

Safeguarding children – policy & procedures

Ripon City of Sanctuary (RCoS) is committed to the principles of Working Together to Safeguard Children. This is the guide to inter-agency working to safeguard and promote the welfare of children, published by the Department for Education and Skills. See the July 2018 version at <https://bit.ly/2OYSwvJ>

RCoS believes that no child or young person should ever experience abuse or neglect of any kind, and that protecting children is everybody's responsibility. This policy will enable the RCoS management committee and volunteers (collectively known here as 'volunteers') to respond appropriately to any concerns which may arise in respect of a child.

At a **local** level, RCoS is committed to protecting the safety of all service-users aged under 18 as well as the children of adults who volunteer with the RCoS Group. Safeguarding is everybody's business. All volunteers will be made aware of this policy and their responsibilities for safeguarding children, and will all take issues of abuse and neglect seriously; doing nothing is not an option.

At a **national and regional** level, RCoS will lobby for the right of under-18 asylum seekers, refugees and other migrants to lead lives free of persecution and abuse, and to get the help they need to keep themselves safe.

RCoS recognises that:

- a child is a person who has not attained their 18th birthday
- 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 further at risk because of the impact of previous experiences, their level of dependency, communication needs or other issues – such as seeking asylum
- some children and young people seeking asylum and who cannot provide documentary evidence of their age are assessed and treated as adults by the Home Office.
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare
- child abuse allegations made against RCoS volunteers will be treated no differently from allegations made against anyone else.

RCoS will not tolerate abuse in any of its forms, and will work internally with the relevant agencies to:

- look out for signs of child abuse and/or neglect (see Appendices 2 and 3)
- prevent child abuse/neglect
- report signs of child abuse and/or neglect
- end child abuse/neglect that is occurring
- support children at risk of abuse/neglect.

Designated safeguarding officer

The designated child safeguarding officer is listed at the end of this policy. All matters relating to child safeguarding at RCoS should be referred to them and/or the chair of RCoS.

Other RCoS policies which should be cross-referenced

(Items in red await final ratification before publication)

- **Ripon City of Sanctuary Policy Handbook**
- Safeguarding Adults Policy
- Code of Conduct
- Confidentiality and Data Protection Policy
- **Recruitment and Selection Policy**
- **Risk Assessment policy.**

Please note: Local authority Social Services teams are now known as Social Care teams.

1. The legal framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- The General Data Protection Regulation (EU) 2016/679 (GDPR)
- The Sexual Offences Act 2003
- The Children Act 2004
- The Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children.

2. RCoS will seek to keep children and young people safe by:

- understanding what neglect and abuse are, and how to spot the signs (see Appendices 2 and 3)
- valuing children and young people, listening to and respecting them
- adopting child protection practices through procedures and a code of conduct for volunteers
- ensuring age disputed children/young people are supported to access appropriate advocacy and support
- providing effective management for volunteers through supervision, support and training
- recruiting volunteers safely. ensuring all necessary checks are made sharing information about child protection and good practice with children, parents and volunteers
- sharing concerns with agencies who need to know, and involving parents and children appropriately.
- investigating all complaints thoroughly and promptly
- notifying the police and local authority designated officer (LADO) of any concerns alerted to us
- annually reviewing this policy and good practice.

3. Safeguarding children at RCoS events

One-off or infrequent events organised by RCoS for the benefit of refugees and asylum-seekers may include their children as well as the children of volunteers and guests. Our safeguarding policy in such circumstances is:

- All children attending will be accompanied by a parent or another adult to whom the parent/s have delegated responsibility (eg a friend or relative, but not a RCoS committee member or volunteer). As a result, volunteers (whether an official RCoS volunteer or a casual helper on the day) will not need a DBS check providing they are supervised at all times by a RCoS volunteer with a RCoS DBS check.
- If the event includes a choice of trips or activities, children may not join any trip or activity without at least one of their parents/the appointed responsible adult accompanying them.

- No volunteer may be alone with a child. They may not take a child to the toilet, provide any personal care (eg changing a nappy or wet clothing), or be with a child in any place where the child is not visible to its parent/s.
- Where activities are organised for children, such as games or crafts, this must be in a place where the children are always visible to the parents. As a result, volunteers helping the children with those activities will not need a DBS check.

