

LPCC Safeguarding Children Policy

Introduction

The aim of this policy is to provide LPCC Volunteers or staff working in direct contact with families with disabled children clear guidance about their role and responsibilities in safeguarding children.

LPCC supports current practice in child protection protocols, and will conform to the principles and procedures of DoH guidance: Working Together to Safeguard Children (WTTSC), and What To Do If You're Worried A Child Is Being Abused (WTDIYWACIBA) and the Green Paper, Every Child Matters. All Volunteers working directly with families must have their own copy of What To Do If You're Worried A Child Is Being Abused to refer to.

The principles behind a Safeguarding Children Policy

In today's world all agencies now share the responsibility to protect children from harm or the risk of harm. We all now work in a climate where we, as adults, *"have a duty to safeguard and promote the welfare of children"* (WTDIYWACIBA)

- Current guidance, as indicated above, sets out clear responsibility for all those involved, in whatever capacity, to respond to concerns about the welfare of a child.
- LPCC volunteers and staff have clear responsibilities to participate in this safeguarding agenda, on an equal basis with statutory or other agencies.

It should also be acknowledged that research confirms a higher incidence of abuse amongst disabled children. (For further information refer to NSPCC report *It Doesn't happen to Disabled Children*, NSPCC 2004)

LPCC's role and involvement.

It is recognised that safeguarding children is a sensitive subject and that volunteers and staff may feel anxious about their involvement and about the whole process of responding to concerns regarding the welfare of a child. LPCC's Trustees will respond sensitively to these issues, and will support their volunteers and staff to the best of their abilities.

It is important that volunteers and staff should continue to treat families with sensitivity and respect and should support parents and carers in every possible way. They should also attempt to minimise distress to the child, and should be as transparent and honest about their actions as is possible, keeping in mind that the safety of the child concerned is paramount. LPCC's volunteers and staff would endeavour to promote a constructive working relationship with the family wherever possible.

LPCC acknowledges the importance of effective collaboration between agencies, and the sharing of appropriate information to achieve the best possible outcomes for children.

This policy applies to all volunteers, and/or supporting adults at any activity or event.

This policy also applies to all settings, including: events and outings.
This policy also applies to concerns identified during the course of a home visit to a family.

Similarly information passed on to volunteers and staff by other family members or friends may be discussed in further detail with the Trustees and further evidence sought, if this is deemed appropriate.

Preparation for responding to abuse

In the first instance, volunteers or staff will raise their concerns with one of the Trustees. If the concern relates to one of the Trustees then there will be an option to take the concern to another Trustee. Volunteers and staff should not delay or fail to respond to concerns they may have.

Volunteers and staff will be asked to fully document their concerns and all relevant evidence and agreed action.

Response timings

According to best practice guidance a decision about whether to refer a concern will be made within one working day.

The Trustees will assist you in making a decision and following correct protocol.

When a safeguarding children issue is identified by a member of staff or volunteer, this will be raised with a Trustee, within 24 hours.

Case notes will record all available evidence.

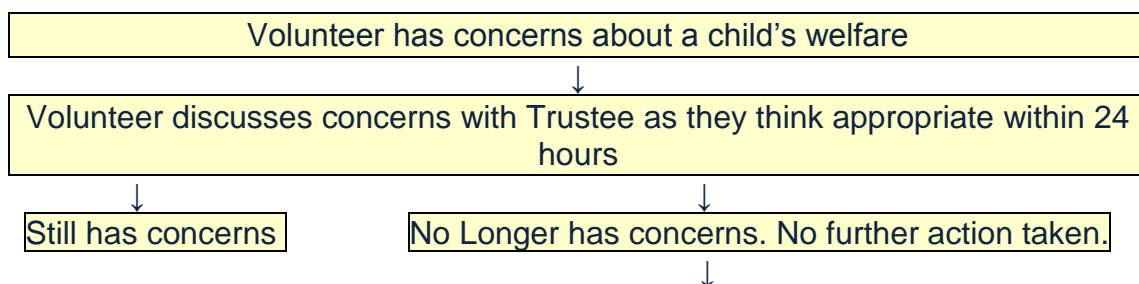
The Trustee will discuss the available evidence with the member of staff or volunteer, will respond to this information within this 24 hour period and make a decision to refer onwards or to take no further action.

Decisions will be fully documented.

If a decision is taken to contact social services, the police (particularly if a crime is believed to have taken place) or the NSPCC, agreement will be made as to who will make this referral.

This action will also be carried out by the identified person within the initial 24 hours.

