



Breakaway

The protection of children standards

Policy Owner:	Ranbir Sidhu (Registered Manager)
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Policy Summary:

Regulation 12 of the Children's Homes Regulations 2015 including the Quality Standards.
To read in conjunction with Safeguarding Procedures



A hands-on approach to help children in Slough be
..... Safe, Secure and Successful

INFORMING PRINCIPLES

All children have an absolute right to a childhood free from abuse, neglect or exploitation.

All children in whatever setting have an equal right to protection from abuse, neglect or exploitation.

All staff involved with children have a responsibility to be mindful of issues relating to children's safety and welfare and a duty to report and refer any concerns.

Parents have a right to be informed about any concerns about a child's welfare or any action taken to safeguard and promote a child's welfare, providing this does not compromise the child's safety.

Children are best protected when professionals work effectively together and share responsibility for protective action.

There is not necessarily a conflict between Breakaway need to discharge its child protection responsibilities and its wish to work in partnership with parents where possible.

Where there are possible concerns about a child's safety, unconditional confidentiality cannot be guaranteed and should not be offered. When a child is on the Child Protection Register, information about the child and his/her circumstances should only be shared on a "need to know" basis.

Breakaway should be proactive and take positive steps to inform children of their rights to safety and protection and the options available to express their fears or concerns.

Children (regrettably) are sometimes abused and exploited by staff. Breakaway has in place systems that deter possible abusers and manage effectively any allegations or concerns about abuse when they arise. Where concerns are expressed about a member of Staff, then as a neutral act, that member of Staff may be suspended in order for an investigation to be undertaken.

When children make allegations about abuse or neglect they should always be listened to, have their comments taken seriously and, where appropriate, thoroughly investigated. However, if a member of staff receives an allegation of abuse they must not ask leading questions.

Recognizing child abuse – signs and symptoms

Recognizing child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse. The examples below are not meant to form an exhaustive list.

The most powerful tool we have in detecting abuse of our young people is that of observation and recording. We build strong relationships with our youngsters, getting to know their individual ways, and changes in behavior are strong indicators that something is not right for them. This could be a sign of abuse. Your recording is essential as it provides quantifiable evidence of areas which could require deeper investigation.

1. Physical abuse

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins. Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or there are differing explanations. A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern. Bruising may

be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

Patterns of bruising that are suggestive of physical child abuse include:

- bruising in young people who are not independently mobile
- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks or fingertips

Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness should be seen promptly by a doctor.

Other physical signs of abuse may include:

- Cigarette burns (Of all shapes).
- Adult bite marks (Self abusing youngsters can be known to bite themselves).
- broken bones
- scalds

Changes in behaviour, which can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather
- running away from home/ School

2. Emotional abuse

Emotional abuse can be difficult to measure, and often young people who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Young people who live in households where there is domestic violence can often suffer emotional abuse. Emotional abuse can also take the form of young people not being allowed to mix/play with other young people.

The physical signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from parents' care
- sudden speech disorders
- Developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self-harm
- Fear of parents being approached.

3. Sexual abuse

Adults who use young people to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour, which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection/ Pregnancy
- stomach pains
- discomfort when walking or sitting down

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

4. Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on young people.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- being constantly dirty or smelly
- loss of weight, or being constantly underweight
- Inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

Although the likelihood of our young people falling into the category of young people who might become sexually exploited or suffer female genital mutilation, it is important that staff remain aware of the issues and signs which could suggest these form of abuse..

Child Sexual exploitation

Breakaway staff should be aware of the key indicators of children being sexually exploited which can include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

Female Genital Mutilation

Short-term implications for a girl's health and welfare

The short-term consequences following a girl undergoing FGM can include:

- severe pain;
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends);
- haemorrhage;
- wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C);
- urinary retention;
- injury to adjacent tissues;
- fracture or dislocation as a result of restraint;
- damage to other organs;
- Death.

Long-term implications for a girl or woman's health and welfare

The longer-term implications for women who have been subjected to FGM Types 1 and 2 are likely to be related to the trauma of the actual procedure, while health problems caused by FGM Type 3 are severe.

