

ReachOut!

Child Protection Policy Statement

ReachOut! has no express or distinct statutory duties towards children or young persons (hereafter referred to as children) beyond those it owes to the public at large. However, it recognises that the protection and safety of children and young people below 18 years of age is everyone's responsibility. This Policy and the related Instructions and Code of Good Practice which follow, establish the roles and responsibilities of Trustees, managers, other staff and volunteers (together called "ReachOut! personnel") in relation to the protection of children, with whom they come into contact.

In relation to child protection, the approach ReachOut! will take is based on, and reflects, the principles of both UK legislation and guidance.¹

Enshrined in this are two key principles

The welfare of the child is the paramount consideration.

All children, regardless of age, disability, gender, racial or ethnic origin, religious belief and sexual identity have a right to protection from harm or abuse.

It is the responsibility of all ReachOut! managers to make sure that all staff and volunteers for whom they are responsible are aware of and understand the importance of this Policy and the related instructions. They must also make sure that any contractors, agents or other representatives whom they engage to undertake duties on their behalf, which may involve them in contact with children, understand and comply with them, as appropriate.

It is not expected that ReachOut! personnel will act as child protection workers or that they will be trained to intervene in cases of suspected child abuse. It is, however, expected that ReachOut! personnel will act on any suspected or potential case of child abuse. In such instances it should be reported to ReachOut! managers, who will in turn relay the information to the individual with specific responsibility for reporting it to the appropriate authorities. All ReachOut! personnel will be expected to follow the child protection instructions

If children are to be truly protected it is essential that ReachOut! contributes appropriately to the work of those mandated by law to actively work to protect children. ReachOut! personnel come into contact with many children each year, and by being vigilant, and acting when concerns are raised, we can play an important part in protecting those children

¹ The Children Acts 1989 and 2004
The Human Rights Act 1998
The Protection of Children Act 1999
The Sexual Offences (Amendment) Act 2000
The Criminal Justice and Court Services Act 2000
Working Together to Safeguard Children, Department of Health 1999
Caring for the Young and Vulnerable, Home Office, 1999

ReachOut!

Child Protection Instructions

The ReachOut! policy statement establishes the position and expectations of the company in relation to the protection of children, with whom ReachOut! personnel come into contact.

These instructions set out the actions, which must be taken, where there are any concerns relating to the protection of children from harm or abuse. The instructions apply to all ReachOut! personnel. Any failure by ReachOut! personnel to comply may be addressed through the appropriate disciplinary procedures.

All children are entitled to be protected from harm or abuse, and you may become aware of the possibility of abuse through any number of means. If you see, hear or are told anything in the course of your work that makes you concerned that a child may be at risk of, is being, or has been abused you must share that concern with the designated person indicated in these instructions.

If you have concerns about the behaviour (past or present) of another member of ReachOut! personnel, which, through their position, may put children at risk, these concerns must also be reported as set out in these instructions.

It is important to be mindful that adults who wish to abuse children use many techniques, first to 'groom' and then to ensure the silence of a child. These children rely on other, responsible adults for help and we should never forget their vulnerability.

It is known too, that children living within 'institutional settings' are even more vulnerable than others. Adults other than their own parents/carers are in closer proximity than would usually be the case and may take advantage of a child's lack of confidence in, or knowledge of, the systems to protect them.

Abuse by people who use their position within the ReachOut! project to gain access to children is rarely a 'one off' event, highlighting the need for us all to be even more 'on guard' against those who would use their positions simply to gain access to these vulnerable children. You may, for example, become concerned because someone consistently ignores the advice given in the Code of Good Practice or because you know questions have been raised in the past as to that person's suitability to work with children.

It is therefore essential that any concerns you may have be shared immediately, in accordance with these instructions. You must not wait to see whether there really is a problem nor should you 'investigate'. The protection of children is a complex area, which requires specialist skills and knowledge.

Remember that 'non-action' is not an option in child protection!

Note: Should the child be in need of urgent medical treatment, this should be arranged before following these instructions.

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Should the situation require an immediate response, e.g., in the case of on-going violence, the Police should be notified directly and these instructions then followed.

It is important to remember, however, that it is not your responsibility to decide whether a child is being, or has been, abused or whether or not someone poses a 'real' risk to the welfare of a child. You are not suddenly expected to be an expert on child abuse. It is, however, your moral responsibility to take action to prevent the suffering of a child or children and it is your duty under these instructions as a member of ReachOut! personnel.

It is acknowledged that reporting concerns regarding the possibility of abuse can be difficult. Saying or doing nothing, however, is not an option. The management of ReachOut! will support anyone who, in good faith, reports his or her concerns that a child is being or is at risk of abuse or that a colleague may pose a risk to children, even if those concerns prove to be unfounded.

