

# St Mary's Catholic Primary Schools Trust

## Safeguarding Children Policy and Protocol

**September 2017**

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**LADO: Steve Hall: 020 8726 6000 Ext.84322**

## 1: INTRODUCTION

### Child Protection Policy Statement

1.1 St Mary's Catholic Primary Schools Trust is a Multi Academy Trust consisting of St Mary's Catholic Infant School and St Mary's Catholic Junior School.

1.2 St Mary's Catholic Primary Schools Trust believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice that protects them.<sup>1</sup>

### 1.3 We recognise that:

- The welfare of the child is paramount
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse. This policy applies to all children and young people.
- Working in partnership with children, young people, their parents and carers and other agencies is essential in promoting young people's welfare.

<sup>1</sup> Policy statement is taken and adapted from *Firstcheck*, NSPCC 2006.

#### 1.4 **Purpose of Policy**

- To provide protection for the children and young people who receive services, including the children of adult users.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of harm.

1.5 This policy applies to all staff, including senior managers and boards of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone acting on behalf of St Mary's Catholic Primary Schools Trust.

1.6 This policy follows the statutory government guidance **Working Together to Safeguard Children 2015**; the **London Child Protection Procedures: 2015, Keeping Children Safe in Education 2015** and **What to do if you're worried a child is being abused: 2006**.

All agencies in London have signed up to the London Procedures, which should be regarded as instructions to staff.

We will review our child protection policy and protocol at least annually to ensure they are still relevant and effective.

## **2: DEFINITIONS & PRINCIPALS**

2.1 **A child** is any person who has not yet had their eighteenth birthday. Social Work Teams will also act to protect unborn children and offer ongoing support, up to 25 years, to some children who have been in care. **{depending on the needs of your organisation, you may want to include some of the other definitions at Appendix A}**

2.7 Government's specific ambition for children is that they will achieve the **Every Child Matters** key outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.

## **3: SCOPE OF SERVICES & INVOLVEMENT WITH CHILDREN**

Our Trust provides education and care for Nursery and Primary age children on two adjoining sites. Some of our children have medical needs and/or need additional 1:1 learning support. We also have a swimming pool with changing and showering facilities. These facilities are used by our schools and by other local schools. We employ a full time trained swimming coach to ensure that the children are safe in and around the pool area and changing room at all times.

## 4: DEFINITIONS OF ABUSE

4.1 The following definitions of abuse are set out in statutory government guidance and provide the framework for responding to risk to children.

4.2 Abuse and neglect are forms of maltreatment. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger.

### Physical abuse

4.3 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

4.4 Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child - see definition of *Fabricated or Induced Illness*.

### Emotional abuse

4.5 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another
- Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children
- Exploiting and corrupting children.

4.6 Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### Sexual abuse

4.7 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, buggery or oral sex) or non-penetrative acts.

4.8 Sexual abuse includes abuse of children through sexual exploitation.

4.9 Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under **Section 5 Sexual Offences Act 2003**.

4.10 Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

4.11 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.

4.12 Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **5: FURTHER DEFINITIONS**

5.1 As well as the definitions above, there are circumstances which can be indicative of abuse, or constitute abuse and are in any case, damaging to children. You should be aware of the need to act on concerns about the following.

### **Domestic (Family) Violence**

5.2 Domestic or Family Violence adversely affects children, whether or not it is significant enough to warrant action under Child Protection Procedures.

5.3 When a member of staff becomes aware that a child may be living in a household where there is emotional, physical or sexual violence, they should attempt to find out whether the family are receiving help and should consider contacting the referral or advice lines below.

### **Bullying**

5.4 Staff should be aware of and act in accordance with the Croydon Anti-Bullying Strategy.

5.5 Bullying is not acceptable behaviour. Staff members witnessing a child being bullied or receiving complaints over bullying have a duty to do whatever is within their power to stop the situation, while avoiding putting themselves or the child in danger.

5.6 Staff should always discuss instances of bullying with a senior manager. This should occur immediately if the situation is beyond their ability to deal with.<sup>2</sup>

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<sup>2</sup> Guidance on early indicators of violent and aggressive behaviour may be found in the corporate safety policy on preventing violence to staff, and through the provision of appropriate instruction, training and supervision on practical conflict management (and associated) techniques.

- 5.7 It is important to be aware of the possible use of weapons to covertly, or overtly threaten. All actual or threatened use of weapons or threat of physical force must be reported to the Police.

### **Children Who Go Missing From Care and Home**

- 5.8 The **London Child Protection Procedures** define a child as 'missing' if their whereabouts are unknown, whatever the circumstances of their disappearance.
- 5.9 Children who go missing place themselves at risk of substance abuse, exploitation and addiction. There is a very high correlation (probably 98%) between children who go missing and those who are sexually exploited. Missing children should be reported to the Borough Police Missing Persons Unit.

### **Children Missing From Education (CME)**

A **Child Missing from Education** is defined by the DfE as "a child of compulsory school age who is not on a school roll, nor being educated otherwise (e.g. privately or in alternative provision) and who has been out of any educational provision for a substantial period of time (usually four weeks or more)." In Croydon, referrals for CME are accepted after 10 working days of reasonable checks being carried out by the educational provider and their Designated Safeguarding Lead.

- In Croydon, the main reasons behind Children Missing from Education are those who fail to start at an appropriate education provision either at the start of the new academic year or following a mid-year transfer, becoming lost from school rolls, or failure to register at a new school when moving in or out of the Borough.
- **Contacts for CME Team**  
Email: [ChildrenMissingfromEducation@croydon.gov.uk](mailto:ChildrenMissingfromEducation@croydon.gov.uk)
- Telephone: 0208 726 6000

### **Child Sexual Exploitation (CSE)**

- 5.10 Child Sexual Exploitation involves exploitative situations, contexts and relationships where young people receive something (for example food, drugs, alcohol, gifts or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many different forms from the seemingly 'consensual' relationship to serious organized crime involving gangs and groups.
- 5.11 Exploitation is marked out by an imbalance of power in the relationship and involves varying degrees of coercion, intimidation and sexual bullying including cyberbullying and grooming.
- 5.12 It is important to recognize that some young people who are being sexually exploited do not show any external signs of this abuse and may not recognize it as abuse. Young people who go missing can be at increased risk of sexual

exploitation and so procedures are in place to ensure appropriate response to children and young people who go missing, particularly on repeat occasions.

