Ryedale Special Families (RSF) is a registered charity which supports families of children and young people with disabilities and additional needs. The RSF base is located at 121 Town Street, Old Malton, Malton, North Yorkshire. The majority of work we do with children and young people is conducted in the community and family homes.

**Policy Statement on Safeguarding Children**

RSF recognises that all children have a right to protection from abuse and takes seriously its responsibility to protect and safeguard the welfare of children and young people.

We will: -

* Respond swiftly and appropriately to all suspicions or allegations of abuse, and provide parents and children with the opportunity to voice their concerns
* Have a system for dealing with concerns about possible abuse
* Maintain good links with statutory child care authorities.

**The Policy**

RSF recognises that many children and young people today are the victims of neglect, and physical, sexual and emotional abuse. Accordingly, RSF has adopted the policy contained in this document. The policy sets out agreed guidelines relating to responding to allegations of abuse, including those made against staff and volunteers. We recognise the need to build constructive links with the child care agencies. These guidelines have been prepared in accordance with the [North Yorkshire Safeguarding Children Board Procedures](https://www.safeguardingchildren.co.uk/). They will be kept under review and be supported by appropriate training.

The policy applies to all staff and volunteers who act on behalf of the organisation and who come directly into contact with children. Every individual has a responsibility to inform the designated person in respect of safeguarding or their deputy of concerns relating to safeguarding children. The designated person must decide if the concerns should be communicated to statutory social care or the police.

**Rights**

* Children and young people have a right to proper care and protection from all forms of violence, including cruel punishment, belittling or lack of respect.
* Workers have the right to proper support in carrying out their work and providing children and young people with due rights and respect

**Roles and Responsibilities**

Staff and volunteers in this organisation accept and recognise their responsibilities to develop an awareness of the issues which cause children harm.

All staff and volunteers who have contact with children and young people will be required to have an enhanced disclosure through the Disclosure & Barring Service. Checks will be updated at least every 3 years.

**Definitions of Abuse**

**Physical Abuse**

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting; by those known to them, or more rarely by a stranger. 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 carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after.

**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 conveying to the children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve causing children frequently to feel frightened or in danger, other exploitation or corruption of children. 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 what is happening. The activities may involve physical contact, including penetrative (e.g. penetration of the vagina, anus or mouth) 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**

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. 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 or the failure to ensure address to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child’s basic emotion.

**What you should do if you suspect abuse**

You must report concerns as soon as possible to the Chief Officer, phone number 01653 699000 who is nominated by RSF to act on their behalf in referring allegations of suspicions of neglect or abuse to the statutory authorities. In the absence of the designated person, the matter should be brought to the attention of a Care Manager, phone number 01653 699000. The office mobile number is 07494 529639. Also see ‘What to do if you have a safeguarding concern’

**If it is an emergency, and the designated persons cannot be contacted, then social care services or the police should be contacted at the numbers given below. For a quick guide see the RSF guidance ‘What to do if you are concerned’**

Children’s Social Care Customer Relation Unit 0300 131 2 131

Police 999

If the suspicions relate to the designated person, then the deputy or social care services should be contacted.

Suspicions should not be discussed with anyone, other than those named above.

It is the right of any individual to make direct referrals to the child safeguarding agencies. We would hope that an individual would use this procedure. However, if you feel that the organisation has not responded appropriately to your concerns, it is open to you to contact the child safeguarding agencies directly.

Abuse can be carried out by any person – a relative, a carer (paid or unpaid), a friend or another person. Where a parent or carer is suspected as the potential abuser, particular care must be taken in the procedure of reporting the abuse.

**Allegations of Physical Injury, Emotional Abuse or Neglect**

If a child has an injury which may be a non-accidental injury, or symptoms of neglect and a referral is to be made then:

The designated person should contact social care services. If there has been a deliberate injury or where there are concerns about the child’s safety and the child’s parents or carers are considered the potential abusers, then social care should be contacted before the parents or carers.

Where emergency medical attention is necessary it should be sought immediately. The designated person should inform the doctor of any suspicion of abuse.

If a referral is being made without the parent/carer’s knowledge and non-urgent medical treatment is required, social care services should be informed. Otherwise, speak to the parent/carer and suggest medical attention be sought for the child.

In the event of the parent or carer being considered the potential abuser, then they should be encouraged to seek help from the social care services department prior to a referral being made. If they fail to do so in situations of real concern the designated person will contact social care services directly for advice.

