



Safeguarding Children Policy

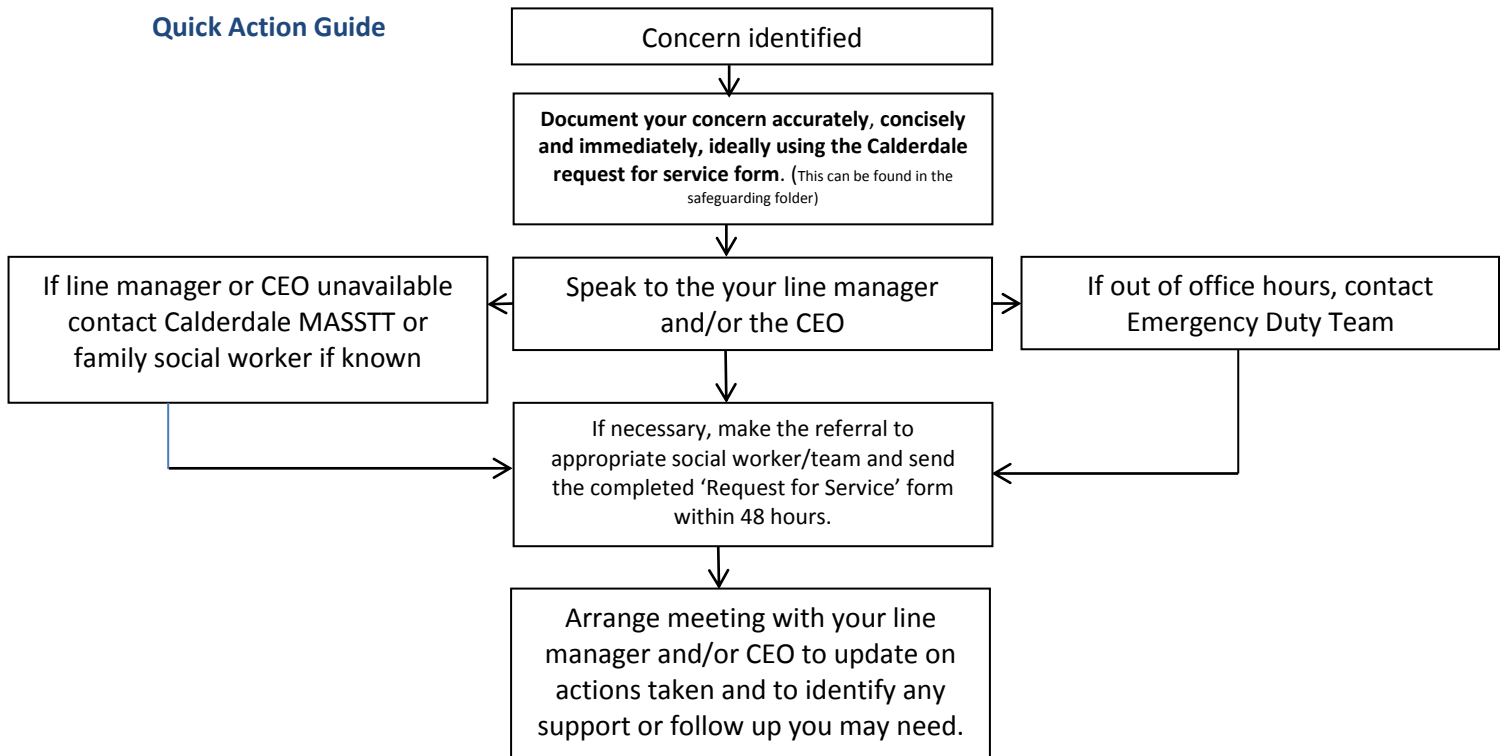
Useful Contact Details

Unique Ways' Safeguarding Contact: Amanda Goulding, Chief Executive, 01422 343090

