

The Reader Group Child Protection Policy

Policy Title: Child Protection Policy

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Next Review Date: August 2018

Accountable Person: Zoe Gilling, Associate Director of Operations and Support

To Whom the Policy Applies: All staff and volunteers

The Reader Group is made up of The Reader Group Organisation and the Calderstones Mansion House Community Interest Company.

Version History:

Date	Summary of Change
August 2008	New policy adopted
April 2011	Policy review
Oct 2011	Policy review
July 2012	Policy review
Oct 2012	Policy review
Oct 2013	Policy review
Oct 2014	Policy review
Oct 2015	Policy review
Dec 2016	Policy review
August 2017	Policy review – no changes required

Policy Statement

We in The Reader Group are committed to practice which protects children from harm. Staff and volunteers in this organisation accept and recognise our responsibilities to develop awareness of the issues which cause children harm.

Aims and Objectives:

We will aim to safeguard children by:

- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers.
- Sharing information about child protection and good practice with children, parents and carers, staff and volunteers.
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
- Carefully following the procedures for recruitment and selection of staff and volunteers.
- Providing effective management for staff and volunteers through support, supervision and training.
- We are committed to reviewing our policy and good practice regularly.

This policy sets out agreed guidelines relating to the following areas:

- Responding to allegations of abuse, including those made against staff and volunteers
- Recruitment and vetting of Staff and volunteers
- Supervision of organisational activities

I. Definitions of abuse

These definitions are based on those from Working Together to Safeguard Children (HM Government, Department for Education, 2013)

Physical abuse

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

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness in children or “Munchausen Syndrome by proxy” after the person who first identified this situation.

Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

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 making a child feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of a child.

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, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.

Sexual abuse may also 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.

Boys and girls can be sexually abused by males and or females, by adults and by other young people. This includes people from all different walks of life.

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 a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the

failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.

Note

Recent guidance notes other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse. These may have a negative impact on a child's health and development and may be noticed by an organisation caring for a child. If it is felt that a child's well-being is adversely affected by any of these areas, the same procedures should be followed.

2. Recognising and Responding to Abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

Physical signs of abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Injuries which have not received medical attention
- Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

Changes in behaviour which 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, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour

- Running away from home

Emotional signs of abuse

The physical signs of emotional abuse may include;

- A failure to thrive or grow particularly if a child puts on weight in other circumstances e.g. in hospital or away from their parents' care
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention-seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

Sexual Abuse

The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- 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 withdrawn or aggressive
- 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 over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they can not 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 with adults

Neglect

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 dress for the conditions

Changes in behaviour which can also indicate neglect 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

3. What to do if you suspect that abuse may have occurred

- 1. You must report the concerns immediately to the designated safeguarding children's officers (DSGO), Neil Mahoney or Megg Hewlett. If you are a volunteer please report your concerns to your Volunteer Coordinator/Manager in the first instance, who will liaise with the DSGO. If the concerns are about your Coordinator/Manager please then refer to one of our DSGOs.**

The role of the designated person is to:

- Obtain information from staff, volunteers, children or parents and carers who have child protection concerns and to record this information.
- Assess the information quickly and carefully and ask for further information as appropriate.
- They should also consult with a statutory child protection agency such as the local social services department or the NSPCC to clarify any doubts or worries.
- The designated person should make a referral to a statutory child protection agency or the police without delay.

The designated person has been nominated by The Reader Group to refer allegations or suspicions of neglect or abuse to the statutory authorities. In the absence of Neil Mahoney and Megg Hewlett

or if the allegation is concerning the DSGO, the matter should be brought to the attention of a member of The Reader Group's Strategic Management Team.

2. Suspicions will not be discussed with **anyone** other than those nominated above.

3. It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

4. The wider implications for other staff and children should always be considered.

Allegations of physical injury or neglect

If a child has a symptom of physical injury or neglect the designated person will:

1. Contact Social Services for advice in cases of deliberate injury or concerns about the safety of the child. The parents should **not** be informed by the organisation in these circumstances.
2. Where emergency medical attention is necessary it will be sought immediately. The designated person will inform the doctor of any suspicions of abuse.
3. In other circumstances speak with the parent/carer/guardian and suggest that medical help/attention is sought for the child. The doctor will then initiate further action if necessary.
4. If appropriate the parent/carer will be encouraged to seek help from Social Services. If the parent/care/guardian fails to act the designated person should in case of real concern contact social services for advice.
5. Where the designated person is unsure whether to refer a case to Social Services then advice from the Area Child Protection Committee will be sought.

Allegations of sexual abuse

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

1. Contact the Social Service duty social worker for children and families directly. The designated person **will not** speak to the parent (or anyone else)
2. If the designated person is unsure whether or not to follow the above guidance then advice from the Area Child protection Committee will be sought.
3. Under no circumstances is the designated person to attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the designated person is to collect and clarify the precise details of the allegation or suspicion and to provide this information to Social Services whose task it is to investigate the matter under section 47 of the Children Act (1989).
4. Whilst allegations or suspicions of sexual abuse should normally be reported to the designated person, their absence should not delay referral to Social Services.

