

Scope: This document should be referred to in any case where a CTT trustee/parent/volunteer/residential camp staff identifies a case of actual or suspected child abuse.

Related Policies:

- Code of Conduct
- Confidentiality & Access to Information
- Health and Safety
- Professional Boundaries & Ethics
- Record Keeping
- Whistle Blowing
- Volunteer Day Out
- Zoom/Conference Calling Activities

Related Legislation:

- Working Together (2015)
- Children Act (1989)
- Children Act (2004)
- Housing Act (1996)
- Safeguarding Vulnerable Groups Act (2006)
- The Protection of Children Act (1999)
- The Equality Act (2010)
- The Sexual offences Act (2003)
- The Modern Slavery Act (2015)
- The Data Protection Act (2018) (GDPR)
- The Domestic Abuse Act (2021)

Other Guidance

- Working Together to Safeguard Children (2018)
- The Violence Against Women and Girls Strategy (2021)

Appendices:

- 1: Significant Harm
- 2: Signs and Indicators of Abuse
- 3: Legal and Regulatory Framework
- 4: Safeguarding Advisor Job Role
- 5: Confidentiality and Data Protection
- 6: Working in Partnership with Others
- 7: Allegations against a Staff Member
- 8: Categories of Allegation
- 9: Reasons Why Children May Not Tell
- 10: Training

11: Equality Impact Assessment

Version 1

Child Protection and Safeguarding

Quick Guide

- If a child (anybody under the age of 18) appears to be in imminent physical danger, you should contact the Police straight away and then tell a Childhood Tumour Trust (CTT) Volunteer/ Safeguarding Advisor/ Trustee/Residential Camp Staff.
- If the danger is not imminent but you suspect or have **cause for concern** that a child is suffering or likely to suffer harm, you should immediately share your suspicions with a CTT Volunteer/ Safeguarding Advisor/ Trustee/Residential Camp. This includes concerns about possible harm perpetrated by volunteers, residential camp staff, other professionals or contractors. Use the Whistle Blowing procedures if necessary.
- If you agree with the CTT Trustee that a referral should be made, you should ensure that you report all the relevant information to a named person in your local authority Social Care Department.
- Contact with Social Care should be made initially by telephone and followed up by sending a written referral within 48 hours
- Make sure you make a record of who you have contacted/the actions you have taken and log it with the CTT Trustee/Safeguarding lead, to be recorded on the Child Protection Log.

Points to Remember:

- The needs and safety of the child must come first. If you have **cause for concern** that a child is suffering or is likely to suffer harm you must report it as soon as possible.
- You should respect confidentiality but where there is a risk to a child this becomes the overriding priority and you must divulge information to Social Care or the Police. It is good practice to make everybody concerned aware of this from the outset if possible.
- If a child or any other person makes allegations of abuse, you should listen to what they have to say but don't try to question them further or take a statement. If you do, it could prejudice an official investigation or later prosecution. Leave it to the Police or Social Care.
- Take notes at the time or very soon afterwards. This is called "contemporaneous recording" and ensures that you get all the information recorded accurately in your file.
- Once a referral has been made, make sure that you co-operate with any investigation by Social Care or the Police.

Contents

Part 1 – Policy

1. Aims and objectives4
2. Guiding principles 4
3. Key definitions 5
4. Legal and regulatory framework 7
5. Awareness 7
6. Confidentiality 7
7. Inter-agency collaboration 8
8. Safeguarding Advisor 8

Part 2 – Procedure

1. Cause for concern9
2. Referral to Social Care9
3. Emergencies10
4. How to respond to children who allege abuse10
5. Content of referral 10
6. Support and monitoring11
7. Allegations against CTT volunteers, staff and trustees 12 -15
8. Whistle Blowing.....15
9. Monitoring15
10. Complaints15
Appendices16 - 40

Part 1 - Policy

1. Aims and objectives

1.1 Childhood Tumour Trust is committed to protecting children and young people from abuse and to safeguarding those who are connected to our charity, attend residential camps or participate in organised days out.

1.2 We will ensure that all such children and young people are protected, supported and made aware of their rights in this area.

1.3 We will do this by:

- informing our volunteers about child protection procedures and emphasising their mandatory nature.
- Training all volunteers who may come into contact with children and young people so that they are able to identify cases of possible abuse and know the procedures to be followed.
- Ensuring that there is a Safeguarding Advisor within the charity who is able to advise and support volunteers and trustees regarding Safeguarding. They will also log cases as they arise and monitor the progress of those cases (see Advisors' Role Appendix 4).
- Ensuring all volunteers are aware of the legal framework and the Local Safeguarding Children Board (LSCB) procedures. See www.workingtogetheronline.co.uk for further information and guidance on LSCBs.
See also:
 - NSPCC helpline, help@nspcc.org.uk or telephone 0800 800 5000.
 - Ensuring that all our families and their children have appropriate and accessible information about the nature of abuse, their right to be safe and how to raise concerns if their safety is compromised.
 - Liaising with residential camp management and their safeguarding procedures to ensure the best response to any incident.

2. Guiding Principles

2.1 All children have the right to be safeguarded from harm and exploitation whatever their:

- race, religion, first language or ethnicity.
- gender or sexuality.
- age.
- health or disability.
- location or placement.
- criminal behaviour.
- political or immigration status.

2.2 Responsibility for the protection of children must be shared. Children are safeguarded only when all relevant agencies and individuals accept responsibility and co-operate with one another.

2.3 Statements about or allegations of abuse or neglect made by children must always be taken seriously.

2.4 The United Nations Convention on the Rights of the Child gives children, whatever their background or circumstances the right to have the support they need to:

- be healthy.
- stay safe.
- enjoy and achieve.
- make a positive contribution.
- achieve economic well-being.

2.5 CTT will take all reasonable action to avoid the deployment of volunteers who/attend residential camps where they are likely to pose a risk to children.

2.6 All volunteers who have direct contact with children will be subject to CTT's DBS procedures.

2.7 CTT will ensure it only attends residential camps where there is a Child Protection and Safeguarding Policy/Procedure in place.

3. Key Definitions

3.1 Children - A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or is in custody does not change their status or entitlement to services or protection under the Children Act 1989.

3.2 Safeguarding and promoting the welfare of children

This is defined as:

- protecting children from maltreatment.
- preventing impairment of children's health or development.
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

3.3 Child protection

- Is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm (see **Appendix 1**).
- Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim proactively to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

Child Abuse Definitions

3.4 Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger - for example via the internet. They may be abused by an adult or adults, or another child or children.

3.5 Neglect A persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.6 Physical abuse - May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

3.7 Sexual abuse – Involves forcing or enticing (grooming) a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

3.8 Emotional abuse – is the persistent emotional maltreatment 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 include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed 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. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children to frequently feel frightened and or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

3.9 Children who may be additionally vulnerable – CTT delivers support, residential-based accommodation and organised trips and days out to a range of children, young people and their families who may be especially vulnerable.

This includes:-

- Children/young people with social skill disabilities
- Children/young people with learning disabilities
- Children/young people with physical disabilities, sight problems, mobility issues
- Children/young people with disfigurements.