How the referral process works within LPCC



Decision is taken to refer to Social Services, police or NSPCC. Referral is made within 24 hours by agreed Trustee and followed up in writing. All action is fully documented



Social Services acknowledge referral and decide on next course of action, if any, which may be an initial assessment or emergency action

For full information about Social Services procedures/ assessments/ emergency action please refer to WTDIYWACIBA

Concerns raised in response to a telephone or helpline enquiry

A member of staff or volunteers may become concerned about the welfare of a child following a telephone conversation. Should concerns arise on the phone when the caller is anonymous, the following guidance should apply. In the first instance the caller should be encouraged to seek appropriate help and support and be given details of relevant agencies in their area- including the local Social Services Department. As soon as it appears to the Volunteer or member of staff that it may be necessary to breach our usual confidentiality policy in order to protect the welfare of a child then the caller must be informed about this possibility immediately.

It may be the case that the caller refuses to disclose their identity. If they have done so already prior to the concern arising, the volunteer or member of staff must note all details given and attempt to solicit which might more accurately identify them and enable further contact to be made. Where identity and contact details have been withheld the volunteer or member of staff should listen and note any accent, background noise, family circumstances and any other information which may help identify the family concerned. The volunteer or member of staff should also note anything said which gave rise to concerns to the child's welfare. Before the call ends the volunteer or staff member must again encourage the caller to make direct contact with the relevant agencies. After the call ends the volunteer or staff member must refer the matter to a Trustee and follow the procedures for referring their concern as laid out in this policy.

Confidentiality

LPCC has a clear and robust confidentiality policy which volunteers and staff adhere to. However, where the safety or wellbeing of a child is at risk, the need to respond to a child protection issue will override the preservation of confidentiality, and that this should be clearly stated.

Where safeguarding children issues arise and, in accordance with guidance as laid out in WTDIYWACIBA absolute confidentiality should not be promised.

Breach of confidentiality relating to a safeguarding children issue, where it is necessary to do this, should only ever be done on a *need to know basis*. It must only be done for this purpose and no other.

Sharing information on a need to know basis should take into account

- The nature and extent of the information involved
- The purpose of disclosing such information

- Whether the disclosure of information is an appropriate response in the context of safeguarding the welfare of the child to whom it relates
Unless there is a direct involvement, or an identified need to know, confidentiality would not be breached and the details of the individual family would not be disclosed.

Training

Staff

All staff induction must include discussion around the principles of our safeguarding children policy. A copy of the policy must be made available to individual staff. It is agreed that LPCC staff that come into direct contact with families should be given Safeguarding children training to a minimum of Level One. Safeguarding Children Training is usually available to the voluntary sector from Local Authority Social Services and these opportunities should be explored to the full.

Additional Safeguarding children Training can be identified and arranged where this is deemed appropriate.

Volunteers

Basic information about safeguarding children issues and clear explanation of Can Do policy must be made available for all volunteers.

Volunteers must be supervised in accordance with LPCC policy, and volunteers should be given the opportunity to discuss any concerns they may have about the safety or wellbeing of a child with their assigned Mentor.

General Information

LPCC must have contact details of their Local Safeguarding Committee and/or who to make referrals to should the need arise. This information must be kept up to date.

Framework – relevant guidance

The legal framework for this guidance document also includes the following legislation and guidance:

The Children Act 1989

The Protection of Children Act 1999

The United Nations Convention on the Rights of the Child

The European Convention of Human Rights/ The Human Rights Act 1998

Other guidance is also included in the Framework For The Assessment Of Children In Need And Their Families. This guidance relates to how agencies work together effectively to address sensitive issues around child protection and the processing of information

Appendix One

Definitions of Abuse – as defined in *Working Together To Safeguard Children* [DoH, London, Stationery Office 1999]

Physical Abuse

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

Emotional abuse

This is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects to the child's emotional development. It may mean conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. It may also involve a child witnessing domestic violence and the emotional damage this may cause.

Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse

This involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

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

Appendix Two Statement of rights

When I am at LPCC, I have these fundamental rights:

- 1) **Being valued as an individual** means:-
 - being cared for and treated as unique.
 - being talked to and about by my own name.
 - being consistently cared for across settings.
 - being encouraged to be me.
 - being given enough time to take part, to do things for myself. To understand and be understood.

- 2) **Being treated with dignity and respect** means:-
 - being addressed with respect; never referred to or about as if I am my disability, nor as if I am one of my needs, nor as if I am a piece of equipment, nor finally as if I am hardly a child at all.
 - being involved in conversations; never being talked about as if I am not there.
 - having my privacy respected at all times.
 - having all information about me treated carefully, kept safe and shared only with those people who need to know; never discussing me in the presence of another child.
 - being given the best possible care that can be provided.
 - being involved in decisions that affect me: being actively encouraged to express my views and where these cannot be taken into account, then told why.