4. Responding to a child making an allegation of abuse

- Stay calm, listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be share with others - do not promise to keep secrets

- Allow the child to continue at his/her own pace
- Ask questions for clarification only, and at all time avoid asking questions that suggest a particular answer
- Reassure the child that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

Helpful statements to make

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- Its not your fault
- I will help you

Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises, e.g. about not telling anyone else.

5. What to do after a child has talked to you about abuse

The procedure

1. Make notes as soon as possible (ideally within 1 hour of being told). You should write down exactly what the child has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered). You should record the dates, times and when you made the record. All hand written notes should be kept securely.

You should use the form 'Reporting allegations or suspicions of abuse'. This form is attached at the back of this policy. (Appendix 1)

2. You should report your discussion with the Designated Safeguarding Children's Officer (Neil Mahoney). If this person is implicated you need to report to a member of our Strategic Management Team. **If both are implicated report to Social Services. (See 'important contacts outside the organisation' p.10). If you are a volunteer please report to your Coordinator/Manager in the first instance.**

3. You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above. It is imperative you consider the wider implications of doing so and how this may damage an investigation.

4. After a child has disclosed abuse the designated persons should carefully consider whether or not it is safe for a child to return home to potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

6. Recruitment and appointment of workers and volunteers

In recruiting and appointing workers we, The Reader Group, will be responsible for the following:

- Identifying the tasks and responsibilities involved and the type of person most suitable for the job.
- Drawing up the selection criteria and putting together a list of essential and desirable qualifications, skills and experience.
- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- We will always send a copy of our child protection policy with the application pack.
- We will make sure that we measure the application against the selection criteria
- All applicants need to sign a declaration stating that there is no reason why they should be considered unsuitable to work with children. The Rehabilitation of Offenders Act (1974) requires that people applying for positions which give them 'substantial, unsupervised access on a sustained or regular basis' to children under the age of 18 must declare all previous convictions which are then subject to Disclosure Barring Service (DBS) checks. They can then only be offered a job subject to a successful DBS check. This includes potential employees, volunteers and self-employed people. They are also required to declare any pending case against them. It is important that applicants in this particular category understand that all information will be dealt with confidentially and will not be used against them unfairly.
- We will ask for photographic evidence to confirm the identity of the applicant e.g. their passport
- We will request to see documentation of any qualifications detailed by the applicant.
- We will always interview our candidates, ask for two references and a DBS check.
- We will have at least two people from our organisation on the interview panel.
- We will request two written references from people who are not family members or friends and who have knowledge of the applicant's experience of working with children. We will ask the referee to also comment on their suitability for working with children.
- The same principles apply to young people who have been involved with the organisation and have become volunteers.
- We will ensure that our successful applicant obtains a standard DBS check from the Disclosure and Barring Service. They will need to show the DBS certificate before we will confirm them in post.

7. Supervisory arrangements for the management of The Reader Group activities and services.

We will aim to protect children from abuse and our team members from false allegations by adopting the following guidelines:

- We will keep a register of all children attending our activities.
- We will keep a register of all team members (both paid staff members and volunteers) in attendance at sessions.
- Registers will include session time, date and location.
- We will keep a full record of all sessions including monitoring and evaluation records.
- Our team members will record any unusual events on the accident/incident form.
- Written consent from a parent or guardian will be obtained for every child attending our activities.
- Where possible our team members should not be alone with a child, although we recognise that there may be times when this may be necessary or helpful.
- (When there are enough team members present) children of the same sex will be escorted to the toilet but staff and volunteers are not expected to be involved with toileting, unless the child has a special need that has been brought to our attention by the parent/guardian.
- We recognise that physical touch between adults and children can be healthy and acceptable in public places. However our team members will be discouraged from this in circumstances where an adult and child are left alone.
- All team members should treat all children with dignity and respect in both attitude language and actions.

7. Support and Training

We, The Reader Group, are committed to the provision of child protection training for all our team members. This is an integral part of our induction process and ongoing staff development.

Appendix I. Reporting Allegations or Suspicions of Abuse

If you have any concerns about a child being abused you should inform the designated person/DSGO detailed below.

Organisation
The Reader Group

Name

Neil Mahoney

Tel no 07807 106 858

Important contacts outside the organisation

NSPCC Child Protection Helpline 0808 800 5000

Local Authority Designated Officer or LADO (for reporting allegations against staff):

If you need to contact your **Local Authority Designated Officer (LADO)**, please consult your **Local Safeguarding Children Board (LSBC)** or **Local Authority**.

In Liverpool all referrals should be made via Careline
Telephone 0151 233 3700

Careline Children's Service,
Venture Place,
Sir Thomas Street, Liverpool L1 6BW
Fax: 0151 225 2275

Reporting Suspected Abuse

Confidential Recording Sheet

Organisation

Name of person reporting

Name of child

Age and date of birth

Ethnicity

Religion

First language

Disability

Parent's/Carer's name (s)

Home address/Tel no

Are you reporting your concerns or reporting someone else's? Please give details.

Brief description of what has prompted the concerns: include date, time, specific incidents.

Any physical signs? Behavioural signs? Indirect signs?