5.13

Schools will refer to the Multi-Agency Safeguarding Hub (MASH) if there is a concern that a young person may be at risk

### **Child Trafficking**

5.14 Child trafficking is the recruitment and movement of children for the purpose of exploitation; it is a form of child abuse. Children may be trafficked within the Country, or from abroad. It overlaps with Sexual Exploitation and Private Fostering. Children may be trafficked for:

- Sexual exploitation
- Labour exploitation
- Domestic servitude
- Cannabis cultivation
- Criminal activity
- Benefit fraud
- Forced marriage
- Moving drugs.

### **Private Fostering**

5.15 Private Fostering arrangement is one that is made privately between two parties without the involvement of the Local Authority for a child under the age of 16 (18 if disabled). This arrangement would be with someone who is not a parent or close relative, and lasts 28 days or more.

5.16 Private Fostering is used as a form of childcare by parents who are not able to take care of their child on a day to day basis, for whatever reason. However, unreported Private Fostering Arrangements can be used in order to exploit children.

5.17 The Law requires that the Local Authority should be informed at least six weeks in advance of a Private Fostering arrangement or 48 hours after the arrangement has been made if in an emergency. Social Workers will:

- Check the suitability of the Private Foster Carers through checks and assessment;
- Make regular visits to the child and monitor the standard of care; and
- Ensure that Private Foster Carers and birth families have all the necessary information and advice they require.

### **Forced Marriages**

5.18 No faith supports the idea of forcing someone to marry without his or her consent. This should not be confused with arranged marriages between consenting adults.

### Under-age Marriages

- 5.19 In England, a young person cannot legally marry or have a sexual relationship until they are 16 years old or more

### Female genital mutilation (FGM)

- 5.20 Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. It is a surprisingly common form of abuse in the UK. FGM is carried out on children between the ages of 0–18, depending on the community in which they live. It is extremely harmful and has short and long term effects on physical and psychological health
- FGM is internationally recognized as a violation of the human rights of girls and women, and is illegal in most countries, including the UK
  - The school takes these concerns seriously and staff will be made aware of the possible signs and indicators that may alert them to the possibility of FGM. Any indication that FGM is a risk, is imminent, or has already taken place will be dealt with under the child protection procedures outlined in this policy
  - **Since 31 October 2015 it is a legal requirement to report known cases of FGM (visually identified or verbally disclosed) to the police under the FGM Mandatory Reporting Duty. Any such disclosures will be referred to the police by contacting them on the 101 number. This duty does not apply in relation to “at risk” or suspected cases. In these cases the Designated Person will make appropriate and timely referrals to MASH if FGM is suspected. In these cases, parents will not be informed before seeking advice. The case will still be referred to MASH even if it is against the pupil’s wishes.**

### Ritualistic Abuse

- 5.21 Some faiths believe that spirits and demons can possess people (including children). What should never be condoned is the use of any physical violence to get rid of the possessing spirit. This is physical abuse and people can be prosecuted even if it was their intention to help the child.

### 5.22 Safeguarding Children and Young People Vulnerable to Violent Extremism (PREVENT DUTY)

Protecting children from the risk of radicalisation should be seen as part of schools’ wider safeguarding duties. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. As with managing other safeguarding risks, schools should be alert to changes in children’s behaviour that could indicate that they are in need of protection.

- School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. This may include making a referral to the Channel programme” (Keeping Children Safe in Education, Department for Education, July 2015)
- Our school safeguarding policy therefore complies with the schools duty under Section 26 of the Counter Terrorism and Security Act 2015 in accordance with the Department of Education advice for schools specific guidance for schools

## 6: WHAT TO DO IF YOU ARE CONCERNED THAT A CHILD IS BEING ABUSED

### Responding To Patterns of Concern

- 6.1 If you recognise signs of abuse keep a written record of any physical or behavioural signs or symptoms. If patterns emerge or signs become frequent report them to your designated child protection coordinator.

### The Role of The Agency Prior To Referral

- 6.2 Normally you or someone in your agency should ask the parents for their explanation of your concerns and tell them that you are going to make a referral to Children's Social Care. Members of the Children's Workforce have a duty to act on child welfare concerns and their anonymity cannot be preserved.
- 6.3 However, you must not talk to the parents about concerns where it would jeopardise the child's safety, for example:
- There are concerns about Sexual Abuse
  - The child appears very frightened of their parents and fears reprisals

### Early Help Pathways

- 6.4 Working Together to Safeguard Children (2013) sets out a clear expectation that local agencies will work together and collaborate to identify those children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later, when any problems, for example neglect, may have become more entrenched. The importance of using a child centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and the views of the individual child in their family and community context

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Details of the services available and how they can be accessed are available online at

<https://www.practitionerspacecroydon.co.uk/wp-content/uploads/2014/05/Proof-E-140067-Early-help-guide-spreads.pdf>

### The Multi-agency Safeguarding Hub (MASH)

MASH is the Local Authority's 'front door' to manage all safeguarding referrals and to consider the most appropriate support available for families in need of help. The MASH team is made up of: Children's Social Care, Police Public Protection Desk, Health, Education, Youth Offending Service, Early Help and Youth Services, Probation and Housing.

MASH operates a safeguarding consultation line to provide safeguarding advice and consultation to professionals who would like to discuss the concerns they may have about a child/family. **This is for safeguarding advice only.** The contact number for the safeguarding consultation line is 020 8726 6464. For all other enquiries use 020 8726 6400.