The following pages provide information to aid your understanding of child abuse and those indicators that may cause you to become concerned, and the actions you must take if:

You think a child may be at risk of, is being, or has been, abused either by:

- A member of staff.
- Member of their family.
- Any other person, including another child.

A child tells you that they are being, or have been, abused by any of the above.

A Code of Good Practice has been developed to provide you with guidance, which will not only help to protect children, but will also help ReachOut! personnel to identify any practices which could be mistakenly interpreted and perhaps lead to false allegations of abuse. Good practice will also protect ReachOut! itself through reducing the possibility of anyone using their role within the company to gain access to children in order to abuse them.

It is your personal responsibility to ensure that you are familiar with the ReachOut! Child Protection Policy and with these instructions. Since most positions within the ReachOut! project involve working closely with children, ReachOut! personnel will be required to undergo a Criminal Records Bureau check, which is mandatory for appointments involving substantial access to children. Certain posts are already subject to this process.

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It is generally accepted that there are four main forms of abuse. The following definitions are based on those from "Working Together to Safeguard Children." (Department of Health, Home Office, Department for Education and Employment, 1999).

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to, a child whom they are looking after. This was previously described as Munchausen Syndrome by Proxy, but is now known as fabricated or induced illness abuse. A person might do this because they enjoy or need the attention they get through having a sick child.

Physical abuse, as well as being a result of an act of commission 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 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. It may also involve causing children to frequently feel 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, and by 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.

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It may involve a parent or carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Bullying

Bullying is not an official category of child abuse, but is damaging, harmful and oppressive. Bullying is not always easy to define but will include:

Deliberate hostility and aggression towards a person.

The victim often being less powerful than the bully or bullies.

The outcome usually being painful and distressing for the victim.

Bullying can escalate rapidly and can damage children significantly. It can include:

Physical pushing, kicking, hitting, pinching etc.

Name calling, sarcasm, spreading rumours, persistent teasing and emotional torment through ridicule, humiliation and the continual ignoring of individuals.

Racial taunts, graffiti, gestures.

Sexual comments and/or suggestions.

Unwanted physical contact.

Please note that children from minority ethnic groups, children with a disability and children with learning difficulties are more vulnerable to this form of abuse and may well be targeted

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As stated above, recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern in order that the appropriate agencies can investigate and take any necessary action to protect a child. The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse.

Physical abuse

Most children will collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins.

Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or when it appears on parts of the body where accidental injuries are unlikely, e.g., on the cheeks or thighs. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

The physical signs of abuse may include

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.

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.

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Running away from home.

Emotional abuse

Emotional abuse can be difficult to measure, and often children who appear well cared for may 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/play with other children.

The physical signs of emotional abuse may include:

A failure to thrive or grow, particularly if the child puts on weight in other circumstances e.g. in hospital or away from their parents' care.

Sudden speech disorders.

Developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also 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.

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 which 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/anal areas.

Bruising or bleeding near genital/anal areas.

Sexually transmitted disease.

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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.

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Inappropriate dress 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 their being left alone or unsupervised.

The above lists are not meant to be definitive but as a guide to assist you.

Some children are subjected to more than one form of abuse at any one time.

It is important to remember that many children and young people will exhibit some of these indicators at some time, and 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 birth of a new baby in their family, relationship problems between their parents/carers, etc.

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Procedure to be followed if you think a child may be at risk of abuse, is being, or has been, abused either by:

A member of staff.

A member of their family.

Any other person, including another child.

Managers, through the support and guidance which will be made available, must ensure that all relevant staff are given specific appropriate knowledge in relation to child abuse and protection.

It is recognised that a percentage of the children that staff come into contact with will, through the nature of their experiences, demonstrate behaviours which might be indicators of child abuse. Many factors associated with disadvantage can also result in a child's behaviour being affected, thereby making the identification of abuse even more difficult than usual. It is important to remember, however, that the overwhelming majority of children will experience a perfectly safe and happy childhood.

Staff, who for any reason become concerned that a child may be at risk of abuse, is being, or has been, abused must immediately report that concern to their line manager. Should their line manager not be available or the concern be about their line manager, staff should contact the Manchester Contact Centre (Children Families and Social Care) on 0161 255 8250 or fax 0161 255 8266. In the context of concerns about fellow employees (or otherwise if for some reason staff prefer) they may also utilise the confidential reporting hotline referred to in the Confidential Reporting Policy (Whistleblowing)

Line managers will discuss your concerns with you to clarify their cause and obtain all the known relevant information before passing them to the Manchester Contact Centre .

You will then be asked to complete a Child Protection Incident Report Form (Appendix 2) as a matter of record.

