

Footsteps Foundation



And

The Footsteps Centre



SAFEGUARDING POLICY

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Footsteps Foundation
And
The Footsteps Centre
SAFEGUARDING POLICY
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SAFEGUARDING POLICY

1. Our Vision

There are thousands of children with neurological disorders across the UK who need intensive physiotherapy. Footsteps Foundation provides financial assistance for children to take part in The Footsteps Centre's innovative therapy programme.

2. Our Values, Principles and Believes

- All child abuse involves the abuse of children's rights.
- All children have equal rights to protection from abuse and exploitation.
- The situation of all children must be improved through promotion of their rights as set out in the UN Convention on the Rights of the Child. This includes the right to freedom from abuse and exploitation.
- Child abuse is never acceptable
- We have a commitment to protecting children with whom we work

3. Policy Scope

This policy applies to all staff, volunteers and trustees of Footsteps Foundation and The Footsteps Centre (hereinafter referred to collectively as Footsteps Centre)

4. Policy Statement

4.1 Footsteps has a duty of care to safeguard all children, undertaking therapy with us, from harm. All children have a right to protection and Footsteps will ensure the safety of all children in our care through adherence to this Policy.

4.2. Footsteps recognises that children using our services, have complex health needs and disabilities and are therefore particularly vulnerable to abuse. The welfare of the children we work with is paramount at all times.

4.3 The aim of this policy is to promote good practice by:

- Providing children and young people with appropriate safety and protection whilst in our care

- Allowing all staff/volunteers to make informed and confident responses to specific child protection issues.

4.4 In doing this the policy (and Guidance notes) addresses:

- Safe Recruitment Practices
- Good Practice Guidance to promote children's welfare and promote a positive and open culture and climate at all times
- Action that will be taken where allegations are made against staff/volunteers
- Possible signs of abuse
- Action to take if you expect abuse

5. Safeguarding Lead

Footsteps will identify a designated safeguarding lead (and deputy) who will act on behalf of both organisations. This individual will receive appropriate safeguarding training to enable them to fulfill this role. This person will be responsible for ensuring appropriate safeguarding and child protection measures and procedures are in place and are followed. All safeguarding issues and concerns should in the first instance be raised with the designated lead, the Footsteps Centre Manager, Kirsty Dawson

6. Categories of Abuse

There are four main categories of abuse¹, Neglect, Physical Abuse, Sexual Abuse and Emotional Abuse (further details and indicators are found in Appendix 2).

7. Recruitment and Training

- 7.1 When recruiting for staff or volunteers all applicants will be required to complete an application form which will include self disclosure of any criminal record.
- 7.2 Anyone involved in interviewing potential new staff will be expected to pay particular regard to any gaps in employment history and inconsistencies in information provided and answers given.

¹ Working together to Safeguard Children DH 2010

- 7.3 Two confidential references, including one regarding previous work with children will be obtained, where this is possible. These references must be taken up and confirmed through telephone contact.
- 7.4 Evidence of identity should be obtained prior to commencement (e.g. passport or driving licence with photo).
- 7.5 All new staff/volunteers who may have unsupervised access to children will be subject to checks through the Criminal Records Bureau. Whilst these clearances are being actioned new staff will be closely supervised at all times.
- 7.6 All new and existing staff and volunteers will be made familiar with this policy and procedure and will receive appropriate and regular training to ensure they comply with good practice protocols when working with children; recognise their responsibilities and report any concerns with regard to the safety of children; and know how to respond to a child or young person raising concerns.

8. Protocol for working with children

1. All staff working for Footsteps should demonstrate exemplary behaviour in all their dealings with children and young adults. They are expected to treat all those they come into contact with respect and dignity and put the welfare of each young person first. A failure to do this could result in allegations being made against an individual. Guidance is provided in Appendix 3 on good practice which should be adhered to at all times.

8.2 We discuss with the child's parent / carer the practicalities for the physiotherapy sessions, and as part of this they will be asked to give their consent to the arrangements for these sessions and whether they want to be present. In exceptional circumstances e.g medical emergencies, such action should only be taken in the full knowledge and consent of the Safeguarding Lead or the child's parent's/carer's consent.

2. Use of Photography/Film

No child should be photographed or filmed for purpose without prior written consent by their parent/carer.

