

# Safeguarding and Child Protection Policy and Procedures

Last review April 2018  
Next review April 2019

## Statement of Intent

Safeguarding is at the heart of everything we do. It is everybody's responsibility to safeguard the welfare of children and young people, to notify others of possible signs of abuse and neglect and to ensure steps are taken to safeguard and protect these children.

Read for Good is committed to creating a safe environment in which young people can feel comfortable and secure while engaged in any of Read for Good's programmes, training events or workshops.

This policy is written in line with UK-wide regulatory legislation and statutory guidance.

## Child Protection Policy

We at Read for Good are committed to protecting children from harm however perpetrated.

All staff, including sessional workers and self-employed storytellers, trustees and volunteers, in this organisation accept and recognise our responsibilities to develop awareness of issues which cause children and young people harm and to act if we have a concern about a child.

We will endeavour to safeguard children and young people by -

- Adopting safeguarding guidelines through a code of behaviour for staff and volunteers.
- Following relevant information sharing protocols and sharing concerns about safeguarding and child protection as appropriate.
- Following safer recruitment processes in the selection of staff and volunteers.
- All staff, volunteers and storytellers undertaking safeguarding training, as appropriate.
- Providing effective management for staff and volunteers through supervision, support and training.

## Read for Good Key People

- Terri Passenger - Trustee responsible for Safeguarding
- Cherry Land - Designated Safeguarding Lead
- Vicky Pember - Deputy Designated Safeguarding Lead

We are committed to reviewing our policy and good practice at regular intervals.

**If you have a serious and immediate concern regarding a child, either contact the Designated Safeguarding Lead or the designated member of staff who is responsible for safeguarding at the hospital or school if applicable.**

## 1. Sharing Information about Safeguarding with Children, Staff and Volunteers

Good communication is essential in any organisation. At Read for Good, every effort will be made to assure that, should individuals have concerns, they will be listened to and taken seriously.

It is the responsibility of the management to ensure that information is available to, and exchanged between, all those involved in this organisation and its activities. Some information is sensitive and confidential and should only be shared on a strictly need-to-know basis and not discussed with any other individual or party. Local information sharing protocols will be followed by Read for Good.

To ensure each member of Read for Good personnel is aware of their responsibilities under Child Protection legislation and has a working knowledge of Read for Good's procedures, we will ensure each member of staff receives regular training in Child Protection. This will take the form of face-to-face training for all staff, including storytellers, who have direct contact with children, and online awareness training for other personnel who do not have face-to-face contact.

In addition -

- We will make available a copy of our Safeguarding Policy to any other appropriate body.
- In addition to their regular training, DSLs will maintain current up to date knowledge and best practise awareness through alerts, such as NSPCC/Safe Network's CASPAR and Gloucestershire Safeguarding Children Board's website alerts.

Training

- The Trustee with a specific responsibility for Safeguarding, the Designated Lead and Deputy Designated Lead will update their 'Multi-Agency face-to-face training' every three years delivered by GSCB.
- All other personnel, whether working directly with children or not (storytellers, volunteers, trustees and staff) will undertake online training at least every 3 years **or** will attend the tailored Read for Good face-to-face training at least every 3 years which will include mandatory safeguarding training requirements.

## **2. What to do if you have Concerns about a Child**

If a child tries to disclose information to you -

- Listen to the child, do not directly question them. Offer the child reassurance that they have done the right thing by telling you and that they are very brave for doing so, without making promises.
- Take what the child says seriously and accept what they say. It is not your role to investigate or question. Do not overreact.
- Never promise confidentiality, as the protection of children will always override confidentiality. In law, child protection overrides data protection and human rights.
- Advise that you will try to offer support, but that you must pass the information on. Explain what you have to do and whom you have to tell.
- Record the discussion accurately, as soon as possible after the event. Use the child's words or explanations – do not translate into your own words, in case you have misconstrued what the child was trying to say. As well as your written record, keep any actual notes you jotted straight after the disclosure, however scrappy.

### **Reporting Allegations OR Concerns of Abuse**

Any concerns or disclosures must be reported immediately to the Designated Safeguarding Lead at Read for Good and the designated member of staff who is responsible for safeguarding at the hospital or school if applicable, who will then decide what further action is required. Record any discussions or actions within 24 hours.

### **Recording Allegations OR Concerns of Abuse**

In any case where an allegation is made, or a member of staff has concerns, a record must be made within 24 hours. Details must include, as far as practical:

- Name of person making allegation
- Date and time of concern or disclosure and date recorded
- Details of the allegation/concern
- Where the concern or disclosure took place
- Name of child or young person if different
- Age and date of birth of the child (if known)
- Home Address and Name/s and Address of parent/s or person/s with parental responsibility (if known)
- Is the person making the report expressing their own concerns, or passing on those of somebody else? If so, record details
- What has prompted the concerns? Include dates and times of any specific incidents
- Has the child or young person been spoken to? If so, what was said?
- Who has this been passed on to, in order that appropriate action is taken? e.g. school, play department, designated officer, social services etc
- Has anyone else been consulted? If so, record details

## **Record Keeping and Confidentiality**

All records, information and confidential notes will be kept in separate files in a locked drawer or filing cabinet. Only the Designated Leads will have access to these files.

- Records of concerns regarding adults (with any child details redacted) will be kept for 21 years
- Records of concerns with personal details of children will be retained for 7 years
- After which time all documents will be confidentially destroyed.