## Recording

- 6.5 When staff become aware of possible abuse, they must make full written record as soon as possible and always within 24 hours of the situation arising. This may be recorded directly onto a Referral form, or if there is a lot of detail, be recorded in a separate appended document.
- 6.6 Recording should include as many of the following details as you know:
- Index details of the child, and if known, their family, or carers, alleged offenders, witnesses, other involved children. Index details are names, dates of birth, addresses, gender
  - As much information as possible about the incident of concern i.e. what lead up to it, what was heard or witnessed, staff member's responses, location of the event, date, time and details of anyone present
  - Any action taken by the member of staff as a result of the incident
  - Other relevant background information.
- 6.7 When you record:
- Distinguish between fact and opinion
  - Try to describe what happened fully but succinctly
  - Make the recording legible
  - Sign and date the recording and ensure your name and designation are clearly typed or printed.
- 6.8 It may be a good idea to record what you have seen on a body map (included in the appendix C) for an accurate record that cannot be misinterpreted. Body maps may also be useful for your first aid records.

## 6.9 You should record only what you can see without removing additional clothing.

- 6.10 All records of child protection issues will be kept in a central, lockable, non-portable cabinet.

## Referral Time Scales

- 6.11 Referrals following specific incidents should be made within 24 hours. Where concern has built over a period of time, referral may be delayed. However, you must avoid long delays, based on the fact that you cannot obtain a Manager or Designated Officer's agreement within the time scales above. If such a delay is likely, you must make the referral yourself.

## What To Put In Your Referral

### 6.12 You should give as much of the following information as possible:

#### Your Details:

Name, designation and contact details  
Date and time of referral

#### Subject Child(ren):

Address, name, DOB

#### Family Details:

Address (s), names (including any aliases), (DOBs or ages) & the relationship to the subject child(ren) of ALL members of the household (& family if

situation is complex, family members at other addresses)

Details of regular household visitors, if known

**Summary of Concerns:** What you have seen or heard to make you concerned  
Anything you have done in response to this  
Your assessments and opinions, specified as such

### **What You Think Should Happen**

#### **Emergencies**

- 6.13 If you believe a child is in immediate physical danger you should call the Police on 999.
- 6.14 If a child is injured or showing signs of illness, you should seek medical assistance and try to contact the child's carers, who will normally be able to consent to treatment. Depending on your degree of concern you may want to contact the London Ambulance Service immediately.
- 6.15 Dependent on age and understanding, the child may be able to consent to treatment, or medical staff may decide that the emergency is such that consent should be over ridden.
- 6.16 It is your responsibility to access help and try to access the child's parent or carer, not to determine consent issues.

#### **Disagreements About The Need For Referral**

- 6.17 If staff and managers disagree about the need for a referral, they should seek advice. If the matter cannot be resolved, members of staff can make a referral in their capacity as a citizen.

#### **Dissatisfaction With The Response To Referral**

- 6.18 If you are dissatisfied with the outcome of your referral and particularly if you are concerned that a child may be left at risk, you must ask to talk to one of the managers in the service. If you continue to be concerned you may ultimately need to speak with the Service Manager or Service Lead.

### **7 HOW TO RESPOND TO A CHILD TELLING YOU ABOUT ABUSE**

- 7.1 Sometimes you will be concerned about abuse because of what a child says to you. If this happens you should:<sup>3</sup>
- Stay calm and reassuring. Respond with tact and sensitivity and do not make judgements.
  - Find a quiet place to talk and allow the child to speak in their own time (this should still be in the open but away from the crowd and you should tell somewhere else where you are going and with whom).

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<sup>3</sup> <http://www.kidscape.org.uk/professionals/childabuse.shtml>

How to respond to an abuse disclosure is taken partly from the kidscape website.

- Believe in what you are being told; take allegations or suspicion of abuse seriously.
- Listen, possibly confirm details but do not press for information or ask leading questions as this may void any disclosure you receive in a court case or investigation.<sup>4</sup>
- Make brief notes using the person's own words. Do not interpret what has been said or make assumptions.
- Say that you are glad that the child told you.
- Acknowledge that the child may have angry, sad or even guilty feelings about what happened, but stress that the abuse was not the child's fault.
- If necessary, seek medical help and contact the police or social services.
- Ensure the safety of the child and that they are away from the alleged abuser.
- Follow procedures for reporting allegations and suspicions to the designated child protection coordinator.

#### **Do not:**

- Promise confidentiality, but do discuss with the child who you need to tell.
- Investigate the allegation yourself and do not contact the parents/carers until advised to do so by the local authority/officer in charge of the allegation.
- If it will help the child to cope say that the abuser has a problem.
- Say that you will do your best to protect and support the child.

#### **Acknowledge to yourself:**

- That you may need help dealing with your own feelings and your employer/organisation should provide additional support this could include a follow up session, time off or counselling.

## **8: SUSPICIONS ABOUT MEMBERS OF STAFF**

### **8.1 Introduction**

It is essential that any allegation of abuse made against a member of staff or volunteer is dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

### **8.2 What Is Meant By an Allegation Against A Member of Staff**

You should be concerned if you believe that a member of staff has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they are unsuitable to work with children

8.3 This part of the guidance applies whether the child is someone with whom the member of staff is acquainted through their work, is a family member, friend, or stranger. As well as the safety and wellbeing of the subject child and other involved children, it is important to consider the staff member's long term attitude, access and level of risk to children.

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<sup>4</sup> Additional information on listening and questioning skills can be found at: NSPCC's website. [http://www.nspcc.org.uk/Inform/research/briefings/voice\\_of\\_the\\_child\\_wda81898.html](http://www.nspcc.org.uk/Inform/research/briefings/voice_of_the_child_wda81898.html)

8.4 This part of the guidance applies to all staff whether the member of staff is paid, a volunteer, a permanent, or an agency member of staff. It includes anyone who has access to children, or data about them.

## **9: Role of The LADO**

9.1 Where there is reason to suspect that the individual of concern may be unsuitable to work with children, the matter must be reported to the Local Authority Designated Officer, who will decide where the threshold for investigation under Child Protection procedures is met and will make arrangements to coordinate activity. Once it is clear that the individual should be referred, this should occur without delay, so that an agreement can be made about immediate action and what information can and cannot be shared.