3. Allegations Against Staff

- 10.1 It is not the responsibility of anyone working at Footsteps to decide whether or not child abuse has taken place, however all staff and volunteers of Footsteps have a responsibility to report any concerns with regard to inappropriate behaviour or practice of colleagues.
- 10.2 If you have concerns with regard to the behaviour or actions of a colleague you should in the first instance report it to the Safeguarding Lead or their deputy.
- 10.3 Such concerns may arise as a result of an individual:
- Behaving in a way that has harmed or may have harmed a child
 - Possibly committing a criminal offence against or related to a child
 - Behaving towards a child or children in a way that indicates that s/he is unsuitable to work with children
- 10.4 Any one reporting such concerns, in good faith, will be fully supported and protected by the organisation.
- 10.5 Where the concern or allegation is clearly about poor practice, and no child has been harmed, it will be dealt with as a misconduct or training issue.
- 10.6 In cases of allegations of abuse against Footsteps staff, whether made by colleagues or users of the service, the Safeguarding lead will contact the **Local Authority Designated Officer (LADO) 01865 815956** lado.safeguardingchildren@oxfordshire.gov.uk. The parents/guardians of the child will be contacted as soon as possible following advice from the Social Services Department.
- 10.7 The Safeguarding Lead, in conjunction with the organisations director, will make an immediate decision as to whether an individual accused of abuse should be temporarily suspended pending further investigation.
- 10.8 If the allegation is against the Safeguarding Officer the Board Member, Pippa Hoyer Millar should be informed who will take the appropriate steps to refer this issue to the **Local Authority Designated Officer (LADO)** to report an allegation, on **01865 815956** or email lado.safeguardingchildren@oxfordshire.gov.uk
- 10.9 Such a complaint may lead to:
- A criminal investigation
- And/or
- A child protection investigation
- And/or

- a disciplinary investigation

11. Reporting of suspected Abuse

- 11.1 Individuals working with Footsteps should be alerted to the potential abuse of children. It is the responsibility of all staff and volunteers to respond to any suspected or actual abuse of a child. It is not acceptable to ignore concerns or assume that someone else will raise the issue.
- 11.2 An individual may be alerted to concerns as a result of, for example; visible signs of abuse, sudden changes of behaviour, low self-esteem, or as a result of a child making a disclosure of abuse or neglect, direct to them. (Appendix 2 identifies possible signs of abuse; Appendix 4 provide guidance on how to deal with disclosure)
- 11.3 If a member of staff or volunteer has concerns that a child or young person may be at risk of harm or neglect they should contact the Safeguarding Lead who will refer the matter to the Locality and Community Support Service (LCSS) and request a 'no names' consultation (meaning you don't give the child's name). They will either be referred directly to a Social Worker, or will be called back by one when they are available, and they can then discuss the situation with them and they will advise them on what to do next. If a referral needs to be made, they will advise them of this.

In the absence of the lead or their deputy it may be appropriate for the reporting individual to contact Locality and Community Support Service (LCSS). If it is safe to do so (i.e. it does not place the child at risks of greater harm) the parents/ guardians should be informed of the referral.

12. Confidentiality

- 12.1. Every effort should be made to ensure that confidentiality is maintained for all concerned and all records will be kept securely and away from any regular client files, with access only to designated individuals.
- 12.2 Information should be handled and disseminated on a need to know basis only.
- 12.3 This may include the following people:
- the Safeguarding Lead
 - the parents of the person who is alleged to have been abused
 - the person making the allegation

- social service/police
- The Director/Trustee where appropriate

12.4 Advice from social services should be sought with regard to approaching the alleged abuser.

13. Implementation and Review

The Trustees and Directors are responsible for the implementation of this policy. This policy will be reviewed at minimum on an annual basis.

Essential Contacts

Name/Organisation	Phone number	Email/web address
Designated Safeguarding Lead Name: Kirsty Dawson	01865 340376 07879 473344	kirsty@footstepscentre.com
Locality and Community Support Service (LCSS) (South Oxfordshire)	0345 2412608	Use if unsure whether to make a referral or a 'no names' consultation.
Multi-Agency Safeguarding Hub (MASH)	0345 050 7666	mash-childrens@oxfordshire.gcsx.gov.uk Use to report a new concern or advice on where to refer a non-Oxfordshire child.
NSPCC Helpline	0808 800 5000	www.nspcc.org.uk
Oxfordshire Safeguarding Children Board	01865 815843	www.oscb.org.uk oscb@oxfordshire.gov.uk

Categories of Abuse

It should be recognised that the possible indicators are not definitive and that some children may present these reasons for reasons other than abuse.