Calderdale Multi Agency Screening Team (MAST) 01422 393336

Emergency Duty Team (Out of Hours 5pm to 9am): 0845 111137/01422 288000

Quick Action Guide



1.0 Statement of Purpose

- 1.1 Every child or young person who participates in the activities of Unique Ways should be able to participate in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult involved in Unique Ways , either on a paid or voluntary basis. Unique Ways understands that child abuse can be an emotive subject and that it is important to understand the feelings involved and not to allow them to interfere with judgement about any action that needs to be taken.
- 1.2 Unique Ways understands its duty to safeguard and promote the welfare of all children and young people by protecting them from physical, sexual or emotional abuse, neglect, bullying and exploitation.
- 1.3 The Children's Act 1989 defines a child as anyone who had not reached their 18th birthday. The fact that a child has reached 16 and is living independently or in further education, is a member of the armed forces or is in hospital, in prison or a young offenders' institution does not change his or her status or entitlement to services or protection.
- 1.4 Unique Ways will ensure that:
 - The welfare of the child remains paramount at all times
 - All children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to be protected from harm
 - All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
 - All staff/volunteers (paid and unpaid) working in the organisation have a responsibility to report concerns to their line manager and/or Chief Executive.

2.0 Promoting Good Practice

- 2.1 The vast majority of adults who work with children act professionally. Some individuals will actively seek employment or voluntary work with young people in order to harm them. All concerns regarding individuals' practice should be reported the Chief Executive.
- 2.2 Any individual who is intending to work for Unique Ways in any role on either a paid or voluntary basis will be required to undertake a standard DBS check. These will be repeated every three years.

3.0. Definitions of types of Abuse

3.1 Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to child or young person.

Physical harm may also be caused when a carer fabricates the symptoms of, or deliberately induces, illness in a child/young person.

Physical Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Unexplained injuries – bruises / abrasions / lacerations ▪ The account of the accident may be vague or may vary from one telling to another. ▪ Unexplained burns ▪ Regular occurrence of unexplained injuries Most accidental injuries occur on parts of the body where the skin passes over a bony protrusion. 	<ul style="list-style-type: none"> ▪ Withdrawn or aggressive behavioural extremes ▪ Uncomfortable with physical contact ▪ Seems afraid to go home ▪ Complains of soreness or moves uncomfortably ▪ Wears clothing inappropriate for the weather, in order to cover body. ▪ The interaction between the vulnerable adult and its carer

3.2 Neglect

Neglect is the persistent failure to meet a child's/young person's basic physical and / or psychological needs, likely to result in the serious impairment of child's/young person's health or development.

Neglect may involve a carer failing to:

- ❖ Provide adequate food, clothing and shelter
- ❖ Protect a vulnerable adult 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/young person's basic emotional needs.

Neglect - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Unattended medical need ▪ Underweight or obesity ▪ Recurrent infection ▪ Unkempt dirty appearance ▪ Smelly ▪ Inadequate / unwashed clothes ▪ Consistent lack of supervision ▪ Consistent hunger ▪ Inappropriately dressed 	<ul style="list-style-type: none"> ▪ Poor social relationships ▪ Indiscriminate friendliness ▪ Poor concentration ▪ Low self-esteem ▪ Regularly displays fatigue or lethargic ▪ Frequently falls asleep ▪ Frequent unexplained absences

3.3 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent effects on their emotional development, and may involve:

- ❖ Conveying to a child/young person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- ❖ Imposing age or developmentally inappropriate expectations on a child/young person. These may include interactions that are beyond the child/young person’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/young person participating in normal social interaction;
- ❖ Seeing or hearing the ill-treatment of another;
- ❖ Serious bullying, causing a child/young person frequently to feel frightened or in danger, or the exploitation or corruption of child/young person;

Emotional Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Poor attachment relationship ▪ Unresponsive / neglectful behaviour towards the child/young person’s emotional needs ▪ Persistent negative comments about the child/young person ▪ Inappropriate or inconsistent expectations ▪ Self-harm 	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Unhappiness, anxiety ▪ Withdrawn, insecure ▪ Attention seeking ▪ Passive or aggressive behavioural extremes

3.4 Sexual Abuse

Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities, including prostitution, whether or not the child/young person is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.