The Croydon LADO is:

### **Steve Hall**

**Telephone Number :**

020 8726 6000 Ext.84322

**E Mail**LADO@croydon.gov.uk

**Location :**

4th Floor, Zone F

Bernard Weatherill House

8 Mint Walk

Croydon, CR0 1EA

### **Action**

9.2 If you are concerned that a member of staff may have abused a child you must:

- Ensure that the child or young person is safe
- Make a written note of the concerns ensuring names and times are clearly recorded. Do not speak to the child, young person or the member of staff in respect of the allegation
- Talk immediately to your Designated Child Protection person and decide who is going to discuss the matter with the LADO
- If your concern relates to the Designated Manager or Designated Child Protection Officer, discuss with the LADO in Children's Quality Assurance immediately
- Where a member of staff has obviously assaulted a child or young person the Police should be informed.

9.3 In deciding whether to take immediate action in respect of the member of staff against whom the allegation was made, it will be necessary to balance any ongoing risks to children, against the risks of alerting the member of staff in such a way that they may silence children, or destroy evidence.

9.4 **A member of staff may be suspended with immediate effect by their manager if there are grounds for concern. However, the LADO should be consulted before action is taken.**

### **What Happens After Referral**

- 9.5 Following referral to the Contact Centre/ Assessments, the Team will forward the matter to Children's Quality Assurance, who will:
- Undertake checks on those involved
  - Decide whether an multi agency Allegations Strategy Meeting is required
  - If a multi agency meeting is required, convene it, normally within 2 working days
  - Provide advice and guidance to employers
  - Track the different processes to their conclusion including any criminal investigation.

### **Management Oversight and Supervision**

- 9.6 Case Supervision is vital to sound Child protection Practice. Supervision is a formal process, in which the supervisor helps the practitioner to review and reflect on their work with the child about whom there are child protection concerns and their family. It is important that the supervisor is able to:
- Relate child protection procedures and what works in child protection practice to the particular case
  - Help the practitioner think about the way in which the relationships between the child the family and the professional group, affect them and their work
  - Challenge and check
- 9.7 Sometimes Case Supervision will be undertaken by the person who has overall responsibility for the individual's workload, performance and development. In very small organisations, or organisations which are unused to safeguarding and child protection, this may not be possible. Where management and supervision are separate, the supervisor and manager must liaise. It may be necessary for such organisations to negotiate together to obtain supervision support.

## **10: CONFIDENTIALITY & INFORMATION SHARING**

- 10.1 Information may be shared to protect a child or vulnerable person, or to prevent a crime. Early sharing of information is the key to providing effective early help where there are emerging problems. The *Data Protection Act* is not a barrier to sharing information, but provides a framework to ensure that personal information about living persons is shared appropriately.
- 10.2 When working with children, guarantees of absolute confidentiality must not be given. Those working with children should tell them that information will be shared if it is necessary to keep a child or vulnerable adult safe.
- 10.3 Staff should be open and honest with the child (and their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 10.4 Staff should seek advice if they are in any doubt.

- 10.5 Staff should follow the normal rules for safe data storage and transfer.
- 10.6 Recording should include the decision and the reasons for it – whether it is to share information or not. It should include what was shared, with whom and for what purpose.

## **11: CONTINUING WORK FOLLOWING A REFERRAL TO CHILDREN'S SOCIAL CARE (CSC) IN CROYDON**

- 11.1 A member of staff may be asked to remain involved with a child or a process, following referral to CSC. They may be asked to:
- Continue their normal level of contact with the child and report back to the Social Worker, if there is one
  - They or their manager may be asked to attend a Child Protection Conference
  - A manager in the service may be asked to take action in relation to a member of staff about whom there have been allegations.

## **PART 2: CREATING A CHILD PROTECTIVE CONTEXT**

### **12: INTRODUCTION**

- 12.1 Children are best protected in a context where all aspects of their welfare are taken into account and where there is proper planning for events and activities.

#### **Designated Child Protection Person**

- 12.2 The designated person (and their deputy) needs to complete child protection awareness training and have a good understanding of 'What to do if you are worried a child is being abused'. They will have a DBS check.
- 12.3 The role of the designated child protection person is to:
- Know about the signs and symptoms of abuse and know how abusers Behave.
  - Ensure the organisations child protection policy and procedures are followed and updated.
  - Ensure information is shared appropriately.<sup>5</sup>
  - Receive and record information from anyone who has concerns and store information in a locked drawer/cupboard.
  - Assess the information promptly and carefully, clarifying or obtaining more information when they need to.
  - Consult initially with a statutory child protection agency; such as the local children's social care teams or the NSPCC's child protection helpline (0808 800 5000), to talk about any doubts or uncertainty.
  - Make a formal referral to a statutory child protection agency or police.
- 12.4 The designated person must have relevant contact number and addresses of statutory agencies in their area.

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<sup>5</sup> See page 55 of 'What to do if you are worried a child is being abused'. This resource can be accessed at: <https://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-04320-2006>

## **Code Of Conduct/Behaviour For Everyone**

12.5 This Code of Behaviour is for all volunteers and staff and volunteers involved in St Mary's Catholic Primary Schools Trust.

### 12.6 You must:

- Treat all children equally and with respect
- Provide an example of good conduct you wish others to follow
- Ensure that, whenever possible, there is more than one adult present during activities with children (or where the staff member or volunteer is under 18) or at least that you are within sight or hearing of others. If you are asked to talk in private ensure someone else knows where you are and leave a door ajar or stay in clear view, always make a note of the conversation, tell the child or young person they are free to leave or stop talking at anytime
- Respect a young person's right to personal privacy/encourage young people and adults to feel comfortable and caring enough to point out attitudes or behaviour they do not like
- Remember that someone else might misinterpret your actions, no matter how well intentioned
- Be aware that physical contact with a child may be misinterpreted
- Recognise that special caution is required when you are discussing sensitive issues with children
- Operate within the organisation's principles and guidance and any specific procedures
- Challenge unacceptable behaviour and report all allegations/suspensions of abuse.

