

<b>RADIUS HOUSING ASSOCIATION</b>  <i>Communities</i>		<b>DOCUMENT NO: HPO013</b>	
		Prepared by:	<b>Bridie Doherty</b>
<b>TITLE:</b>  <b>Child Safeguarding Policy &amp; Procedure</b>		Authorised by:	<b>Communities &amp; Assets Committee</b>
		Date:	<b>18/05/2017</b>
		Version No:	<b>3</b>
		Date ratified by Board:	<b>29/06/2017</b>
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<b>Page 1 of 13</b>			

## INTRODUCTION

Good child protection practice offers protection not only to children but also to staff with responsibility for them. RADIUS has adopted a child centred ethos where children are listened to by adults and taken seriously within a culture of vigilance.

## PURPOSE AND SCOPE

The aim of this policy is to ensure that RADIUS staff are aware of how to take appropriate action to protect children from harm and abuse; to recognise when safeguarding children is or may become an issue; and to acknowledge that all children have the right to live free from abuse or exploitation.

**Radius has a zero tolerance approach to abuse of any kind or in any form, wherever it occurs or whoever is responsible.**

The policy sets out the responsibilities of RADIUS staff in the recognition and prevention of child abuse and actions to be taken when child abuse is suspected or identified.

Staff must be familiar with, and follow the organisation's procedures for promoting and safeguarding the wellbeing of children, and know who to contact in the organisation to express concern about a child's welfare.

The policy also details the roles, responsibilities and accountabilities of all RADIUS staff.

This guidance should be read in conjunction with the following documents;

- Safeguarding Vulnerable Groups (NI) Order 2007 (as amended by the Protection of Freedoms Act 2012)
- Co-operating to Safeguard Children – DHSSPS May 2003
- Our Duty of Care' DHSSPS

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		Review Date:	<b>17/05/2020</b>
<b>Page 2 of 13</b>			

- Area Child Protection Committees; Regional Policies & Procedures
- The Children (NI) Order 1995
- Radius Discipline Policy

## OVERALL OBJECTIVES

Our main objectives are:-

- a) the protection of children and young people from harm and significant risk;
- b) to have a clear and unambiguous process, which is open to inspection by all interested parties;
- c) is to be used as guidance for Housing staff and tenants

## POLICY

RADIUS Housing Association is committed to safeguarding the welfare of children and young people. This policy and procedure is to protect the safeguarding and welfare of children. It tells you what to do and what will happen if child neglect or abuse is suspected.

This policy and procedure is applicable to all children no matter what their ethnic group, religion, gender, ability/disability or sexual orientation. All staff have a duty to ensure that they follow procedures to help ensure that children and young people are protected from harm.

## BACKGROUND

This policy is based on government guidance 'Co-operating to Safeguard Children' (Department of Health Social Services and Public Safety 2003) and the Area Child Protection Committees' Regional Policy and Procedures (2005). Whenever you have a

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		Review Date:	<b>17/05/2020</b>
		<b>Page 3 of 13</b>	

concern about a child's well-being or safety you should refer to the Area child Protection Committees' Regional Policy and Procedures and consult RADIUS's workplace policy.

Everyone who comes into contact with children and families in their everyday work, including people who do not have a specific role in relation to child protection, have a duty to safeguard and promote the well-being of children. **Child protection is everyone's business.**

## **DEFINITIONS**

A child is a person under the age of 18 years as defined in The Children (NI) Order 1995. The child protection procedures apply to all children and young people under 18 years of age including arrangements for children upon their birth.

Child abuse occurs when a child is neglected, harmed or not provided with proper care.

Children may be abused in many settings, in a family, in a residential, hospital or institutional setting or in a community setting, by those known to them, or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards the child.

The term 'parent' includes those with parental responsibility and those who act as carers.

Safeguarding is a relatively new term which is broader than 'child protection' as it also includes prevention. Safeguarding has been defined as:

- All agencies working with children, young people and their families taking all reasonable measures to ensure that the risks of harm to children's welfare are minimised; and

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		Version No:	<b>3</b>
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		Review Date:	<b>17/05/2020</b>
<b>Page 4 of 13</b>			

- Where there are concerns about children and young people’s welfare, all agencies taking appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other local agencies.

## **PROCEDURE**

Child protection procedures apply if you:

- work directly with children;
- work with adults who are parents/carers;
- supervise or are a colleague of those who have contact with children or their parents/carers, or
- are a concerned member of the public.

The systems in place for safeguarding children involve joint working and shared decision making by the professionals and agencies involved. Children’s needs must always come first.

The following procedure should be followed if:

- You suspect that a child is at risk of being abused;
- A child tells you that they are being abused; or
- You receive information about any adult being involved in the abuse of a child.

You are likely to be involved in two main ways:

- You may have concerns about a child, and need to consider following RADIUS’s Policy and Procedures by referring those concerns to Social Service, the NSPCC or the PSNI via the designated Area Housing Manager;

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		Review Date:	<b>17/05/2020</b>
<b>Page 5 of 13</b>			

- You may be approached by social services and asked to provide information about a child or family or to be involved in a meeting, in an assessment or to attend a child protection case conference. This may happen regardless of who made the referral to social services.