Sexual abuse includes non-contact activities, such as involving children/young people in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children/young people to behave in sexually inappropriate ways.

Sexual Abuse - Indicators	
Physical Indicators	Behavioural Indicators
<ul style="list-style-type: none"> ▪ Sign of blood / discharge on the Child/young person’s underclothing. ▪ Awkwardness in walking / sitting ▪ Pain or itching – genital area ▪ Bruising, scratching, bites on the inner thighs / external genitalia. ▪ Self-harm ▪ Eating disorders ▪ Enuresis / encopresis ▪ Sudden weight loss or gain 	<ul style="list-style-type: none"> ▪ Sexually proactive behaviour or knowledge that is incompatible with a child/young person’s understanding. ▪ Drawings & or written work that is sexually explicit ▪ Self-harm / Suicide attempts ▪ Running away ▪ Substance abuse ▪ Significant devaluing of self ▪ Loss of concentration

3.5 Discriminatory forms of Abuse

This form of abuse involves direct / indirect discrimination of children/young people because of their race, gender, sexuality, disability, religion, mental health status or age.

Discriminatory Abuse – Examples:	
	<ul style="list-style-type: none">• Lack of culturally or gender sensitivity in care practices• Access to services denied due to lack of disability awareness and access needs of members• No attempt to address language barriers• No provision of culturally sensitive food• No awareness of importance of faith festivals etc.

4.0 What should you do if a young person reports abuse or you suspect a child or young person is being abused?

4.1 In the first instance, concerns should be discussed with your line manager and or the Chief Executive. However if this is not possible then a referral should not be delayed.

4.2 Referrals must be made in one of the following ways:

- In person or by telephone contact to the Family's Social worker if known, or Calderdale's MASSTT.
- In an emergency outside office hours, by contacting the **Children's Social Care Services Out of Hours Service / Emergency Duty Team** or the Police
- All Unique Ways verbal and telephone referrals must be confirmed in writing, within 48 hours of being made

4.3 In the event that Unique Ways does not agree with the response and decisions about the referral by the Children's Social Care Services, the Unique Ways, CEO will discuss their concerns directly with the line manager of the social worker, in the first instance to seek resolution.

4.4 Referrals should be made to the duty officer at the local Children's Social Care Services Team where the child is living or is found.

4.5 If the child is known to have an allocated social worker, referrals should be made directly to the allocated worker or, in her/his absence, the manager or a duty officer in that team.

4.6 If the concern arises out of office hours, the referral must be made to the Children's Social Care Services Out of Hours/ Emergency Duty Team. Any work undertaken by the Emergency Duty Team will be completed by the regular office hours' Children's Social Care Services.

4.7 If it is not possible to contact the relevant Children's Social Care Services office, the concern must be reported to the Police CPPU or if not available to the Duty Inspector at the nearest police station.

4.8 Arrangements within UNIQUE WAYS mean that a trained member of staff must make the referral whilst also informing the Chief Executive. Volunteers must speak to their designated line manager who will make the referral. However, in the case of an emergency the volunteer must make the referral without delay, following the procedures as outlined in this document. Consultation may also be required directly with the local Children's Social Care Services Team or the allocated social worker in Children's Social Care Services.

A referral or any urgent medical treatment must not be delayed by the unavailability of designated or named professionals.

4.9 The person making the referral should provide the information as per the Request for Service form, (attached as appendix 1) completing as much as possible. However, absence of information **must not delay a referral.**

5.0 Allegations against Adults who work with Children

5.1 If you have information which suggests an adult who works with children (in a paid or unpaid capacity) has:

- behaved in a way that has harmed or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child/ren in a way that indicated s/he is unsuitable to work with children

You should speak immediately with your line manager or CEO. The CEO will consult with/make a referral to the LADO (Local Authority Designated Officer), Safeguarding Children Unit.

6.0 Confidentiality

6.1 Unique Ways will ensure that any records made in relation to a referral will be kept confidentially and in a secure place.

6.2 Information in relation to child protection concerns will 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.

Date of Review:

29th September 2016

Appendix 1: Calderdale Request for Service Form