3.10 Possible signs and indicators of abuse are set out for staff in **Appendix 2** .

4. Legal and Regulatory Framework

4.1 CTT is fully compliant with the legal and regulatory framework around Safeguarding and Child Protection as set out in **Appendix 3** .

5. Awareness

5.1 As part of our wider Safeguarding Strategy, all families and their children, if at an appropriate age, will be advised of what is meant by child abuse and given written details of their rights and action that can be taken if they or staff within the charity discover or suspect abuse.

5.2 Volunteers will receive appropriate and regular training and supervision to ensure that they are aware of child protection issues, policy and procedure. This will take place through CTTs online training provider.

5.4 Awareness training will include information regarding child sexual exploitation, on-line abuse and grooming, radicalisation (including the Prevent strategy), female genital mutilation and modern day slavery.

5.5 Copies of this policy and the associated procedures will be available for volunteers and families alike by contacting a CTT trustee.

6. Confidentiality

6.1 The needs of the child are paramount.

6.2 If a volunteer/parent/camp staff suspect that a child may have suffered, is suffering or is likely to suffer abuse or harm they are obliged to contact either the local Social Care department, the NSPCC or the Police. This is one of the exceptional circumstances which justify breaking confidentiality. Confidentiality is not breached if it is done for child protection reasons. (see **Appendix 5**).

6.3 If a child appears to be in imminent physical danger, the volunteer/parent/camp staff should contact the Police straight away and then inform CTT Volunteer/ Safeguarding Advisor/ Trustee/Residential Camp Manager

6.4 If the danger is not imminent but the volunteer/parent/camp staff suspect or have evidence that a child is suffering harm, or likely to suffer harm, they should immediately share their suspicions with the CTT Safeguarding Lead or a CTT trustee who will make the final decision on whether to make a referral.

6.5 Volunteers may be in possession of information relating to a third party that is of direct relevance to child protection (e.g. violent behaviour, information about known/alleged perpetrators). Disclosure of this information is justified in relation to child protection.

6.6 Where possible, CTT Volunteers should try to discuss their concerns with the child in keeping with their age and understanding and with their parents. They should seek their agreement in making a referral to Social Care unless they consider that such a discussion would place the child at increased risk of harm or jeopardise a police investigation. Where there is doubt, volunteers should consult a CTT trustee or the Safeguarding Advisor.

7. Inter-agency working

7.1 CTT Trustees will ensure that volunteers are aware of inter-agency guidelines and their responsibilities when working in partnership with others.

7.2 For information regarding Working in Partnership with Others, see **Appendix 6**.

8. Safeguarding Advisor

8.1 CTT will appoint a Safeguarding Advisor who will act as the Child Protection Officer for the organisation. Their name and contact details will be circulated to all volunteers, families and stakeholders. The advisor will oversee all matters relating to Safeguarding in the charity and reports directly to the Trustees

8.2 The Safeguarding Advisor will have undergone appropriate training and will have a personal training plan in place to ensure that they are conversant with current legislation and best practice.

8.3 The Safeguarding Advisor will keep a record of all cases on a central register.

Part 2 - Procedure

The following section outlines the procedures for volunteers to follow where there is actual or suspected harm of a child.

1. Cause for concern

1.1 CTT Trustees will ensure, in consultation with the Safeguarding Advisor, that the correct procedures are followed when an alert is raised.

1.2 All disclosures, suspicions and reports should be recorded by the volunteer in the Accident and Incident (A&I) book, which is kept securely. Any disclosures, suspicions and reports should also be shared with a CTT Trustee immediately both verbally and written.

1.3 The alert should also be recorded on a Safeguarding Logging Sheet by the CTT Safeguarding Advisor. The Safeguarding Log is kept in the central Safeguarding Folder.

1.4 Where possible, volunteers should try to discuss their concerns with the Safeguarding Advisor.

1.5 The CTT Camp management will decide, in consultation with the Safeguarding Advisor, whether a child protection referral is required and ensure that the decisions and reasons are recorded.

1.6 If whilst at camp the CTT Safeguarding Advisor is not available, the volunteer reporting the alert should go straight to the Residential Camp providers management and follow their safeguarding procedures.

2. Referral to Social Care

2.1 If the CTT Safeguarding Advisor agrees that making a referral is appropriate, it should be made by the Safeguarding Advisor or residential camp management identifying the harm, or potential harm, personally informing Social Care.

Please see www.onlineworkingtogether.co.uk or contact the NSPCC helpline help@nspcc.org.uk / telephone 0800 800 5000 for further guidance.

2.2 Where the immediate health, safety or security of the child or young person is considered to be at risk and a CTT Trustee is not available, the volunteer should personally inform Social Care. If "out of hours" the concerns should be referred directly to the Police. A Trustee must be informed at the earliest opportunity.

2.3 All telephone referrals to a named person in Social Care or the Police should be confirmed within 48 hours using the form provided on the local safeguarding board website. Acknowledgement from Social Care should be received within one working day, so if it is not received within 3 days it should be followed up.

2.4 The CTT Safeguarding Advisor or residential camp management must agree what immediate information will be given to the parents (e.g. whether to inform them of the referral). The overriding concern must be the safety of the child, followed by that of volunteer and other children and their families. Where necessary the CTT Safeguarding Advisor will consult with Social Care or the Police and/or carry out a risk assessment.

3. Emergencies

3.1 Referrals must be directed to Social Care without delay, but the following issues should be considered:

- Does the child need immediate medical attention? If so, call an ambulance (999) and the Police. Be aware that medical attention may destroy evidence so it is vital that the Police are also involved.
- Does the child need immediate protection? If so, call the Police (999) and then inform Social Care.

4. How to respond to children who allege abuse

4.1 A child who alleges that abuse has taken place **MUST** be listened to (see Reasons Why Children May Not Tell **Appendix 9**).

4.2 Respect the child's point of view. Listen and offer support. Be honest and explain what your course of action **MUST** be. Explain that you must report the abuse to someone who knows better about these things and will help to protect the child. Try to be as reassuring as possible but do not make false promises, predict what will happen or promise confidentiality.

4.3 Do not question the child further. Social Care or the Police are responsible for investigating the allegations, not us. Further unskilled questioning could prejudice an official investigation.

4.4 If a child is troubled about further action, encourage them to tell you the reasons, so that these can be communicated to Social Care.

4.5 Keep contemporaneous written records of events, conversations and observations so that they can be shared with the agency responsible for protecting the child. Record any statements made by the child as near verbatim as possible. Information should be stored in a manner that will safeguard the individual's right to privacy and confidentiality, in accordance with the Data Protection Act.

4.6 Any suspicion of abuse must be recorded on the file and action taken as above.

5. Content of referral

5.1 Before making a referral, volunteers should make sure they have as much helpful information to hand as possible, but lack of detailed information should not prevent a referral being made.

