

Safeguarding and Child Protection Policy and Procedures

Reviewed Nov 2020

For the purpose of this policy a child, as in law, is anyone under the age of 18.

Statement of Intent

At Read for Good we believe that everyone has the right to live free from abuse of any kind and safeguarding is at the heart of everything we do. We have a responsibility to keep children and adults safe and we are committed to protecting them in all of our activities. Everyone at Read for Good has a responsibility to notify relevant others of possible signs of abuse and neglect to ensure steps are taken to safeguard and protect.

Read for Good is committed to creating a safe environment, both in the physical and online world, in which children and adults can feel comfortable and secure while engaged in any of Read for Good's programmes, events or workshops. Read for Good is committed to working with safeguarding partners in the local area.

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

All Read for Good staff in their professional capacity, including sessional workers and self-employed storytellers, trustees and volunteers (herein referred to as Personnel), accept and recognise our responsibilities to develop awareness of issues which cause children and adults harm and to act if we have a concern about a child or adult. At Read for Good all those working with children and their families are subject to the same safeguarding requirements, whether paid or unpaid.

We will endeavour to safeguard by -

- Adopting a code of behaviour for Personnel.
- Sharing protocols and sharing concerns about safeguarding and child protection as appropriate.
- Undertaking safeguarding training for all Personnel, as appropriate.
- Following safer recruitment processes in the selection of Personnel.
- Providing effective management for all Personnel through supervision and support.
- Ensuring our data is stored in line with General Data Protection Regulations.
- Ensuring that in Read for Good's online activity, including social media, we do not knowingly enter into dialogue with children.
- Reviewing our policy and good practice at regular intervals and at a minimum, annually.

Read for Good Key People

- Helen West - Trustee responsible for Safeguarding
- Cherry Land - Designated Safeguarding Lead
- Justine Daniels - CEO & Deputy Designated Safeguarding Lead
- Vicky Pember - Deputy Designated Safeguarding Lead

If you have a concern regarding a child or adult, contact the Read for Good Designated Safeguarding Lead or the designated member of staff who is responsible for safeguarding at the hospital or school if applicable.

1. Code of Conduct

Personnel should, at all times, 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, both in the physical and online world.

Under no circumstances should Personnel share personal details with children and/or their families and under no circumstances should Personnel take photographs of children using their own devices, or befriend children and/or their families on social media.

Guidelines for all Read for Good Personnel:

Attitudes

Personnel should be committed to -

- Treating children and adults with respect and dignity.
- Always listening to what a child is saying.
- Valuing each child and adult.
- Recognising the unique contribution each individual can make.
- Encouraging and praising each child.
- Challenging any form of bullying whether physical, emotional or digital.

Role Model

Personnel should be committed to -

- Providing an example, which we would wish others to follow and that reflects Read for Good's values.
- Never using any materials associated with drugs or alcohol.
- Using appropriate language with children and challenging any inappropriate language used by a child or an adult working with children. This includes not using language that could be misconstrued.
- Respecting a child's right to privacy.

One To One Contact

Personnel should be committed to -

- Avoiding being alone with children, away from others.
- In the event of being left alone with an individual child, making every effort to keep this meeting as open as possible: inform another professional, and where possible, keep doors or cubicle curtains open (this may not be possible in cases of isolation due to infection risks).
- Be mindful at all times of the child's vulnerability, and also your own.

Physical Contact

Personnel should:

- Never initiate physical contact of any description with a child, other than a high five or fist bump. Respond to physical contact initiated by the child sensitively and engage appropriately, for example, if a child raises their arms for a hug this should not be rejected but kept as brief as possible and ideally turned into a side hug.
- Never engage in any type of game that is sexually provocative or rough physically, including horseplay.

- Never do things of a personal nature for a child that they can do for themselves. If such an incident arises, for example, where a child has limited mobility and needs assistance with personal care, Read for Good staff should seek a member of school or hospital staff or parent or carer to deal with such an incident.

