of academic grades
- Changes in activity and mood • Abusing drugs or alcohol
- Increased isolation from friends and family • Becoming socially withdrawn
- Talking about self-harming or suicide • Giving away possessions
- Expressing feelings of failure, uselessness or loss of hope

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide

Indicators a child is being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

Peer on Peer Abuse

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

9. Promoting Good Practice

Child 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 judgement about the appropriate action to take.

Abuse can occur within many situations including the home, school, and other youth sector environments. Some individuals will actively seek employment or voluntary work with young people in order to harm them. A youth worker, instructor, teacher, official or volunteer will have regular contact with children and young people and be an important link in identifying cases where they need protection. All suspicious practices shall be reported following the guidelines in this document.

Following a code of conduct

Incidents that must be reported / recorded

If any of the following occur you should report this immediately to another colleague and record the incident. You should also ensure the parents of the child are informed.

- If you accidentally hurt a child or young person.
- If he/she seems distressed in any manner.
- If a child or young person appears to be sexually aroused by your actions.
- If a child or young person misunderstands or misinterprets something you have done.
- A child has an accident which does not require hospital treatment.
- The parents/carers should be informed on their return.
- The accident should be recorded in the accident book – see Mekimi's Health and Safety policy and procedures.

Death of a child whilst using a Mekimi service

- If a child dies then Mekimi should have followed all emergency procedures as appropriate i.e. emergency first aid, emergency services.
- If a child dies before the parents have been contacted, under no circumstances should parents/carers be told over the phone and Mekimi should be advised by the emergency services or social services.
- The Mekimi employer/volunteer should contact the named person responsible for child protection as soon as practical. The named person should then inform the rest of management, trustees and associates as appropriate.

- Mekimi must follow any insurance procedures as necessary.