

Safeguarding Children Policy	
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RELEVANT POLICIES AND DOCUMENTS

List here internal policies or documents relevant to this procedure

Safeguarding Children Procedures; Disciplinary Policy and procedures; Recording Policy and procedures; Safeguarding Adults at Risk Policy and procedures; Whistleblowing Policy; Low Level Concerns Policy, Mobile phone and camera policy, Relationships at Work Policy and Procedure.

RELEVANT DOCUMENTS

List here documents relating to creating this procedure e.g. legislation, H&S directives.

HIPS Safeguarding Policy and Procedures; Children Act 1989; Working Together to Safeguard Children (DfE 2015) and others as listed within document.

The Rose Road Association SAFEGUARDING CHILDREN POLICY

Summary

Safeguarding and protecting children effectively is central to all of The Rose Road Association's work and supports The Rose Road Association's aim to maximise the life opportunities and the health and wellbeing of disabled people. All staff and volunteers recognise that safeguarding is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for our customers or not.

This is the latest revised version of the Rose Road Association Safeguarding Children Policy and there is separate guidance hyperlinked throughout this document to help services implement this effectively. Separate Safeguarding Children Procedures have also been written. The policy and procedures have been issued in accordance with the statutory safeguarding children responsibilities, set out in the Children Act 1989, Children Act 2004 and the associated statutory guidance, Working Together to Safeguard Children (DfE 2015).

The Rose Road Association takes its safeguarding responsibilities very seriously and has a zero tolerance approach to abuse. The Policy and Procedure apply to all children regardless of their age, ethnicity, disability, religion, gender, gender identity or sexual orientation.

The Rose Road Association provides services and support to both children and adults. In the course of our work a 'think-family' approach should be taken when following this procedure. This means that where there is a concern that an adult is also at risk from abuse and/or neglect the Rose Road Association's Safeguarding Adults at Risk Procedure should also be followed.

Coming into contact with situations where children have been abused, or there is a concern about abuse can be very distressing. This policy is written to set out the Association's policy for staff, volunteers and Trustees and to ensure that everyone understands the process which must be followed at such a time.

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Definitions used in this policy

The links in this section refer to Southampton's guidance as the local authority where the Rose Road Association is registered. Other local authority guidelines should also be checked where relevant.

Child Protection - is one part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect children specifically suffering, or likely to suffer significant harm.

Children - as in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders' Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes. (DfE, 2015)

Significant harm - The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria when judging what constitutes Significant Harm. Sometimes, a single traumatic event may constitute Significant Harm. In other circumstances Significant Harm is caused by the cumulative effect of significant events, both acute and long-standing, or the damaging impact of neglect which interrupts, and changes or damages the child's physical and psychological development.

Where the question of whether harm suffered by a child is significant turns to the child's health and development; his health or development shall be compared with that which could reasonably be expected of a similar child. It is important always to take into account the child's reactions, and his or her perceptions, according to the child's age and understanding.

Harm -The Children Act 1989 defines 'harm' as "ill-treatment or the impairment of health or development". Whereby a threshold of significant harm is necessary for statutory intervention, for the purpose of our Rose Road Association procedures a threshold of significant harm is not necessary in order for staff and volunteers to act. Where there is a concern that any level of harm has occurred or is likely to occur then actions must be taken and/or measures put in place to secure the safety and welfare of the child /children to prevent the risk of further and more significant harm. In this instance, other processes such as risk management or early help assessment maybe more appropriate. (Please refer to guidance on thresholds for intervention).

Categories of Abuse- in accordance with Working Together to Safeguard Children (DfE, 2015) there are 4 recognised categories of abuse when safeguarding children and young people:

- Physical abuse
- Sexual abuse and exploitation
- Emotional abuse
- Neglect

Abuse can be carried out in different forms, some to be particularly aware of are (this is not an exhaustive list):

- Bullying
- Child Sexual Exploitation
- Children and Families that go Missing (Including Unborn Children)
- Children Affected by Gang Activity and Youth Violence
- Domestic Violence and Abuse
- Children Exposed to Abuse through the Digital Media
- Fabricated or Induced Illness
- Female Genital Mutilation
- Forced Marriage
- Harmful Sexual Behaviour
- Honour Based Violence
- Modern Slavery
- Neglect
- Radicalisation and Violent Extremism
- Self Harm and Suicidal Behaviour.
- Trafficked Children
- Underage Sexual Activity

The HIPS Safeguarding Children Procedures Manual contains current practice guidance on all of the above bulleted risk areas http://hipsprocedures.org.uk/page/contents

Children exposed to abuse through digital media

Online abuse is any type of abuse that happens on the internet, accessed on mobile phones, laptops, computers, tablets, webcams, cameras and games consoles.

