**LYDGATE COMMUNITY ASSOCIATION**



**Young People and Children’s Safeguarding Policy**

Lydgate Community Organisation (LCA) abides by the duty of care to safeguard and promote the welfare of children and young people and is committed to safeguarding practice that reflects statutory responsibilities, government guidance and complies with best practice requirements.

* We recognise the welfare of children and Young People is paramount in all the work we do and in all the decisions we take
* All children and adults regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
* Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
* Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting their welfare.

**Purpose:**

LCA will:

* Protect children and young people who receive LCA’S services

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

* 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 LCA including the board of trustees and volunteers. Failure to comply with the policy and related procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation and termination of an organisation’s hiring arrangement with LCA.

 **Definitions and Signs of Abuse:**

**Definition of Abuse**

For the purpose of our policy an abused child is any boy or girl, under 18 years of age, who has suffered from, or is believed likely to be, at risk of significant risk of physical injury, neglect, emotional abuse or sexual abuse.

**Sexual Abuse**

**Definition**

Actual or likely sexual abuse / exploitation of a child or young person. 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. rape or buggery) and 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.

**Signs**

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

* Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
* Medical problems such as chronic itching, pain in the genitals, venereal diseases
* Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
* Personality changes such as becoming insecure or clinging
* Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
* Sudden loss of appetite or compulsive eating
* Being isolated or withdrawn
* Inability to concentrate
* Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
* Starting to wet again, day or night/nightmares
* Become worried about clothing being removed
* Suddenly drawing sexually explicit pictures
* Trying to be 'ultra-good' or perfect; overreacting to criticism
* Inability to concentrate
* Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder

**Physical Abuse**

**Definition**

Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering), to a child. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Factitious Illness may also constitute physical abuse

**Signs**

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

* Unexplained recurrent injuries or burns
* Improbable excuses or refusal to explain injuries
* Wearing clothes to cover injuries, even in hot weather
* Refusal to undress for gym
* Bald patches
* Chronic running away
* Fear of medical help or examination
* Self-destructive tendencies
* Aggression towards others
* Fear of physical contact - shrinking back if touched
* Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
* Fear of suspected abuser being contacted

**Emotional Abuse**

**Definition**

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 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, or the exploitation or corruption of children. Some level of emotional damage is involved in all types of ill-treatment of a child, though emotional abuse may occur alone.

**Signs**

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

* Physical, mental and emotional development delay
* Sudden speech disorders
* Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
* Overreaction to mistakes
* Extreme fear of any new situation
* Inappropriate response to pain ('I deserve this')
* Neurotic behaviour (rocking, hair twisting, self-mutilation)
* Extremes of passivity or aggression

**Neglect**

**Definition**

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. Neglect may occur during pregnancy as a result of parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

**Signs**

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

* Constant hunger
* Poor personal hygiene
* Constant tiredness
* Poor state of clothing
* Emaciation
* Untreated medical problems
* No social relationships
* Compulsive scavenging
* Destructive tendencies

**Note: A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone**

**Legal Framework**:

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation is available from [nspcc.org.uk/learning](https://learning.nspcc.org.uk/).

* LCA aims to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of Young People and Children .If a member of LCA suspects a Young Person or Child is being abused or a disclosure is made to a member of LCA they will
* React calmly
* Reassure the person that they were right to tell
* Keep questions to an absolute minimum to ensure a clear and accurate understanding of what has been said.
* Don’t ask about explicit details
* Reassure but do not promise confidentiality, which might not be feasible in the light of subsequent developments
* Inform the person what you will do next
* Make a full and written record of what has been said/heard as soon as possible and

 seek advice from the Senior Lead for safeguarding who will take action in accordance with Appendix A attached. The Lead for Safeguarding is responsible for acting as a source of advice on child and vulnerable adult protection matters, for co-ordinating action within the organisation and for liaising with health, social services and other agencies about suspected or actual cases of abuse. They may also be responsible for implementing safeguarding training within the organisation

**Training and Awareness:**

LCA will require an appropriate level of safeguarding training is available to its Trustees, Volunteers and any relevant persons linked to the organisation who requires it (e.g. regular hiring organisations ) Details of LCA Trustee safeguarding training is available from the Lead for safeguarding .

For all persons who are working or volunteering with children this requires them as a minimum to have awareness training that enables them to:

* Understand what safeguarding is and their role in safeguarding children.
* Recognise a child or vulnerable adult potentially in need of safeguarding and take action.
* Understand how to report a safeguarding Alert.
* Understand dignity and respect when working with children.
* Have knowledge of their own organisation’s Safeguarding Policy if appropriate

**Confidentiality and Information Sharing:**

LCA expects all employees, volunteers and trustees to maintain confidentiality. Information will only be shared in line with the General Data Protection Regulations (GDPR) and Data Protection.

However, information should be shared with the Lead for Safeguarding who will then share with the Local Authority if a child or vulnerable adult is deemed to be at risk of harm or **contact the police if they are in immediate danger, or a crime has been committed**.

**Recording and Record Keeping:**

A written record must be kept by the Lead for safeguarding about any concern regarding an adult or child with safeguarding needs. This must include details of the person involved, the nature of the concern and the actions taken, decision made and why they were made.

All records must be signed and dated. All records must be securely and confidentially stored in line with General Data Protection Regulations (GDPR) by the Lead for safeguarding.

**Safe Recruitment & Selection:**

LCA is committed to safe recruitment practices of all trustees and volunteers that reduce the risk of harm to children and vulnerable adults from people unsuitable to work with them or have contact with them.

 **Use of Mobile Phones and other Digital Technology:**

All employees, trustees and volunteers should be aware of their own organisations policy and procedures regarding the use of mobile phones and any digital technology and understand that it is unlawful to photograph children and young people without the explicit consent of the person with parental responsibilities.

This policy will be reviewed annually.

**Important Contacts:**

**Senior Lead for Safeguarding and Trustee with responsibility for Safeguarding**Name:Rachel Damianou
Email address:rachel@damianou.co.uk
Telephone number:07779816624

**Deputy Senior Lead for Safeguarding**Name:Jennifer Greenwood
Email address: lovelydgate@btinternet.com
Telephone number 07885047901

**Oldham MBC Multi Agency Referral**

**0161 770 7777**

**Police**
Emergency – 999
Non-emergency – 101

**NSPCC Helpline**
0808 800 5000

**Trustee Responsible for Health and Safety**

Name: Julie Whitehead

Email:j.whitehead553@btinternet.com

**Appendix A**

**Reporting Child Protection Concerns**

You have concerns about a child’s welfare

Discuss with safeguarding lead

No have concerns

Still have concerns

Concerns about child’s immediate safety

Initial assessment required

No further MASH involvement at this stage, although other action may be necessary e.g. onward referral

MASH feedback to referrer on the next course of action

No further child protection action, although may need to act to ensure services provided

MASH acknowledge receipt of referral and decide on course of action within one working day

Refer to MASH and/or police.

Follow up in writing within 48 hours

Immediate strategy discussion between MASH, police and other agencies as appropriate

Any concerns should be reported promptly to the Multi Agency Safeguarding Hub ( MASH).

Oldham - Email: child.mash@oldham.gov.uk; Tel:0161 770 7777

Rochdale – Tel: **0300 303 0440**

Tameside – **Tel: 0161 342 4101 or** Tel: **0161 342 2222**