5.2 When making a referral the following information will be helpful:

- Why you are making the referral/why you think the child is at risk.
- Whether the child is presently safe and their whereabouts.
- Child's name, DOB, address, school, race, religion, language spoken, and disabilities.
- Details of any siblings and whether they are thought to be presently safe.
- Parents/carers names (including names of all those with parental responsibility) DOB, address, whereabouts etc.
- All available information about the incident or concern, and the type of alleged abuse.

- Information about the child's general circumstances, including positive aspects about their care and development.
- Any general information about the parent(s) childcare, including positive aspects.
- Any concerns about the parent(s) that may be pertinent.
- Whether there are likely to be any communication issues between the family and those investigating the referral.
- Details of the family's GP and other professionals known to be working with the family.
- Details of any members of the child's extended family or community who are significant to the child.
- Details of any other person known to be living in, or regularly visiting the household.
- Information about any previous incidents or causes for concern which are relevant to the referral.
- Your own full name, address, reason for involvement and contact details.
- Whether the child and/or parents know of the referral.
- Details of the residential camp staff, other camp residents, external contractors and visitors.

5.3 The referrer should also:

- Clarify the response they are seeking from Social Care.
- Clarify what will happen next, what the child and their parents will be told, by whom and when, including whether CTT volunteers and camp staff should have contact with the family/alleged perpetrator.
- Check how they will receive feedback on the progress of the investigation.

6. Support and monitoring

6.1 CTT Volunteers

CTT trustees, in consultation with the Safeguarding Advisor, will support volunteers in the following ways:

- Clarify the volunteer's role and the extent of their responsibility.
- Carry out a risk assessment on the volunteer's involvement with the vulnerable child and the alleged abuser (particularly if the volunteer has reported the allegation of child abuse) and discuss how or if they can continue to be involved.
- Ensure that there are appropriate safeguards for any risks identified.
- Ensure that it is evident from the notes that procedures have been followed and that there is no other action that could have been taken to provide safeguards for the vulnerable child at risk
- Monitor the volunteer's continuing involvement in the case and ensure that they are supported to carry this out (including any training needs).

6.2 Childhood Tumour Trust Families and their children

CTT Trustees, Volunteers and the Safeguarding Advisor must give as much information as possible to other families and their children (as appropriate according to their age) to allay any fears, worries or concerns, whilst respecting the confidentiality of the child in question.

6.3 People posing a risk to children

CTT volunteers will work closely with other local agencies to protect vulnerable children from potential or actual perpetrators, including:

- risk assessing all residential camps and days out/events attended by CTT families and their children.
- advising the Police or Social Care of any concerns regarding known perpetrators including the breach of conditions of residency.
- supporting criminal proceedings as appropriate.
- taking appropriate legal action as required.

6.4 We recognise that in some cases the alleged or actual perpetrator of abuse may be one of our volunteers, residential staff or CTT families/their children, and may themselves be vulnerable or the victim of abuse. Wherever possible and appropriate we would maintain support as agreed with Social Care and other agencies, including minimising risk to children.

7. Allegations against CTT Trustees/Volunteers/Staff

7.1 For notes on the various Categories of Allegation, see **Appendix 8**.

7.2 The following procedures for allegations management are taken from Working Together to Safeguard Children and outline CTT's responsibilities as a charity along with those of the statutory agencies. They cover the way in which volunteers who may be Unsuitable Adults should be investigated as well as those who are accused of actually harming children.

7.3 The procedures apply to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or is likely to suffer, significant harm. They also cater for cases of allegations that might indicate that a volunteer is unsuitable to continue to work with children in their present position, or in any capacity. They should be used in respect of all cases in which it is alleged that a person who works with children 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.

7.4 There may be up to three strands in the consideration of an allegation:

- a police investigation of a possible criminal offence.
- enquiries and assessment by children's social care about whether a child is in need of protection or in need of services.
- consideration by the charity of disciplinary action in respect of the individual.

7.5 Some cases will also need to be referred to the Disclosure and Barring Service for consideration of including the person on the DBS barred lists, or for consideration by professional bodies or regulators.

Summary of Process

(See **Appendix 7** for a fuller description of the process to follow where allegations are made against a CTT Volunteer or Trustee.)

7.6 Allegation made to the charity

The allegation should be reported to a CTT Trustee immediately unless that person is the subject of the allegation in which case it should be reported to the designated alternative, such as an alternative CTT Trustee or residential camp management. If the allegation meets any of the criteria set out in paragraph 7.3, the volunteer should report it to the local authority designated officer within 1 working day.

7.7 Allegation made to the police or children's social care

If an allegation is made to the police, the officer who receives it will report it to the force designated liaison officer without delay and the designated liaison officer will in turn inform the local authority designated officer straight away. Similarly, if the allegation is made to children's social care the person who receives it will report it to the local authority designated officer without delay.

7.8 Initial consideration

The local authority designated officer will discuss the matter with the CTT Trustee and where necessary obtain further details of the allegation and the circumstances in which it was made. The discussion will also consider whether there is evidence/ information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that a child is suffering or is likely to suffer significant harm, the local authority designated officer will immediately refer to children's social care and ask for a strategy discussion to be convened straight away. In those circumstances the strategy discussion should include the local authority designated officer and a CTT representative.

If there is not cause to suspect that 'significant harm' is an issue, but a criminal offence might have been committed, the local authority designated officer should immediately inform the police and convene a similar discussion to decide whether a police investigation is needed. That discussion should also involve a CTT representative.

7.9 Action following initial consideration

Where the initial evaluation decides that the allegation does not involve a possible criminal offence it will be dealt with by the charity.

Where further investigation is required to inform consideration of disciplinary action the charity should discuss who will undertake that with the local authority designated officer. In some settings and circumstances, it may be appropriate for the disciplinary investigation to be conducted by a person who is independent of the charity to ensure objectivity.

In any case the investigating officer should aim to provide a report to the charity within 10 working days. On receipt of the report of the disciplinary investigation, the charity should decide whether a disciplinary hearing is needed within two working days, and if a hearing is needed it should be held within 15 working days. In any case in which children's social care has undertaken enquiries to determine whether the child or children are in need of protection, the

charity should take account of any relevant information obtained in the course of those enquiries when considering disciplinary action. The local authority designated officer should continue to liaise with the charity to monitor progress of the case and provide advice/support when required/requested.

7.10 Case subject to police investigation

If a criminal investigation is required, the police will aim to complete their enquiries as quickly as possible consistent with a fair and thorough investigation and will keep the progress of the case under review. They should at the outset set a target date for reviewing progress of the investigation and consulting the CPS about whether to proceed with the investigation, charge the individual with an offence, or close the case. Wherever possible that review should take place no later than four weeks after the initial evaluation, and if the decision is to continue to investigate the allegation dates for subsequent reviews should be set at that point (it is open to the police to consult the CPS about the evidence that will need to be obtained in order to charge a person with an offence at any stage).

If the police and/or CPS decide not to charge the individual with an offence, or decide to administer a caution, or the person is acquitted by a Court, the police should pass all information they have which may be relevant to a disciplinary case to the charity without delay. In those circumstances the charity and the local authority designated officer should proceed as described above. If the person is convicted of an offence the police should also inform the charity straight away so that appropriate action can be taken.