General

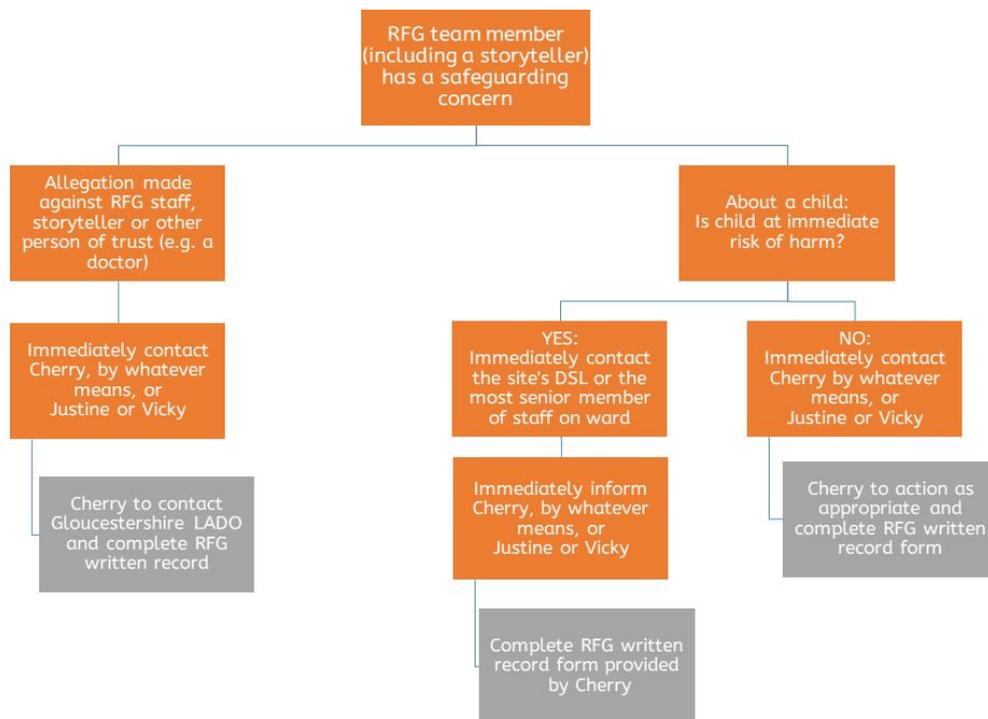
Personnel should be committed to -

- Being aware that someone might misinterpret our actions or words no matter how well intentioned.
- Never drawing any conclusions about others without checking the facts.
- Never allowing ourselves to be drawn into inappropriate attention-seeking situations such as tantrums or crushes. If you have a concern a child is developing a crush on you, discuss this with the Designated Safeguarding Lead.
- Never exaggerating or trivialising child abuse issues or make suggestive remarks or gestures about it to a child, even in fun.
- Applying the above conduct when online.

Relationships

Personnel who are involved in relationships with other members of staff or volunteers should ensure that their personal relationships do not affect their role within Read for Good or the work of Read for Good.

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.
- 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 takes precedence over data protection and human rights.
- 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 exact words or explanations, even if this includes swear words or explicit descriptions of possible sexual abuse – 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, or the senior member of staff on the ward, if applicable, who will then decide what further action is required.

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 if they are not the person raising the concern
- 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 been spoken to? If so, what was said?
- Who has this been passed on to, and record any action you know, or have been told, has taken place e.g. hospital, play department, hospital school, designated officer, children's social care etc

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. As stated above, all information will be stored in line with General Data Protection Regulations.
- After which time all documents will be confidentially destroyed.

Escalation

Any member of Personnel has the 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 any member of Personnel is concerned that the Designated Safeguarding Lead has not responded as they should and they are concerned a child remains at risk it is your responsibility to take action by then speaking to the trustee with responsibility for safeguarding. If the trustee's response leaves you concerned that a child still remains at risk then it is your duty to escalate your concerns using the local escalation process which will be set out on the local safeguarding children partnership website (local to the child's normal place of residence).

