**SAFEGUARDING CHILDREN & YOUNG PEOPLE POLICY**

1. **INTRODUCTION**

Orchardville is committed to developing and maintaining a thorough, fit for purpose and transparent safeguarding approach so that children and young people who participate in our services receive maximum safeguards.

Within this policy, the termsafeguardingis intended to be used in its widest sense, encompassing the full range of promotion, prevention and protection activity. Effective safeguarding activity will:

* Promote the welfare for the child and young person;
* Prevent harm occurring through early identification of risk and appropriate, timely intervention;
* Protect children and young people from harm when this is required.

Throughout these policies and procedures, reference is made to “children and young people”. This term is used to mean “anyone under the age of 18.

The Safeguarding Children and Young People Policy is overseen by the Safeguarding Champion who is responsible for acting as a source of advice, coordinating action within the organisation and reviewing safeguarding incidents.

1. **PRINCIPLES**

The general principles, which underpin our approach to the safeguarding of children and young people, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995.

1. **SCOPE AND PURPOSE OF POLICY**

This policy applies to all staff, volunteers and agency staff across all our locations. The purpose of the policy is to ensure that we:

* Safeguard and protect children and young people
* Provide our staff and volunteers with appropriate training and support
* Comply with external legislation and regulation
* Manage and report internal risks
1. **STANDARDS**
	1. Orchardville accepts our responsibility to ensure the safety of all children and young people who use our services.
	2. We believe that all children and young people have an equal right to protection regardless of age, disability, gender, race, religion or belief or sexual orientation
	3. Our work with children and young people is an important part of what we do, brining value to the organisation and enhancing our work.
2. **DEFINITIONS OF ABUSE**

Co-operating to Safeguard Children and Young People in Northern Ireland (Department of Health, 2017) defines abuse as: -

* Physical abuse;
* Sexual abuse;
* Emotional abuse;
* Neglect; and
* Exploitation.

Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm. Harm can be caused by: -

**Physical Abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

**Sexual Abuse** occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

**Emotional Abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child’s emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunity to express their views, deliberately silencing them, or ‘making fun’ of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child’s peers.

**Neglect** is the failure to provide for a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child’s health or development. Children who are neglected often also suffer from other types of abuse.

**Exploitation** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

Please see Appendix 1 for a list of potential signs of abuse or harm

1. **PROTECTING CHILDREN, YOUNG PEOPLE, STAFF AND VOLUNTEERS**

Orchardville can reduce likely situation for the abuse of children and help protect staff and volunteers from false accusations by ensuring that everyone is aware that, as a general, rule, **staff and volunteers should not**

* Spend excessive amounts of time alone with children away from others
* Take children alone in a ca on journeys, however short
* Take children to their home

Staff and volunteer should **never**:

* Engage in inappropriate physical contact;
* Engage in rough physical games including horseplay, apart from structured Sports activities;
* Engage in sexually provocative games;
* Allow or engage in inappropriate touching of any form;
* Allow children to use inappropriate language unchallenged;
* Make sexually suggestive comments about or to a child even in fun;
* Let allegations made go unchallenged or unrecorded;
* Do things of a personal nature for individuals that they can do themselves unless this has been risk assessed and deemed necessary.

It may be sometimes necessary for staff and volunteers to do things of a personal nature for young people in the organisation, particularly if they have physical disabilities. These tasks should only be carried out with the full understanding and consent of the individual, parents and/or carers. In an emergency, parents/carers should be fully informed. In such circumstances it is important that all staff and volunteers are sensitive to the child/young person and undertake personal care tasks with utmost discretion. If possible 2 members of staff should be present to carry out tasks of a personal nature.

1. **RECOGNISING AND RESPONDING TO A DISCLOSURE**

Knowing what to look out for and being alert plays a major role in ensuring that children & young people are safeguarded. It is important that all concerns about possible abuse are taken seriously and appropriate action is taken.

Employees or volunteers should observe service users on an ongoing basis and note any significant changes that may be a cause for concern. Any employee or volunteer who becomes aware of or is concerned that someone may be experiencing harm or abuse, must report this to the Designated officer immediately. Please see Appendix 1 for a list of potential signs of abuse or harm.

1. **REPORTING AND RECORDING ALLEGED OR SUSPECTED INCIDENTS OF ABUSE**

The primary role of the person who first suspects abuse or is told of it is to report it immediately to the one of the Appointed Persons for Safeguarding.