7.11 Referral to the Disclosure and Barring Service

If the allegation is substantiated and on conclusion of the case the charity ceases to use the volunteer's services, or the volunteer ceases to provide their services, the charity should consult the local authority designated officer about whether a referral to the Disclosure and Barring Service and/or to a professional or regulatory body is required. If a referral is appropriate the report should be made within one month. A referral must always be made if the charity thinks that the individual has harmed a child or poses a risk of harm to children.

7.12 Childhood Tumour Trust's Position

Like all charities and employers, CTT has a responsibility to set personal and professional boundaries for volunteers, Trustees and charity beneficiaries and to be explicit about what behaviours are unacceptable and will impact on their volunteering/attending charity events and camps. These are set out in the Code of Conduct.

As a guide for the CTT stakeholders, further investigation should be undertaken if they become aware that an individual has:

- harmed or may have harmed a child.
- contravened or continues to contravene any safe practice guidance given by their charity or regulatory body.
- exploited or abused a position of power.
- acted in an irresponsible manner which any reasonable person would find alarming or questionable.
- demonstrated a failure to understand or appreciate how their own actions or those of others could adversely impact upon the safety and wellbeing of a child or young person.

- demonstrated an inability to make sound professional judgements which safeguard the welfare of children.
- failed to follow policy or procedures relating to safeguarding and promoting the welfare of children.
- failed to understand or recognise the need for clear personal and professional boundaries in their work.
- behaved in a way in their personal life which could put children at risk of harm.
- become the subject of criminal proceedings.
- become subject to enquiries under local child protection procedures.
- behaved in a way which undermines the trust and confidence placed in them by CTT.

7.13 Visitors and Contractors

All residential camp locations will have visitor procedures in place to protect vulnerable children as necessary. Any allegation of abuse by a visitor or contractor will be dealt with under this policy.

8. Whistleblowing

8.1 Whistleblowing is the term used to describe the confidential reporting of concerns within a charity/ organisation, often outside normal volunteering/trustee terms of reference.

8.2 Volunteers are expected to act in line with the Whistleblowing Policy when suspicious that abuse is taking place within CTT no matter what the setting, who the perpetrator is or who the victim is. CTT will respect and support those who report actual or suspected abuse.

9. Monitoring

9.1 The Safeguarding Advisor is responsible for logging all recorded instances of suspected or actual abuse in the Safeguarding Log, which is held in the central Safeguarding folder.

9.2 Volunteers and Trustees must ensure that all allegations are recorded in the A&I book and records passed to a CTT Trustee. The CTT trustee is responsible for ensuring that details of all recorded instances of suspected or actual abuse are passed to their Safeguarding Advisor for entry on the central Safeguarding Log. The log should include names, dates, agencies involved, actions taken and outcomes. This log is monitored quarterly by the Safeguarding Advisor.

9.3 The Safeguarding Advisor will carry out an annual review of recorded cases and the effectiveness of CTT's Safeguarding and Child Protection and Safeguarding policy and report their findings to the Board of Trustees.

9.4 The Child Protection and Safeguarding policy will be reviewed regularly by the Advisory Group and this review will take account of any issues arising from the monitoring process.

10. Complaints

10.1 If CTT families and their children do not feel that the Child Protection and Safeguarding policy has been adequately followed by CTT Volunteers/Trustees, they will be encouraged to use the CTT Disputes, Grievances and Complaints Policy whenever this is appropriate.

List of Appendices

Appendix 1 Significant Harm 21

Appendix 2 Signs and Indicators of Abuse 23

Appendix 3 Legal and Regulatory Framework 27

Appendix 4 Coordinator Job Role 32

Appendix 5 Confidentiality and Data Protection 34

Appendix 6 Working in Partnership with Others 36

Appendix 7 Allegations against a Staff Member 38

Appendix 8 Categories of Allegation 43

Appendix 9 Reasons Why Children May Not Tell 44

Appendix 10 Training 45

Appendix 1

Significant Harm

1. Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

2. A court may make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (section 31).

3. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

4. *Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:*

'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.

'Development' means physical, intellectual, emotional, social or behavioural development.

'Health' means physical or mental health.

'Ill Treatment' includes sexual abuse and forms of ill-treatment which are not physical.

5. *Under section 31(10) of the Act:*

Where the question of whether harm suffered by a child is significant turns on the child's health and development, their health or development shall be compared with that which could reasonably be expected of a similar child.

6. To understand and identify significant harm, it is necessary to consider:

- the nature of harm, in terms of maltreatment or failure to provide adequate care.
- the impact on the child's health and development.
- the child's development within the context of their family and wider environment.
- any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family.
- the capacity of parents to meet adequately the child's needs; and the wider and environmental family context.

7. The child's reactions, his or her perceptions and wishes and feelings should be ascertained and the local authority should give them due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding.

8. To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, an impairment, or their psychological or social situation. This may involve using interpreters and drawing upon the expertise of early years workers or those working with disabled children. It is necessary to create the right atmosphere when meeting and communicating with children, to help them feel at ease and reduce any pressure from parents, carers or others. Children will need reassurance that they will not be victimised for sharing information or asking for help or protection; this applies to children living in families as well as those in institutional settings, including custody.

It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible.

Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

Appendix 2

Signs and Indicators of Abuse (NSPCC Guide)

The signs of child abuse aren't always obvious, and a child might not tell anyone what's happening to them. Children might be scared that the abuser will find out and worried that the abuse will get worse. Or they might think that there's no-one they can tell or that they won't be believed. Sometimes, children don't even realise that what's happening is abuse. The effects of abuse may be short term or may last a long time - sometimes into adulthood. Adults who were abused as children may need advice and support.

Children develop and mature at different rates. So what's worrying for a younger child, might be normal behaviour for an older child. If a child looks or acts a lot older or younger than their age, this could be a cause for concern. However, if a child develops more slowly than others of a similar age and there's not a cause such as physical or learning disabilities, it could be a sign they're being abused.

Some indicators to be aware of

All ages

- Talks of being left home alone or with strangers.
- Poor bond or relationship with a parent, also known as attachment.
- Acts out excessive violence with other children.
- Lacks social skills and has few if any friends.

Under 5s

- Doesn't cry or respond to parent's presence or absence from an early age
- Reaches developmental milestones late, such as learning to speak, with no medical reason
- Significantly underweight but eats well when given food

5-11s

- Becomes secretive and reluctant to share information.
- Reluctant to go home after school.
- Unable to bring friends home or reluctant for professionals to visit the family home.
- Poor school attendance and punctuality, or late being picked up.
- Parents show little interest in child's performance and behaviour at school.
- Parents are dismissive and non-responsive to professional concerns.
- Is reluctant to get changed for sports etc.
- Wets or soils the bed.

11-16s

- Drinks alcohol regularly from an early age.
- Is concerned for younger siblings without explaining why.
- Becomes secretive and reluctant to share information.

- Talks of running away.
- Shows challenging/disruptive behaviour at school.
- Is reluctant to get changed for sports etc.

Children who have been abused or neglected may experience physical or emotional harm. The effects can be short term but sometimes they last into adulthood. If someone has been abused as a child, it is more likely that they will suffer abuse again. This is known as revictimisation.

