



HYDE PARK SOURCE

Hyde Park Source Safeguarding Children Policy

This policy is applicable to all Hyde Park Source employees.

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REVISION RECORD

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Safeguarding Children Policy

Safeguarding children, young people and adults at risk is the responsibility of us all

Hyde Park Source (HP Source) recognises its responsibility to safeguard and promote the welfare of children, young people, and adults at risk. All staff, volunteers and beneficiaries need to be aware of the possibility of abuse occurring. It is the responsibility of us all to put the welfare of others first and to recognise behaviours that can put them at risk.

We aim to create a safe and respectful environment for learning and play within which people can thrive, be free of neglect and abuse and HP Source can practice with the help and security of clear guidance.

This policy applies to the children and young people that we work with and is relevant to all members of HP Source. It draws upon the Care Act 2014.

The Care Act, 2014 states that organisations should work in partnership: this includes HP Source. We must cooperate with the relevant local authority to protect children and young people.

This policy should be read alongside the following HP Source policies:

- Safeguarding Adults Policy
- Anti Slavery
- Recruitment
- Lone Worker
- Volunteer
- Data Protection
- Staff Behaviour

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

- People are listened to, valued and respected.
- All members of HP Source are aware of the need to be alert to the signs of abuse and know what to do with their concerns.
- All paid staff and support volunteers are subject to rigorous recruitment procedures.
- All paid staff and support volunteers are given appropriate support and training.

A Child is:

- Anyone under the age of 18 years old

Named person(s) for Safeguarding

Name of Safeguarding Lead: Behla Hutchinson

Name of Deputy Safeguarding lead: Peter Tatham

Telephone number: 0113 245 8863

Mobile Number: 07565883762

We also have an independent contact, should you feel unable to speak to staff.

Jamie Doddsgriffin: Jamie.Doddsgriffin@leeds.gov.uk or 0113 3950532

Telephone number of Children's Social Work Service:

- During Office hours (Monday to Friday, 8am to 6pm) - 0113 376 0336
- Out of hours - 0113 376 0469
- You can also email on childrensedt@leeds.gov.uk

Telephone number of Adult's Social Care Service

- Monday to Friday 9-5pm: 0113 222 4401
- Out of hours: 07712 106 378

Recognising signs of abuse in children

It can often be difficult to recognise abuse. The signs listed in these guidelines are only indicators and may have reasonable explanations. Children may behave strangely or seem unhappy for many reasons, as they move through the stages of life and experience changes. It is nevertheless important to know what could indicate that abuse is taking place to be alert to the need to consult further.

Someone can abuse a person by actively inflicting harm or by failing to act to prevent harm. Abuse can take place within a family, in an institutional or community setting, by telephone or on the Internet. Abuse can be carried out by someone known to the person or by a complete stranger.

Different kinds of abuse can take many forms.

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The 4 areas below are all categories of Significant Harm.

Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another".

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development.

Types of Child Abuse and Significant Harm

There are 4 areas of abuse to consider with respect to children. Details on the type of abuse and potential signs of abuse are listed in Appendix 1.

1. Neglect
2. Sexual Abuse
3. Emotional Abuse
4. Physical Abuse

If these forms of abuse are caused by an organisation, it is sometimes called **organisational abuse**.

When abuse occurs between partners or by a family member, it is often called **domestic violence** and abuse.

If you are worried about someone it is important that you keep a written record of any physical or behavioural signs and symptoms. In this way you can monitor whether or not a pattern emerges and provide evidence to any investigation if required.

Child Neglect Strategy

Many local authorities have now written a child neglect strategy. Notably Leeds have a strategy in place from 2017 to 2022, the link is written below.
<https://www.leedslscb.org.uk/LSCB/media/Images/pdfs/Neglect-strategy2017.pdf>

This provides details of how all agencies including Touchstone are able to recognise neglect at the earliest opportunity and provide an appropriate and timely response. There are 4 strategic objectives that underpin the Leeds approach:

Recognise: practitioners and managers in all agencies are able to recognise the various signs of neglect when working with children, young people and families, and ensure the appropriate initial response.

Respond: each partner agency will provide appropriate responses to children, young people and their families through a multi-agency Think Family, Work Family approach in line with the guiding principles in this strategy.

Quantify: identifying the extent and range of neglect in the city through gathering information to inform improvements in practice, developing a multi-agency data set demonstrating the prevalence of and response to neglect in the city.

