**Safeguarding and Child Protection Policy**

**Rochdale Connections Trust is committed to providing an environment where children and young people are valued, respected and protected from harm. We further recognise our responsibility to develop awareness of issues which cause children and young people harm; to recognise the possible signs of abuse and neglect and to take appropriate and timely action.**

The purpose of this policy statement is:

* to protect children and young people who receive Rochdale Connections Trust’s services

from harm. This includes the children of adults who use our services

* to provide staff and volunteers, as well as children and young people and their families, with

the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of Rochdale Connections Trust, including Senior

Managers and the Board of Trustees, paid staff, volunteers, sessional workers, agency staff and

students.

The designated Child Protection Officer is Kathy Thomas (CEO)

If any parent/carer, young person or child has concerns about the conduct of any member of the organisation, they should contact the Child Protection Officer, Kathy Thomas via telephone on 01706 345111 or 07748 943 778 or email [Kathy.thomas@r-c-t.co.uk](mailto:Kathy.thomas@r-c-t.co.uk).

**1. Providing a safe environment**

We recognise that child protection is the responsibility of every adult who has involvement with children.

1.1 All staff and volunteers will:

1. treat young people with respect and dignity; always providing a good example in their behaviour, actions and language
2. avoid spending excessive amounts of time alone with children. Should a private meeting be essential other staff should be informed of the meeting time and location
3. endeavour to promote respectful attitudes among children and young people, and challenge inappropriate language used by any young person, or any adult working with the young people
4. never engage in sexually provocative banter or play, or rough physical games; or allow, or engage in inappropriate touching of any kind
5. never do things or of a personal nature for a child or young person that they can do for themselves
6. be aware that actions, words and gestures can be misinterpreted, no matter how well-intentioned.

1.2 The organisation will:

a) deliver employment and supervision procedures that ensure that child protection is given a high priority; including interviewing all potential staff and volunteers and asking for two appropriate referees

b) ensure enhanced DBS checks are carried out for staff and volunteers who will have contact with children and young people

c) ensure that each member of staff is familiar with the child protection policy and has received training in basic child protection awareness as part of their induction

d) source or provide appropriate continuing training on child protection issues

e) keep a register of every child involved with the organisation, including relevant medical details and a contact name and number for emergencies.

**2. Recognising the Possible Signs of Abuse and Neglect**

Abuse or neglect of a child or young person is caused by inflicting harm or failing to act to prevent harm.

2.1 Physical Abuse

This may involve hitting, shaking, burning or scalding (or other) causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of an illness, or deliberately causes ill health to a child. Possible indicators may include bruising (particularly bruises of a uniform shape), lacerations, marks or burns.

2.2 Emotional Abuse

This is the persistent ill-treatment of a child which causes severe and persistent damage to their emotional development. It may include treating children as if they are unwanted, unloved or worthless, or placing age or development-inappropriate expectations on them. It also includes the exploitation or corruption of children, and actions that cause children to frequently feel frightened or endangered. Possible indicators may include excessive dependence, attention-seeking behaviour and self-harming.

2.3 Sexual Abuse

This 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 or has consented to it. The activities may involve physical contact, which could be penetrative or non-penetrative acts, but may also include non-contact activities such as looking at, or producing pornographic material, watching sexual activities or encouraging children to behave in sexually inappropriate ways. Possible indicators of sexual abuse may include physical signs such as bruises, scratches or bite marks to the thighs or genital areas, or behaviours such as precociousness, withdrawal or inappropriate sexual behaviours.

2.4 Neglect

This is a persistent failure to meet a child’s basic needs such that the result might be a serious impairment of the child’s health or development. For instance, it could include the failure to provide adequate food, shelter and clothing, or failure to protect a child from harm or danger, or failure to ensure access to appropriate medical care. Possible indicators may include inadequate clothing, poor growth or poor personal hygiene.

**NOTE**: The indicators outlined above are not exhaustive. The signs of abuse can manifest in many different ways, and it is important to note that there can be many different explanations for such symptoms, including bereavement, or changes in family circumstances. Perfectly innocent alternative medical, psychological or social explanations may exist for the signs and symptoms described.

**3. Reporting and Referral Procedures**

There is an expected responsibility for all members of the organisation to respond appropriately to any suspected or actual abuse of a child or young person in accordance with the following procedures.

3.1 What to do if a child or young person talks to you about abuse or

neglect:

a) Listen carefully to the child, but do not directly question or interrogate them

b) Do not guarantee confidentiality, but tell the child that you cannot promise to keep what they have told you a secret, and explain what you will do next

c) Reassure the child that you are glad that they have told you, and that they haven’t done anything wrong

d) Make an accurate record of the conversation immediately (or at the latest within 24 hours) using the child’s own words as far as possible, detailing the child’s demeanour, the timing and setting of the conversation. Do not throw this away as it may be needed for evidence later.