Long term effects of abuse and neglect include:

- emotional difficulties such as anger, anxiety, sadness or low self-esteem
- mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self-harm or suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories that cause distress or confusion
- poor physical health such as obesity, aches and pains
- struggling with parenting or relationships
- worrying that their abuser is still a threat to themselves or others
- learning difficulties, lower educational attainment, difficulties in communicating
- behavioural problems including anti-social behaviour, criminal behaviour

Children who are sexually abused may:

Stay away from certain people

- they might avoid being alone with people, such as family members or friends
- they could seem frightened of a person or reluctant to socialise with them.

Show sexual behaviour that's inappropriate for their age

- a child might become sexually active at a young age
- they might be promiscuous
- they could use sexual language or know information that you wouldn't expect them to.

Have physical symptoms

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)
- pregnancy.

Physical abuse

Bumps and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls. There's isn't one sign or symptom to look out for that will say a child is definitely being physically abused. But if a child often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated.

Bruises

- commonly on the head or the ear or neck or soft areas - the abdomen, back and buttocks
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body

- bruises with dots of blood under the skin
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object

Burns or scalds

- can be from hot liquids, hot objects, flames, chemicals or electricity
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds.

Bite marks

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth.

Fractures or broken bones

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing

Other injuries or health problems

- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning

Neglect

Neglect can have serious and long-lasting effects. It can be anything from leaving a child home alone to the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases it can cause permanent disabilities.

Neglect can be really difficult to identify, making it hard for professionals to take early action to protect a child. Having one of the signs or symptoms below doesn't necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there's a serious problem.

Children who are neglected may have:

Poor appearance and hygiene

They may:

- be smelly or dirty
- have unwashed clothes
- have inadequate clothing, e.g. not having a winter coat
- seem hungry or turn up to school without having breakfast or any lunch money
- have frequent and untreated nappy rash in infants.

Health and development problems

They may have:

- untreated injuries, medical and dental issues
- repeated accidental injuries caused by lack of supervision
- recurring illnesses or infections
- not been given appropriate medicines
- missed medical appointments such as vaccinations
- poor muscle tone or prominent joints
- skin sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- anaemia
- tiredness
- faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- poor language, communication or social skills

Housing and family issues

They may be:

- living in an unsuitable home environment for example dog mess being left or not having any heating
- left alone for a long time
- taking on the role of carer for other family members.

Appendix 3

Legal and Regulatory Framework

Children Act 2004

Section 10 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate.

The arrangements are to be made with a view to improving the wellbeing of children in the authority's area – which includes protection from harm or neglect alongside other outcomes.

Section 11 requires a range of organisations to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged with regard to the need to safeguard and promote the welfare of children.

Section 13 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area. It also specifies a range of organisations and individuals which must be represented on the Board.

Section 14 sets out the objectives of LSCBs, which are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the local authority.

(b) to ensure the effectiveness of what is done by each such person or body for the purposes of safeguarding and promoting the welfare of children.

The Local Safeguarding Children Board Regulations 2006 made under sections 13 and 14 set out the functions of LSCBs, which include undertaking reviews of the deaths of all children in their areas and undertaking Serious Case Reviews in certain circumstances.

Children Act 1989

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area.

Provision of services for children in need, their families and others

Section 17(1) states that it shall be the general duty of every local authority

(a) to safeguard and promote the welfare of children within their area who are in need; and

(b) so far as is consistent with that duty, to promote the upbringing of such children by their families.

by providing a range and level of services appropriate to those children's needs.

Section 17(5) enables the local authority to make arrangements with others to provide services on their behalf and states that every local authority:

(a) shall facilitate the provision by others (including in particular voluntary organisations) of services which it is a function of the authority to provide by virtue of this section, or section 18, 20, 22A to 22C, 23B to 23D, 24A or 24B; and

(b) may make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.

Section 17(10) states that a child shall be taken to be in need if:

(a) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under Part III of the Children Act 1989;

(b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or

(c) the child is disabled.

Under section 17, local authorities have responsibility for determining what services should be provided to a child in need. This does not necessarily require local authorities themselves to be the provider of such services. Provisions relating to young carers and parent carers have been inserted into Part 3 of the Children Act 1989 by sections 96 and 97 of the Children and Families Act 2014.

Section 17ZA states that a local authority in England must assess whether a young carer within their area has needs for support and, if so, what those needs are. This is either where:

(a) it appears to the authority that the young carer may have needs for support; or

(b) the authority receives a request from the young carer or a parent of the young carer to assess the young carer's needs for support.

Section 17ZC requires a local authority that carries out a young carer's needs assessment to consider the assessment and decide –

(a) whether the young carer has needs for support in relation to the care which he or she provides or intends to provide.

(b) if so, whether those needs could be satisfied (wholly or partly) by services which the authority may provide under section 17.

(c) if they could be so satisfied, whether or not to provide any such services in relation to the young carer.

Section 17ZD states that a local authority in England must assess whether a parent carer of a disabled child who lives within their area has needs for support and, if so, what those needs are, if:

(a) it appears to the authority that the parent carer may have needs for support; or

(b) the authority receives a request from the parent carer to assess the parent carer's needs for support; and

(c) the local authority is satisfied that the disabled child cared for and the disabled child's family are persons for whom they may provide or arrange for the provision of services under section 17 of the Act.

The local authority need not carry out a young carer's assessment (under section 17ZA) or a parent carer's assessment (under section 17ZD) if the local authority has previously carried out a care-related assessment of the young carer/parent carer in relation to the same person cared for, unless it appears to the authority that the needs or circumstances of the young carer/parent carer or the person they care for have changed since the last care-related assessment.

Section 17ZF requires the local authority that carries out a parent carer's needs assessment to consider the assessment and decide:

- (a) whether the parent carer has needs for support in relation to the care they provide.
- (b) whether the disabled child cared for has needs for support.
- (c) whether any needs identified could be satisfied (wholly or partly) by services which the authority may provide under section 17 of the Act; and
- (d) whether or not to provide any such services in relation to the parent carer or the disabled child cared for.

Cooperation between authorities

Section 27 imposes a duty on other local authorities, local authority housing services and health bodies to cooperate with a local authority in the exercise of that authority's duties under Part 3 of the Act which relate to local authority support for children and families.

Where it appears to a local authority that any authority or body mentioned in section 27(3) could, by taking any specified action, help in the exercise of any of their functions under Part 3 of the Act, they may request the help of that other authority or body, specifying the action in question. An authority or body whose help is so requested must comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions. The authorities are:

- (a) any local authority.*
- (b) any local housing authority.*
- (c) NHS England.*
- (d) any clinical commissioning group, Special Health Authority National Health Service Trust or NHS Foundation Trust; and*
- (e) any person authorised by the Secretary of State for the purpose of section 27.*

Section 47(1) states that:

Where a local authority:

- (a) are informed that a child who lives, or is found, in their area (i) is the subject of an emergency protection order, or (ii) is in police protection; or*
- (b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm:*

the authority must make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Section 47(9) places a duty on persons mentioned in section 47(11) where a local authority is conducting enquiries under section 47, to assist them with these enquiries (in particular by providing relevant information and advice) if called upon by the local authority to do so. Both section 17 and section 47 of the Children Act 1989, to require in each case that in order to help it to determine what services to provide or what action to take, the local authority must, so far as is reasonably practicable and consistent with the child's welfare:

(a) ascertain the child's wishes and feelings regarding the provision of those services or the action to be taken; and

(b) give due consideration (with regard to the child's age and understanding) to such wishes and feelings of the child as they have been able to ascertain.

