

This policy applies to all trustees, employees, and volunteers.

Statement of Intent

KidsBank is committed to safeguard the welfare of all children by protecting them from all forms of abuse, including physical, emotional, and sexual harm.

The organisation does not undertake activities with children in the absence of their parents/carers, but from time to time has the opportunity to observe the young person's/children's welfare with their parent/carer. Parents/carers remain responsible for their children's welfare throughout all the work undertaken by the organisation.

A copy of KidsBank's Child Protection Policy is made available to all employees, volunteers, and any other appropriate body. It is also on our website.

The Policy

This policy has been drawn up in recognition of:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children
- Government guidance to prevent extremism and radicalisation

We recognise that:

- the welfare of the child is paramount, as enshrined in the Children Act 1989
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have a right to equal protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting children's welfare.

The Types of Abuse and Signs of Abuse are contained in Appendix A to this Policy.

Individuals within KidsBank need to be alert to the potential abuse of children both within the families that KidsBank supports and also from other sources including abuse by members of KidsBank.

There is a responsibility for all members of KidsBank to respond to any suspected or actual abuse of a child in accordance with this policy and KidsBank Child Protection procedures, (Appendix B to this Policy)

We will endeavour to safeguard children and young people by:

- Valuing them, listening to, and respecting them.
- Adopting child protection guidelines through a code of behaviour for employees and volunteers.
- Sharing information about child protection and good practice with children, parents, employees, and volunteers.
- Sharing information about concerns with agencies who need to know and involving parents and children appropriately.
- Providing effective management for employees and volunteers through supervision, support, and training
- We are also committed to reviewing our policy and good practice at regular intervals.

Safe Recruitment

Each new employee or volunteer will be made familiar with KidsBank's policies and procedures including the Child Protection Policy and Procedures.

Extremism/Radicalisation/Prevent Policy and Procedures

The government has defined extremism as:

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of our armed forces as extremist.

KidsBank does not tolerate the expression or promotion of extremist views of any kind from any member of our charity or any external agencies or visitors.

Any concerns about extremist views or radicalisation should be recorded and reported to the Designated Safeguarding Lead who will then take appropriate action, consulting with Social Care and if necessary, make a Channel referral.

KidsBank Child Protection Procedures

Child protection procedures are set out in the KidsBank Child Protection Procedures (Appendix B to this Policy).

All trustees, employees, and volunteers at KidsBank receive training in child protection as part of their induction. No employee or volunteer is permitted to be alone with a child at any time.

Responsible Persons

The Designated Safeguarding Lead is the CEO, Dee Denton. The Lead Trustee is Danni Millington.

Confidentiality

KidsBank will ensure that any records made in relation to a referral will be kept confidentially and in a secure place. Only the Designated Persons will have access to these files.

Information in relation to child protection concerns should be shared on a “need to know” basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child’s need for protection.

Monitoring & Review

KidsBank will review this policy annually and in light of new legislation, guidance (statutory and non-statutory) and best practice in safeguarding and child protection.

Appendices to this Policy

- Appendix A: Types of Abuse & Signs of Abuse
- Appendix B: Child Protection Procedures
- Appendix C: Reporting A Concern

APPENDIX A: Types of Abuse & Signs of Abuse

Abuse

The term 'abuse' includes any situation where there is grave concern regarding the well-being of a child. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

Physical Abuse

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or institution or community setting: by those known to them, or more rarely by a stranger. Physical abuse may involve the 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.

Emotional Abuse

This is 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 children 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 the 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 cyberbullying), 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.

Sexual Abuse:

This 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 such as masturbation, kissing, rubbing, and touching outside of clothing. 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect:

This is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. 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 caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child Sexual Exploitation:

This is a form of sexual abuse where children are sexually exploited for money, power, or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection, or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care, and education at some point. Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

Child criminal exploitation:

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology. Some of the following signs may be indicators of criminal exploitation:

- Persistently going missing from school or home and / or being found out-of-area
- Unexplained acquisition of money, clothes, or mobile phones

- Excessive receipt of texts / phone calls
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

County Lines

This is a form of criminal exploitation whereby gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

HBV/Forced Marriage or FGM

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts employees or volunteers should speak to the designated safeguarding lead.

FGM involves cutting, and sometimes sewing the girl's genitalia, normally without anaesthetic, and can take place at any time from birth onwards. It is sometimes referred to as 'female circumcision', but this misnomer belies the invasive and irreversible nature of the procedure. It is now more correctly termed female genital mutilation.