Type of Abuse	<u>Possible Indicators</u>
<p>Neglect The persistent failure to meet a child's basic physical and psychological needs which is likely to result in serious impairments to their health and development. This may involve a parent or carer failing to provide food, shelter, clothing or a failure to protect from physical harm or danger or allow access to medical treatment.</p>	<p>Obvious signs of lack of care including</p> <ul style="list-style-type: none"> • Problems with personal hygiene • Constant hunger • Inadequate clothing • Emaciation • Poor relationship with peers • Untreated medical problems • Rocking, hair twisting, thumb sucking • Low self-esteem
<p>Physical Injury Actual or likely physical injury or failure to prevent physical injury or suffering to a child including hitting, shaking, throwing, burning or scalding, deliberate poisoning, suffocation or Munchausens syndrome by proxy.</p>	<p>Physical signs that do not tally with the given account of occurrence/conflicting or unrealistic explanations of cause/ repeated injuries/delay in reporting or seeking medical advice.</p>
<p>Sexual Abuse Forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. May involve physical contact, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.</p>	<ul style="list-style-type: none"> • Sudden changes in behaviour • Displays or affection which are sexual and age inappropriate • Tendency to cling or need constant reassurance • Tendency to cry easily • Regression to younger behaviour – eg thumb sucking, acting like a baby • Unexplained gifts or money • Depression and withdrawal • Wetting/soiling day or night <p>Note: Some of these behaviours may normally be present for some children so again it is about recognising any changes.</p>
<p>Emotional Abuse The actual or likely adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection.</p>	<p>Rejection, Isolation, child being blamed for actions of adults, child being used as carer for younger siblings, affection and basic emotional care giving/warmth persistently absent or withheld.</p>

Working with Children – Good Practice Guidelines

- Treat all disabled children and young adults equally with respect and dignity.
- Always put the welfare of each young person first.
- Maintain a safe and appropriate distance with patients (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child).
- Build balanced relationships based on mutual trust and empowering children to share in decision making.
- Make therapy fun, enjoyable and promote fair play.
- Ensure that all manual/physical support required, is provided openly and according to guidelines. The views of parents should always be carefully considered.
- Keep up to date with technical skills, qualifications and insurance.
- Involve parents/carers wherever possible. For example, encourage them to take responsibility for their children in the toilets.
- Secure parental consent in writing to act in their absence, if the need arises to administer emergency first aid and/or other medical treatment.
- If there is no parent or carer available, ensure where possible the same gender therapist escorts the child to the toilet. It is important to remember that same gender abuse can also occur.
- Be an excellent role model – this includes not smoking or drinking alcohol in the company of young people.
- Give enthusiastic and constructive feedback rather than negative criticism to children at all times.
- Recognise the developmental needs and capacity of disabled children and young adults – avoiding excessive training or competition.
- Keep a written record of any injury that occurs, along with the details of any treatment given.
- Relevant personnel to undergo national first aid training (where necessary).
- Think about whether lone working with a child is appropriate.

The following practices should **never be sanctioned. You should **never**:**

- Engage in rough physical or sexually provocative games, including horseplay.

- Allow or engage in any form of inappropriate touching.
- Allow children to use inappropriate language unchallenged.
- Make sexually suggestive comments to a child, even in fun.
- Deliberately reduce a child to tears as a form of control.
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for disabled children or young adults that they can do for themselves.

NB It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young and disabled. These tasks should only be carried out with the full understanding and consent of parents and the players involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

If any of the following occur you should report this immediately to another colleague and record the incident. You should also ensure the parents of the child are informed:

- if you accidentally hurt a patient
- if he/she seems distressed in any manner
- if a patient appears to be sexually aroused by your actions
- if a patient misunderstands or misinterprets something you have done.

Appendix 4

Dealing with Disclosures

RECEIVE

Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. Listen quietly and actively, giving your undivided attention.

Allow silences when needed. Do not show shock or disbelieve but take what is said seriously.

REASSURE

Stay calm, no judgements, empathise. **Never make a promise that you can keep what a child has said a secret.** Explain that you will have to share this information with a senior member of staff but give reassurance that only those who need to know will be told. Reassure the young person that they were right to tell you.

REACT

React to the child only as far as is necessary for you to establish whether or not you need to refer this matter, but don't interrogate for full details, it is not your responsibility to investigate.

Don't ask leading questions – keep the open questions eg 'is there anything else you want to say?'

Do not criticize the perpetrator; the child may have affection for him/her.

Explain what you will do next – inform designated person, keep in contact.

RECORD

If possible make brief notes about what they are actually telling you at the time. Keep these notes, however rough they are. If you are unable to make notes at the time write down what was said as soon as you can.

Try to record what was actually said by the student rather than your interpretation of what they are telling you.

Record the date, time, place and any noticeable nonverbal behaviour.

REPORT

Report the incident to the designated safeguarding lead and do not tell any other staff what you have been told.

NB Do not confront the alleged abuser