### 12.7 You must not:

- Engage in sexual activity with a young person (even if they are over 18) you have met through your duties within the organisation, this would be an abuse of trust
- Invite a child to your home or arrange to see them outside set activity hours
- Give out personal contact details or contact them unnecessarily outside of activity hours
- Give child gifts personally, any appropriate gifts such as token birthday gifts should come from the organisation. You should not accept gifts from children unless they are small token gifts appropriate to a celebration. All gifts must be reported to your activity leader
- Lend or borrow any money or property
- Allow yourself to be drawn into inappropriate attention-seeking behaviour/ make suggestive or derogatory remarks or gestures in front of children
- Jump to conclusions about others without checking facts
- Either exaggerate or trivialise child abuse issues
- Show favouritism to any individual
- Rely on your good name or that of the organisation or to protect you.
- Believe 'it could never happen to me'
- Take a chance when common sense, policy or practice suggests another more prudent approach
- Allow abusive peer activities e.g. initiation ceremonies, bullying or horse

play.

- 12.8 You should give guidance and support to inexperienced helpers. Staff relationships are based on mutual respect and it is everyone's responsibility to ensure a positive working environment.

### **13: STAFF/VOLUNTEER SELECTION AND TRAINING**

- 13.1 Staff and volunteers will be selected based on their suitability to the role. All staff/volunteers are required to complete the recruitment process before activity commences.
- 13.2 Job descriptions and personal specifications will be made for each new role/position and agreed with staff/volunteers.
- 13.3 Staff/volunteer's ability to deal with disclosures should be assessed. Special consideration should be given when recruiting under 18s.
- 13.4 All staff/volunteers will be required to:
- Complete an application form.
  - Provide proof of identity and qualifications.
  - Provide two references who may be contacted before interview.
  - Attend an interview, with at least two interviewers.
  - Explain gaps in employment.
  - Complete a self-disclosure form.
  - Obtain a full disclosure through checks from the Disclosure and Barring Service (DBS) (when they will be in contact with children or vulnerable adults both directly and indirectly).
  - Complete an agreed probationary period.
  - Undertake induction and training.

A senior member of the organisation will review all of the recruitment material to decide whether the individual is appropriate to work with children. Advice will be sought when recruiting someone with a criminal record. This will come from the Designated Safeguarding Professional and a member of Human Resources, if available.

- 13.5 Any applicant refusing to go through the vetting and barring system or DBS check will not be employed as a paid member of staff or as a volunteer if their role includes regulated or (and currently) controlled activities that require registration. Current definitions of controlled and regulated activity can be found on the DBS website.

### **14: The Disclosure and Barring Service (DBS) Process (former CRB)**

- 14.1 All staff and volunteers will go through DBS checks as necessary.
- 14.2 All staff/volunteers who have regular, unsupervised access to children or vulnerable adults will need a DBS check as will the designated person for child protection.



- 14.3 Staff/volunteers who have regular contact with children and young people through mixed groups (activities that both adults and children participate in together), and who have positions of responsibility and trust where contact with children is possible will also need a DBS check.

## **15: COMPLAINTS PROCEDURE**

St Mary's Catholic Primary Schools Trust learns from complaints and uses them to improve our services.

**Complaints are any clear expression of dissatisfaction with the group, its personnel, or its services that calls for a response. The procedure deals with specific concerns including: a risk to the health or safety of any individual or improper conduct or unethical behaviour or inappropriate behaviour in relation to children.**

**Anyone may make a complaint including children, parents/carers, volunteers, paid workers, or other people outside the group.**

**All complaints will be treated seriously whether made in person, by telephone, by letter, by fax, or by e-mail. Complaints will be dealt with promptly, politely, and with respect – give timescales to resolve.**

- 15.1 Complaints will be taken in person, in writing or by telephone by a member of the management team/senior workers. Formal complaints should be written down in as much detail as possible, including names of people the complaint has already been taken to.
- 15.2 Complaints can be made anonymously although a name and contact details would help for further investigation.
- 15.3 Initial complaints will be dealt with by The Headteacher or Deputy Headteacher within 10 working days.
- 15.4 If you feel that your complaint has not been dealt with to a satisfactory level you have the right to write to the Chair of Governors.
- 15.5 Whistle blowing is supported when reporting concerns of actual or possible unethical, illegal or unprofessional conduct by anyone within the organisation. Complaints should be reported through normal line management unless they are unable to deal with the matter, in which case it should be taken to the management team.
- 15.6 **Should this organisation take part in specific activities that fall outside the policies and procedures here an additional statement of policy and procedure is required to ensure all aspects of child protection have been considered. See appendix A**

## APPENDIX A: SPECIAL CIRCUMSTANCES

### (1) Trips Away From Home

II. Children need to be kept safe when taking trips away from home. It is therefore important that rigorous child protection policies and procedures are in place, in addition to health and safety procedures, adequate insurance, etc. In putting together a trip away from home, some procedures to follow include:

#### III. General

- Ensure children know how to behave, e.g. through a behaviour policy.
- Getting written consent from parents and, if necessary, holding a meeting for parents to give them a briefing on the outing.
- Asking parents about any special needs or requirements for their children.

#### IV. Using activity centres and other external providers

- Use reputable organisations that have in place any licences or accreditation required (some adventure activities require specific licences).
- If possible, visiting the centre beforehand and complete a risk assessment. You can ask the centres for their own risk assessment and follow it up with your own.
- Get agreement on the activities to be undertaken if using an adventure activity provider.
- Ensure external providers have proper safety procedures in place (e.g. insurance, maintenance of equipment/ transport, health and safety policies, recruitment of staff to work with children, Child Protection policies etc).
- Ensure the accommodation is suitable.

#### V. Staff/Volunteers

- Have a person trained in first aid and suitable equipment.
- When staying in self catering accommodation a member of staff will need a food hygiene qualification (e.g. Level 2 NVQ in Food and Hygiene)
- Have adequate staff ratios. These will depend on the age of the young people and the activity being planned, but DfES guidance on a typical school trip to a museum or historical site are:
  - ▶ 1 adult to 6 pupils for under-eights (more adults if under-fives).
  - ▶ 1 adult to 10-15 pupils for eight to eleven-year olds.
  - ▶ 1 adult to 15-20 pupils for over-elevens.
- Ensure all those attending are aware of their roles and responsibilities.
- Ensure staff/volunteers are competent to lead children in activities.
- Even greater care should be taken over trips abroad.