4. RCoS designated child safeguarding officer

The designated RCoS child safeguarding officer is listed at the end of this policy. All matters relating to child safeguarding at RCoS should be referred to them and/or the chair of RCoS. See Appendix 3 for roles & responsibilities.

5. If child abuse/neglect is suspected

Safeguarding is everyone's responsibility. Any volunteer who is told of abuse/neglect, witnesses it, or suspects it has a responsibility to act. Doing nothing is not an option. It is not a volunteer's responsibility to decide if abuse is occurring, or how serious it is, but it is their responsibility to act on any concerns they may have. Their responsibilities are to:

- 5.1 **Listen** carefully to any child or young person reporting that abuse has taken place, and reassure them that s/he will be believed, while making it clear that the volunteer must take action to prevent further harm. As this is a legal issue, it is vital that the volunteer does not encourage the child to *expand* on what they have reported, so that the child only discloses further to an appropriately trained officer.
- 5.2 **Take action** – If what appears to be child abuse or neglect is encountered, it cannot be kept secret, even if the child or young person asks for it not to be shared. Volunteers should take the most appropriate action based on the urgency of the situation:

Are the police required?

Consider whether you need to seek advice from RCoS first, or whether you need to take action first:

- If an urgent police presence is required to keep the child safe, call 999
- If a crime is ongoing and the child is in imminent danger, call 999
- If a crime has *been* committed but the child is not in imminent danger, call 101
- If you want police advice, call the non-emergency number 101

Are health professionals required?

Consider whether you need to seek advice from RCoS first, or whether you need to take action first. If the child needs medical assistance –

- For emergency medical attention, call 999
(do not transport the child to hospital yourself)
- For a doctor, call the child's own GP and take advice
- For NHS advice if you can't find out who the child's GP is, call 111.

Are Social Care required?

Remember that alerting Social Care is a significant step, especially if it concerns a refugee/asylum-seeker. This decision needs to be well-informed and should usually be left to a more appropriate agency (eg police, health professionals or Refugee Council).

- 5.3 **Preserve the evidence** if you believe a crime may have occurred. Do not touch anything that could compromise evidence, or – without risk to yourself – allow anyone else to do so. If you are able to do so without putting yourself at risk, take any photos which could be useful.

- 5.4 **Clearly record in writing**, fully and as soon as possible afterwards, what you have witnessed or been told. Note your responses and any actions you have taken. Note who else attended (eg police, medical professionals) and what they said/did, and what was your concluding involvement in the event. Take into account your data protection responsibilities by protecting this report and only sharing it with people who need to see it.
- 5.5 **Tell RCOS'** child safeguarding officer and/or chair, as soon as possible afterwards, what has happened and what actions you have taken, and provide a copy of your report (above).

6. RCoS management committee responsibilities

Once the RCoS management committee has received a report of suspected child abuse or neglect, it should meet as soon as possible to consider what should be done. At that meeting and/or on an ongoing basis, the committee should:

- Keep full and careful records of all discussions, decisions and actions taken
- Decide who needs to be informed about the suspected child abuse/neglect, if they are not already aware – for example, the Refugee Council, police or health professionals.
- Provide full co-operation to the relevant authorities (eg police, health professionals, social care, refugee council, NYCC).
- Keep a close eye on other children and adults within the family of the suspected victim of abuse/neglect, in case the child in question is not the only victim.
- Provide appropriate practical and emotional support to the suspected victim, without pressure and only if wanted.
- Provide any necessary support to the person who reported the suspected child abuse/neglect, and signpost them to further professional support if wanted.
- Decide whether other organisations (such as schools) need to know any aspect of the situation, for example to advise that the child may be unable to attend. Wherever possible, provide only practical information needed by that organisation rather than any information which could further expose the child to abuse/neglect or cause them a loss of dignity.
- See Appendix 3 for particular roles & responsibilities.