The procedure has a cultural, rather than religious, origin and is practised by disparate ethnic communities in many countries, including Ethiopia, Somalia, Sudan, Egypt, Nigeria, India, Pakistan, Yemen, and Iraq. The Female Genital Mutilation Act 2003 makes it a criminal offence, not only to carry out FGM in England, Scotland and Wales on a girl who is a UK national or permanent resident, but also to take a girl out of the UK to have FGM performed abroad, even to countries where FGM is legal. The indicators of FGM may initially mirror those of sexual abuse. You may notice, for example, that a girl or young woman shows signs of pain or discomfort, needs to visit the toilet constantly, has vaginal blood loss or is unable to sit comfortably.

It is the personal duty of any employee or volunteer who identifies FGM or receives a disclosure to make a crime report to the police.

- If a volunteer has either been told by a child/parent/carer that the child has had FGM s/he should personally report the matter to the police by calling 101.
- If you think the girl is at imminent risk or has recently been cut, you should take immediate action which may involve calling 999.

Forced marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage.

Child trafficking and modern slavery

Child trafficking and modern slavery are forms of child abuse where children are recruited, moved, or transported and then exploited, forced to work, or sold. Children are trafficked for sexual exploitation, benefit fraud, forced marriage, domestic servitude such as: cleaning, childcare, cooking, forced labour in factories or agriculture and criminal activity such as: pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another. Trafficked children experience multiple forms of abuse and neglect. Physical, sexual, and emotional violence are often used to control victims of trafficking. Children are also likely to be physically and emotionally neglected.

Children are tricked, forced, or persuaded to leave their homes. Traffickers use grooming techniques to gain the trust of the child, family, or community. They may threaten families, but this isn't always the case, they may promise children education or persuade parents their child can have a better future in another place.

Sometimes families will be asked for payment towards the 'service' a trafficker is providing e.g., sorting out travel documentation or transport. Traffickers make a profit from the money a child earns through exploitation, forced labour or crime. Often this is explained as a way for a child to pay off a debt they or their family 'owe' to the traffickers.

Although these are methods used by traffickers, coercion, violence, or threats do not need to be proven in cases of child trafficking – a child cannot legally consent, so child trafficking only requires evidence of movement and exploitation.

Signs of Abuse

It is important to be aware of signs of abuse. NSPCC offers the following guidance on signs of abuse:

Physical abuse

All children have trips, falls and accidents which may cause cuts, bumps, and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern.

Injuries that are more likely to indicate physical abuse include:

Bruising

- on babies who are not yet crawling or walking
- on the cheeks, ears, palms, arms, and feet
- on the back, buttocks, tummy, hips, and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand, or an object, like a belt or shoe

Bite marks - large oval-shaped marks.

Burns or scalds

- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals, or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times.

If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated.

Breast ironing – this is a practice observed in some African communities including those in the UK where hot stones are rubbed on girls' developing breasts to stop them developing. This is classed as honour-based violence and can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections, and abscesses.

Emotional abuse

Babies and pre-school children who are being emotionally abused may:

- be overly affectionate towards strangers or people they haven't known for very long
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- lack confidence or become wary or anxious
- be unable to play
- be aggressive or nasty towards other children and animals.

Adults' behaviour might involve the child in or might include:

- conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- age or developmentally inappropriate expectations being imposed on children. including 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.

- the child seeing or hearing the ill-treatment of another.
- serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Sexual Abuse

Signs that a child has suffered sexual abuse include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age.

For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- a child might become sexually active at a young age

Neglect

Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem.

Some of these signs include:

- children who appear hungry
- children who appear dirty or smelly and whose clothes are unwashed or inadequate for the weather conditions
- children who are left alone or unsupervised
- children who fail to thrive or who have untreated injuries, health, or dental problems
- children with poor language, communication, or social skills for their stage of development children who live in an unsuitable home environment, for example the house is very dirty and unsafe, perhaps with evidence of substance misuse or violence
- children who have taken on the role of carer for other family members.

Female Genital Mutilation (FGM)

Signs might include a girl or young woman indicating pain or discomfort, needing to visit the toilet constantly, or unable to sit comfortably

APPENDIX B: Child Protection Procedure

Purpose

The purpose and aim of the KidsBank Child Protection Procedure is to safeguard the welfare of all children by protecting them from all forms of abuse including physical, emotional, and sexual harm. Employees and volunteers should be committed to treating children with respect and dignity, always listening to what a child is saying.

The procedures apply within the organisation to those in contact with children, even if it is not their main job to look after them – employees, volunteers, and trustees.

Good communication is essential in any organisation. At KidsBank every effort will be made to ensure that, should individuals have concerns, they will be listened to and taken seriously.

