



CLAUDIA JONES ORGANISATION

CJO SAFEGUARDING CHILDREN AND VULNERABLE YOUNG PEOPLE + CHILD PROTECTION PROCEDURES

Vision and Values

Claudia Jones Organisation was established in 1982. Primarily the organisation supports and empowers women and families of African Caribbean heritage. We aim to provide culturally sensitive services that meet the needs of women and families of African Caribbean heritage.

Our Aim

Our aim is to encourage families to learn and grow together so as to ensure that their educational, health & wellbeing, social and cultural needs are catered for in a positive environment.

We aim to improve education amongst African Caribbean individuals and families.

Lastly, we develop effective collaboration and partnerships which aim to raise awareness about the challenges facing Caribbean women and families and to provide good practice solutions to improve family wellbeing.

CJO SAFEGUARDING CHILDREN AND VULNERABLE YOUNG PEOPLE + CHILD PROTECTION PROCEDURES

Safeguarding Adults Lead (Bernice Molyneaux)	Children & Families GBV Manager
Deputy Safeguarding Adults Lead (Angela Lancaster)	Service Manager

103 Stoke Newington Road, London N16 8BX

Tel: 020 7241 1646: www.claudiajones.org Email: mail@claudiajones.org : Charity No. 1078145

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1.0 Background

CJO takes seriously its legal duties and responsibilities in ensuring appropriate safeguarding arrangements and measures are in place to ensure and promote the welfare of children. In particular, the policy is developed to ensure adherence to the Children's Act 1989 which redefined childcare law and introduced new measures for working with children and families in both public and private family law as the first childcare legislation to consider the child's religious, ethnic, cultural and linguistic background.

The guiding principle of the Children's Act 1989 is that the child's welfare is paramount. Section 47 of the Children's Act 1989 places a specific duty on agencies to co-operate in the interests of children in need to help the local authority social services with its enquiries in cases where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm.

Part 1 of the Act also introduced two new central features: the 'welfare checklist and the concept of 'parental responsibility'. The welfare checklist determines the criteria that should be considered when decisions are being made relating to the upbringing of a child. These welfare considerations are paramount, The Act and these principles were designed to put the child and their welfare at the centre of all decisions.

A child witnessing DV is likely to be at risk of suffering significant harm for the purposes of the Children Act 1989. Concerns about the effect of DV on a child may be the reason for a referral to Children's Services or concerns may arise during provision services to a family. In such circumstances, the Local Authority is obliged to consider initiating a Section 47 investigation to make enquiries about a child's circumstances and to consider whether action should be taken to promote and safeguard the welfare of the child.

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Under Section 11 of the Children Act 2004, government bodies and agencies must “make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children”. This applies to a wide range of bodies, including children’s services, Strategic Health Authorities, Primary Care Trusts, NHS Trusts and Foundation Trusts, and police authorities (including transport police).

Anyone working in these bodies who suspects that a child may be at risk of suffering significant harm or is suffering significant harm because of DV should make a referral to Children’s Services. All those connected with CJO have a part to play in safeguarding, providing for the welfare of children and preventing their abuse. All complaints, allegations or concerns will be taken seriously and should be discussed with the Director and Senior Management Team where appropriate in the case of the latter.

Staff, volunteers and Trustees fully recognise the contribution it makes to safeguarding children. We recognise that all staff, including volunteers, have a full and active part to play in protecting our children from harm.

2.0 POLICY STATEMENT

Claudia Jones Organisation was established in 1982. Primarily the organisation supports and empowers women and families of African Caribbean heritage. We aim to provide culturally sensitive services which main aim to meet the needs of women and families of African Caribbean heritage. This policy specifically relates to the safeguarding and protection of children and vulnerable young people who fall under the remit and umbrella of CJO services.

CJO is a specialist organisation led by black women whose aim within the scope of this policy includes safeguarding vulnerable children and vulnerable young, and their families who have also been negatively impacted and disadvantaged by the intersectionality brought about because of` the ways in which systems of inequality based on race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination “intersect” to create unique dynamics and effects`.

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CJO's safeguarding challenge here is represented by black and marginalised groups battling for survival in a climate of austerity, public spending cuts and rising racism there is a direct result of the adverse impact of the decision on this community of children and vulnerable young people under hostile law and social policy.

Under safeguarding of children and vulnerable young people, the points raised above will require trustee, staff and volunteers to advocate on behalf of these children and vulnerable young people, to ensure that they are not further disadvantaged and/or discriminated against when they interface with outside services. The advocacy approach to safeguarding on such children and vulnerable young people, means that CJO will have to 'make the case' on their behalf so that they are not adversely judged and taken seriously and, ensure that their experiences of abuse are not justified as part of their abilities and cultural expressions but rather as part of power and control under a patriarchal cultural expression.

CJO will promote empowerment and well-being throughout its safeguarding practice. Children and vulnerable young people, who are vulnerable have the right to live their lives without being subjected to any form of abuse. All allegations must be regarded as serious. No allegation of abuse must ever be ignored. Every staff and volunteer's member has a professional responsibility and moral duty to report alleged, witnessed, or suspected abuse to their line manager or a more senior manager if there is any concern about the line manager's involvement or lack of action being taken.