- 3) **Being loved and cared for as a child first** means:-
 - having the same rights and choices and as far as possible the same kind of life as other children of my own age and culture.
 - consistent care from staff who care about me and know me well.
 - being actively supported as part of a family: having my parents/carers fully involved in any planning for me and acknowledged as ultimately responsible for me.
 - having access to communication equipment when needed, and being listened to and heard when I need to communicate, even it takes a long time, and even if I am not easy to understand.
 - being given information about what is happening before it happens, being given explanations of procedures before they occur.
 - being given opportunities to play.

- 4) **Being safe** means:-
 - not being exposed to unnecessary risks.
 - being protected from physical, emotional and sexual abuse:
 - knowing that I have these rights, all of the time that I am on a Contact a Family activity, and that these rights can only be denied with good cause.
 - knowing that all of the important adults in my life are aware of these basic rights.

Appendix Three Managing challenging behaviour, including the use of restraint

All of the children we work with have the right to be safe and to be treated with dignity and respect. When children are being difficult these rights are just as important. The guidelines below are designed to support staff, so they can respond with confidence when children are difficult or challenging.

Prevention is always better than cure:

- 1) get to know each child well: a strong relationship based on trust and respect is one of the most effective preventative measures.
- 2) involve the children: in decisions about their care and about reasonable limits, appropriate to each child's age and understanding.
- 3) teach by example: model respect for the children and for each other in all of your work.
- 4) encourage good behaviour: notice and respond when children are being helpful or constructive or friendly or just quiet and co-operative.
- 5) be consistent: as far as you can, set consistent limits within your team and find out about the limits the child is used to at home and elsewhere. Plan together with others involved with the child.
- 6) be clear: children need to be aware of what is expected of them. Problems often occur when expectations are unclear or unreasonable.
- 7) consult with parents: always ask the parents of the child how they handle their child's behaviour.

When things are difficult...

DO:

- 1) try and avoid head-on conflict: try distraction or compromise - defuse the situation wherever you can, and stop it escalating.
- 2) use the opportunity for the child to learn: try and teach a positive alternative to a 'bad' behaviour i.e. "lets do this" rather than "don't do that" - always aiming to increase the child's own self control.
- 3) make a distinction between the child and their behaviour: make sure the child has a way out of a confrontation without losing face, and make sure there are gains in getting out of conflicts.
- 4) if you have to use sanctions: make them immediate, fair and reasonable - ideally use sanctions agreed with the child and with the parents and colleagues in advance. Make a note of sanctions used in the appropriate place (incident book; day book). Do not store up a punishment for later.
- 5) recognise the child's feelings: it might be unreasonable to kick or bite or scream, but it is not unreasonable to feel cross or unhappy: help children find acceptable ways to express their feelings.
- 6) keep your own self control: get help, or walk away from agitation if you feel you are losing control.
- 7) Use restraint as a last resort: if a child is presenting a risk to themselves or others, restrain them gently, with the minimum force necessary and for just long enough for them to calm down. Never use

restraint as a form of punishment. Do not leave a child alone when they are upset unless you are sure they are safe, and only use “time out” where this has been agreed as appropriate for that child.

DO NOT:

- 1) do not go it alone: ask for help or ideas or advice, or just talk things over with someone.
- 2) do not smack or threaten or use any other physical punishment.
- 3) do not deprive the child of food or drink or threaten to force a child to eat.
- 4) do not inhibit a child’s freedom of movement unless they or others are at risk.
- 5) do not use sarcasm: tease or belittle or shame a child into obeying you.

GUIDANCE ON USE OF RESTRAINT TECHNIQUES

‘Physical restraint is only permissible in circumstances where volunteers are attempting: (a) to avert an immediate danger of injury to the child or another individual, or (b) to avoid immediate danger to property where any other course of action would be likely to fail’

Children’s Homes Regulations and Guidance 1991. Department of Health.

‘The use of corporal punishment is not permitted in residential childcare establishments. The term “corporal punishment” should be taken to cover any intentional application of force as punishment including slapping, throwing missiles and rough handling....It does not prevent a person taking necessary physical action, where any other course of action would likely to fail, to avert an immediate danger of personal injury to the child or another person, or to immediate danger of property. The use of “holding” which is a commonly used, and often helpful, containing experience for a distressed child is not excluded’.

The Children Act Guidance & Regulations Volume 4. Department of Health.