## **Escalation**

Any member of personnel has the right and responsibility to escalate a safeguarding concern if they feel it has not been dealt with appropriately or ask for follow-up after reporting a concern.

If it is not possible to resolve the professional differences through discussion with the Designated Lead then you have a duty to escalate our concerns using the local escalation process which will be set out on the Local Children Safeguarding Board website (local to the child's normal place of residence).

### **3. Managing Allegations of Abuse against Members of Read for Good Personnel**

If you receive an allegation about yourself or a concern about your behaviour –

- Keep calm. Do not get involved in an argument, which is likely to make the situation worse.
- Immediately inform the Read for Good Designated Safeguarding Lead and, if within a school or hospital setting, the safeguarding lead on site.
- Complete a written record of your perspective of the situation, including any relevant background information.
- Ensure that no one is placed in a position that could cause further compromise.

If you have a safeguarding concern about another member of Read for Good personnel inform the Designated Safeguarding Lead, who will then follow local multi-agency arrangements for managing allegations, which can be found on Gloucestershire Safeguarding Children Board's website. In some cases the concern may meet the threshold for referral to the Local Authority Designated Safeguarding Lead.

### **4. Safer Recruitment and Retention**

#### **Procedures for Recruitment and Selection of Staff, Trustees and Volunteers**

Read for Good operates employment and supervision procedures that ensure highest priority is given to issues relating to safeguarding children.

Refer to separate Read for Good Recruitment Policy and Staff Handbook for further detail.

All staff and trustees complete e-learning safeguarding training within three months. Any personnel who has direct contact with children (eg storytellers) to complete this prior to commencing duties and attend face-to-face training every two years.

### **5. Complaints and Whistleblowing**

Read for Good is committed to the highest possible standards of openness, probity and accountability. In line with that commitment we expect employees, and others that we deal with, who have serious concerns about any aspect of the organisation's work to come forward and voice those concerns.

As a first step, you should normally raise concerns either verbally or in writing with your immediate supervisor or the Designated Lead. This may depend, however, on the seriousness and sensitivity of the issue involved and who is suspected of the malpractice. You may prefer to approach a more senior level of management or trustee.

If your concern relates to the wellbeing of a child you would follow safeguarding procedures.

## **6. Code of Behaviour**

Personnel should, at all time, show respect and understanding for an individual's rights, safety and welfare, and conduct themselves in a way that reflects the ethos and principles of Read for Good.

Refer to separate Read for Good Behaviour Policy for further detail.

## **7. Using photographs and/or film footage of children for publication including social media**

The use of photos on websites and in other publications may pose direct and indirect risks to children and young people.

Read for Good seeks to minimise these risks by following our Photo and Film Usage Policy and Processes.

## **8. Risk Assessment and Accident Prevention**

Risk assessments are necessary to identifying and understanding what probable risks may occur and will help to protect children from any unnecessary harm and adults from potential allegation and misinterpretation. They need to be carried out regularly throughout a session as well as before and after each activity.

It is imperative that children can be given the freedom to explore ideas and concepts without feeling stifled and under stimulated. As adults we are there to make sure that they can achieve this through the necessary support, dependent on age, ability, needs and requirements in order to attain the suitable level of learning.

Also practise at all times the guidance on One-to-One contact in the Code of Behaviour.

## **9. Lone Working Statement**

For full Statement and Actions, see information in Read for Good's Lone Working Policy.

When working in another setting, particular attention must be paid our Code of Behaviour, especially the section One to One Contact.

**For further guidance contact:  
Gloucestershire Safeguarding Children's Board (01452 426565)  
Gloucestershire's Children's Service Front Door (01452 426565)  
Local Authority Designated Officer (01452 426994)**

## **Appendix: The Definitions and Signs of Child Abuse**

The following fact sheet has been compiled by NSPCC. It provides guidance for people working in voluntary, community and commercial organisations that have child protection policies in place, on how they can recognise the signs of child abuse, so that they can alert the appropriate authorities. This does not constitute legal advice.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child either directly by inflicting harm, or indirectly, by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them; or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

### **Definitions**

There are five types of child abuse. They are defined in the UK Government guidance Working Together to Safeguard Children 2015, as follows:

#### **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

#### **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.

#### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact including both penetrative or non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex.

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. Neglect may occur during pregnancy as a result of maternal substance abuse. 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; failing to protect a child from

physical and emotional harm or danger; failure to ensure adequate supervision including the use of inadequate caretakers; 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 emotional needs.

### Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced antibullying strategies.

### Signs of abuse

Recognising child abuse is not easy. **It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do however, have both a responsibility and duty, as set out in your organisation's safeguarding procedures, to act** in order that the appropriate agencies can investigate and take any necessary action to protect a child.

The following information should help you to be more alert to the signs of possible abuse.

### Physical Abuse

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later.

The physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body, multiple bruises - in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks
- multiple burns with a clearly demarcated edge.

Changes in behaviour that can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched



- reluctance to get changed, for example in hot weather
- depression
- withdrawn behaviour
- running away from home.

### Emotional Abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for, may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding their behaviour
- developmental delay in terms of emotional progress

### Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people  
having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money

- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

### Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- inappropriate clothing for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised.

### Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in:

- depression
- low self-esteem
- shyness
- poor academic achievement
- isolation
- threatened or attempted suicide

Signs that a child may be being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a

death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.