Emergency protection powers

The court may make an emergency protection order with respect to a child under section 44 of the Children Act 1989 on application by any person, if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if the child:

- is not removed to different accommodation (provided by or on behalf of the applicant)
- does not remain in the place in which the child is then being accommodated.

An emergency protection order may also be made by the court on the application of a local authority or an authorised person (i.e. a person authorised to apply to the court for care orders or supervision orders under section 31 of the Act) if the court is satisfied that:

- enquires being made with respect to the child (in the case of a local authority, under section 47 (1) (b) of the Act) are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and
- the applicant has reasonable cause to believe that access is needed as a matter of urgency.

In addition, where the applicant is an authorised person the court must be satisfied that the applicant has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

An emergency protection order gives authority to remove a child to accommodation provided by or on behalf of the applicant and place the child under the protection of the applicant, amongst other things.

Exclusion requirement

The court may include an exclusion requirement in an interim care order or emergency protection order (section 38A and 44A of the Children Act 1989). This allows a perpetrator to be removed from or be prohibited entrance to the home or to be excluded from a defined area in which the home is situated, instead of having to remove the child from the home. The court must be satisfied that:

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will not be likely to suffer significant harm, or that enquiries will cease to be frustrated; and
- another person living in the home is able and willing to give the child the care that it would be reasonable to expect a parent to give, and consents to the inclusion of an exclusion requirement in the relevant order.

Police protection powers

Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, the officer may:

- remove the child to suitable accommodation and keep him there; or
- take reasonable steps to ensure that the child's removal from any hospital or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours.

Housing Act 1996

Section 213A requires housing authorities to refer to adult social care services persons with whom children normally reside or might reasonably be expected to reside, who they have reason to believe may be ineligible for assistance, or who may be homeless and may have become so intentionally or who may be threatened with homelessness intentionally, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decide the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable advice and assistance in this, and the housing authority must give reasonable advice and assistance.

Appendix 4

Safeguarding Advisor

General information about the role:

A Safeguarding Advisor has been appointed to act as focal points for volunteers, trustees, CTT families and their children who have concerns regarding the safeguarding of CTT charity members.

Key charity members with expertise and knowledge of Child Protection and Safeguarding will take on this role. Advisors will all undertake Child Protection training.

The Advisor will not take the place of CTT trustees but will act as a specialist resource for volunteers who identify concerns or who are working with individuals or families for whom there are on-going safeguarding issues.

Key Responsibilities:

- Promote a ‘Safeguarding Culture’ throughout CTT.
- To act as a point of contact and support for volunteers regarding the safeguarding of children and/or vulnerable young adults.
- To ensure, through advice and support, that volunteers dealing with a safeguarding concern are clear about their responsibilities.
- To cascade information to the Board of Trustees
- To be aware of local safeguarding teams, procedures and protocols so that staff in a particular area can be advised appropriately.
- To encourage attendance from appropriate CTT trustees at multiagency safeguarding events.
- Ensure that volunteers are updated where there are changes in legislation or lessons learnt including those arising from serious case reviews.
- To facilitate safeguarding awareness sessions with new and existing volunteers, trustees and contractors as required.
- To log safeguarding reports on the centralised database and update with progress.
- Ensure that learning from cases is shared throughout the organisation.
- To identify gaps in provision within the organisation and report to the Trustees.
- To suggest any further activities or service improvement ideas that will support objectives of the Charity.
- It is not the role of the Advisor to make a safeguarding referral – the responsibility for this remains with the volunteer and CTT trustees.
- It is not the role of the Advisor to chase updates on cases – this is the responsibility of the volunteer raising the initial cause for concern.

Appendix 5

Confidentiality and Data Protection

Care must be taken to ensure that both adults and children's confidentiality is maintained and that information is handled and disseminated on a need to know basis only. Individuals must be confident that information held about them by CTT will only be disclosed to others either with their consent or when there is a legal duty to do so.

The principles of the Data Protection Act 1998 must be adhered to when handling personal information, that is; personal information is obtained and processed fairly and lawfully; only disclosed in appropriate circumstances; accurate, relevant and not held for longer than necessary; and kept securely. The Act allows for the disclosure of personal information without consent of the subject in certain conditions, including for the purposes of the prevention and detection of a crime, for example where there is a child protection concern.

It is best to gain verbal or written consent from a child or parent/carer before any personal information relating to them is shared with another organisation (such as children's services departments). However, you may not need to seek consent to share information if it might be unsafe to seek (e.g. seeking consent might increase the risk to the child) or causes an unjustified delay or if it would prejudice the prevention, detection or prosecution of a serious crime. When in doubt advice should always be sought from someone experienced in dealing with these issues, such as a local children service department or the NSPCC Helpline. A decision can then be made about whether or not to seek consent and/or inform the parents/carers of your concerns.

In situations where a request is made by another organisation for information about individuals, the relevant manager and designated person must be informed, and their decision (including reasoning for this decision) should be recorded and stored by the designated person.

In all cases where information is shared the following information should be recorded:

- Date and time
- Summary of information shared
- Who the information was shared with
- Whether you are sharing with or without consent
- If sharing without consent, whether the child or family were informed
- How the information was shared and any receipt of it having been received
- In line with Government guidance CTT will ensure that data regarding children is correctly stored and managed, and that we will take all appropriate action regarding the sharing of information as follows:
 - recognise that the Data Protection Act is not a barrier to sharing information
 - be honest and open with the person (be they a child or an adult) about why, what, how and with whom information will be shared
 - seek advice when we are in doubt, without disclosing the identity of the person (be they a child or an adult) where possible

- share information with consent where appropriate and respect the wishes of those who do not consent to share confidential information where possible
- base our information sharing decisions on considerations of safety and well being
- ensure the information we share is necessary, proportionate, relevant, accurate, timely and secure
- keep a record of our actions, decisions, and reason(s).

HM Government, Information Sharing: Guidance for practitioners and managers, 2015

Appendix 6

Working in Partnership with Others

CTT and its volunteers/trustees cannot work in isolation to safeguard and protect children with whom it comes into contact.

Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends on effective joint working between agencies and professionals that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of suffering harm and social exclusion, will need co-ordinated help from health, education, early years, children’s social care, the voluntary sector and other agencies, including youth justice services.

