

Caring and Sharing Rochdale

Child Protection Policy

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Child Protection Policy Statement

The Caring and Sharing Organisation firmly believes that any form of abuse experienced by a child or young person is intolerable. We acknowledge our duty to safeguard the welfare of all children and young people by implementing practices that ensure their protection.

Key Recognitions:

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

Policy Objectives:

- To safeguard children and young people who access services provided by Caring and Sharing
 Organisation, including those of adult members or users.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at a risk of, harm.

Scope of Policy:

This policy applies to all personnels associated with Caring and Sharing Organisation, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students, or anyone representing the organisation.

Safeguarding Measures:

- Valuing, listening to and respecting children and young people.
- Adopting and implementing child protection guidelines through procedures and a code of conduct for staff and volunteers.
- Ensuring safe recruitment practices, including thorough background checks.
- Disseminating information about child protection and best practices with children, parents, staff and volunteers.
- Sharing concerns with relevant agencies and involving parents and children appropriately.

• Providing staff and volunteers with effective management, supervision, support, and training.

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Commitment to Review:

We are dedicated to reviewing our policy and practices annually to ensure their effectiveness and alignment with evolving needs and standards.

Definition and Signs of Abuse

Definition of Abuse

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

Sexual Abuse

The actual or likely sexual abuse/exploitation of a child or young person. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) and non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Signs

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

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age.
- Medical problems such as chronic itching, pain in the genitals, venereal diseases.
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia.
- Personality changes such as becoming insecure or being clingy.

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
- Sudden loss of appetite or compulsive eating.
- Isolation or withdrawal.
- Inability to concentrate.
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or childminder.
- Bedwetting including day or night/nightmares.
- Worrying about being undressed.
- Suddenly drawing sexually explicit pictures.
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Physical Abuse

Definition

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

Signs

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

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

Emotional Abuse

Definition

The persistent emotional ill-treatment of a child, causing severe and adverse effects on their emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only so far they meet the needs of another person. It may involve causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some

level of emotional damage is involved in all types of ill-treatment of a child, though emotional abuse may occur alone.

Signs

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

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

Neglect

Definition

The persistent failure to meet a child's basic physical and or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of the parent or carer failing to provide adequate food and clothing, shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the

failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs

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

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

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

Designated Child Protection Person

The designated individuals are tasked with providing guidance on child protection matters, facilitating internal coordination, and establishing communication with health services, children's

services, and relevant agencies regarding suspected or confirmed cases of child abuse. They may also oversee the implementation of child protection training within the organisation.

These designated persons should be familiar with the Local Safeguarding Children's Board, multi-agency child protection procedures, and the Safeguarding Manager and Development Officer, LSCB. The LSCB's Safeguarding Manager and Development Officer are available for consultation on local child protection issues, training opportunities, or general advice on the development of child protection materials for Caring and Sharing Organisation. Additional assistance from other organisations and forums can be found in the appendix.

The individual designated for Caring and Sharing Organisation possesses expertise in child protection and has undergone necessary training to stay updated on new developments.

The responsibilities of the designated person include:

- Establishing contact with the senior social work staff member responsible for child protection in the organisation's catchment area as a proactive measure.
- Providing information and guidance on the implementation and adherence to child protection policies and procedures, especially in reporting relevant concerns to the social work/health board.
- Being knowledgeable about the Local Safeguarding Children Board Child Protection Procedures.
- Ensuring timely and confidential referral confirmation in writing, typically within 24 hours.
- Liaising with children's service authorities and relevant agencies as needed.
- Keeping key personnel within the organisation informed about any actions taken and subsequent steps, such as disciplinary measures against staff members.
- Maintaining individual case records detailing the organisation's actions, interactions with other agencies, and outcomes.

- Identifying child protection training needs for the organisation and participating in relevant training.
- Addressing the aftermath of incidents within the organisation as necessary.

Child Protection Procedures

What to do if you suspect a child is being abused

If a member of *Caring and Sharing* suspects that a child is being abused, they will seek advice from the designated child protection person who will help you decide what further actions should be taken.

All members of Caring and Sharing Organisation *are* aware of, and have contact details for, the designated child protection person

Knowing how damaging abuse is to children, it is up to the adults working with Caring and Sharing to take responsibility for stopping it.

What we would do if a child engaging with *Caring and Sharing Organisation* tells us about abuse

- Staying calm and reassuring when a child discloses abuse.
- Finding a quiet place to talk and actively listening to the child.
- Believe in what you are being told. Listen, but do not press for information.
- Inform the child that you are glad that they have informed you. You will however have to inform the designated child protection person and contact relevant authorities promptly.

- Contact the Child Protection Social Work Team and/or the Police.
- Seek medical advice if required.
- Complete reporting allegations or suspicions of abuse form (see appendix A & B).