It is the personal responsibility of employees or volunteers who identify FGM, breast ironing, or receive a disclosure to make a crime report to the police. If a volunteer has either been told by a child/parent/carer that the child has had FGM s/he should personally report the matter to the police by calling 101. If you think the girl is at imminent risk or has recently been cut, you should take immediate action which may involve calling 999.

Designated Responsible Persons

The Designated Safeguarding Lead is the CEO, Dee Denton. The Lead Trustee is Danni Millington.

Designated names person's responsibilities are to:

- coordinate action in KidsBank and liaise with agencies over suspected or actual cases of child abuse & identify the signs and symptoms of suspected or actual abuse and when to make a referral
- ensure that employees observe and implement KidsBank's agreed procedures
- facilitate training for all employees, volunteers, and trustees
- authorise and support referral to the relevant and appropriate authority
- keep full and accurate records of concerns, reports and referrals made
- store, record securely and maintain confidentiality

Employees and volunteers' responsibilities are:

- to be vigilant in order to identify potential incidents of abuse
- to report immediately to a designated named person
- to complete documentation for external agencies as appropriate

It is not the individual employee, volunteer, or trustee's role to investigate suspected abuse, but to recognise it and refer it as appropriate to a designated named person.

How to respond to signs or suspicions of abuse

Any employee, volunteer or trustee who believes a child is suffering from or is at risk of significant harm should discuss with the DSL who will then follow the procedures set out below.

However, if one of the named organisational safeguarding leads is implicated in the concerns, the employee, volunteer, or Trustee should discuss their concerns directly with the Health and Social Care team, using the reporting channels detailed in Appendix C.

When reporting directly it is important to give as much of the following information as possible. In emergency situations all of this information may not be available, but unavailability of some information should not prevent a referral being made.

- Reporting person's name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family e.g.: GP, health visitor, school.
- The nature of the concerns and the foundation for them including exact wording used by the child or adult, where possible.
- An opinion on whether the child may need urgent action to make them safe.
- Reporting person's view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

In these circumstances

- ensure that an accurate record of concern(s) is made at the time and kept.
- put concerns in writing to the Health and Social Care team following the referral (within 48 hours)
- accurately record the action agreed.

What to do if children talk to you about abuse or neglect

It is recognised that a child may seek out an employee or volunteer to share information about abuse or neglect or talk spontaneously individually or in groups when the employee /volunteer is present.

In these situations, the employee /volunteer must:

- act calmly and listen carefully to the child.
- not directly question the child
- give the child time and attention.
- allow the child to give a spontaneous account.
- not stop a child who is freely recalling significant events.
- make an accurate record of the information you have been given, taking care to record the timing, setting and people present, the child's presentation as well as what was said and not throw this away as it may later be needed as evidence.
- use the child's own words where possible.
- explain that s/he (the employee/volunteer) cannot promise not to speak to others about the information the child has shared; never guarantee absolute confidentiality, as child protection will always have precedence over any other issues.
- reassure the child that:
 - they (the employee/volunteer) are glad the child has told them
 - s/he (the child) has not done anything wrong
- tell the child what they are going to do next.
- explain that they (the employee/volunteer) will need to get help to keep the child safe.
- not ask the child to repeat his or her account of events to anyone.
- immediately report the disclosure to one of the Designated Responsible Person

Consulting about Concerns

The reporting person should consult externally with their local Health and Social Care team in the following circumstances:

- when they remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when they are unable to consult promptly or at all with their designated internal contact for child protection
- when the concerns relate to any member of the organising committee

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to the Health and Social Care team or the Police should progress.

Making a referral

A referral involves giving the Health and Social Care team or the police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases, the level of concern will lead straight to a referral without external consultation being necessary.

If your concern is about abuse or risk of abuse from a family member or someone known to the child, you should make a telephone referral to your local Health and Social Care team.

If your concern is about abuse or risk of abuse from someone not known to the child or child's family, you should make a telephone referral directly to the police and consult with the parents.

Record Keeping

In the event of a safeguarding concern being raised within KidsBank, a written report will be stored in a secure safeguarding log. This report will form the basis of any Child Safeguarding Policy 12 external reporting if deemed necessary. Individual safeguarding reports will be kept for 5 years in line with our data protection policy; anonymised data will be kept indefinitely.