In order to achieve this joint working, there need to be constructive relationships between individual workers, promoted and supported by those in the most senior roles within the organisation and across other organisations that the CTT works with

For those children who are suffering, or likely to suffer, significant harm, joint working is essential to safeguard and promote their welfare and, where necessary, to help bring to justice the perpetrators of crimes against children. All agencies and professionals should:

- be alert to potential indicators of abuse or neglect.
- be alert to the risks of harm that individual abusers, or potential abusers, may pose to children.
- prioritise direct communication and positive and respectful relationships with children, ensuring the child’s wishes and feelings underpin assessments and any safeguarding activities.
- share and help to analyse information so that an assessment can be made of whether the child is suffering or is likely to suffer harm, their needs and circumstances.
- contribute to whatever actions are needed to safeguard and promote the child’s welfare.
- take part in regularly reviewing the outcomes for the child against specific plans.
- work co-operatively with parents, unless this is inconsistent with ensuring the child’s safety.

Partnership with parents and carers

It is important to recognise the responsibility of the parents and carers for the protection of the children the charity comes into contact with. Generally the most effective way of ensuring that children are safeguarded is by working in partnership with parents and carers. This might include.

- Encouraging the involvement of parents as much as possible, through for example, membership of management committees or in day to day activities
- Knowing who the parents, carers or others with parental responsibility of all the children are and having a record of contact details
- Ensuring that parents can identify volunteers working for CTT

- Getting parental consent for all activities
- - Ensuring that communications between organisations and parents take account of language or communication differences
- Making sure that all parents and carers have an awareness of CTT's safeguarding policy and procedures
- Ensuring that there is a complaints process in place and that all know about it
- involving parents, and children, in developing policies relating to anti-bullying, racism, sectarianism, sexism etc
- Conducting periodic surveys about specific issues with parents and carers.

Partnership with children and young people

It is just as important to establish open and honest discussion with children and young people as it is to work with parents and carers. Some steps that could be taken might include:

- Encourage the involvement of children in the activities by setting up management committees that involve them.
- Openly discuss our child protection work and safeguarding steps that we are taking by involving children in the development of materials.
- Really listen and take account of what children say or communicate.
- Ensure that children with other languages/communication needs have their views considered.
- Display posters and information leaflets across the services of the organisation to encourage an open culture of talking about feeling safe and secure.
- Make sure children know who they can go to if they are worried or concerned.
- Ensure that it is known that certain behaviours will not be tolerated i.e. bullying, racism.
- Ensure that sanctions are known and understood by everyone.
- Conduct short questionnaires or reviews occasionally as a way of checking how things are.

Partnership with other organisations

CTT will need to establish links with other agencies – community or statutory – so as to ensure effective practices. The responsibility for this will rest with CTT trustees. It is vital to see the work that the charity does in safeguarding children as part of an inter-agency network, where all play a role in protecting children and ensuring that they are safe from harm. The Local Safeguarding Children Board for each area will be able to offer assistance in making the right contacts.

Appendix 7

Allegations against a CTT volunteer/trustee

1. Supporting those involved

1.1 Parents or carers of a child or children involved should be told about the allegation as soon as possible if they do not already know of it (subject to paragraph 15 below). They should also be kept informed about the progress of the case, and told the outcome where there is not a criminal prosecution. That includes the outcome of any disciplinary process.

NB. The deliberations of a disciplinary hearing, and the information taken into account in reaching a decision, cannot normally be disclosed, but those concerned should be told the outcome.

1.2 In cases where a child may have suffered significant harm, or there may be a criminal prosecution, children's social care, or the police as appropriate, should consider what support the child or children involved may need.

1.3 CTT should also keep the person who is the subject of the allegations informed of the progress of the case and arrange to provide appropriate support to the individual while the case is ongoing (that may be provided via occupational health or employee welfare arrangements where those exist). If the person is suspended the employer should also make arrangements to keep the individual informed about developments in the workplace

2. Confidentiality.

2.1 Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated / considered. In accordance with ACPO guidance, the police will not normally provide any information to the Press or media that might identify an individual who is under investigation, unless and until the person is charged with a criminal offence (In exceptional cases where the police might depart from that rule, for example, an appeal to trace a suspect, the reasons should be documented and partner agencies consulted beforehand).

The system of self-regulation, overseen by the Independent Press Standards Organisation, also provides safeguards against the publication of inaccurate or misleading information.

3. Resignations and 'compromise agreements'

3.1 The fact that a person ceases to provide their services, must not prevent an allegation being followed up in accordance with these procedures. It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children including any in which the person concerned refuses to co-operate with the process.

Wherever possible the person should be given a full opportunity to answer the allegation and make representations about it, but the process of recording the allegation and any supporting evidence and reaching a judgement about whether it can be regarded as substantiated on the basis of all the information available should continue even if that cannot be done or the person does not co-operate. It may be difficult to reach a conclusion in those circumstances, and it may not be possible to apply any disciplinary sanctions if a person's period of notice expires

before the process is complete, but it is important to reach and record a conclusion wherever possible.

3.2 By the same token so called ‘compromise agreements’ by which a person agrees to stop volunteering, the charity agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference, must not be used in these cases. In any event, such an agreement will not prevent a thorough police investigation where appropriate. Nor can it override an employer’s statutory duty to make a referral to the Disclosure and Barring Service where circumstances require that.

4. Record keeping

4.1 It is important that CTT keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved and details of any action taken and decisions reached on a person’s confidential personnel file and give a copy to the individual. Such information should be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age or for 10 years if that will be longer. The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. And it will prevent unnecessary re-investigation if, as sometimes happens, allegations re-surface after a period of time.

5. Timescales

5.1 It is in everyone’s interest to resolve cases as quickly as possible consistent with a fair and thorough investigation. Every effort should be made to manage cases to avoid any unnecessary delay.

Indicative target timescales are shown for different actions in the summary description of the process. Those are not performance indicators: the time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness, and complexity of the allegation, but they provide useful targets to aim for that are achievable in many cases.

6. Oversight and monitoring

6.1 CTT’s procedures should identify a senior trustee within the charity to whom allegations or concerns that a member of staff or volunteer may have abused a child should be reported and should make sure that all volunteers know who that is.

The procedures should also identify an alternative person to whom reports should be made in the absence of the named senior trustee, or in cases where that person is the subject of the allegation or concern, and include contact details for the local authority designated officer responsible for providing advice, liaison, and monitoring the progress of cases to ensure that they are dealt with as quickly as possibly consistent with a fair and thorough process.

7. Suspension

7.1 The possible risk of harm to children posed by an accused person needs to be effectively evaluated and managed – in respect of the child(ren) involved in the allegations, and any other children in the individual’s home, work or community life. In some cases that will require the

employer to consider suspending the person. Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police or is so serious that it might be grounds for dismissal. People must not be suspended automatically, or without careful thought.

CTT must consider carefully whether the circumstances of a case warrant a person being suspended from contact with children until the allegation is resolved. NB. Neither the local authority, the police, nor children's social care can require CTT to suspend a volunteer. The power to suspend is vested in the charity alone. However, where a strategy discussion or initial evaluation discussion concludes that there should be enquiries by children's social care and/or an investigation by the police, the local authority designated officer should also canvass police/children's social care views about whether the accused member of staff needs to be suspended from contact with children, to inform the employer's consideration of suspension.