Note: If your concerns are raised by something you become aware of while in a school, or through a school related activity undertaken in the course of your work, you must immediately inform the school's Child Protection "Designated Teacher", and then follow the instruction as outlined above. Your line manager will then discuss the referral with the relevant School's designated person and a letter will be sent to the school confirming your having passed on your concerns to the teacher.

It is recognised that ReachOut! personnel may on occasion visit schools in their own time and not specifically in relation to ReachOut! work. These instructions cannot apply to non-Authority activities, however, it is strongly recommended that in such circumstances you inform a school's Child Protection "Designated Teacher" of any concerns so appropriate action is taken to protect children and to safeguard you.

Best practice in protecting children does not depend on whether or not you are acting in an official capacity!

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Procedure to be followed if a child tells you that they are being, or have been, abused.

Children will occasionally disclose abuse to an adult they have come to feel they can trust. This happens for many reasons but the important thing to remember is that if they do tell you, they are doing so in the hope that you will act to stop it happening, even if they ask you not to do anything with the information. Tell them that you will have to inform your line manager and that the statutory childcare authorities will also have to be informed.

They may feel as if they are betraying someone they are close to and whom they love. It is not unusual for a child to love the abuser but want the abuse to stop, especially when that person is a parent or carer. Equally, it may be someone they fear e.g. an adult whom they perceive to be able to influence decisions concerning their future. Either way, it takes great courage for a child to talk to an adult about abuse and your response can be crucial.

If a child discloses abuse to you in the course of your work it is important to react appropriately.

Do: Remain calm and receptive.

Listen without interrupting; only ask questions of clarification if you are unclear what the child is saying.

Make it clear you take them seriously.

Acknowledge their courage in telling you.

Tell them they are not responsible for the abuse.

Let them know you will do what you can to help them.

Do not: Allow your shock or distaste to show.

Probe for more information/ask other questions.

Make assumptions or speculate.

Make negative comments about the abuser.

Make promises you cannot keep.

Agree to keep the information secret.

It is important to remember too that it can be more difficult for some children to tell than for others. Children who have experienced prejudice and discrimination through racism may well believe that people from other ethnic groups or backgrounds don't really care about them. They may have little reason to trust those they see as authority figures and may wonder whether you will be any different.

Children with a disability will have to overcome barriers before disclosing abuse. They may well rely on the abuser for their daily care and have no knowledge of

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alternative sources. They may have come to believe they are of little worth and simply comply with the instructions of adults.

It is, therefore, essential that everything possible is done to protect the children who place their trust in us.

If a child tells you that they are being, or have been, abused you must:

Make an immediate record of what the child has said, if possible using their own words, and attach this to the Child Protection Incident Report Form.

Follow the instructions for reporting to your line manager, as set out above.

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This Code has been developed to provide you with advice which not only will help to protect children, but will also help you and your colleagues identify any practices which could be mistakenly interpreted and perhaps lead to false allegations of abuse. Good practice will also protect ReachOut! through reducing the possibility of anyone using their role with ReachOut! to gain access to children in order to abuse them.

Good practice begins with the recruitment and selection of staff, ensuring where appropriate, that the appropriate 'statutory' checks are carried out and references taken which refer to the candidates' suitability to work/have contact with children. Any 'gaps' in employment history would also need to be satisfactorily explained.

Once staff is in place, however, there is much they can do to avoid situations which may give rise to misinterpretation, which will also work to protect children. Wherever possible, you should be guided by the following advice. If it is necessary to carry out practices contrary to it, you should only do so after discussion with, and the approval of, your line manager.

Avoid unobserved situations of one - to - one contact with a child. If it is unavoidable, always keep a door open and ensure you are within the hearing of others.

Don't offer to or transport children alone in your car.

If it is necessary to do things of a 'personal' nature for a child, e.g. if they are very young or have a disability, ensure these are carried out with the full knowledge of the parents/carers and that the child concerned knows what you are going to do and why.

Develop a culture in which staff feel comfortable enough to point out inappropriate attitudes and behaviours to each other.

Don't engage in or allow any sexually provocative games involving or observed by children, whether based on talking or touching.

Never make suggestive remarks or discriminatory comments to a child.

Don't engage in or tolerate any bullying of a child, either by adults or other children.

Don't engage in or tolerate inappropriate physical activity such as 'horse play', involving children.

Never enter a room where a child may be changing their clothes or not be fully dressed, without first clearly getting their consent to enter.

Respect children at all times, regardless of their age, gender, ethnicity, disability or sexual identity.

Avoid 'favouritism' and singling-out 'troublemakers'.

Never trivialise child abuse.

Never let allegations by a child go unreported, including any made against you.

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As a general rule you should be mindful of not putting yourself at risk by putting yourself into situations which would increase the chances of having allegations made against you. Work in pairs, change practices, for example arrange meeting a young person somewhere as opposed to transporting them. If in doubt, consider how an action or activity may be perceived as opposed to how it is intended.