Evaluate: using national frameworks and guidance Leeds Safeguarding Children's Board we will assure themselves of the quality of multi-agency responses to neglect across early help, referral, assessment, child in need and child protection.

Becoming aware of a safeguarding issue

We may become aware of a Safeguarding concern in a number of different ways:

- *a third party or anonymous allegation is received;*
- *a child or adult at risk's appearance, behaviour, play, drawing or statements cause suspicion of abuse and/or neglect;*
- *a child or adult at risk reports an incident(s) of alleged abuse which occurred some time ago;*
- *a written report is made regarding the serious misconduct of a worker towards a child or young person.*

All must be treated seriously and the HPS Report Form must be filled out. See details in following sections.

What to do with your concerns?

Stage 1

- If a child discloses, listen carefully to what they have to say and take it seriously. Act at all times as if you believe what they are saying.
- Always explain to them that any information they have shared with you will have to be shared with others, if this indicates they and or other vulnerable people are at risk of harm,
- Assess whether there is immediate danger and if necessary, take immediate action to ensure the safety of the adult at risk
 - Contact the emergency services
 - Contact the Safeguarding Children's Team
 - Inform the named safeguarding lead
- If there is no immediate danger, the safeguarding concern must be raised with the named safeguarding lead
 - Immediately, where the concern is urgent and serious
 - Within the same working day for any other concerns
- Record what was said as soon as possible after any disclosure; the person who receives the allegation or has the concern, should complete a pro-forma and ensure it is signed and dated. The contents of the pro-forma should include:
 - Date and time of notification
 - Person's name
 - What was said
 - Actions to be taken (both internal and external actions - based on the issues raised in the allegation. Eg; Notify Manager/ Duty and Advice/ LADO)
 - Respect confidentiality and file documents securely
- **Do not investigate** incidences of suspected abuse. Your safeguarding responsibility is to gather information and make an appropriate referral **only**.
- Remember that doing nothing is not an option

Stage 2

- The Named person(s) should take immediate action if there is a suspicion that child has been abused or likely to be abused. In this situation the Named Person should contact the police and/or the Duty and Advice Team. If a referral is made direct to the Duty and Advice team this should be followed up in writing within 24 hrs.
- NB Parents / carers will need to be informed about any referral to Children & Young people's Social Care or Adult Social Care unless to do so would place the person at an increased risk of harm.

Sometimes you may just feel concerned about a child but do not know whether to share your concerns or not. In this situation you should always raise your concerns with your designated child protection officer, who will decide what to do next.

The responsibility for investigating allegations of abuse, whether they result from the disclosure of a child at risk or the concerns of an adult, lies with social workers and the police.

It is normally the responsibility of your designated child protection officer to make a referral to these agencies, but if you judge the situation to be an emergency and/or you require advice in the absence of the designated officer, you must report your concerns directly, using the contacts listed.

Social Services will advise you when or whether to inform the child's parents or carers about any concerns. If they decide to pursue a child protection investigation, you should:

- Work closely and collaboratively with all professionals involved in the investigation, in order to keep the child safe;
- Attend a child protection conference if you are invited. You will be asked to provide information about your involvement with the child, which is why it is important to keep records of your concerns;
- Attend any subsequent child protection review conferences.

Allegations against staff

Any allegations made against a member of staff (including the lead) should be discussed with the Local Authority Designated Officer 0113 3789687 (LADO).

The worker must ensure that that the child is safe and away from the person against whom the allegation is made.

Regardless of whether a police and/or Children Social Work Service investigation follows, an internal investigation should take place and consideration is given to the operation of disciplinary procedures. This may involve an immediate suspension and/or ultimate dismissal dependant on the nature of the incident.

Safe recruitment

We are aware that there are people who work/volunteer, or seek to work/volunteer with children and young people who may pose a risk to children and who may harm them. We will ensure through our recruitment process for staff and volunteers, this risk will be reduced.

