

# Ryedale Special Families

## Safeguarding Children Policy

Ryedale Special Families (RSF) is a registered charity which supports families of children and young people with disabilities and additional needs. The RSF base is located at 121 Town Street, Old Malton, Malton, North Yorkshire. The majority of work we do with children and young people is conducted in the community and family homes.

### **Policy Statement on Safeguarding Children**

RSF recognises that all children have a right to protection from abuse and takes seriously its responsibility to protect and safeguard the welfare of children and young people.

We will:-

- Respond swiftly and appropriately to all suspicions or allegations of abuse, and provide parents and children with the opportunity to voice their concerns
- Have a system for dealing with concerns about possible abuse
- Maintain good links with statutory child care authorities.

### **The Policy**

RSF recognises that many children and young people today are the victims of neglect, and physical, sexual and emotional abuse. Accordingly, RSF has adopted the policy contained in this document. The policy sets out agreed guidelines relating to responding to allegations of abuse, including those made against staff and volunteers. We recognise the need to build constructive links with the child care agencies. These guidelines have been prepared in accordance with the North Yorkshire Safeguarding Children Board Procedures. They will be kept under review and be supported by appropriate training.

The policy applies to all staff and volunteers who act on behalf of the organisation and who come directly into contact with children. Every individual has a responsibility to inform the designated person in respect of safeguarding or their deputy of concerns relating to safeguarding children. The designated person must decide if the concerns should be communicated to statutory social care or the police.

### **Rights**

- Children and young people have a right to proper care and protection from all forms of violence, including cruel punishment, belittling or lack of respect.
- Workers have the right to proper support in carrying out their work and providing children and young people with due rights and respect

### **Roles and Responsibilities**

Staff and volunteers in this organisation accept and recognise their responsibilities to develop awareness of the issues which cause children harm.

All staff and volunteers who have contact with children and young people will be required to have an enhanced disclosure through the Disclosure & Barring Service. Checks will be updated every 3 years.

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### Definitions of Abuse

#### 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 in an institution or community setting; by those known to them, or more rarely by a stranger. 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 carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after.

#### Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to the children that they are worthless or unloved, inadequate, or valued only insofar as they meet the need of another person. It may involve causing children frequently to feel frightened or in danger, other exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

#### Sexual Abuse

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

They may include non-contact activities such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

#### Neglect

Neglect 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. It may involve a parent or carer failing to provide adequate food shelter and clothing, failing to protect a child from physical harm, or danger or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness, to a child's basic emotion.

#### What you should do if you suspect abuse

You must report concerns as soon as possible to the Chief Officer, phone number 01653 699000 who is nominated by RSF to act on their behalf in referring allegations of suspicions of neglect or abuse to the statutory authorities. In the absence of the designated person, the matter should be brought to the attention of a Care Manager, phone number 01653 699000.

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**If it is an emergency, and the designated persons cannot be contacted, then social care services or the police should be contacted at the numbers given below. For a quick guide see the RSF guidance 'What to do if you are concerned'**

Children's Social Care Customer Relation Unit	01609 534527
Police	999

If the suspicions relate to the designated person, then the deputy or social care services should be contacted.

Suspicions should not be discussed with anyone, other than those named above.

It is the right of any individual to make direct referrals to the child safeguarding agencies. We would hope that an individual would use this procedure. However, if you feel that the organisation has not responded appropriately to your concerns, it is open to you to contact the child safeguarding agencies direct.

Abuse can be carried out by any person – a relative, a carer (paid or unpaid) a friend or another person. Where a parent or carer is suspected as the potential abuser, particular care must be taken in the procedure of reporting the abuse.

### **Allegations of Physical Injury, Emotional Abuse or Neglect**

If a child has an injury which may be a non-accidental injury, or symptoms of neglect and a referral is to be made then:

The designated person should contact social care services. If there has been a deliberate injury or where there are concerns about the child's safety and the child's parents or carers are considered the potential abusers, then social care should be contacted before the parents or carers.

Where emergency medical attention is necessary it should be sought immediately. The designated person should inform the doctor of any suspicion of abuse.