Two publications in particular provide more detailed information on planning trips away are:

- **Safe Sport Away**, produced jointly by the Amateur Swimming Association and the NSPCC.
- **Health and Safety of Pupils on Educational Visits** DFES (now DfE).

### **(1) Working With Children with Disabilities**

For a number of reasons, children with disabilities are more vulnerable to abuse than others. For example children with disabilities may be more dependent on others for intimate care and may be less able to tell people about any abuse they experience. For these reasons, it is essential that rigorous safe recruitment procedures are in place, especially with regard to recruitment checks on volunteers and paid workers, whistle blowing policies, and having clear guidelines setting out acceptable behaviour by those working with children with disabilities. Training which covers the interface of disability and safeguarding, will also be required.

### **(2) Groups of Parents and Children**

In some cases, the volunteers may consist solely of parents or carers looking after their own children. It is recommended that the group still have a policy to cover the activity, as the group and its trustees are still accountable. However, the policy and procedures might be adapted, e.g. to focus more on a code of conduct for parents and children whilst using the service and how parents might deal with the reporting of an allegation of abuse by a child. In this circumstance the duty of care for the child remains with the parent whilst the organisation holds the duty of care for the environment and overall moral duty of care.

### **(3) Working With Older Teenagers, E.G. 16+**

Given that child protection legislation covers all children and young people up to the age of 18, groups working with older children are still required to have a child protection policy and procedures. The policy is likely to cover the same ground as a standard policy, but the section on acceptable behaviour might reflect the age of the young people.

### **(4) Children Only Groups (Projects Only Involving Children and Young People)**

In reality, few are likely to be made up solely of young people. In most cases, adults will have some responsibilities (e.g. as management committee members), or will come into contact in some way with the children on the project. In addition, children can abuse each other (e.g. bullying). It is therefore likely that a policy for such a group would cover the same ground as a standard child protection policy.

### **(5) Capital Projects (E.G. Where a Group Is To Provide Facilities for Other Groups)**

Some simply aim to provide facilities for other groups or young people to use, e.g. a skate park or playground, or a hall for use by other groups. On the face of it, it may seem that a group like this does not come into contact with young people and does not need a child protection policy. In reality, this is unlikely. If you involve volunteers, have any involvement with young people, hold meetings or consultation events or have use of a public site, a child protection policy would be extremely valuable (this may be in the terms of booking). Any contact with young people makes it necessary to have a child protection policy, and obviously this policy can be adapted to suit the nature of your project. In addition, complete child protection may also include health and safety concerns and appropriate insurance measures, and either provision or guidelines for the use of the equipment or venue once your work has ended.

## **(6) Use of the Internet**

The following procedures are recommended for community groups:

- Ban access to sex sites, pornographic sites and violent and racially abusive sites
- Place the computer where everyone can use it and where everyone can see it, rather than out of sight in another room.
- Supervise use of the Internet.
- Suggest sites that could be visited by children and young people, e.g. those connected with children's TV programmes.
- Talk to children and young people about what sorts of sites they can and cannot visit.
- Ensure children are aware that chat sites are open to misuse and they should be as cautious of strangers they meet on the Internet, as they would be when meeting strangers in real life.
- Ensure that children and young people do not give out personal details over the Internet, e.g. surname, address, phone number or e-mail address.
- Ensure children never arrange a face-to-face meeting with anyone they come into contact with on the Internet.
- Encourage children to report anything they come across which they feel is abusive or offensive.
- Limit the amount of time children spend online.
- Explore the use of filters, which block access to certain sites (although remember that these are unlikely to be foolproof and cannot replace proper supervision).
- In addition, groups should not publish recognisable photographs of children on their own websites.

## **(7) Social Networking**

Over the past years the use of social networking sites such as Bebo, Twitter, MySpace and Facebook has become increasingly popular. Such sites are used to share information, photographs and news with friends across the world.

Whilst the use of such sites (known as social networking) has very many benefits there are potential problems concerning privacy and appropriate usage. These may include breaches of confidentiality, unsuitable language or images, and in some cases breaches of the law.

Examples of such problematic usage of publicly accessible social networking could be:

- Staff/volunteers referring to children by name on their profiles.
- Staff/volunteers referring to private organisation matters
- Staff/volunteers using derogatory or offensive language about fellow colleagues or children.
- Staff/volunteers posting images of themselves in inappropriate dress or situations, especially when it can be accessed by children and young people.
- Staff/volunteers participating in illegal activities such as the sharing of indecent images of children.

- Photos published can identify the staff/volunteers home.

Your policy should cover such things as;

- Professional staff must not use personal social network accounts to contact young people. Work related accounts may be used with management approval. Such sites should be able to be checked and audited by managers.
- Staff and volunteers must have appropriate security on their profiles to stop anyone viewing them that they are not friends with.
- Friend requests from children and young people, or their families, should be declined by explaining it is against the organisations policy to do so.
- Staff/volunteers should not create web pages, groups or contact lists concerning professional activities carried out on behalf of the organisation without expressed permission.

There must be absolutely no private online contact between professionals and any young people with whom they have a work-related relationship.

### **(8) Use of Photos**

This policy would apply to all forms of publications; print, film, video, DVD, on websites and in the professional media.

Consent forms signed by parents and guardians cannot be used as blanket permission for the taking and publication of images when you are working with the same group of children and young people continuously or over a long period of time. For one off events, or when the conditions of on which permission was granted have changed, new permission forms may need to be signed.

Consent/information forms could include;

- How long the permission will be considered valid.
- How images may be used.
- For how long will you be able to use the photos etc.
- That you will not publish names or any personal details.
- Only images of children suitably dressed will be used.
- Specific detail of how a photo may be used i.e. in a newsletter.
- Give the option for a parent/carer to give permission to photos being taken but not filming.
- Issues with parents/visitors taking pictures.
- That every effort will be made to prevent the capturing of any image of a child who should not be identified.

