



Creating Positive Opportunity

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**Centre4, 17a Wootton Road, Grimsby, North East Lincolnshire,  
DN33 1HE  
Tel: 01472 236680**

## **Safeguarding Child Protection Policy**

CPO Ltd believes that children have a right to be protected from abuse and exploitation. Any information that CPO Ltd becomes aware of that indicates a child is suffering, or is likely to suffer significant harm, will be shared with the appropriate agency.

The protection of children is the proper concern of everyone in a position to help.

Volunteers/staff who are in direct contact with the children and their families should have an awareness of the local Child Protection Procedures and know how to make a referral. All volunteers/staff who are in direct contact with the children and their families must submit to an enhanced Criminal Records Bureau disclosure. All volunteers/staff will receive training on these issues as well as the basic recognition of harm or possible harm to children.

It is essential that whenever an individual working with CPO Ltd becomes concerned that a child may be suffering, or is at risk of suffering, significant harm they discuss their concerns with the nominated member of the committee responsible for child protection, immediately. Following this, a decision will be made about making a referral to one of the investigate agencies, i.e. Police Child Protection Team or the local Social Services Child Care Team.

Referrals will only be made to the Police or Social Services by: -

Making a referral: -

- When making a referral, you will need to have clear, as far as possible, the following:
- Factual information about the child and his/her family.
- Be clear about what your involvement is with the child and their family
- What is the source of your concern? Is it something you have seen, something the child has said? Is it based on the concern of others and if so, whom?
- Why are you concerned? Is it based on the child's behaviour, an injury, what the child said? Has the concern developed over time or just today?
- What evidence, if any have you to support your concern? This may include what the child has said to you directly. If so are you aware of anyone else the child has spoken to?
- Whom do you believe to be the source of harm/potential harm to the child?
- Are there other children in the family or other children about whom you have concerns?
- In your opinion does this child need protection and, if so why?

Always record the reason for your concern and any action taken prior to your referral.

Always ensure your referral is followed up in writing.

## **Child Protection Referrals**

If it is decided that it is necessary to make a referral to the Police or Social Services there are key points to remember:

- Record all details as soon as possible
- Refer promptly and in line with your club's policy
- Give all relevant information as detailed on the "Child Protection Policy" but do not delay making your referral if you do not have all these details.
- Record date and time of referral
- Send a written referral to Social Services within 24 hours
- Social Services recommend that you do not contact the parents at the time of referral.
- Comfort the child but do not make any attempt to interrogate

## **Good Practice in Child Protection Procedures**

- Ensure that all volunteers/staff know the responsible member of the staff to whom they should report their concerns, and who can be available to discuss these
- Keep records of all incidents giving dates, times and details
- Review all records at least three monthly
- Ensure all records are securely stored in accordance with the Data Protection Act
- Ensure that all volunteers/staff receive some basic training in child protection
- Remind volunteers/staff regularly to be vigilant, report suspicions and concerns promptly, or volunteer information
- Include child protection issues at all team meetings
- Encourage volunteers/staff to report the child's actual words in the case of a disclosure but never to interrogate him/her
- Ensure that you have a Child Protection Policy and that it is regularly reviewed and updated
- Emphasise the need for confidentiality in all child protection cases
- Remember that there are many professionals around you who will be willing to give advice and assistance
- You have a duty to ensure the safety of all children in your care

### **Recognising Abuse**

Some general indicators that MAY cause concern

## **Emotional Abuse**

All abuse involves emotional abuse:

- Slow development in relation to children of the same age
- Over reaction to mistakes
- Continual self-deprecation and/or self mutilation
- Fear of project/home contact
- Extremes of passivity or aggression

- Neurotic behaviour

It is important to remember that many of these indicators, taken individually, can often have explanations, which are not linked to abuse.

**Other pointers to possible abuse:**

- Reluctance to join in with activities that the child previously enjoyed
- Unprovoked aggression towards other children
- Change in language used e.g. swearing when the child has not done so before
- Becoming secretive
- Becoming unreasonably attached to a particular member of staff
- Bullying
- Being bullied

It is vital that you remain alert to all issues of child protection, but remember that the presence of one indicator alone is no evidence of child abuse

**Recognising Abuse**

Some general indicators that MAY cause concern

**Physical Abuse:**

- Any physical injury which is not clearly related to the child's explanation should be viewed with concern
- A collection of bruises that form a line or circle, fingertip bruising, stick or strap marks
- Difficulty in moving or reluctance to move an arm or leg may indicate a fracture or dislocation
- Recurrent injuries such as new bruises over old
- Failure of the parent or carer to seek medical assistance for the child following an injury
- Refusal to discuss the cause of an injury or inconsistent/conflicting explanations of injury
- Unwillingness to go home or arriving very early
- Unwillingness to remove sweater/cardigan
- Withdrawal or inappropriate fear when approached by an adult