## TYPES OF ABUSE

**Physical Abuse** is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

**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 conveying to a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of another person. It may involve causing a child frequently to 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. Domestic violence, adult mental health problems and parental substance misuse may expose a child to emotional abuse.

**Sexual Abuse** involves forcing or enticing a child to take part in sexual activities. 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** is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or

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		<b>Date ratified by Board:</b>	<b>29/06/2017</b>
		<b>Review Date:</b>	<b>17/05/2020</b>
		<b>Page 6 of 13</b>	

treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive (faltering growth).

A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.

### **Young Person whose Behaviour places them at Risk of Significant Harm**

There are no absolute criteria for judging what constitutes significant harm. However, this may include the degree, extent, duration and frequency of harm. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, sexual assault, suffocation or poisoning. More often, significant harm is a series of events, both acute and long-standing, which interrupt change or damage, the child's physical and/or psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical and/or sexual abuse that causes impairment, sometimes to the extent of constituting significant harm.

A child whose own behaviours, such as alcohol consumption or consumption of illegal drugs, whilst placing the child at risk of significant harm, may not necessarily constitute abuse as defined for the purposes of the Child Protection Procedures. If the child has achieved sufficient understanding and intelligence to be capable of making up his/her own mind then the decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. Professionals should though be alert to the possibility that a young person may be engaged in certain risky behaviours as a result of other adverse experiences in their lives which may be indicative of abuse.

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		Date ratified by Board:	<b>29/06/2017</b>
		Review Date:	<b>17/05/2020</b>
<b>Page 7 of 13</b>			

## INDICATORS OF ABUSE – RECOGNISING ABUSE

It is important that those caring for vulnerable adults are aware of and are vigilant to what may be signs of abuse with children (maltreatment or neglect). The following list highlights some indicators for recognising that a child may be suffering abuse.

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries;
- An injury for which the explanation seems inconsistent;
- The child describes what appears to be an abusive act involving him/her;
- Someone else (a child or adult) expresses concern about the welfare of another child;
- Unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper);
- Inappropriate sexual awareness;
- Engaging in sexually explicit behaviour;
- Distrust of adults, particularly those with whom a close relationship would normally be expected;
- Has difficulty in making friends;
- Is prevented from socialising with other children;
- Displays variations in eating patterns including overeating or loss of appetite;
- Becomes increasingly dirty or unkempt.

This list is not exhaustive, and one child may present more than one of the above. It is the responsibility of all staff members or contractors to ensure that if they believe abuse is occurring they take the necessary action.

## RESPONDING TO DISCLOSURES, SUSPICIONS AND ALLEGATIONS

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		<b>Review Date:</b>	<b>17/05/2020</b>
		<b>Page 8 of 13</b>	

False allegations of abuse do occur, but they are rare. Disclosures, suspicions and allegations should always be taken seriously and if the information gained causes concern action should be taken immediately.

### Responding to Disclosure

The person receiving information concerning disclosure should:

- React calmly so as not to frighten the child;
- Tell the child he/she is not to blame and that he/she was right to tell;
- Take what the child says seriously, recognising the difficulties inherent in interpreting what is said by a child who has a speech disability and or differences in language;
- Keep questions to a minimum but ensure a clear understanding of what has been said;
- Reassure the child but **do not** make promises of confidentiality which might not be feasible in the light of subsequent developments;
- Make a full record of what has been said, heard and/or seen as soon as possible on Incident Report **F164**.

The person receiving the disclosure should not:

- Panic;
- Allow their shock or distaste to show;
- Probe for more information than is offered;
- Speculate or make assumptions;
- Make negative comments about the alleged abuser;
- Approach the alleged abuser;
- Make promises or agree to keep secrets.

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		Version No:	<b>3</b>
		Date ratified by Board:	<b>29/06/2017</b>
		Review Date:	<b>17/05/2020</b>
<b>Page 9 of 13</b>			

## SUSPICION OF ABUSE

It is not the responsibility of those implementing this policy to decide whether a child is suffering/has suffered significant harm. However, as the welfare of children is of paramount importance, it is necessary to act to protect children wherever possible.

Where concerns arise in regard to the protection of children who are visiting Radius Schemes and there is reason to believe that a child is suffering or may suffer significant harm, then under Article 66 of the Children's Order, the Health and Social Care Trust must be informed to enable discharge of the Health and Social Care Trust's statutory duty to ensure the welfare of children and investigate any claim of abuse.

It is important to work with parents, guardians or carers where possible. Certain indicators, such as being withdrawn, could be caused by legitimate problems for example a close bereavement. By consulting with parents, guardians or carers this would become apparent.

However, there are times when consulting with parents, guardians or carers is not advised for example if the consultation process places the child at even greater risk (e.g. if the parent, guardian or carer is the abuser or is unlikely to react in the appropriate manner). In this situation the designated AHM should be contacted and they will then seek further guidance from the duty social services team.