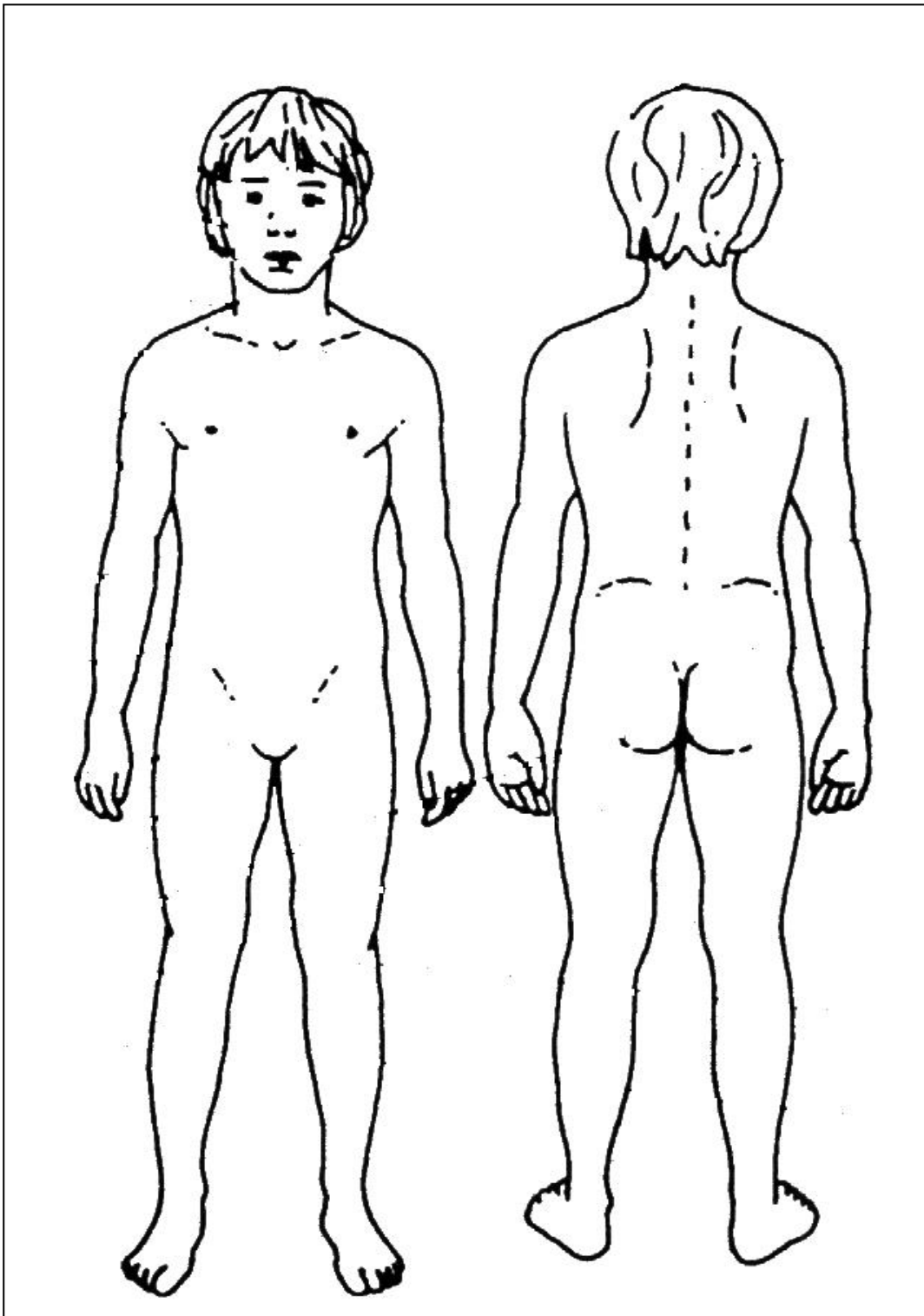
If a general event is taking place, such as a fete, you could warn visitors by sign or on any invitation. General consent is then implied by attendance.

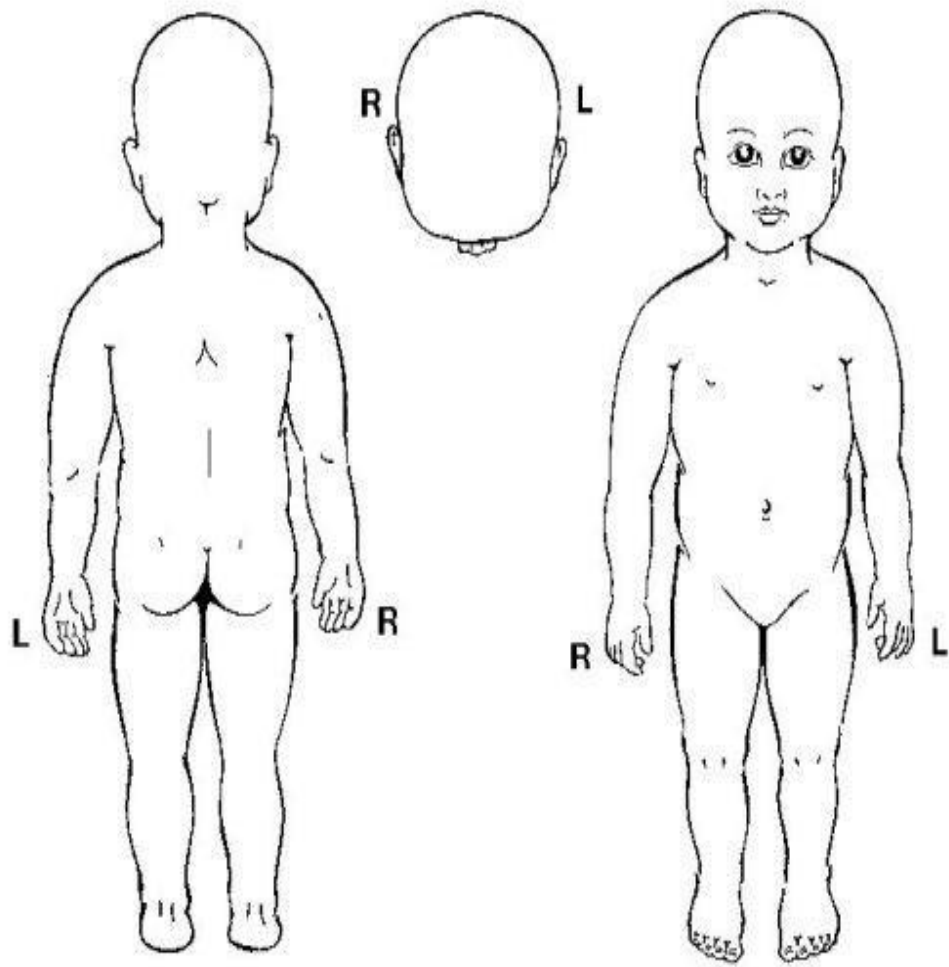
Alternatively you could have a no photo policy.