Procedure for the referral of child protection concerns

No single organisation or professional group has sole responsibility for child protection - effective inter-agency co-operation is essential. This Child Protection Policy and Instructions developed by ReachOut! recognise this and are consistent with the wider framework of UK legislation and guidance relating to best practice and with local ACPC Procedures.

It is not expected that staff will act as child protection workers or that they will be trained to intervene in cases of suspected child abuse. However, all staff will be expected to follow the child protection instructions as set out herein.

As a designated person, this will mean that you will be informed of any concerns arising relating to the possible risk of significant harm to a child or children. Information will be recorded on the record of referral form (Appendix 3). Your role will be to notify the Manchester Contact Centre (Children Families and Social Care). This procedure applies irrespective of whether that harm is perceived to come from a member of their family, another person including another child, or from a member of staff. Where those concerns relate to a member of staff, you must also ensure that the relevant complaints and disciplinary procedures are initiated.

When contacting Manchester Contact Centre, you must state clearly that this is a child protection referral, calling:

During normal office hours - the Duty Officer.

Outside normal office hours - the Emergency Duty Team.

Note: Appropriate phone numbers will be made available to relevant personnel.

When making the referral, you should provide the following information:

Your own details - name, designation, contact number.

Known information about the child such as their name, date of birth, gender, ethnic origin, religion and any disability.

Any other names the child or family may be known by.

Their address and any previous known addresses where the child or family may have lived.

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Details of the concern (if an incident, the time, place, and any persons present).

The source of the information.

Whether the child/family are aware of the referral.

The parents/carers response to the concerns if aware

When making a child protection referral, the name and designation of the social worker to which the details have been passed, should be taken and recorded. Telephone referrals should be confirmed in writing within 48 hours.

The Manchester Contact Centre Duty Officer will liaise with the Police, as per normal ACPC procedures. Together they will assess the situation and make a decision as to:

Whether immediate action is necessary to ensure the safety of a child or children as part of a child protection inquiry.

Whether a more planned intervention is possible without exposing the child or children to any unnecessary risk, including making arrangements for appropriate medical examination and a suitable interpreter to be made available, if necessary.

Whether if, on the information available, no further action will be taken.

Where there are concerns, but doubt exist as to whether a child is suffering or likely to suffer significant harm or whether behaviour may be abusive, and you are unsure whether a referral should be made, you must contact the SSD duty officer as outlined above, to seek advice. You should have the same information at hand to pass on should the duty social worker consider a formal referral must be made.

Before ending this conversation , the social worker must clarify:

What actions, if any, will be taken and by whom.

What the person seeking advice should do if there are further concerns.

Details of all information given/received will be recorded on the record of

*Record for use in referring details in connection with
child protection guidelines*

SECTION A: LFEPA DETAILS

| | |
|-----------------|--|
| Name: | |
| Designation: | |
| Department: | |
| Contact Number: | |

SECTION B: INFORMATION ABOUT THE CHILD

| | |
|---------------------------------------|--|
| Name: | |
| Any other name child/family known by: | |
| Date of birth: | |
| Gender: | |
| Ethnic Origin: | |
| Religion: | |
| Disability (if any): | |
| Current and previous addresses: | |

SECTION C: DETAILS OF CASE

| | |
|---------------------|--|
| Details of concern: | |
|---------------------|--|

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(if an incident, include time, place and any persons present)

Source of information: *(If different from above)*

Signed:

Date:

Record of referral of child protection cases to local authority Social Services Department

SECTION A: ReachOut! DETAILS

| | |
|-------------------|--|
| Name: | |
| Position: | |
| Contact Number 1: | |
| Contact Number 2: | |

SECTION B: INFORMATION ABOUT THE CHILD

| | |
|---------------------------------------|--|
| Name: | |
| Any other name child/family known by: | |
| Date of birth: | |
| Gender: | |
| Ethnic Origin: | |
| Religion: | |
| Disability (if any): | |
| Current and previous addresses: | |

SECTION C: DETAILS OF CASE

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| | |
|---|--|
| Details of concern: <i>(if an incident, include time, place and any persons present)</i> | |
| Source of information: <i>(If different from above)</i> | |

Signed:

Date:

| | |
|--|--|
| Are child/family aware of referral? | |
| Parents/carers response to the concerns if aware | |

SECTION D: SOCIAL SERVICES DEPT INFORMATION NOTES:

(a) When contacting Social Services, you must state clearly that this is a Child Protection referral.

(b) Telephone referrals should be confirmed in writing within 48 hours

| | |
|-------------------------------------|--|
| Name of Social Worker: | |
| Designation: | |
| Date and time information referred: | |

SECTION E: GENERAL NOTES/FOLLOW UP ACTION

| |
|--|
| |
|--|

Signed:

Date