

Safeguarding Children and Young People Policy

This policy incorporates the following sections:

- Introduction and Policy statement/aims
- Child Protection Procedures
- Recruitment and training of staff and volunteers
- Recognising the signs of abuse, including definitions
- Responding to allegations or suspicions of abuse
- Summary
- Child Protection Procedures

Introduction and Policy Statement and Aims

The organisation aims to support individuals who have experienced rape and sexual abuse by providing a variety of services. The organisation recognises that child abuse affects children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, social class or identity.

The organisation is aware that research indicates that disabled children face an increased risk of abuse or neglect yet they are under-represented in safeguarding systems and less likely to be protected from harm (Ann Craft Trust, 2000). Research by Sullivan and Knutson (2000) indicates that disabled children are between 3 and 4 times more likely to be abused than their non-disabled peers.

It is always unacceptable for a child or young person to experience abuse of any kind and the organisation recognises its responsibility to safeguard the welfare of all children and young people by a commitment to practice which protects them.

We recognise that:

- ***The welfare of the child/young person is paramount***

- ***All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse***
- ***Working in partnership with children, young people, their parents, carers and their agencies is essential in promoting young people's welfare***

This document sets out our policy and procedures with regard to child abuse whether the vulnerable child or young person is the client of the service or is known to a client of the service. We therefore work with other agencies to that end, within the guidelines of Safeguarding Children Board. These guidelines reflect national guidelines and incorporate the Data Protection Act and the Human Rights Convention.

The purpose of this policy is to provide staff and volunteers with guidance on procedures they should adopt in the event that they receive a disclosure or suspect that a child may be experiencing, or be at risk of significant harm as outlined in the Children Act 1989 (updated 2002).

This policy applies to all staff, including the board of Trustees, staff, volunteers or anyone working on behalf of the organisation. The organisation is fully committed to safeguarding and promoting the welfare of children and to protect the children and young people who receive our services, including the children of adult clients.

The named Child Protection Lead is the **Chief Executive Officer** or a member of the board. See end for policy for contact details.

These procedures aim to implement and ensure a speedy and effective response for dealing with concerns about the neglect or physical, sexual or emotional abuse of children.

Recruitment and training of staff and volunteers

All staff and volunteers are required to undergo an Enhanced DBS Check to ensure their suitability before they begin work. In addition to this, all workers must undergo Safeguarding Children Training which outlines the legality and importance of child protection within the first 3 months of beginning work at the Centre. The organisation also undertakes Safe Recruitment which involves:

1. A written recruitment and induction policy.
2. An application form covering essential information, which must be completed by everyone who applies for a post.
3. Face-to-face interviews involving more than one person and using a transparent scoring system.
4. A rule that applicants must provide two references, two pieces of identification and original copies of necessary qualifications before appointment.
5. DBS checks and any additional necessary vetting procedures are carried out for each member of staff or volunteer working with children or young people, in line with DBS and any other official guidelines.
6. All staff and volunteers are made aware, during their induction period, of how to keep children and young people safe.

7. A six month probation period exists for all staff and volunteers, with a review before being confirmed in post.
8. Regular supervision and support for all staff and volunteers.

Recognising Signs of Abuse

- The Children Act 2004 provides the legal framework for Every Child Matters. Wellbeing is the term used to define the five outcomes which are at the heart of Every Child Matters. Namely:-
 - Be healthy
 - Stay safe
 - Enjoy and achieve
 - Make a positive contribution
 - Achieve economic well-being
- In accordance with the Children Act (1989 & 2004), a child is any person who has not yet reached their 18th birthday.

The organisation ensures that all staff and volunteers are trained on both physical and behavioural signs of physical abuse, sexual abuse, emotional abuse and neglect. This forms part of the mandatory training programme which all staff members and volunteers are required to undertake during the first three months of their employment or of volunteering.

Definitions

All definitions in this section are taken from:

HM Government. (2010) *Working Together to Safeguard Children*. London: The Stationery Office.

Four categories of abuse are defined, but during assessments and interventions, practitioners must be alert to the possible existence of more than one form of abuse.

Safeguarding and promoting the welfare of children is defined for the purposes of this procedure as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development.

Child Protection

Child Protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

Significant Harm

The Children Act 1989 introduced the concept of significant harm as a threshold that justifies compulsory intervention in family life in the best interests of children.

Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

To understand and establish significant harm, it is necessary to consider:

- the family context
- The child's development within the context of the family and wider and social cultural environment
- Any special needs such as a medical condition, communication difficulty or disability that may affect the child development and care within the family.
- Any particular issues relating to a child's ethnic or cultural background.
- The nature of harm, in terms of ill treatment or failure to provide adequate care.
- The impact on the child's health and development and
- The adequacy of parental care.