8. Monitoring progress

8.1 The local authority designated officer should regularly monitor the progress of cases either via review strategy discussions or by liaising with the police and/or children's social care colleagues, or the employer as appropriate. Reviews should be conducted at fortnightly or monthly intervals depending on the complexity of the case.

8.2 If the strategy discussion or initial evaluation decides that a police investigation is required, the police should also set a target date for reviewing the progress of the investigation and consulting the Crown Prosecution Service (CPS) to consider whether to charge the individual, continue to investigate or close the investigation.

Wherever possible that review should take place **no later than four weeks** after the initial action meeting. Dates for subsequent reviews, at fortnightly or monthly intervals, should be set at the meeting if the investigation continues.

9. Information sharing

9.1 In the initial consideration at a strategy discussion or joint evaluation the agencies concerned, including CTT, should share all relevant information they have about the person who is the subject of the allegation, and about the alleged victim.

9.2 Wherever possible the police should obtain consent from the individuals concerned to share the statements and evidence they obtain with the employer, and/or regulatory body, for disciplinary purposes. That should be done as the investigation proceeds rather than after it is concluded. That will enable the police and CPS to share relevant information without delay at the conclusion of their investigation or any court case.

9.3 Children's social care should adopt a similar procedure when making enquiries to determine whether the child or children named in the allegation is in need of protection or services so that any information obtained in the course of those enquiries which is relevant to a disciplinary case can be passed to the employer or regulatory body without delay.

10. Action following a criminal investigation or a prosecution

10.1 The police or the CPS should inform the employer and local authority designated officer straightaway when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to prosecute after the person has been

charged. In those circumstances the local authority designated officer should discuss with the employer whether any further action is appropriate and, if so, how to proceed. The information provided by the police and/or children's social care should inform that decision.

Action by the employer, including dismissal, is not ruled out in any of those circumstances. The range of options open will depend on the circumstances of the case and the consideration will need to take account the result of the police investigation or trial, as well as the different standard of proof required in disciplinary and criminal proceedings.

11. Action on conclusion of a case

11.1 If the allegation is substantiated and the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide his/her services, the local authority designated officer should discuss with the employer whether a referral to the Disclosure and Barring Service is required or advisable and the form and content of a referral. A referral must always be made if the employer thinks that the individual has harmed a child or poses a risk of harm to children. Also, if the person is subject to registration or regulation by a professional body or regulator, for example by the General Social Care Council, General Medical Council, Ofsted etc. the designated officer should advise on whether a referral to that body is appropriate.

11.2 If it is decided on the conclusion of the case that a person who has been suspended can return to work the employer should consider how best to facilitate that. Most people will benefit from some help and support to return to work after a very stressful experience. Depending on the individual's circumstances, a phased return and/or the provision of a mentor to provide assistance and support in the short term may be appropriate.

The employer should also consider how the person's contact with the child or children who made the allegation can best be managed if they are still in the workplace.

12. Learning lessons

12.1 At the conclusion of a case in which an allegation is substantiated the employer should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice to help prevent similar events in the future. This should include issues arising from any decision to suspend a member of staff, the duration of the suspension and whether or not suspension was justified.

13. Action in respect of unfounded or malicious allegations

13.1 If an allegation is determined to be unfounded or malicious, the employer should refer the matter to children's social care to determine whether the child concerned is in need of services or may have been abused by someone else. In the rare event that an allegation is shown to have been deliberately invented or malicious, the police should be asked to consider whether any action might be appropriate against the person responsible.

Appendix 8

Categories of Allegation

All allegations against a member of staff should be viewed objectively. It is helpful to consider a breakdown of definition when addressing allegations – both in respect of the way to approach them but also the outcome². Words such as false, unfounded, unsubstantiated and malicious are often used in the same context when describing an allegation. The meanings are very different and it is important to understand the distinction between them and use them correctly. The following categories may therefore be helpful:

Malicious: This implies a deliberate act to deceive. A malicious allegation may be made by a child or young person, or another adult. For an allegation to be classified as malicious, it will be necessary to have evidence which proves this intention.

Unfounded: This indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it will be necessary to have evidence to disprove the allegation.

False: Children and young people may make false allegations in an attempt to draw attention to abuse emanating from another source within their family or community. This is known as displacement. A parent may make a false allegation in an attempt to evade responsibility for an injury or incident in which they were involved. A colleague may make a false allegation in an attempt to discredit a member of staff.

Unsubstantiated: An unsubstantiated allegation is not the same as a false allegation. It simply means that there is

insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

Founded: This suggests that there is some integrity and truth to the allegation and it will fit somewhere in the categories outline earlier of harm, a criminal offence or unsuitability. Action will need to be taken accordingly.

2. The following definitions are based upon the document: Definitions and Thresholds for managing allegations against education staff, updated version February 2005, The National Network of Investigation, Referral Support Co-ordinators (IRSC) established by the DFES. These definitions can be applied across the children's workforce in the management of allegations.

The perception that an allegation is false should not prevent the matter being discussed with the LADO. It should be clear from the outset that an allegation is demonstrably false before a decision is made not to refer the allegation. The justification for any decision about referring, or not referring an allegation, must be recorded.

Appendix 9

Reasons Why Children May Not Tell

Many people commonly believe that a child or young person would resist abuse at all costs and if unable to do so would tell another grown-up at the earliest opportunity. This assumption is inaccurate and is based on ignorance about the power relationships between adults and children as well as an underestimation about the deliberate and skilled targeting of victims by offenders.

A number of common barriers exist that prevent children from telling or, if they do, often lead to them retracting their statement. Children often don't tell because they:

- Are scared because they have been threatened
- Believe they will be taken away from home
- Believe they are to blame
- Think it is what happens to all children
- Feel embarrassed and guilty
- Don't want the abuser to get into trouble
- Have communication or learning difficulties
- May not have the vocabulary for what happened
- Are afraid they won't be believed

The reason adults do not share their concerns may be:

All of us have a natural revulsion upon hearing that someone has deliberately harmed a child. Sometimes we:

- Find it hard to believe what we are hearing
- Cannot believe the suspicion that may be about someone we know
- Fear we might 'get it wrong' or make it worse
- Fear the consequences of getting it wrong – for the child, family and for ourselves
- Simply 'don't want to be involved'
- Do not have the information on what to do and who to contact
- A fear of retribution can also be a powerful silencer. It is therefore very important that staff or volunteers have the opportunity and 'permission' to speak out.

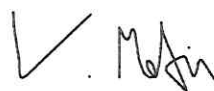
Appendix 10

Training

Key trustees, volunteers and staff and the Safeguarding Advisor will receive training in all areas of child protection & Safeguarding with updates and refreshers as appropriate to ensure knowledge is up to date and relevant

A handwritten signature in black ink, appearing to read 'Dan Coleman', with a long horizontal flourish extending to the right.

Dan Coleman
Safeguarding Lead

A handwritten signature in black ink, appearing to read 'Vanessa Martin', with a checkmark-like flourish at the beginning.

Vanessa Martin
CEO