World Health Organization research has shown that women who have undergone FGM of all types, but particularly Type 3, are more likely to have complications during childbirth.

There can also be clear signs when FGM could be imminent:

- It may be possible that families will practice FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it. (See Appendix B for commonly used terms in different languages).

- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a staff if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.

The above list is not meant to be definitive but as a guide to assist staff. It is important to remember that many young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in the family, relationship problems between parents/carers, undiagnosed medical conditions etc.

Record Keeping

A) Record to be made by staff receiving a disclosure or allegation of abuse,

This record should be made as soon as possible after the disclosure has been reported to the Manager/Team Leader. The facts, not opinions, should be accurately recorded in a non-judgemental way and should include:

- The child 's name, gender and date of birth
- Date and time of the conversation
- What was the context and who was present during the disclosure?
- What did the child say? – verbatim if possible
- What questions were asked? – verbatim (Using only T.E.D. questions)
 - Tell me what happened...
 - Explain what happened...
 - Describe what happened...
- Responses to questions –verbatim
- Any observations concerning child 's demeanour and any injuries
- The name of the person to whom you reported the disclosure
- Print your name and position
- Sign and date the record
- Pass all of this to your Manager/Team Leader.

This Report will be entered into **Breakaway log** where it will be assigned a unique reference number which will then be used on all documentation relating to this incident.

This should be retained in the original form (as it could be used as evidence in criminal proceedings), even if later typed or if the information is incorporated into a report

B) Record to be made by staff with concerns or suspicions of abuse which are not directly disclosed.

Child Protection/Safeguarding Observation, Concern or Suspicion Record

- The child 's name, gender and date of birth
- Date and time of recording the suspicion
- What was the context of the concern or suspicion
- Any observations concerning child 's demeanour and any injuries
- The name of the person to whom the concern/suspicion is reported
- Print your name and position
- Sign and date the record

- Pass all of this to your Designated Senior Person for Child Protection

This report will also be entered into the CP/Safeguarding log and tracked in the same manner.

C) Records kept by the Manager

- Breakaway has a pro forma **Chronological Record form** for recording the process from receiving an initial disclosure/concern/suspicion. This should include:-
 - child's details
 - date and time of event/concern
 - actions and decisions taken and by whom
 - name and role of the person making the record

Once this record is passed to the Manager a judgement will be made about what action needs to be taken, in accordance with local inter-agency safeguarding procedures.

A uniquely numbered log is kept of all concerns/suspicions or disclosures. This will not contain specific information about the concern but will provide a unique reference number which will enable clear tracking of all actions and decisions made in regards to it.

- Individual young people's files should include a chronology of incidents and subsequent actions/decisions/outcomes.
- If a child/ young person is subject of a child protection plan, this should be highlighted in some way to make it immediately obvious to anyone accessing the record.
- All records relating to child protection concerns is kept securely and separately from the other log book/file.

Child protection information should only be shared with all those who have a need to have it, either to enable them to take appropriate steps to safeguard the child or to enable them to properly carry out their own duties, but it should not be shared wider than that.

A Child making an allegation

If a child on a short break makes an allegation either against a member of staff, a parent/carer or other, the following steps must be taken:-

1. Listen to the child but do not interview them or ask any direct/leading questions
2. Ensure that the information given by the child is accurately and thoroughly recorded, adhering to required recording procedures of Breakaway.
3. Inform the Manager/Team Leader on duty/on call immediately. If the Manager/ Team Leader cannot be contacted, inform the Responsible Individual (Head of Service). If the allegation is against management then their line manager is to be called, if against Team Leader, the Manager and if against the Manager then their Line Manager who is the Responsible Individual. Telephone numbers in Business Continuity Procedure. Should this be unsuccessful contact the Emergency Duty Service (01344 351999), recording the information given, who you spoke to and the agreed actions on the EDS sheet in the Out of Hours folder and also on ICS.
4. Inform the child's Social Worker immediately. If the allocated Social Worker is unavailable, speak with their Line Manager. Out of hours the Emergency Duty Service must be contacted.