What to do if you have witnessed a child being abused

- Inform Caring and Sharing's designated child protection worker.
- Contact the Child Protection Social Work Team and or Seek medical advice if required.
- Complete reporting allegations or suspicions of abuse form (see appendix C and D).

Remember: It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is the task for the professional child protection agencies following a referral to them of concern about a child.

Good practice

Before any activity starts, the designated person shall ensure that adequate child protection procedures are in place, as follows.

- Each parent must fill out a consent form for each child/young person attending activities run by
 Caring and Sharing Organisation.
- A register must be kept of all children/young people attending Caring and Sharing Organisation activities, including information about arrival and departure times.
- A daily diary or signing-in book must be kept for all adults on the premises (staff members, volunteers, parents and visitors).
- Team members will record any unusual events on the accident/incident form or in the daily diary, unless this includes anything confidential.

- Where possible, staff/volunteers should not be alone with a child/young person, although it is recognised that there may be times when this may be necessary or helpful.
- Caring and Sharing Organisation recognises that physical touch between adults and children/young people can be healthy and acceptable in public places. However, staff/volunteers will be discouraged from this in circumstances where an adult and child/young person are alone together.
- All team members should treat all children/young people with dignity and respect in their attitude, language and actions.

Best Practices

Prior to commencing any activity, the designated individual shall ensure that sufficient child protection protocols are established, including:

- Working in an open environment always (for example, avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treating all children/young people equally, and with respect and dignity.
- Putting the welfare of each child/young person first always.
- Maintaining a safe and appropriate distance with children/young people (for example, it is not
 appropriate for staff/volunteers to have an intimate relationship with a child/young person or
 to share a room with them).
- Building balanced relationships based on mutual trust, empowering children/young people to share in the decision-making process.
- Making school activities and other off-site activities fun, enjoyable and safe.
- Keeping up to date with technical skills, qualifications and insurance.
- Involving parents/carers wherever possible for example, by encouraging them to take responsibility for children/young people in changing rooms.
- Ensuring that parents/carers, staff/volunteers, coaches or officials work in pairs, if groups have to be supervised in changing rooms
- Ensuring that, when mixed groups are taken away, they are always accompanied by a male and a female member of staff/volunteer (but remember that same-gender abuse can also occur).

- Ensuring that, at tournaments or residential events, adults do not enter children's/young people's rooms or invite children/young people into their rooms.
- Being an excellent role model, including not smoking or drinking alcohol in the company of children/young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of children/young people and not pushing them against their will.
- Securing written consent from parents/carers for staff to act in loco parentis, if the need arises to administer emergency first aid and/or other medical treatment.
- Keeping a written record of any injury that occurs, along with the details of any treatment given.
- Requesting written consent from parents/carers, if it is necessary for staff/volunteers to transport children/young people in their cars.

Practices to Avoid

The following practices should be avoided except in emergency situations. If circumstances arise where these actions are unavoidable, it should be done with the full knowledge and consent of the organisation's designated authority or the parents/guardians of the child/young person. Examples include situations such as when a child/young person sustains an injury requiring hospitalisation, or if a parent/carer fails to arrive to pick up a child/young person at the end of a session.

Outings and Trips

- All vehicles hired for outings must have insurance, be roadworthy, and equipped with seatbelts.
- Each driver should be accompanied by at least one escort. Both drivers and escorts should have up-to-date Criminal Record Bureau (CRB) checks and undergo appropriate recruitment procedures. They must agree to adhere to the established guidelines.
- A roll call will be conducted at the beginning of the journey and before commencing the return journey. If multiple vehicles are used, children/young people are encouraged to travel together in the same vehicle to and from the destination.
- If a child/young person goes missing while on a trip, staff/volunteers should instigate an immediate search. If the child/young person cannot be found within half an hour, the appropriate security staff/volunteers and the police should be notified.

If, having notified security staff/volunteers and the police, the child/young person cannot be

found, the parents/carers of the child/young person must be notified immediately.

The care of the remaining children/young people is paramount. It is imperative that they

return to the home site as quickly as possible, while a senior staff/volunteers member remains

at the visit site to coordinate contact between security staff/volunteers and the child's/young

person's parents/carers.

Use of premises by other organisations

In the event of a room or rooms on the premises being used by other organisations, the letting

agreement should ensure that the hiring organisation works to approve child protection procedures

and/or that those hiring the room(s) read and agree to abide by these guidelines.

When using premises that do not belong to Caring and Sharing, staff and volunteers need to ensure

that the children and young people in the facilities are appropriately looked after.