3.2 Consultation about concerns

You may become concerned about a child who has not spoken to you either because of information received from elsewhere or because of your own observations. If you have cause for concern:

a) You may wish to sensitively speak to a child about why they are upset, or to ask them about a physical injury to clarify vague concerns and ensure that appropriate action is taken

b) Consult internally with the designated child protection officer for the organisation – Kathy Thomas

c) A direct consultation with the local Social Services Department would be appropriate if the concern relates to the child protection officer, or if the child protection officer is not available for consultation for some reason

d) The child protection officer might consult with the local Social Services Department if, after internal consultation, the appropriate course of action remained unclear. A consultation is not the same as a referral, but should help the organisation to make a decision as to whether to make an official referral to Social Services or to the Police.

3.3 Making a referral:

a) A referral involves giving Social Services or the Police information about concerns relating to an individual or a family so that appropriate enquiries can be made. Suspicions or allegations of abuse should always be referred, not investigated.

b) Usually, the designated child protection officer will make the referral following a period of consultation which may include consulting with Social Services. However, a referral may be made immediately if the situation is clearly urgent, e.g. there are very serious concerns about the child’s immediate safety.

c) If the concern is about abuse or risk of abuse from a family member or someone known to the children, a telephone referral should be made to the local Social Services office.

d) If the concern is about abuse or risk of abuse from someone not known to the child’s family, a telephone referral should be made directly to the police, and the parents consulted.

3.4 Consulting with parents/carers

In general, it is good practice to be open with parents or carers about any concerns, and to inform them if a referral is being made. However, parents/carers must not be consulted in the following circumstances:

1. Where sexual abuse is suspected
2. Where organised or multiple abuse is suspected
3. Where fictitious illness by proxy (Munchausen Syndrome by Proxy) is suspected
4. Where contacting parents/carers would place a child, yourself or others at immediate risk

3.5 Confidentiality

The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place. Information about child protection concerns should be shared on a ‘need to know’ basis, but it should be remembered that the issue of confidentiality is secondary to a child’s need for protection.

3.6 Contact details for referrals:

**Rochdale Borough Safeguarding Children Partnership**  0300 303 0350  
Floor 4, No 1 Riverside, Smith Street, Rochdale OL16 1XU

https://www.rbscp.org/professionals/worried-about-a-child/

**Complex Early Help and Safeguarding Hub (CEHASH)** 0300 303 0440

Email : ehash@rochdale.gov.uk

**Children’s Social Care Services (Social Services)**  0300 303 04440  
Floor 4, No 1 Riverside, Smith Street, Rochdale OL16 1XU

**Emergency Duty Social Worker** 0300 303 8875

**Police**  0161 872 5050  
(This is a central switchboard for Greater Manchester Police. State that you have a child protection concern and where the child lives).

**Police Family Support Unit, Rochdale Division** 0161 856 8067

**The Sunrise Team**  0161 856 1734

Rochdale Police Station, The Holme, The Esplanade, Rochdale OL16 1AG

Email : sunrise.rochdale@gmp.police.uk

http://www.thesunriseteam.co.uk/contact-us/

**4. Disclosure and Barring Service**

Rochdale Connections Trust are wholly committed to keeping children and young people safe and undertake Enhanced DBS checks on newly appointed employees and volunteers in accordance with the following legislation:

- Criminal Justice and Court Services Act (Part II) (2000)

- Protection of Children Act (1999)

- Police Act (Part V) (1997)

- Mental Health Act (1983)

- Rehabilitation of Offenders Act 1974 (Exception’s Order) 1975

- Police Act 1992 (Criminal Records) Regulations 2002 as amended

- Data Protection Act (1998)

- Safeguarding Vulnerable groups Act (2006)

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

**DBS checks are repeated on a 12monthly cycle for all individuals working with service-users. Furthermore, Rochdale Connections Trust will only partner with organisations who adhere to the same policy.**

As an organisation using the Disclosure & Barring Service (DBS) checking service to help assess the suitability of applicants for positions of trust and working with children, young people and vulnerable adults Rochdale Connections Trust operates a Record Keeping Policy, to ensure the correct handling, use, storage, retention and information. Rochdale Connections Trust fully complies with its obligations under the Data Protection Act 1998 and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of information.

**REVIEW SCHEDULE:**

The Safeguarding and Child Protection Policy is formally reviewed on an annual basis.

**Date of last review:** November 2021

**Reviewed by:** Lizl Donnelly

**Job Role:** Business Support Manager

**Date of next Review:** November 2022