Have you spoken to the child? If so, what was said?

Have you spoken to the parent(s)? if so, what was said?

Has anybody been alleged to be the abuser? If so, please give details?

Have you consulted anybody else? Please give details

Person reported to and date of reporting

Signature of person reporting

Today's date

Action taken

Notes

Appendix 2. Further guidelines for The Reader Group staff working with children and vulnerable adults

Please refer to The Reader Group’s Vulnerable Adult and Child Protection Policies for an overview of procedures.

Introduction

Care of the children and vulnerable adults who use our service is very closely bound up with the ethos of The Reader Group, and we expect all staff to treat all of our beneficiaries equally, and with kindness, respect and compassion.

We aim to employ staff for whom the impulse of kindness is genuine, who are prepared to go the extra mile to engage those we read with, but it is very important that every employee is aware that there should be boundaries in relationships with beneficiaries and that these boundaries protect both staff members and the experience of those using our service.

A rigid set of rules does not allow for flexibility, common sense, and the complexities of particular circumstances and could also compromise our core ethos which is founded on genuine human connection. It is therefore very important that staff members give regular, detailed feedback to their line managers who will be able to advise them week-by-week about their relationships with individual group members, help with managing group dynamics, and provide opportunities to talk over any concerns. **If in doubt about any issue, no matter how small, talk to your line manager or to The Reader Group’s Child and Vulnerable Person Officer (Neil Mahoney).**

FAQs and examples

Can I give a lift to a reading group member to an event or reading group session?

Current Reader policy is that we shouldn’t be giving group members a lift.

Can I accept a gift from a reading group member?

Common sense is required: e.g. if an individual keeps buying gifts for you, clearly an attachment is forming and you will need to speak to him/her. If a group buys you a Christmas or birthday gift – no problem. If a looked after child gives you a bookmark he/she has made – no problem – but if they have clearly spent a lot of their pocket money on you, this would be a cause for concern and you would need to speak to them/their carer.

Should I physically help a frail or disabled reading group member?

Unfortunately, we cannot guarantee that a facilitator will always be able to help a group member into a taxi etc. as this may mean waiting around for some time when the member of staff concerned may have other commitments. We need to encourage group members to ask a friend or relation to help if assistance is required on a regular basis or use a disabled persons’ transport service (as several

group members do). In a care home, we should always ask for a member of staff to be present who will help with assisting frail people into the group. If you are helping someone put on their coat etc., please make sure that there is another person present in the room with you.

Should I answer out of hours phone calls?

This is discretionary and again should be dictated by common sense. Phone calls after 6pm and at weekends should not be encouraged – you need some time off! Text communication can seem less intrusive, but experience has shown that if it gets out of hand, this can skew relationships with some vulnerable people.

Can I socialise with The Reader Group beneficiaries outside my job?

Maintaining a warm, genuine, but ultimately professional relationship between facilitator and group member is very important, and the vulnerable adult and child protection policies clearly state that behaving in a way which may be seen as favouritism is contrary to good practice. Crossing a boundary may mean that the very person you are trying to help may lose the valuable support which GIR offers, as the neutral, accepting space created by the group session may become muddied by external issues. For example, it may seem kind and friendly to go for lunch with a group member or to accept an invitation, but, as well as putting yourself in a vulnerable position you may be compromising them, both in relation to other group members and their own experience within the group, where ‘real life’ issues are tackled indirectly through the literature rather than in concrete practical terms. Through conversation within the group, you may learn that a group member is having trouble with their neighbour which is causing stress and anxiety. You may wish to research housing associations and pass on phone numbers, but you should not go with them when viewing a flat.

How can I protect myself when reading one-to-one in people’s homes?

All project workers who conduct one-to-one reading sessions in people’s homes should have a designated ‘buddy’ who is kept up to date with their weekly timetable. They should send a text when they leave the house of the person they are reading with and inform their ‘buddy’ if the session has been delayed or overruns. Project workers who read with children should always leave the door of the room in which the session is taking place ajar. Carers and relatives of elderly people who are offered shared reading sessions should be made aware of the service that is being provided. Home visits for other purposes should only be made under exceptional circumstances.

In many situations at The Reader Group, when projects involve children, parents or guardians are in attendance.

When parents/guardians or supervisory adults are not in place, The Reader Group works in accordance with NSPCC recommendations for voluntary organisations which are based partly on OFSTED guidelines*.

All our staff who work with children are required to have a full clear enhanced DBS check and we adhere to the recommended adult/staff member: child ratios set out below.

Age 0 - 2:

1 adult to 3 children

Age 2 - 3:

1 adult to 4 children

Age 4 - 8:

1 adult to 6 children

Age 9 - 12:

1 adult to 8 children

Age 13 - 18:

1 adult to 10 children.

In general, younger children need to be more closely supervised and will require a higher adult to child ratio. If the group is mixed gender, the supervising staff should also include both male and female workers wherever possible.

In certain situations it will be necessary to have a higher number of adults than our recommendations suggest. If, for instance, the children or young people have specific support needs, or a risk assessment identifies behavior as a potential issue for the group or event, the number of supervising adults will need to be higher.

*separate guidance may apply in schools