REPORTING AN ALLEGATION CANNOT BE DELAYED

Do not discuss the details of the allegation with any other person/s, unless it is in the interests of the child's safety or well-being to do so (for example, if staff need to be aware that the child may be presenting with challenging or distressed behaviour, on a need to know basis only)

The Social Worker will liaise with appropriate professionals in relation to convening a strategy meeting and undertaking a Section 47 Child Protection enquiry as appropriate. You must adhere to advice given by the Social Worker and continue to ensure that all information is fully recorded.

INCIDENTS OF ABUSE BETWEEN Children/ Young People

If there is an allegation by a child against another child of any form of abuse, or a concern about this in relation to child who cannot communicate verbally, the guidelines 1 – 5 must be followed.

If there are any physical incidents between children the following must be followed:-

- Breakaway Incident form must be completed and sent to Manager and Team Leader at Breakaway who will complete their sections on the forms and then put on ICS and forward to H & S Advisor (if required).
- Parents/Carers of all children involved must be informed without delay.
- In consultation with Manager/ Team Leader, Responsible Individual (Head of Service) and parents/carers a decision must be taken about the safety of the children. Including whether child should/can be returned home and if there needs to be further interventions put in place. Incidents are all individual and any actions following an incident will be made on an individual basis in the best interests of the child.

OBSERVATIONS OF A SIGNIFICANT/UNUSUAL BRUISE OR OTHER MARKS ON A Child GIVING CAUSE FOR CONCERN

A 'significant' bruise is one that is in an unexpected or unusual place on the child's body. An 'unusual' bruise could be a bruise in a place you would expect but not how you would expect it to look. All significant/unusual bruises and marks giving cause for concern must be recorded on a body chart. A significant or unusual bruise must be reported to the Shift Leader and Manager/Assistant Manager. If there is no Manager in the building and the Manager on standby cannot be contacted **DO NOT DELAY** and call the Responsible Individual (Head of Service). If still unable to make contact with Management contact the Emergency Duty Service. The person receiving the call must be provided with:-

- The size of the bruise/mark, at what time and how it was observed, whether it appears old or new and if the child appears to be in any discomfort or pain

All details must be thoroughly and accurately recorded on ICS, including the above information

The person called must be clear if they need to:-

- Attend the unit to observe the bruise/mark (most likely if significant bruise/mark giving cause for concern)
- Inform the Social Worker and/or Emergency Duty Service (if not already called) dependent on the time of day, including if there needs to be a medical examination
- When parents should be informed, by whom and what follow up is likely

At all times, it must be considered, whether or not there may need to be a Section 47 enquiry, medical examination or police involvement. **NO ASSUMPTIONS CAN BE MADE.**

A CHILD PRESENTING AS UNDULY DISTRESSED/ANXIOUS OR NOTICEABLE CHANGES IN BEHAVIOURS

How a child presents, both physically and emotionally, must be recorded each stay in the child's daily log, this must be clear and thorough. This will evidence consistencies or differences in a child's behaviour.

Some children cannot communicate verbally and are therefore unable to explain to those caring for them how they are feeling or what may have happened to them. However, observations/knowledge of child will enable staff to know when there is a concern.

All such observations must be recorded and the information passed on to the child's Social Worker.

Parents must also be informed.

CONCERNS ABOUT A CHILD'S PRESENTATION

If a child comes to stay at Breakaway and is inappropriately dressed/ unkempt, the information must be recorded. This must be factual, clear, analytical information – not judgements or assumptions about a child or their family. The child's Social Worker must be informed of any genuine concerns about presentation that raise concern about the child's care.

This does not present an immediate safety issue and does not require emergency action.

MEDICAL CONDITIONS/CONCERNS

If a child has any medical or health difficulties whilst staying at Breakaway:-

- Parents/Carers must be informed immediately
- The Manager/Team Leader must be informed immediately
- Record all information. Recording must be factual and accurate
- Appropriate medical assistance must be sought

Concerns about recurring medical conditions must be reported to the child's Social Worker and the information put on ICS.