7. Seeking advice

If any neglect or abuse is suspected, volunteers should seek advice from any or all of the following:

- the RCoS child safeguarding officer (see end of this policy)
- a member of RCoS management committee
- the Refugee Council
- the police or health professionals
- NYCC (see the [NYCC website](#))

8. If nothing happens when a concern is raised

RCoS should contact the NYCC Social Care team without delay, especially if it is believed that this child remains at risk (or that other children or adults in the household are at risk), if:

- after notifying a concern to any agency such as the Refugee Council, police, or health professionals, RCoS believes that no actions have been taken, and no satisfactory explanation has been given
- action has been promised but not carried out in a sufficiently timely, comprehensive or accurate manner, and no satisfactory explanation has been given.

Urgent & non-urgent concerns, in and out of office hours

Call the Contact Resolution Centre on 01609 780780
(Monday to Friday 8.00am-5.30pm, Saturday 9.00am-5.00pm)

Email

children&families@northyorks.gov.uk

Make a referral

Use the [online referral form](#)

Referrers should ideally work in partnership with parents/carers and keep them informed of concerns, obtaining consent for referrals. However, consent is not required if it is believed that informing the parents/carers would place a child at significant risk of harm.

9. RCoS designated child safeguarding officer

John Creedon

07889 131975

johncreedon6@hotmail.com

Date policy approved: **xxx** 2019

Next review due: **xxx** 2020

History of this document

- | | |
|-------------------|---|
| 4 March 2019 | RCoS committee approved the addition of Section 3. The introduction was updated to include the text “a child is a person who has not attained their 18 th birthday”. |
| 20 September 2018 | Version 1 published online |

Appendix 1 – What do abuse and neglect constitute?

- 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 fabricates the symptoms of, or deliberately induces illness in a child.
- 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 in so far 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 cyber-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.
- Sexual abuse: 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 include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet), and child sexual exploitation. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- 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. Neglect may occur during pregnancy as a result of maternal substance abuse. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- Domestic violence and abuse: is 'an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality' (Home Office, 2013). Domestic violence affects both adults and children within the family and impact on children by placing them at increased risk of physical injury: and of anxiety and distress caused by witnessing the physical and emotional suffering of a parent. Children in violent households are significantly more likely to be exposed to other forms of child abuse.
- Female genital mutilation (FGM) - includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. Procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth increased risk of new-born deaths. It can occur either in this country or the child's country of origin.
- (Child) trafficking - A child has been trafficked if they have been moved within a country, or across borders, whether by force or not, with the purpose of exploiting the child for labour, sexual or any other activity.
- Forced marriage - a marriage that is performed under duress and without the full and informed consent or free will of both parties. Child victims fall within the definition of forced marriage since children are, by definition, incapable of consent or of exercising the right of refusal.
- Spiritual or religious abuse: Spiritual abuse is not covered by the statutory definitions but is of concern both within and outside faith communities. Aspects of spiritual abuse can be recognised under the four categories of abuse such as emotional abuse or physical abuse (e.g. forced healing rituals). Within faith communities, harm can be caused by the inappropriate use of religious belief or practice. This can include the misuse of the authority of leadership or penitential discipline, oppressive teaching, obtrusive or forced healing and deliverance ministries or rituals, any of which may result in children experiencing physical, emotional or sexual harm.

Appendix 2 – Recognising possible signs of abuse

Recognising abuse is not easy. The guidance issued to professionals often extends over many detailed pages. It's also important to note that the presence of one or more of these factors does not prove that a child has been abused, but could indicate that things need further investigation.

When it comes to **the child himself/herself**, volunteers should look out for:

- The child's own disclosure of abuse, or describing what appears to be an abusive act
- Physical evidence such as cuts, bruises or broken bones
- A child reacting in a way that is inappropriate to his/her age or development
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury)
- Unexplained changes in behaviour, such as withdrawal, sudden outbursts of temper, unexpected bed-wetting
- Inappropriate sexual awareness or sexually explicit behaviour
- Distrust of adults, particularly those with whom a close relationship would normally be expected
- Difficulty in making friends
- Eating disorders, depression, self-harm or suicide attempts
- Someone else (child or adult) expressing concern about the welfare of a child.