**Sexual Abuse:**

- Sexual awareness inappropriate to the child's age
- Sudden and inappropriate modesty
- Discipline/behaviour problems
- Not reaching their potential
- Soiling/wetting the bed and reoccurring abdominal pain

**Neglect:**

- Low self esteem
- Destructive tendencies
- Frequently late or absent from school
- Has untreated medical problems

## **Female Genital Mutilation:**

The following are some signs that the child may be at risk of FGM:

- The family belongs to a community in which FGM is practised; or have limited level of integration within UK community;
- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
- If a female family elder is present, particularly when she is visiting from a country of origin, and taking a more active / influential role in the family;
- The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;
- The child talks about a 'special procedure/ceremony' that is going to take place;

There are a number of indications that a girl or woman has already been subjected to FGM:

- a girl or woman asks for help;
- a girl or woman confides in a professional that FGM has taken place;
- a mother/family member discloses that female child has had FGM;
- a family/child is already known to social services in relation to other safeguarding issues;
- a girl or woman has difficulty walking, sitting or standing or looks uncomfortable;
- a girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously;
- a girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating;
- a girl spends long periods of time away from a classroom during the day with bladder or menstrual problems;
  
- a girl or woman has frequent urinary, menstrual or stomach problems;
- a girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter;
- there are prolonged or repeated absences from school or college
- increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
- a girl or woman is reluctant to undergo any medical examinations;
- a girl or woman asks for help, but is not be explicit about the problem; and/or
- a girl talks about pain or discomfort between her legs

## **Child Assessment Order**

Either the local authority or the NSPCC can apply for a child assessment order. This gives 7 days during which the child can be assessed. This might be important in a situation where the parents do not co-operate but where there is an emergency situation.

## **Child Protection Conference**

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When it has been established that there is evidence suggesting child abuse or neglect, a child protection conference is arranged. Professionals involved with the child or family join together in a multi-professional discussion of written evidence. The early childhood worker may also be asked to attend. The chairperson decides whether it is further appropriate to invite the parents to attend: and, in any case, the parents must be informed that the conference is taking place. It is a requirement that local authorities work towards parents attending at least part of, if not the whole conference.

An action plan is made  
The child may be placed on the child protection register

## **The Child Protection Plan**

### **Assessment**

This will involve setting in motion procedures through which to assess the child and the family situation to see how things are.

### **Protection of the Child**

This should involve either:

- A care order the child will then be taken into the care of the local authority's social services department (in a foster home or community children's home); or
- A supervisor's order the local authority will support and supervise the family and the child in the home setting for one year.

### **Regular Review**

The child protection plan is reviewed in a review conference attended by the multi-professional team involved with the family, and perhaps also by the parents. This will take place every 6 months or more often. The child is de-registered if the situation changes and the child no longer requires support or supervised protection.

### **Child Protection and Schools**

When young children start or are already attending a nursery school, nursery class or primary school social services are required to notify the head teacher if a child's name is put on the child protection register. This should state:

- Whether the child is subject to a care order.
- The name of the key worker on the case
- What information may be known to the parents

## Specific advice to staff

- Any allegations or concerns about staff or volunteers must be reported immediately to the Managing Director or Operations Manager.
- The member of the workforce will be removed immediately and social services contacted.
- The member of the workforce will be removed immediately from the situation and informed in private that a complaint has been made.
- A child at risk of significant harm will be referred to the social services.
- If the child is not regarded at risk of significant harm, the concerns should be logged and the child's well being observed, monitored and recorded on a regular basis.
- In all situations the safety and the welfare of the child is paramount.
- If a child makes a disclosure, staff should remain calm and reassuring.
- The child should not be interrogated and staff should listen carefully and patiently. They must not stop a child who is freely recalling significant events. At this point a written record of the meeting should be made as soon after the meeting as possible.
- Staff needs to be honest with the child and explain that they cannot promise confidentiality.
- The child will be kept informed of what is happening if he/she is of an age to understand what is happening.
- All incidents relating to child protection will be recorded in the child protection Issue Log and may be used as supporting evidence by the authorities at a later date.
- All child protection incidents must be recorded during the event if at all possible or immediately afterwards and should state the date, time, setting, adult/children involved and exactly what was said and/or seen.
- Records must be based on fact only and not assumption.
- Any decision to deny parents access to records must be made only after seeking the advice and agreements of:
  - Social Services Department
  - The Police
  - Chairperson of the Board of Directors/Trustees
  - The Head teacher or the Child Protection Liaison teacher.

This information is also available in other formats, languages and picture format upon request.