Children and young people may experience different types of abuse:

- bullying-cyberbullying
- emotional abuse
- sexting
- sexual abuse
- sexual exploitation
- grooming
- non-recent abuse

Since 2017, it is a criminal offence for anyone aged 18 or over to intentionally communicate with a child under 16, where the person acts for a sexual purpose and the communication is sexual or intended to elicit a sexual response. The offence applies to online and offline communication, including social media, e-mail, texts, letters, etc.

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.

Radicalisation and Violent Extremism

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Extremism' is defined in the 2011 Prevent strategy as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Self-harm and suicidal behaviour

Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children may struggle to express their feelings in another way and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

Self-harm is a common precursor to suicide and children who deliberately self-harm may kill themselves by accident.

Safeguarding Children Policy

1. Policy

1.1. Policy Statement

- 1.1.1. The purpose of this policy is to provide all staff, trustees and volunteers in the Rose Road Association with a framework to prevent and minimise the risk of harm to children and young people who use the Rose Road Association's services. All staff and volunteers in the Rose Road Association share this responsibility and must use the separate Safeguarding Children Procedures when dealing with concern of abuse or neglect. The procedures detail the steps that individuals are expected to take when presented with concerns of abuse or neglect.
- 1.1.2. This policy must not be read in isolation, but be read alongside the separate procedures, and the relevant local multi-agency safeguarding children policy and procedures. It is also essential to read and have access to the Rose Road Association's Safeguarding Adults at Risk Policy and Procedures, to ensure these documents are familiar to staff in line with a 'think family' approach.

1.2. Principles

When following this procedure and when working within the local multi-agency safeguarding children procedures this should be guided by the following key principles:

1.2.1. Wellbeing Principle

- children have a right to be safe and should be protected from all forms of abuse and neglect, and any level of harm;
- it is better to help children as early as possible, before issues escalate and become more damaging; and
- children and families are best supported and protected when there is a co-ordinated response from all relevant agencies.

1.2.2. Safeguarding is everyone's responsibility

Everyone who works with children has a responsibility for keeping children safe. Everyone who works at Rose Road, regardless of their role, has a responsibility for keeping children safe. No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with children has a role to play in identifying concerns, sharing information and taking prompt action.

1.2.3. A child-centred approach

A child-centred approach should underpin all safeguarding practice. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

1.2.4. Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of all staff and volunteers in the Rose Road Association. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. Children should be empowered to know how to protect themselves from abuse.

1.2.5. Older Children and Capacity to Make Decisions

Whilst the law states that a child is such until they reach 18 years of age it is widely recognised that, as a child gets older, they do attain some rights over making decisions. 'Gillick competency' and 'Fraser guidelines' are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In the high court Mr. Justice Woolf ruled

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."

Lord Scarman's comments in his judgement of this case in the House of Lords (1985) are often referred to as the test of "Gillick competency":

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

He also commented more generally on parents' versus children's rights:

"Parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

Managers must seek appropriate advice if there is any doubt in these matters.

1.2.6. Preventing abuse

Prevention of abuse is the primary goal. The Rose Road Association is committed to ensuring it has systems in place that minimise the risk of abuse. Prevention involves promoting awareness and understanding and supporting children to safeguard themselves from the risk of abuse. It is about having effective systems and procedures in place for the provision of care and support, training and supervision, and open learning cultures. This principle must be applied when following this policy.

1.2.7. Safeguarding Disabled Children

The Rose Road Association recognises the increased vulnerability of disabled children. There have been a number of studies that indicate that disabled children are at greater risk of abuse due to prejudice, discrimination, stereotyping, isolation, powerlessness to protect themselves, or difficulties in communicating. In addition, the gender of the child will not 'protect' him/her from abuse.

The **Safeguarding Disabled Children Practice Guidance (DSCF 2009)** suggests that disabled children are at an increased risk of abuse and the presence of multiple disability increases the risk of both abuse and neglect.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/0037 4-2009DOM-EN.pdf

A disabled child may be more vulnerable due to:

- The need for practical assistance in daily living, including intimate care from what may be a number of carers;
- An inability to communicate concerns;
- Carers working with a disabled child in isolation or the child is socially isolated;
- Professionals identifying with parents/carers and losing focus on the impact of familial stresses on the child;
- Bullying and intimidation due to disability;
- Low self-esteem/negative views of themselves;
- Lack of access to "Keep Safe materials";
- Targeting by some sex offenders in the belief that they are less likely to be detected.
- 1.2.8. Safeguards for disabled children are essentially the same as for non-disabled children and should include enabling them to:
 - Make their wishes and feelings known;
 - Receive appropriate personal, social and health education;
 - Raise concerns;
 - Have a means of communication and range of adults with whom they can communicate.
- 1.2.9. All our services for children must have:
 - An understanding that the welfare of a child is paramount.
 - An explicit commitment to understand disabled children's safety and a culture of openness;
 - An absolute focus upon the child and the child's need for protection from harm, whilst being committed to working in partnership with parents/carers;
 - Policies, procedures, local protocols and training for staff on good practice in intimate care, working with children of the opposite sex, handling difficult or challenging behaviour, antibullying strategies and sexual behaviour among young people, especially those living away from home.