- We will always use application forms to assess the candidate's suitability for the role.
- We will make it clear that you have a commitment to safeguarding and protecting children and adults at risk.
- We will always have a face-to-face interview/induction with pre-planned, clear questions.
 - Including a question about whether they have any criminal convictions, cautions, other legal restrictions or pending cases that might affect their suitability to work with children or adults at risk.
- We will always ensure any staff or volunteers who: have contact with children, have access to their personal data, or carry out 'vulnerable activities' with adults, apply for a [DBS check](#) or allow us to access their information via the auto update service.
 - There may be occasions where you wish to appoint a worker from abroad. This will mean that DBS checks may not be able to be undertaken. Nevertheless a "fit person" check may be available from the country the person is moving from. You should ensure that additional references are undertaken on any worker from abroad.
- We will always carry out 2 references which ask specifically about an individual's suitability to work with children, and receive replies before they commence working/volunteering.
 - Even if you know someone very well you must ensure that they go through the same recruitment and selection process as a paid worker.
- Provide all staff and volunteers access to this policy.

Management and supervision of staff/volunteers

We meet weekly as a staff team and one of our standing agenda points is 'Safeguarding, Quality and Equality'. This is a space to talk with colleagues about any issues which have come up and give feedback.

We use a peer-supervision method and also staff receive an annual 360 Appraisal. Support Volunteers carry out weekly feedback after each session, and each term a more formal 1-1 supervision is carried out.

Recording and managing confidential information

- Staff should record any concerns/allegations of abuse, harm or neglect on the HPS Report Form on the same working day and inform the Lead.
- All information will be processed in line with our Data Protection Policy.
 - This policy aims to protect the rights of children and young people to confidentiality unless the organisation considers they could be at risk of abuse and/or harm.

Good practice

- All staff are responsible for children while they are engaged in HP Source activities and must make sure that health and safety guidelines are adhered to;
- All children/adults at risk attending groups must have completed a registration form prior.
- All staff working with children should receive regular supervision and be encouraged to attend basic child protection training;
- No member of staff should be left alone with a child where they cannot be observed by others;
- Where possible there should always be at least two adults present with a group of children – it is vital that the ratio of adult child is adequate to ensure safety. For children under 8 the ratio should be no more than 1:8; for children under 5 it should be no more than 1:6.
- Staff should be alert to strangers frequently waiting outside a venue with no apparent purpose;
- If a child is not collected after a session it is reasonable to wait approximately half an hour for a parent or carer to arrive. If the parent or carer cannot be contacted, staff should contact Social Services or the police and request assistance.

Safeguarding Children Appendix 1

The abuse or neglect of a child can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family, in a community or institutional setting, by those known to them or, much more rarely, by a stranger.

The following definitions are taken from Working Together to Safeguard Children, 2015.

They have been included to assist those providing services to children in assessing whether the child may be suffering actual or potential harm.

Physical Abuse

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.

It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice. Medical opinion will be required to determine whether an injury has been caused accidentally or not.

In particular, physical abuse can lead directly to neurological damage, as well as physical injuries, disability or at the extreme, death. Harm may be caused to children, both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties.

Emotional Abuse

Emotional abuse is a form of Significant Harm which involves 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 Online 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.

The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- A child scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' difficulty relating to others.

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

Sexual Abuse

Sexual abuse is a form of Significant Harm which 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 (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.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct;
- Sexual knowledge inappropriate for the child's age;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;

- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Running away from home;
- Poor concentration and learning problems;
- Loss of self-esteem;
- Involvement in prostitution or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area;
- Recurrent pain on passing urine or faeces;
- Blood on underclothes;
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infection, presence of semen on vagina, anus, external genitalia or clothing.

Sexual abuse can lead to disturbed behaviour including self-harm, inappropriate sexualised behaviour and adverse effects which may last into adulthood. The severity of impact is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child. A number of features of sexual abuse have also been linked with the severity of impact, including the extent of premeditation, the degree of threat and coercion, sadism and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult or carer who believes the child, helps the child to understand the abuse and is able to offer help and protection.

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 and development.

Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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);
- Ensure access to appropriate medical care or treatment.

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

Apart from the child's neglected appearance, other signs may include:

- Short stature and underweight;
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold;
- Swollen limbs with sores that are slow to heal, usually associated with cold injury;
- Recurrent diarrhoea;
- Abnormal voracious appetite at school or nursery;
- Dry, sparse hair;
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Unresponsiveness;
- Indiscrimination in relationships with adults (may be attention seeking).

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is the term used when a child does not put on weight and grow and there is no underlying medical cause for this.

Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long term difficulties with social functioning, relationship and educational progress. Neglect can also result in extreme cases in death.