Promoting Positive Behaviour: Discipline versus Abuse

One of the risk factors associated with abuse is the belief in and utilisation of physical punishment as

a disciplinary measure. Forms of punishment are evident in family, community, and educational

contexts. While learning fr om punishments and sanctions is crucial for development, as they teach

us to avoid actions that jeopardise our well-being or disrupt societal balance, it's important to note

that punishment can sometimes escalate to abuse.

The peril often arises when punishment takes a physical form. Physical punishment encompasses

actions such as: -

• Spanking, slapping, smacking with the hand.

• Striking with an object (e.g. belt, shoe, ruler, stick).

• Forcing a child to kneel on hard objects (e.g. floor, pencils).

Forcing a child to hold an uncomfortable position (e.g. standing motionless).

Research shows that physical punishment can lead to child aggression, delinquency and poor mental

health. Physical punishment does not effectively deter the repetition of the undesirable behaviour;

rather, it teaches children that violence pays, and may lead to aggressive, anti-social behaviour in

later child/adulthood. Therefore it is suggested that positive, non-violent discipline is the key to better-behaved children, and by consequences, a better-behaved society.

Frequently, physical abuse has been identified as a consequence of action taken by parents / carers to discipline a child. Thus, once adults give in to the use of physical punishment in their attempts to discipline a child, the likelihood of physical abuse occurring becomes very real.

Alongside physical punishment is emotional punishment, aimed at 'teaching a lesson.' Threats, belittlement, ridicule, insults, and humiliation can be equally damaging to a child's development, hindering emotional stability and impeding overall growth in mental, spiritual, moral, and social domains.

Physical punishment yields similarly negative consequences as physical abuse, particularly in educational settings, where excessive punishment can alienate children from the system and associated behaviours. This alienation can persist into adulthood.

Studies have also found that the consequences of abusive punishment have wider ramifications. Parents who have experienced physical / emotional methods of punishment are more likely to deal with their own children in the same way. Using excessive punishment as a disciplinary tool leads to the same psychological and behavioural maladjustment, and overt physical harm as abuse itself.

The only way to avoid the danger of physical / emotional punishment turning into abuse is to explore more constructive, alternative approaches to discipline. Studies have found that punishment does not effectively deter undesirable behaviour; rather, alternative reinforcement methods are more effective. In other words, it works better to reward good behaviour and thus encourage its repetition than to punish wrong behaviour.

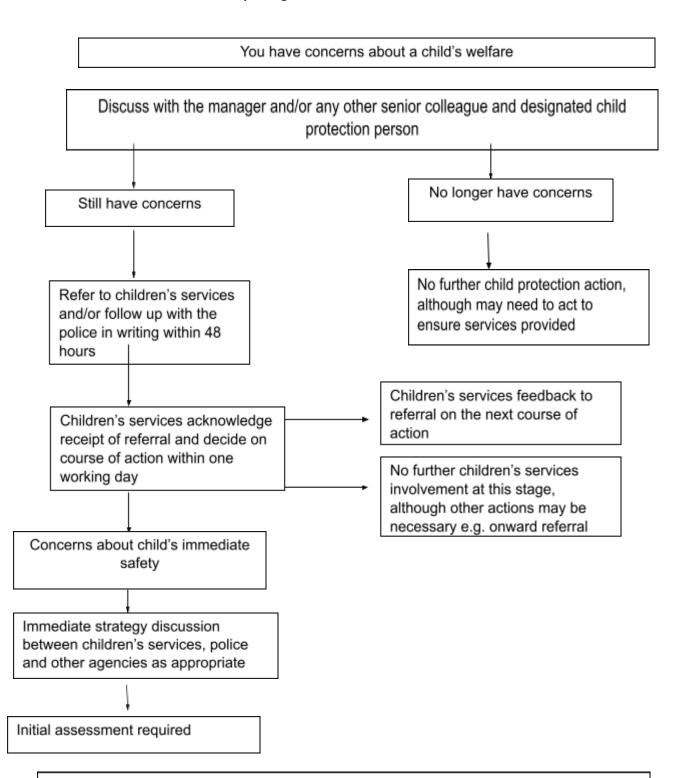
Strategies for Achieving Positive Behaviour

- Create an environment which encourages and reinforces good behaviour.
- Show respect and consideration to each child, promoting responsibility and honesty.
- Promote self esteem, positive relationships and self discipline.

- Consistently respond to both positive and inappropriate behaviour.
- Reward and praise good behaviour consistently.
- Be consistent.
- Use positive language at all times.