**Allegations of Sexual Abuse**

In the event of allegations of sexual abuse, the designated person will:

Contact the social care services or Police Child Safeguarding Team directly. The designated person will not speak to the parents/carers, if they are considered the potential abusers.

Under no circumstances should the designated person, or any other member of the organisation, attempt to carry out any investigation into the allegations or suspicions of sexual abuse. The role of the designated person is to collect the exact details of the allegations or suspicion and to provide this information to the child safeguarding agencies that will investigate the matter under the Children Act 1989.

**What to Do Once a Child Has Talked to You About Abuse**

Make a note immediately of what the child has said, writing down the exact words used, write down what you said in reply, when they said it and what was happening immediately beforehand. Record dates and times of the events and when the record was made. Keep all notes secure. It is of utmost importance that events are recorded accurately and honestly.

Report your discussion as soon as possible to the designated person.

Once a child has talked about abuse the designated person must consider if it is safe for a child to return home to a potentially abusive situation. On a rare occasion, if the parent or carer is identified as the potential abuser, it might be necessary to take immediate action to contact social care services and/or the police to discuss putting into effect safety measures for the child so that they do not return home.

All child safeguarding concerns will be recorded and stored securely online in that child’s individual records held in the RSF office.

Allegations against staff or volunteers will be investigated in accordance with the Whistleblowing Policy. Where there are concerns that a child has been put in danger of abuse, or has suffered abuse owing to the actions of a member of staff or volunteer social services or the police will be contacted. Details of any allegation which has not resulted in a referral will be kept securely in the individual’s records held in the RSF office.

RSF are committed to upholding safeguarding principles throughout all of our work, including;

* Carefully following rigorous procedures for recruitment and selection of staff and volunteers
* Sharing information about safeguarding and good practice with children, parents and volunteers
* Providing effective management for staff and volunteers through continuous supervision, support and training

Further details relating to safeguarding children can be found in additional policies including Administration of Medication, Moving & Positioning and Restraint and the following appendices;

* Recognising Abuse
* Working with Disabled Children

The following information in these appendices is taken from the North Yorkshire Safeguarding Children’s Board [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk) ([See the Procedures, Practice Guidance and One Minutes Guides](https://www.safeguardingchildren.co.uk/professionals/procedures-practice-guidance-and-one-minute-guides/)) and the NSPCC [www.nspcc.org.uk](http://www.nspcc.org.uk) There is lots of very useful guidance on both these websites.

**Appendix 1**

[**Working with Disabled Children**](https://www.proceduresonline.com/northyorkshire/scb/p_disabled_ch.html)

Children with a disability are children first and foremost, and deserving of the same rights and protection as other children. By definition, any child with a disability should also be considered as a child in need. A child can be considered to be disabled if he or she has significant problems with learning, communication, comprehension, vision, hearing or physical functioning. The child may also have a diagnosis from a medical professional.

**Considerations**

Disabled children may be especially vulnerable to abuse for a number of reasons. Some disabled children may:

* Be isolated and have limited contact with others;
* Receive intimate care from a number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries;
* Have an impaired capacity to resist or avoid abuse;
* Have communication difficulties that may make it difficult to tell others what is happening and no support around their Speech and Language difficulties;
* Be inhibited about complaining for fear of losing services and/or not aware services are abusive;
* Be especially vulnerable to bullying and intimidation and more willing to accept bullying due to lack of recognition of those issues;
* Be more vulnerable than other children to abuse by their peers.

In addition to the universal indicators of abuse and neglect the following abusive behaviours may be relevant:

* Force feeding;
* Unjustified or excessive physical restraint;
* Rough handling;
* Extreme behaviour modification including the deprivation of food medication, or clothing;
* Misuse of medication, sedation, heavy tranquillisation;
* Invasive procedures against the child's will;
* Neglect of personal care needs;
* Deliberate failure to follow medically recommended regimes;
* Non- compliance with programmes or regimes;
* Failure to address ill-fitting equipment e.g. callipers, sleep boards which may cause injury or pain, inappropriate splinting;
* Misappropriation/misuse of a child's finances.

In addition to increased risk factors, disabled children may have communication difficulties which make it difficult to tell others what is happening to them. Adults, including professionals assessing their needs and caring for them may concentrate on the child's additional needs and overlook signs and symptoms which may suggest that the child is being maltreated. Signs indicating maltreatment may be attributed to the disability.

Reviewed March 2024

Next Review March 2025



Lisa Keenan, Chief Officer