If a referral is being made without the parent/carer's knowledge and non urgent medical treatment is required, social care services should be informed. Otherwise, speak to the parent/carer and suggest medical attention be sought for the child.

In the event of the parent or carer being considered the potential abuser, then they should be encouraged to seek help from the social care services department prior to a referral being made. If they fail to do so in situations of real concern the designated person will contact social care services directly for advice.

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### **Allegations of Sexual Abuse**

In the event of allegations of sexual abuse the designated person will:

Contact the social care services or Police Child Safeguarding Team directly. The designated person will not speak to the parents/carers, if they are considered the potential abusers.

Under no circumstances should the designated person, or any other member of the organisation, attempt to carry out any investigation into the allegations or suspicions of sexual abuse. The role of the designated person is to collect the exact details of the allegations or suspicion and to provide this information to the child safeguarding agencies that will investigate the matter under the Children Act 1989.

### **What To Do Once A Child Has Talked To You About Abuse**

Make a note immediately of what the child has said, writing down the exact words used, write down what you said in reply, when they said it and what was happening immediately beforehand. Record dates and times of the events and when the record was made. Keep all notes secure. It is of utmost importance that events are recorded accurately and honestly.

Report your discussion as soon as possible to the designated person.

Once a child has talked about abuse the designated person must consider if it is safe for a child to return home to a potentially abusive situation. On a rare occasion, if the parent or carer is identified as the potential abuser, it might be necessary to take immediate action to contact social care services and/or the police to discuss putting into effect safety measures for the child so that they do not return home.

All child safeguarding concerns will be recorded and stored securely in that child's individual records held in the RSF office.

Allegations against staff or volunteers will be investigated in accordance with the Whistleblowing Policy. Where there are concerns that a child has been put in danger of abuse, or has suffered abuse owing to the actions of a member of staff or volunteer social services or the police will be contacted. Details of any allegation which has not resulted in a referral will be kept securely in the individual's records held in the RSF office.

RSF are committed to upholding safeguarding principles throughout all of our work, including;

- Carefully following rigorous procedures for recruitment and selection of staff and volunteers
- Sharing information about safeguarding and good practice with children, parents and volunteers
- Providing effective management for staff and volunteers through continuous supervision, support and training

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Further details relating to safeguarding children can be found in additional policies including Administration of Medication, Moving & Handling and Restraint and the following appendices;

- Recognising Abuse
- Working with Disabled Children

The following information in these appendices is taken from the North Yorkshire Safeguarding Children Boards' Child Safeguarding Procedures. There is lots of guidance on their website [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk) and that of the NSPCC, [www.nspcc.org.uk](http://www.nspcc.org.uk)

### Appendix 1 Recognising Abuse

#### 4.3 Recognition of abuse and neglect

The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm;
- Indicates a need for careful assessment and discussion with the agency's nominated child safeguarding lead;
- May require consultation with and/or referral to the LA children's social care and / or the police.

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent;
- Act in a way that is inappropriate to their age and development.

The parent may:

- Persistently avoid routine child health services and/or treatment when the child is ill;
- Have unrealistic expectations of the child;
- Frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment);
- Be absent or leave the child with inappropriate carers;
- Have mental health problems which they do not appear to be managing;
- Be misusing substances;
- Persistently refuse to allow access on home visits;
- Persistently avoid contact with services or delay the start or continuation of treatment;
- Be involved in domestic abuse;

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- Fail to ensure the child receives an appropriate education.

Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household.

### 4.4. Recognising physical abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- The parent/s are uninterested or undisturbed by an accident or injury;
- Parents are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury);
- Frequent use of different doctors and accident and emergency departments;
- Reluctance to give information or mention previous injuries.

### 4.5 Recognising emotional abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

The following may be indicators of emotional abuse:

1. Developmental delay;
2. Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
3. Indiscriminate attachment or failure to attach;
4. Aggressive behaviour towards others;
5. Appeasing behaviour towards others;
6. Scapegoated within the family;
7. Frozen watchfulness, particularly in pre-school children;
8. Low self esteem and lack of confidence;
9. Non organic failure to thrive
10. 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

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impact on a developing child's mental and physical 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 violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

### 4.6 Recognising sexual abuse

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

Boys and girls of all ages may be sexually abused. Many are frequently scared to say anything due to guilt and / or fear. According to a recent study, three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood\*.