Appendix A

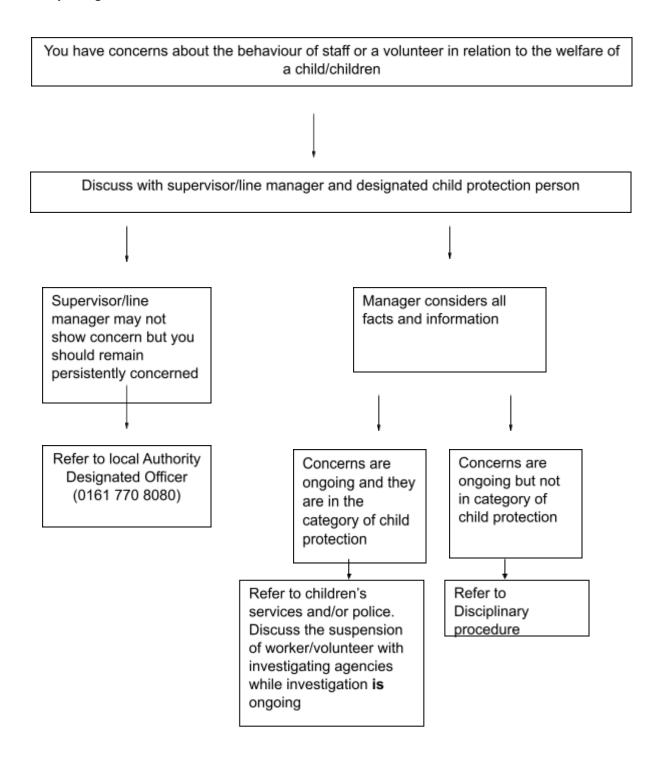
Reporting Child Protection Concerns



Any Concerns Should be Reported Promptly to the Multi Agency Safeguarding Hub (MASH) on0800 183 0499.......

Appendix B

Reporting Child Protection Concerns in Relation to Staff and Volunteers



Any Concerns In Relation to Staff and Volunteers Should Be Reported Promptly to the Local Authority Designated Officer Tel: ...0300 303 0440......

Appendix C

Responding 2: Reporting allegations or suspicions of abuse

Everyone member of Caring and Sharing should be aware of the designated person within the

organisation who should immediately always be informed of any concerns about a child being

abused:

Child Protection Designated Person Details

Name: Omolara Kolajo

Job/Role/Title: CEO

Address: 78 Norton Road, OL12 OBJ

Telephone no: 0794238892

Contacts of appropriate persons outside the organisation

Children's Social Care Team

Email: ehash@rochdale.gov.uk

Address: Floor 4

Number One Riverside

Smith Street

Rochdale OL16 1XU

Emergency no. 999

Police station

Address: The Holme The Esplanade, Rochdale OL16 1AG

Telephone no: 0161 872 5050

NSPCC Child Protection Helpline 0808 800 5000

Appendix D

Checklist for reporting suspected abuse					
Name of child:					
Age and date of birth:	Ethnicity				
Religion	First language				
Disability	Any special factors				
Parent's/carer's name(s)					
Home address (and phone no. if available).					
Are you reporting the Caring and Shari somebody else? Give details.	ng Organisation's own concerns or passing on those of				
Brief description of what has prompted the of any specific incidents.	e concerns: include dates, times etc.				
 Any physical signs? Behavioural sig 	ns? Indirect signs?				

• Have you spoken to the child? If so, what was said?

Have you consulted anybody else? Give details.
Caring and Sharing's name and position.
To whom it was reported and date of report.
Signature

• Have you spoken to the parent(s)? If so, what was said?

• Has anybody been alleged to be the abuser? If so, give details.

Designated Child Protection Person

The	designated	person		Omolara	Kolajo
Contact0	7854162395		details		are:
	ence of the designa ignated person.	ted person, the r	matter should	be brought to the attention	on of the
The second	l designated person i	s:Temitope	e Adeyemi		
Contact de	tails are:07	⁷ 401888827			
The social o	care number for the a	area is:0	300 303 0440		
The emerg	ency number is:	999			

USEFUL CONTACTS

Local authority contact numbers

NSPCC Child Protection Helpline

0808 800 5000

0800 056 0566 - deaf or hard of hearing

0800 096 7719 - Asian Child Protection Helpline

help@nspcc.org.uk

Kidscape – Protecting children from abuse and bullying 2 Grosvenor

Gardens, London SW1W 0DH

020 7730 3300

www.kidscape.org.uk

Helpline 0845 120 5204

The Churches' Child Protection Advisory Service, Part of PCCA

Christian Child Care PO Box 133, Swanley, Kent BR8 7UQ

www.ccpas.co.uk

www.pcca.co.uk

The Muslim Parliament of Great Britain, 109, Fulham Palace Road,

London W6 8JA.

www.muslimparliament.org.uk

Africans Unite Against Child Abuse - AFRUCA

20 Piercy Street

Manchester

M4 7HY

Tel: 01612059274

www.afruca.org

Email: info@afruca.org