When it comes to **the child's family or carers**, volunteers should look out for factors which could indicate or give rise to child safeguarding concerns:

- An unexplained delay in seeking treatment that is obviously needed
- Regarding illness, injury, pain or loss of function:
 - an unawareness or denial of it
 - incompatible explanations provided for it
 - several different explanations provided for it
 - reluctance to give information or failure to mention previous illness, injury, pain or loss of function.
- Failure to register with a health professional, or using multiple health professionals (eg at different clinics) when only one would normally be used
- Frequent attendances at the doctor's or at A&E departments
- Unrealistic expectations/constant complaints about the child
- Alcohol misuse or other substance misuse
- Requests to remove a child from home; sending a child to spend disproportionate amount of time with extended family, neighbours or friends, etc; indication of difficulties in coping with the child.
- Domestic violence
- Parental mental ill-health
- The age of the child and the pressures of caring for a number of children in one household.

Specific signs:

- **Physical abuse:** Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse. Unexplained or suspicious injuries such as bruising cuts or burns, particularly if situated on a part of the body not normally prone to such injuries or the explanation of the cause of the injury does not seem right. 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 advice. Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

- Sexual abuse: Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child /family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural
- Neglect: The growth and development of a child may suffer when the child received insufficient food, love, warmth, care and concern, praise, encouragement and stimulation. Apart from the child's neglected appearance, other signs may include underweight, red/purple mottled skin, swollen limbs with sores that are slow to heal, recurrent diarrhoea, abnormal voracious appetite, sparse hair, a child seen to be listless, apathetic and unresponsive, indiscriminate in relationships with adults.
- Domestic violence and abuse: where partner violence is either known or suspected in a household where children are present, particular attention should be given to the behaviour and emotional welfare of the children. Fear of a particular household member, flinching, may accompany any of the other signs of physical, emotional, sexual abuse or neglect.
- Female genital mutilation (FGM) - A girl at immediate risk of FGM may not know what's going to happen. But she might talk about being taken 'home' to visit family, a special occasion to 'become a woman', an older female relative visiting the UK. A girl or woman who's had FGM may: have difficulty walking, sitting or standing; spend longer than normal in the bathroom or toilet; have unusual behaviour after an absence from school or college; be particularly reluctant to undergo normal medical examinations; ask for help, but may not be explicit about the problem due to embarrassment or fear
- Child trafficking – Signs may not be obvious but you might include a child who spends a lot of time doing household chores; rarely leaves their house; has no freedom of movement and no time for playing; is orphaned or living apart from their family; isn't sure which country, city or town they're in; might not be registered with a school or a GP practice.
- Forced marriage – Signs may include a family history of forced marriage; not being allowed to leave the house; attempts to run away from home; constant monitoring by the family; request for extended leave of absence at school and/or failure to return from the country of origin; after holidays; fear about forthcoming school holiday; being withdrawn from school or prevented from continuing with higher education
- Spiritual or religious abuse: This is most likely to happen in particularly religious households. Children may express fear of going to a place of worship, or may be expressing negative thoughts about themselves using religious language.

Appendix 3 – Roles and responsibilities

1. Roles and responsibilities of Designated Safeguarding Officers

- To be familiar with current legislation and guidelines on safeguarding children
- To understand and implement relevant child safeguarding procedures
- To take responsibility for organising appropriate training for volunteers
- To ensure appropriate recruitment and vetting of volunteers
- To ensure adequate supervision for volunteers working with children
- To establish good communication with agencies working in the field of safeguarding children
- To promptly investigate and refer appropriately any allegations or suspicions of child abuse

2. Roles and responsibilities of all volunteers

- To work within Ripon City of Sanctuary's Safeguarding Children policy and guidelines
- To inform and support the Designated Safeguarding Officers with any concerns or worries regarding children's safety and well being
- To attend appropriate training on Safeguarding Children
- To follow agreed procedures for reporting any causes for concern or worries about a child
- If required, to submit a report to any investigation or case conference concerning any causes for concern

3. Roles and responsibilities of all Members of the RCoS Management Committee

- To ensure that those benefiting from, or working with RCoS are not harmed in any way through contact with it.
- To discharge their legal duty to act prudently and this means that they must take all reasonable steps within their power to ensure that this does not happen. It is particularly important where beneficiaries are at risk of abuse, harm or neglect.
- To find out what the relevant law is, how it applies to their organisation, and to comply with it in line with best practice.