## APPENDIX B IMPLEMENTATION CHECKLIST

- ❑ Identify a designated child protection officer (CPO) and deputy.
- ❑ Add Child protection coordinator (CPC) name and contact details to procedure
- ❑ Ensure CPC attends training on child protection and updates that training regularly
- ❑ Ensure all staff and volunteers have a copy of child protection procedures which, they have signed to say they understand them
- ❑ Ensure that all staff and volunteers know what to do if they have concerns about a child
- ❑ Ensure all existing staff and volunteers who have contact with children have DBS checks.
- ❑ Ensure that new staff/volunteers who have contact with children have DBS checks before they start work and that someone has approved they are fit to work with children, before they begin
- ❑ Ensure that the premises conforms to health and safety guidelines
- ❑ Ensure that any letting arrangements are bound by contracts that include an agreement to adhere to the host organization's child protection procedures

**APPENDIX C BODY MAPS**  
**Child body map**





**Baby/infant Body Map**



## **APPENDIX D: SIGNS & SYMPTOMS OF ABUSE & NEGLECT**

### **Signs of Abuse**

Recognising child abuse is not easy. It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do however, have both a responsibility and duty, as set out in your organisation's child protection procedures, to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

The following information should help you to be more alert to the signs of possible abuse.

### **Physical Abuse**

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place some time later.

- Unexplained bruising, marks or injuries on any part of the body
- Multiple bruises- in clusters, often on the upper arm, outside of the thigh
- Cigarette burns
- Human bite marks
- Broken bones
- Scalds, with upward splash marks,
- Multiple burns with a clearly demarcated edge.

### **Changes in behaviour that can also indicate physical abuse:**

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example in hot weather
- Depression
- Withdrawn behaviour
- Running away from home.

### **Emotional Abuse**

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

### **Changes in behaviour which can indicate emotional abuse include:**

Neurotic behaviour e.g. sulking, hair twisting, rocking

- Being unable to play
- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress

### **Sexual Abuse**

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

It is also important to remember that it not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

### **The physical signs of sexual abuse may include:**

- Pain or itching in the genital area
- Bruising or bleeding near genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

### **Changes in behaviour which can also indicate sexual abuse include:**

- Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults

### **Neglect**

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

### **The physical signs of neglect may include:**

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or 'smelly'
- Loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions.

### **Changes in behaviour which can also indicate neglect may include:**

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised.

### **Bullying**

- Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:
  - Physical: pushing, kicking, hitting, pinching and other forms of violence or threats
  - Verbal: name-calling, sarcasm, spreading rumours, persistent teasing
  - Emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

### **Persistent bullying can result in:**

- Depression
- Low self-esteem
- Shyness
- Poor academic achievement
- Isolation
- Threatened or attempted suicide

### **Signs that a child may be being bullied can be:**

- Coming home with cuts and bruises
- Torn clothes
- Asking for stolen possessions to be replaced
- Losing dinner money
- Falling out with previously good friends
- Being moody and bad tempered
- Wanting to avoid leaving their home
- Aggression with younger brothers and sisters
- Doing less well at school
- Sleep problems
- Anxiety
- Becoming quiet and withdrawn

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are

related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.

## APPENDIX E: GENERAL DEFINITIONS

- 1 **Parental Responsibility (PR)** is where an adult is responsible for the care and well-being of their child and can make important decisions about the child's life. Without parental responsibility you cannot make the decisions about a child's life, such as choice of school or religion, surname or guardian on your death.
- 2 A child's mother always has PR (it is only lost if a child is adopted). A father always has PR if married to the mother, or if not married, a Court has given him PR. Since 2005 an unmarried father can acquire PR if he registers the birth of the child with the mother. He has to attend at the Registry Office. Persons who have a Residence Order for a child normally exercise day to day full parental responsibility for children. Persons who have a Special Guardianship Order for a child or young person exercise full Parental Responsibility for that child, with limited exclusions. For example the person cannot consent to adoption or emigrate with the child.
- 3 **A Looked After child** or young person is one who is cared for by the Local Authority either under Section 20 or Section 31 of the Children Act 1989. If the Local Authority has an interim Care Order or a Care Order they share PR with those people who have it (i.e. parents). However parents in these circumstances cannot discharge PR to the detriment of the child. If a child is cared for under section 20 the Local Authority does not share PR – the parents retain full PR.
4. **Accommodation** under Section 20 occurs either when the child has no one who can care for them, or the child's parents agree to the Local Authority looking after them.
- 5 The following principles guide the way in which members of staff work with children:
  - The safety and well being of the child is the paramount consideration in all child work with children. Where there is a conflict of interests between adults and a child, staff will work in a way which promotes the child's welfare
  - Children and young people should be listened to and consulted and their views taken into account, according to their age and understanding
  - Children are best brought up within their families and when considering who should care for a child, Social Workers will always choose the least intrusive option, compatible with the child's safety
  - Issues affecting children's safety and well being should be resolved in a timely manner
  - Whilst the Local Authority Children's Social Care Division has the lead responsibility for protecting children, safeguarding is everybody's business and there is a duty on public bodies to cooperate to safeguard children.