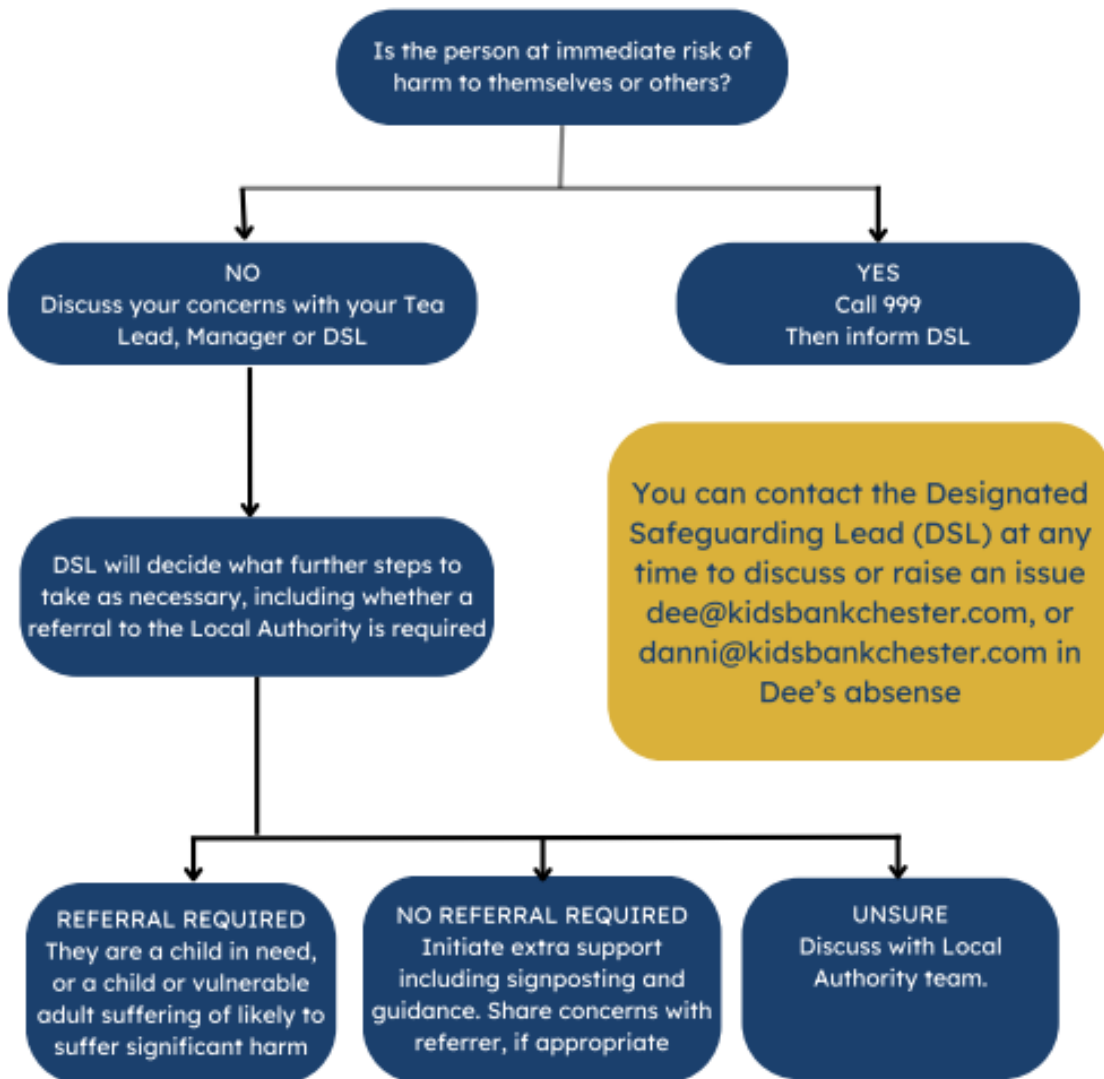
Confidentiality

The legal principal is that the *'welfare of the child is paramount'*. This means that taking action to safeguard the child is most important. Privacy and confidentiality should be respected, but if doing this leaves a child at risk of harm, the child's safety must come first.

When a concern or worry is raised, not everyone needs to know about it. This respects the child's family's and/or employee's rights to privacy. Only people who need to know should be told about it.

APPENDIX 3

REPORTING A SAFEGUARDING CONCERN



In the absence of the DSL anybody can take these steps then notify the DSL of the action taken

Integrated Access and Referral Team (I-ART) or the Emergency Duty Team (EDT) for help and advice. Office hours: 0300 123 7047
8.30am - 5pm (Monday - Thursday) & 8.30am - 4.30pm (Friday)
EDT Out of hours: 01244 977 277
4.30pm - 8.30am (Monday - Thursday) & From 4pm (Friday)
24 hours weekends and bank holidays
or Cheshire Police: 0845 458 0000 (999 in an emergency)