1.2.10. Information sharing

Early sharing of information is key to providing effective support where there are emerging concerns. The safety and welfare is likely to be more important than concerns about sharing information.

- 1.2.11. No-one should assume that someone else will pass on information which they think may be critical to the safety and welfare of a child or young person at risk of abuse or neglect. If anyone has concerns about a child's welfare and believes they are suffering abuse or neglect, they should immediately share their concerns with their line manager.
- 1.2.12. The Rose Road Association is committed to working with its safeguarding partners, cooperating and sharing information when there are concerns about the safety or welfare of a child and when we know other children and/or adults could also be at risk. All services need to be fully informed and signed up to their local authority sharing information protocols.

https://hipsprocedures.org.uk/skyytq/safeguarding-partnerships-and-organisational-responsibilities/information-sharing

1.3. Who does this policy apply to?

- 1.3.1. The application of this policy is mandatory for all Rose Road Association services staff, volunteers, trustees, agency/bank staff and all other Rose Road Association representatives.
- 1.3.2. Staff understanding of this policy will be assured through training, assessment of competency and supervision.
- 1.3.3. This policy is shared with service users and their relatives as part of their introduction to the Rose Road Association. It is available on our website, referred to in the statement of purpose for various services, introduced during staff induction, and training is provided.

1.4. Areas of Governance

- 1.4.1. This is a mandatory policy for all Rose Road Association Services to adhere to and is approved by the Board of Trustees.
- 1.4.2. The Rose Road Association Board of Trustees looks to the support & professionalism of staff and volunteers at all levels in making this policy truly effective. This policy will be monitored by the Chief Executive through the Association's monitoring systems for safeguarding.
- 1.4.3. The Association has appointed Designated Safeguarding Leads for each department who will:
- cascade changes in legislation and good practice to staff in their area where possible
- be a point of contact for general queries or concerns for staff, service users and families

- actively promote positive safeguarding practices within their teams, modelling exemplary behaviour and being proactive about safeguarding messages
- meet regularly to review the safeguarding log and develop learning from incidents, consider auditing safeguarding practice, consider how we keep the child at the centre of all of our safeguarding practice as an organisation, to raise organisational awareness of the importance of good safeguarding and our role with external agencies as a key provider
- attend meetings with other organisations as required/appropriate

A list of current Designated Safeguarding Leads, with contact details, is displayed on staff notice boards.

- 1.4.4. This policy will be reviewed and updated annually by The Rose Road Association's Senior Management Team unless legal changes demand a more timely amendment.
- 1.4.5. The Rose Road Association adheres to strict guidelines on recruitment of staff and volunteers as part of its duty to safeguard adults and children. All staff who are eligible for a Disclosure and Barring check need to have a cleared check prior to starting in their role, plus clearance through 2 references. Managers should check with the HR department on whether a DBS check applies to a role and which level of check is required. Staff involved in recruitment will be trained in Safer Recruiting.
- 1.4.6. The Rose Road Association Designated Safeguarding Leads will meet monthly to discuss issues as they arise, discuss safeguarding themes to share with staff and to act as a shared learning opportunity.
- 1.4.7. The Senior Leadership Team meet on a monthly basis and will review any safeguarding concerns, accidents, errors and near misses to ensure learning is taken and acted upon. The incidents, accidents and error spreadsheet will be used to manage each incident that occurs.
- 1.4.8. The Trustee Sub-committee called Quality, Standards and People will monitor safeguarding concerns, incidents, accidents and error (to include near-misses) to ensure learning is disseminated appropriately and that appropriate governance is in place.

1.5. Following Local Authority Policy and Procedures

1.5.1. The Rose Road Association follows the Policy and Procedures of the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) safeguarding children partnership. Our Policy and Procedures include links to HIPS procedures.

https://hipsprocedures.org.uk/

When working in other authorities outside HIPS, we will check to see that HIPS policy and procedures align with those in the authority we are working in.

This policy has been approved by the Board of Trustees of the Rose Road Association on 25 January 2022.