□ The four main categories of child abuse are:-

(a) Physical Abuse

This may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical abuse may also be caused by the parent/adult feigning or deliberately causing the ill-health of a child.

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches

- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

(b) Emotional Abuse

Emotional abuse 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 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, 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.

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

(c) Sexual Abuse

Sexual abuse involves forcing a child or young person to take part in activities of a sexual nature, including prostitution, whether or not the child is aware of what is happening. This may involve physical contact, penetration or non-penetrative acts. Sexual abuse is not limited to physical contact – it can include children watching or looking at pornographic material or watching sexual activities or encouraging children to act in a sexually inappropriate way.

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

(d) Neglect

Neglect is the persistent failure to meet a child's basic and/or psychological needs and which may seriously impair a child's psychological health or development. It can include the failure to provide adequate clothing, food, shelter and failure to protect from physical harm or danger, failing to ensure adequate supervision (including the use of inadequate carers). Neglect can also include failure to access appropriate medical care as well as the failure to provide for a child's basic psychological needs. Neglect can also occur during pregnancy as a result of maternal substance abuse.

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships

- Compulsive scavenging
- Destructive tendencies

Bullying

Being bullied can have just as damaging an effect on a child as more apparently serious types of abuse. It can involve name-calling, threats, insults, hitting, kicking, cyber-bullying and other violence – meaning it can be physically, emotionally and even sexually abusive.

Bullying is a big problem, with serious emotional and physical consequences for a child. Some of the signs that a child could be being bullied are:

- reduced confidence and self-esteem
- depression
- unexplained physical injury
- progress at school affected.

Further information and training is provided as and when necessary, i.e. amendments in the law / codes of good practice or any changes as a result of policy reviews.

- The Adoption and Children Act 2002 makes reference to the fact that 'harm' also includes impairment suffered from seeing or hearing the ill-treatment of another. It is suggested therefore that anyone receiving information about domestic violence in a household where children are present should consider whether it is necessary to make a referral to Children's Social Care.
- Abuse in any form can affect a child at any age and if left untreated, the effects can create difficulties and maladaptive behaviours in adulthood.
- It is essential therefore that all staff/volunteers are alert to signs and symptoms of abuse. Although these signs do not necessarily indicate that a child has or is being abused, they help adults recognise that something is wrong.

Ultimately, the welfare of the child is paramount. Good practice relies upon a professional judgement and a careful consideration of the information available – the ultimate aim being to safeguard and promote the welfare of the child.

Responding to allegations or suspicions of abuse

How to respond to a disclosure of abuse from a child aged under 18:

It is recognised that a child may share information about abuse or neglect, disclosing individually or in groups. In these situations, where there is a direct disclosure of abuse,

the staff member or volunteer must follow the organisations child protection guidance and procedures.

How to respond when a client discloses that they know or suspect that a child is being abused:

Whether this relates to the client's own child or another known child, workers must discuss this with the named Child Protection Lead and confirm to the client the need to share the information. If there is an identified risk to a child then Children's Social Care and/or Police must be informed and a referral made where appropriate. In these situations, the staff member or volunteer must follow the organisations safeguarding children's procedures.

How to respond where there is a suspicion that a client is abusing a child:

Staff and volunteers must take the issue to the named Child Protection Lead. The safeguarding of any child at risk will be paramount. If there is an identified immediate risk to a child, then a referral to Children's Social Care/Police must be made.

How to respond when an allegation of abuse is made against a member of staff/volunteer:

If a client makes an allegation of abuse (including child abuse) against a member of staff, the Child Protection Lead must be consulted and the Local Authority Designated Officer informed immediately.

The organisation would also hold a formal internal investigation in line with their Disciplinary Policy and Procedures.

Summary

All concerns and allegations of abuse must be discussed with the Child Protection Lead (Centre Manager) immediately (no later than 24 hours).

If there is an indication that a child is at risk of significant harm, then a child safeguarding referral must be made immediately to Children's Services and/or to the Police. Consideration needs to be given where consent is not being sought from a child's parent or carer (where to do so would raise the potential for further risk or harm). Discuss the same with the Child Safeguarding Lead and make clear notes as to your decisions and basis for your decisions.

USEFUL NUMBERS

DSL:

Cara Perry: 078 5266 0006

Nova Gullen: 077 8336 8768

Leicester City Safeguarding: 0116 4541004

Leicester County Safeguarding: 0116 3050005

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