If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

\*Grubin. D (1998). Sex offending against children: understanding the risk. Police Research Series. Paper 99. Home Office

Behavioural indicators which may help professionals identify child sexual abuse include:

1. Inappropriate sexualised conduct;
2. Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
3. Contact or non-contact sexually harmful behaviour;
4. Continual and inappropriate or excessive masturbation;
5. Self-harm (including eating disorder), self mutilation and suicide attempts;
6. Involvement in sexual exploitation or indiscriminate choice of sexual partners;
7. An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

Physical indicators associated with child sexual abuse include:

1. Pain or itching of genital area;
2. Blood on underclothes;
3. Pregnancy in a child;

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4. Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.

### 4.7 Recognising neglect

It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

1. Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
2. Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
3. A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
4. Failure of child to grow within normal expected pattern, with accompanying weight loss;
5. Child thrives away from home environment;
6. Child frequently absent from school;
7. Child left with inappropriate carers (e.g. too young, complete strangers);
8. Child left with adults who are intoxicated or violent;
9. Child abandoned or left alone for excessive periods.
10. Child has very poor dental health.

Disabled children and young people can be particularly vulnerable to neglect due to the increased level of care they may require.

Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence, mental health issues, learning disabilities, substance misuse, or social isolation / exclusion, this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

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### Appendix 2

#### Working with Disabled Children

The national guidance "Safeguarding Disabled Children - Practice Guidance (2009)" provides a framework for collaborative multi agency responses to safeguard disabled children, this appendix contains guidance from this document.

Any child with a disability is by definition a "child in need" under s17 Children Act 1989. The Disability Discrimination Act 1995 (Equality Act 2010) makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service.

Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and/ or neglect than children who do not have a disability. The available UK evidence on the extent of abuse among disabled children suggests that the presence of multiple disabilities appears to increase the risk of both abuse and neglect (National Service Framework for Children, Young People and Maternity Services (2004).

#### Considerations

Disabled children are particularly vulnerable for a variety of reasons, including:

- Having fewer outside contacts than non-disabled children;
- Receiving intimate personal care possibly from a number of carers which may increase their exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
- Having an impaired capacity to resist or avoid abuse;
- Being more vulnerable to abuse by their peers and especially vulnerable to bullying;
- They may have speech, language and communication needs which make it difficult to tell others what is happening;
- Being inhibited about complaining due to fear of losing services.

In addition to the universal indicators of abuse and neglect the following abusive behaviours may be relevant:

- Force feeding or not giving a child enough time to eat, leading to malnourishment;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillisation;
- Invasive procedures against the child's will;

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- Deliberate failure to follow medically recommended regimes;
- Unwillingness to learn a child's means of communication;
- Ill-fitting equipment e.g. callipers, sleep board which may cause injury or pain, inappropriate splinting.

In addition to increased risk factors, disabled children may have communication difficulties which make it difficult to tell others what is happening to them. Adults, including professionals assessing their needs and caring for them may concentrate on the child's additional needs and overlook signs and symptoms which may suggest that the child is being maltreated. Signs indicating maltreatment may be attributed to the disability.

A professional who has a concern for a disabled child may find it difficult to attribute indicators or abuse or neglect because of a number of factors, including;

- Not being able to understand the child's method of communication
- A lack of knowledge about the child and their usual behaviours
- A lack of knowledge about the impact of disability on this child
- Denial of the child's sexuality
- Over identifying with the child's parents/carers and being reluctant to accept abuse is taking place or seeing it attributable to the stress of caring for a disabled child

Where there is a concern for a disabled child who is already subject to a Child's Plan for example in receipt of short break care, those professionals assessing the concern and those who are responsible for coordinating and delivering the Child's Plan must work closely together to ensure that the child's needs are met in a holistic way.

Ryedale Special Families recognises that some children and young people's specific needs may appear to contradict safeguarding guidelines. In all cases, raise any concerns you have with the designated person.