3. Managing Allegations of Abuse against 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. In some cases the concern may meet the threshold for referral to the Local Authority Designated Officer (LADO).

If you have a safeguarding concern about a member of staff in the setting in which you are working, inform the Read for Good Designated Safeguarding Lead who will then take responsibility for sharing the information with the relevant individuals at the setting.

4. Sharing Information about Safeguarding with Children and Personnel

Good communication is essential in any organisation. At Read for Good, every effort will be made to ensure 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 inter-agency information sharing protocols will be followed by Read for Good.

Read for Good will ensure all Personnel are aware of their safeguarding responsibilities, have a working knowledge of Read for Good's procedures and are issued with an up to date copy of this Safeguarding policy each time it is reviewed.

In addition -

- Safeguarding is a standing agenda item at both our annual Storytelling Conference and quarterly Trustee Board meetings.
- We will make available a copy of our Safeguarding Policy to any other appropriate body.
- Designated Safeguarding Lead will maintain current up to date knowledge and best practice awareness through alerts, such as NSPCC/Safe Network's CASPAR and Gloucestershire Safeguarding Children Executive (GSCE)'s website alerts.

Training

- The Trustee with a specific responsibility for Safeguarding, the Designated Lead and Deputy Designated Lead will update their 'Multi-Agency training' every three years.

- All staff (including storytellers) who work directly with children will attend face to face training every two years, with in-house refresher training annually.
- All other Personnel will undertake online training at least every three years **or** will attend the tailored Read for Good face-to-face training at least every three years.

5. Risk Assessment and Accident Prevention

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

6. Using photographs and/or film footage of children for publication including social media

The use of images on websites, social media and in other publications may pose direct and indirect risks to children.

Read for Good seeks to minimise these risks and it is a requirement that all Personnel follow our Use of Images Policy.

7. Online safety

Read for Good is cognisant of the fact that children can be abused both in the physical and online world and is clear that all Personnel must be aware of the possibility of online abuse. No under 16 year old can agree to data processing without parental approval.

The safeguarding of children, both in the physical and online world, is the paramount concern in all of our activities.

8. 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 Safeguarding 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.

9. Safer Recruitment and Retention

Procedures for Recruitment and Selection of Personnel

Read for Good operates employment and supervision procedures that ensure highest priority is given to issues relating to safeguarding, including consultation with the Safer Recruitment Consortium. 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 of starting. All staff and trustees are DBS checked as appropriate.

Any Personnel who has direct contact with children (eg storytellers) complete face to face safeguarding training prior to commencing duties.

All volunteers are given a copy of the Read for Good Safeguarding policy as part of their induction. If appropriate, volunteers are given additional training should their role require it.

For further guidance contact:

Gloucestershire Safeguarding Children's Executive 01452 583629

**Gloucestershire's Children's Service MASH (Multi-agency Safeguarding Hub)
01452 426565 option 1**

**To report a concern about a professional working with children, call the
Gloucestershire LADO (Local Authority Designated Officer)
nigel.hatten@gloucestershire.gov.uk 01452 426994**

NSPCC Helpline 0808 800 5000 or email help@nspcc.org.uk

Appendix: The Definitions and Signs of Child Abuse

Abuse and neglect are forms of maltreatment of a child; a child who is disabled, or has special educational needs, or who is a young carer is at particular risk. 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 or exploited in a family or in an institutional or community setting; by those known to them; or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Definitions

Abuse as defined in the UK Government guidance Working Together to Safeguard Children 2018:

Physical abuse

A form of abuse which 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.

Emotional abuse

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 a child 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 a 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 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the

victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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 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: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Extremism

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

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. Read for Good recognises that children can be abused in many ways, including radicalisation, female genital mutilation (fgm), child exploitation. 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.