All details and actions should be recorded on the relevant child protection incident **Form F163**. When recording an incident it is necessary to include the following:

- The nature, date and time of the allegation;
- A description of any visible bruising or other injuries;
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred;
- Witnesses to incident;
- Any times, date or other relevant information;
- A clear distinction between what are facts, opinions and hearsay.

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		Date ratified by Board:	<b>29/06/2017</b>
		Review Date:	<b>17/05/2020</b>
<b>Page 10 of 13</b>			

## **MAKING A REFERRAL**

If a member of staff has any concerns about the well being of a child or young person in any RADIUS service, s/he needs to bring this to the immediate attention of the designated person, namely an Area Housing Manager. Should the AHM be unavailable, the Director of Housing should be contacted. The concerns must be reported to a senior member of staff in RADIUS as soon as possible; if the Director of Housing is not available then the matter must be reported to the Chief Executive.

If after discussion with members of staff, concerns still exist, the Area Housing Manager could also, without identifying the child in question, discuss the concerns with peers or senior colleagues in other agencies.

In all instances, staff must record all concerns, discussions about the child, decisions made, and the reasons for those decisions. Recording needs to be completed as soon as is practicable. The child's needs and protection should be taken into account when considering what action to take in relation to safeguarding and promoting their wellbeing. If it is considered that the child is, or may be in need, the manager will refer the child to the responsible statutory children's service in the area.

### **Allegations against staff**

When responding to an allegation made against a member of staff, Radius has a dual responsibility; firstly to the child and secondly to the staff member. Where an allegation has been made against a member of staff the Health & Social Care Trust will conduct an investigation and upon advice from the Trust, Radius will instigate an investigation in accordance with its Discipline Policy and Procedure.

Where circumstances arise, a period of precautionary suspension may be imposed as a neutral act and as a protective measure to enable investigations to be made.

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	<b>Review Date:</b>	<b>17/05/2020</b>
	<b>Page 11 of 13</b>	

## ROLES AND RESPONSIBILITIES

We all share a responsibility to ensure that children are protected from harm.

You should never assume that somebody else will recognise and report when children are at risk.

You should always act on your concerns and ensure that a proper investigation takes place. You will always be taken seriously.

RADIUS staff who have contact with children and their families should:

- Be familiar with and follow RADIUS's policies, procedures and protocols for promoting and safeguarding the well being of children and contact the designated AHM to express concerns about a child's welfare;
- **Remember** that an allegation of child abuse or neglect may lead to a criminal investigation therefore not to do anything that may jeopardise a police investigation such as asking a child leading questions or attempting to investigate the allegations of abuse;
- Ensure that any concerns about child abuse or neglect are referred to social services, the NSPCC or the police. The designated AHM will know who to contact in social services, the NSPCC or the police to express any concerns.
- When referring a child to social services, the police or the NSPCC consider and include any information you have on the child's developmental needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment.
- Physically see the child as part of considering what action to take in relation to concerns about the child's welfare;

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		Review Date:	<b>17/05/2020</b>
<b>Page 12 of 13</b>			

- Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for disabled children and for children whose preferred language is not English;
- Where concerns arise as a result of information given by a child, it is important to reassure the child but not to promise confidentiality;
- Record full information about the child, at first point of contact, including name(s), address(es), gender, date of birth, name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s), if different, and keep this information up-to-date.
- Record all concerns, discussions about the child, decisions made, and the reasons for those decisions. The child's records should include an up-to-date chronology, and details of lead worker in the relevant agency – for example, a social worker, GP, health visitor or teacher;
- The child's needs and protection should be taken into account when considering what action to take in relation to safeguarding and promoting their well-being.

False allegations of abuse do occur, but they are rare. Disclosures, suspicions and allegations should always be taken seriously and if the information gained causes concern action should be taken immediately.

If the behaviour of a colleague, resident, or member of the public towards a child or young person causes you concern:

- Do not dismiss your concerns;
- Do not confront the person about whom you have concerns;
- You should discuss your concerns with the designated AHM and agree what action is taken next.

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		Review Date:	<b>17/05/2020</b>
<b>Page 13 of 13</b>			

## **Training, Recruitment and GOOD PRACTICE**

Training in the area of Protection of Vulnerable Groups will be updated every three years for all Housing staff.

Staff are recruited in line with current legislative requirements including an enhanced Access NI background check.

Good practice creates a positive child protection climate and assists in protecting staff from false allegations of abuse. Good practice means:

- Always working in an open environment (e.g. avoiding private or unobserved situations) and encouraging an open environment (e.g. no secrets);
- Treating all young people equally, with respect and dignity;
- Always putting the welfare of each young person first;
- Maintaining a safe and appropriate distance (e.g. it is not appropriate to have an intimate relationship with a child or to share a room/cubicle with them);
- Building a balanced relationship based on mutual trust which empowers children;
- Ensuring that any form of manual assistance or physical support is provided openly. Children and parents, guardians or carers should be consulted and their agreement gained.
- Record any injuries sustained accurately according to RADIUS's accident reporting policy.