INCIDENT THAT A STAFF MEMBER WITNESSES A COLLEAGUE/MANAGER/OTHER PROFESSIONAL CARRYING OUT AGAINST A CHILD

- Immediately ask the staff member to leave the premises stating that they cannot return to work or have contact with other staff and that Management/Responsible Individual (Head of Service) will contact them.
- If the staff member is the Manager you must ask them to leave the premises as above, if you do not feel comfortable asking them to leave the premises you must ensure that the child is safe and then inform the Responsible Individual immediately and ask the Manager to leave the premises.
- Inform Manager/ Team Leader immediately who will instruct you as to the next course of action.
- If Manager/Team Leader are not in the building and the Manager on standby cannot be contacted, do not delay and call the Responsible Individual (Head of Service), number in the Business Continuity Procedure, who will instruct you as to the next course of action.
- Out of hours call the Manager on standby and the Emergency Duty Service. If the Manager on standby cannot be contacted DO NOT DELAY, call EDS immediately.
- Record all information which must be accurate, detailed and factual

FLOW CHART FOR CHILD PROTECTION CONCERNS AT BREAKWAY

- A) A CHILD WITH MEDICAL OR HEALTH DIFFICULTIES
- B) DISCLOSURE/ALLEGATION BY A CHILD
- C) WHEN A SIGNIFICANT/UNUSUAL BRUISE OR MARK IS OBSERVED ON A CHILD
- D) INCIDENT THAT A STAFF MEMBER WITNESSES A COLLEAGUE/MANAGER/OTHER PROFESSIONAL CARRYING OUT AGAINST A CHILD

A) A CHILD WITH MEDICAL OR HEALTH DIFFICULTIES



Parent/Carer & Manager/ Team Leader must be informed immediately



An Incident Report must be completed and submitted to management



Appropriate medical assistance must be sought



Recurring medical conditions must be reported to the child's Social Worker

B) DISCLOSURE/ALLEGATION BY A CHILD



Inform Manager/ Team Leader/Responsible Individual (Head of Service) immediately

If unable to get hold of them call, Emergency Duty Service (01344 351999) who will direct you

DO NOT DELAY



Complete Incident Report (record what the child has disclosed) and send it to Manager & Team Leaders. All information must be accurate and the information the child has told you must be in the exact words that was used. Avoid using your own interpretation or beliefs.



Inform the child's Social Worker by telephone or e-mail if at weekends, followed by a telephone call on the next working day



OUT OF HOURS -- ALWAYS CALL THE EMERGENCY DUTY SERVICE WITHOUT DELAY (01344 351999)



Pass all paperwork on to the Manager/Team Leader for Processing

C) WHEN A SIGNIFICANT/UNUSUAL BRUISE OR MARK IS OBSERVED ON A CHILD



All significant/unusual bruises or marks (as determined in safeguarding training) need to be recorded with a corresponding Body Chart and an Incident form. The paperwork then needs to be passed to the Manager/ Team Leader for processing.



The Manager/Team Leader must be informed of any significant/unusual bruises or marks as soon as they are observed. The information that must be passed on to management must include:-

- Size of Bruise/Mark
- Time it was Observed
- How it was Observed
- If it Looks Old or New
- Does the CHILD appear Distressed



You will then be directed as to the next course of action

D) INCIDENT THAT A STAFF MEMBER WITNESSES A COLLEAGUE/MANAGER/OTHER PROFESSIONAL CARRYING OUT AGAINST A CHILD



Immediately ask the staff member to leave the premises stating that they cannot return to work or have contact with other staff and that Management/Responsible Individual (Head of Service) will contact them.



If the staff member is the Manager you must ask them to leave the premises as above, if you do not feel comfortable asking them to leave the premises you must ensure that the child is safe and then inform the Team Leader /Responsible Individual immediately and ask the Manager to leave the premises.



Inform Manager/ Team Leader, immediately who will instruct you as to the next course of action.



If Manager/ Team Leader are not in the building and the Manager on standby cannot be contacted, do not delay and call the Responsible Individual (Head of Service), number in the Business Continuity Procedure, who will instruct you as to the next course of action.

ALWAYS REMEMBER

- **IF OUT OF HOURS CALL THE EMERGENCY DUTY SERVICE ON 01344 351999 WITHOUT DELAY**
- **RECORD ANY INFORMATION AS SOON AS POSSIBLE ENSURING THAT IT IS DETAILED AND FACTUAL**

DO NOT DISCUSS