‘Use physical restraint as a last resort: if a child is presenting a risk to himself or other, restrain him gently, with the minimum force necessary and for just long enough for them to calm down’.

Chailey Heritage: Guidelines for Handling Difficult Behaviour 1992

DO:

- try other approaches first e.g. talking, explaining, showing options
- use the minimum force necessary
- think about maintaining your own balance
- move with the direction of the child’s movement
- use you body weight, but carefully
- stay in ‘safe’ places
- commentate/talk the child down
- gradually relax and let go as soon as you can

make a clear written record in the appropriate record book
talk to people about how you feel

DO NOT use restraint as a punishment
grab or twist extremities
apply pressure to head/neck/chest
teach this to others
try and cope alone if you need help

Appendix Four

Guidelines for good practice in intimate care including guidelines on working with children of the opposite sex.

All of the children we work with have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard both children and volunteers, and apply to any other person involved with the intimate care of children on LPCCactivities.

Children with disabilities can be very vulnerable. All staff involved with their intimate care need to be sensitive to the child's needs and also aware that some care tasks or treatments could be open to possible misinterpretation. False allegations of sexual abuse are extremely rare, but certain basic guidelines will safeguard both children and volunteers.. Everyone is safer if expectations are clear and approaches are consistent as far as possible. If you cannot work within these guidelines for any reason, please talk to your Line Manager

1. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Privacy is an important issue. Much intimate care is carried out by one person alone with one child. This practice is actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. Staff are supported in carrying out the intimate care of children alone unless the task requires the presence of two people.

2. Involve the child as far as possible in their own intimate care.

Try to avoid doing things for a child that he/she can do alone and if a child is able to help ensure they are given the chance to do so. Support the child in doing all that they can for themselves. If a child is fully dependent on you, talk with them about what you are doing and give them choices where possible.

3. Be responsive to a child's reactions

Check your practice by asking the child, particularly a child you haven't previously cared for, e.g. "Is it OK to do it this way?" "Can you wash there?" "How do your parents do this?". If a child expresses dislike of a certain person carrying out their intimate care, try and find out why. If a child appears to have a "grudge" against you for some reason ensure your line manager is aware of this.

4. Make sure practice in intimate care is as consistent as possible.

LPCC have responsibility for ensuring their staff have a consistent approach.. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches are not markedly different between different staff. For example, do you use a flannel to wash a child rather than bare hands? Is care during menstruation consistent across different staff?

5. Never do something unless you know how to do it

If you are not sure how to do something, ask someone with experience. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, may only be carried out by nursing or medical staff. Always check with parents/carers if this type of help is needed. Other procedures, such as giving rectal valium, or suppositories must only be carried out by staff who have been formally trained and assessed as competent.

6. If you are concerned, report it:

If during the intimate care of a child you accidentally hurt them, or the child seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without cause; report any such incident as soon as possible to another person working with you and make a brief written note of it. Some of these could be cause for concern about the child, or alternatively the child or another adult might possibly misconstrue something you have done.

7. Encourage the child to have a positive image of their own body.

Confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to a child's intimate care can convey lots of messages to them about what their body is "worth". Your attitude to the child's intimate care is important. Keeping in mind the child's age, routine care should be enjoyable, relaxed and fun. Do respect the child's right to say no.

GUIDELINES FOR WORKING WITH CHILDREN OF THE OPPOSITE SEX

These guidelines are based on the following principles:

1. That there is positive value in both male and female staff and volunteers being involved with children and young people on LPCC activities.
2. That ideally, every child would be offered the choice of a carer of the same sex for all of their intimate care.
3. That the individual child's safety, dignity, privacy and right to exercise choice are of paramount importance.

General Care:

Male and female volunteers can be involved with children of either sex in:

- a. the planning and running of services e.g. playschemes, outings, weekend clubs.
- b. Liaison with families
- c. Helping to meet the developmental, emotional and recreational needs of the children
- d. Escorting the children between sites and on outings and trips including help with the use of transport.
- e. Helping children with eating and drinking
- f. Dressing and undressing of outer clothing
- g. lifting or positioning a child who needs help or assistance.

Intimate Care

- 1) Where possible boys and young men should be offered a male helper and girls and young women a female helper.
- 2) If the above is not possible then a male carer may be involved as the second helper wherever the girl or young woman is comfortable and similarly a woman carer may be involved as a second helper wherever the boy or young man is comfortable.
- 3) If no male helper is available for boys and young men and no women helper is available for girls and young women then advance agreement must be received from the line manager as to who would be an appropriate person to assist.
- 4) If there is any doubt about how to proceed with the intimate care of an individual then the child's parents should be consulted.