It is important that everyone in Orchardville is aware that the person who first encounters the case of alleged or suspected abuse is not responsible for deciding whether harm has occurred. That is the task for the professional agencies following a referral to them. Under no circumstances should any staff member or volunteer attempt to deal with situation alone or investigate the situation.

The following are guidelines for use by staff should a child disclose concerns of a child protection nature.

|  |  |
| --- | --- |
| **Do:** | **Do Not:** |
| * Listen to what the child says
* Assure the child they are not at fault
* Explain to the child that you cannot keep it a secret
* Document exactly what the child says using his/her exact words
* Remember not to promise the child confidentiality
* Stay calm
* Listen
* Accept
* Reassure
* Explain what you are going to do
* Record accurately
* Seek support for yourself
 | * Ask leading questions
* Put words into the child’s mouth
* Ignore the child’s behaviour.
* Remove any clothing.
* Panic
* Promise to keep secrets
* Ask leading questions
* Make the child repeat the story unnecessarily
* Delay
* Start to investigate
* **Do Nothing**
 |

Staff or Volunteers who become aware of abuse must:

* Report it immediately to one of Orchardville’s Appointed Persons for Safeguarding
* Record the details on the Incident Reporting Form
* Keep to the facts when reporting or recording
* Keep information confidential and discuss only with the appropriate Appointed Person or Safeguarding Champion

(Please see Appendix 2 for a step-by-step process that should be followed in the event of a concern being raised or disclosure being made.)

1. **Policy Review and Amendements**

The above is general guidance on Safeguarding Children & Young People. Further information is contained within the employee induction and employees or volunteers regularly attend refresher courses.

Orchardville is committed to reviewing this policy every 3 years to ensure accuracy and best practice. However, employees or volunteers are actively encouraged to seek guidance and advice on any safeguarding issues either from their Line Manager, the Appointed Person or the Safeguarding Champion.

**Addendum to Safeguarding Children & Young People’s policy re Covid-19 and Online Support for Participants**

As a result of Covid-19 and associated lockdown many activities for participants have been delivered through online platforms. With an easing of restrictions, it is likely that a blended model of face to face and online support will continue to comply with public health advice in relation to social distancing.

At Orchardville we remain committed to creating an environment in which participants feel safe, respected and where any suspicion of abuse or disclosures are dealt with promptly and appropriately. This remains relevant and pertinent in relation to the delivery of virtual online support.

This addendum outlines the additional measures put in place to provide protection to both participants and staff.

Whilst it is unlikely that involvement/engagement in Orchardville’s online activities will result in a safeguarding situation, it is important to consider any additional strategies /practices that should be put in place prior to the online activity. Orchardville has established a list of pre-course requirements which participants should complete before participating in online activity/ training:

Participants should

* have spoken to their Orchardville key worker and given verbal agreement of understanding about how to use these platforms safely, and if needed this will also be discussed with parent/carers by Orchardville staff.
* give agreement to the visual rules displayed on the whiteboard at the start of the Zoom session.
* confirm that they have received Orchardville’s 1-page safety guide to social media platforms from their Orchardville contact.

Staff must

* familiarise themselves with Orchardville’s guide to using Zoom, in particular, security settings.
* Seek written permission from parent/carer for young people under 18 to take part.
* ensure that 2 staff are present for all online interactions where more than one participant is in attendance.
* be vigilant to any participant behaviour that may be out of character/unusual or unexplained non-attendance at an online event.
* We also recommend a parent/carer be in the room or nearby during online sessions.

If staff identify safeguarding concerns during a session, they should report them immediately to an Appointed Person (AP) who will assess if they meet the thresholds for safeguarding or if the concern should be registered as a welfare or care management concern. Staff should then follow the guidance given and implement the standard safeguarding procedure if appropriate to do so.

The following action should be taken in the case of a disclosure being made by a participant during an online activity session.

**Mental Health**

We recognise that some participants’ mental health may suffer during the pandemic due to, for example, change in routines; concerns about their health and that of their family; and limited/no physical access to family, friends, and support networks.

Staff should be vigilant to any changes in participants’ behaviour and should report any concerns to their line manager in the first instance.

Additional measures have been put in place to support participants wellbeing including; -

* Accredited and non-accredited training on wellbeing;
* Physical activities including socially distanced walking groups and gardening;
* More opportunities to engage safely in online activities with a planned programme of weekly events.

Additionally, we recognise the impact of the pandemic on the mental wellbeing of staff and volunteers and additional supports have been and will continue to be introduced to support colleagues.

**APPENDIX 1**

**SIGNS OF ABUSE**

### Physical Abuse

|  |  |
| --- | --- |
| Physical Indicators | Behavioural Indicators |
| Unexplained bruises – in various stages of healing – grip marks on arms;slap marks; human bite marks; welts; bald spots; unexplained/untreated burns; especially cigarette burns (glove like); unexplained fractures; lacerations; or abrasions; untreated injuries;bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; injuries occurring in a time pattern e.g. every Monday | Self-destructive tendencies; aggressive to other children;behavioural extremes (withdrawn or aggressive); appears frightened or cowed in presence of adults;improbable excuses to explain injuries; chronic runaway; uncomfortable with physical contact; come to school early or stays last as if afraid to be at home; clothing inappropriate to weather – to hide part of body; violent themes in art work or stories |

**Emotional Abuse**

|  |  |
| --- | --- |
| **Physical Indicators** | **Behavioural Indicators** |
| Well below average in height and weight; “failing to thrive”;poor hair and skin; alopecia;swollen extremities i.e. icy cold and swollen hands and feet;recurrent diarrhoea, wetting and soiling; sudden speech disorders; signs of self-mutilation; signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness);extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping). | Apathy and dejection;inappropriate emotional responses to painful situations;rocking/head banging; inability to play;indifference to separation from familyindiscriminate attachment;reluctance for parental liaison;fear of new situation;chronic runaway; attention seeking/needing behaviour;poor peer relationships. |

### Neglect

|  |  |
| --- | --- |
| **Physical Indicators** | **Behavioural Indicators** |
| Looks very thin, poorly and sad;constant hunger; lack of energy;untreated medical problems; special needs of child not being met;constant tiredness; inappropriate dress;poor hygiene;repeatedly unwashed; body odour issues;repeated accidents, especially burns. | Tired or listless (falls asleep);steals food; compulsive eating;begging from class friends;withdrawn; lacks concentration;reports that no carer is at home;low self-esteem;persistent non-attendance;exposure to violence including unsuitable videos. |

### Sexual Abuse

|  |  |
| --- | --- |
| **Physical Indicators** | **Behavioural Indicators** |
| Bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs;bruises or bleeding in genital or anal areas;torn, stained or bloody underclothes; chronic ailments such as recurrent abdominal pains or headaches;difficulty in walking or sitting;frequent urinary infections;unexplained pregnancies where the identity of the father is vague; anorexia/gross over-eating. | What the child tells you;Withdrawn; chronic depression; excessive sexual precociousness; seductiveness;children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality; parent/child role reversal;over concerned for siblings; poor self-esteem; self-devaluation;lack of confidence; peer problems;lack of involvement; massive weight change; suicide attempts (especially adolescents); hysterical/angry outbursts; lack of emotional control; sudden school difficulties e.g. deterioration in work or behaviour;inappropriate sex play; repeated attempts to run away from home; unusual or bizarre sexual themes in children’s art work or stories; vulnerability to sexual and emotional exploitation; promiscuity;exposure to pornographic material. |

**APPENDIX 2**

**Orchardville Safeguarding Flowchart (Internal Response)**

Appointed person should scan/save completed Incident Report Form in Z:\SMT\Safeguarding

**Out-of-hours contact number:** 028 9504 9999

**APPENDIX 3**

|  |
| --- |
| **ORCHARDVILLE INCIDENT RECORD FORM- SAFEGUARDING** |

|  |  |
| --- | --- |
| **Name of Person Reporting Incident/Suspected Abuse:** |  |
| **Position/Job Role:** |  |
| **Vulnerable Person’s name:** |  |
| **Vulnerable Person’s address:** |  |
| **Parents/carers** **Names & Address:** |  |
| **Vulnerable Person’s date of birth:****(if known)** |  |
| **Date and time of any incident:** |  |
| **Details of the incident****Include:-*** **What happened**
* **Where did it happen**
* **Who was involved**
* **Who witnessed the**

**Incident*** **Was there any follow up**

**action taken*** **Any other relevant factual**

**information** |  |
| **Signed by Person Reporting:****Date:** |  |