3.0 Scope

Everyone involved in the care of children has a role to play in their safeguarding and protection. As a member of CJO staff and volunteers, you are in a unique position to enquire about any child's circumstances or observe changes in a child's behaviour or appearance. If you have any reason to suspect that a child that you are aware of is being abused, or is likely to be abused, you have a 'duty of care' to take action on behalf of the child by following CJO Safeguarding Children Policy

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CJO is committed to working with local safeguarding partners, in line with multi-agency policy and procedure, to support the Children's Act principle of partnership working.

4.0 Definition of children and vulnerable young people

To provide guidance and practical procedures for Trustee Board members, employees, volunteers and

service users of the CJO in relation to the safeguarding and protection of children.

In this document a child is defined as anyone who has not yet reached their 18th birthday.

Child/children therefore means 'children and young people' throughout.

5.0 Guidance on types of abuse and signs

What is Child abuse?

The Children Act 1989 refers to "significant harm" rather than abuse. However, abuse is any behaviour, action or inaction, which significantly harms the physical and/or emotional development of a child. A child may be abused by parents, other relatives or carers, professionals and other children, and abuse can occur in any family and in any area of society, regardless of social class or geographical location.

Types of abuse & neglect & their recognition

The four main categories of abuse are physical, sexual, emotional abuse and neglect. Bullying can also be a category of abuse. The abuse, or possible abuse, of a child may come to your attention in a variety of ways. There may be aspects of the child's behaviour and/or presentation that lead you to suspect that they may be at risk. These

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possible signs should be shared with your line manager or the Designated Lead for Safeguarding Children. They may then decide to refer the child to children's social care and/or the police for further enquiries to be made.

The possible signs of abuse/neglect include:

- Information given by the child
 - Information reported by a concerned adult
-
- Changes in the child's behaviour. For example, the child suddenly becomes quiet, tearful,
- withdrawn or aggressive
- Loss of weight without a medical explanation
 - Eating problems, for instance, overeating or loss of appetite

The following definitions of abuse are from Working Together to Safeguard Children (2015).

Physical Abuse

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

Some possible signs of physical abuse:

- Unexplained injuries, for example, bruising, bite marks, burns and fractures, particularly if recurrent.
- Improbable explanations given for injuries.
- Several different explanations provided for an injury.
- Refusal to discuss injuries.
- Untreated injuries.
- Withdrawal from physical contact

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Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse affects 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 age or developmentally inappropriate expectations being imposed on children. It may include interactions beyond the child's developmental ability, overprotection, limitation of exploration or learning, and/or prevention of normal social interaction. It may involve seeing or hearing ill-treatment of another. It may involve domestic violence, serious bullying, causing children to frequently feel frightened or in danger, or exploitation and corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, although it may occur alone. This could involve constant criticism, name-calling, ridicule, sarcasm, bullying, or unrealistic expectations of parents/carers over what a child can achieve.

Some possible signs of emotional abuse:

- Withdrawal
- Nervousness
- Aggressive behaviour

Emotional abuse may be difficult to recognise as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

Sexual Abuse

Sexual abuse involves forcing or enticing 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,

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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.

Some possible signs of sexual abuse:

- Acting in a sexual way inappropriate to their age
- Continual or excessive masturbation
- Asking if you will keep a secret if they tell you something
- Unexplained sources of money, sweets or presents
- Chronic ailments such as stomach ache or headaches
- Involving other children in sexual activity
- Self-harm

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur in pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical 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. This could be when a child's personal or intimate requirements are ignored, not ensuring children are safe, or exposure to undue cold, heat or unnecessary risk of injury.

Some possible signs of neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Untreated medical problems
- Compulsive eating
- Scavenging

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These signs do not necessarily mean that a child has been abused. However if you are concerned about the welfare of a child, you must report it. Do not assume that someone else will help the child. They might not.

Procedural & Practice Guidance

The CJO's designated safeguarding children lead

The Designated Lead for Safeguarding Children who has the overall responsibility for child protection practice in the organisation is the Director.

Claudia Phillips - Safeguarding lead trustee

If you feel a child is at immediate risk of harm, it is important to consider whether you need to call the Police on 999 to report your concerns, so that they can take immediate action to keep a child safe where needed.

Refer to..

The CJO's Designated Lead for Safeguarding Children is responsible for:

- Co-ordinating child protection action within CJO
- Liaising with other agencies and professionals

- Ensuring the locally established procedures are followed including reporting and referral processes
- Acting as a consultant for other CJO staff and volunteers to discuss concerns
- Making referrals as necessary
- Maintaining a confidential record system
- Representing or ensuring that CJO is represented at inter-agency meetings including Strategy Discussions and Child Protection Conferences
- Managing and monitoring CJO's referrals to Children's Social Care
- Ensuring all CJO staff and volunteers have received appropriate and up to date safeguarding and child protection training

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It is not the role of the Designated Lead for Safeguarding Children to decide whether a child has been abused or not. This is the task of Children's Social Care who has the legal responsibility. It is the responsibility of the Designated Lead for Safeguarding Children to ensure that concerns are shared and appropriate action taken.

What is Safeguarding?

This term is defined in Working Together to Safeguard Children (2015) 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
- Taking action to enable all children to have the best life chances

Child protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering or are likely to suffer significant harm.

Disclosures of Abuse-

What to do

If a child makes a disclosure of abuse the following actions are to be taken:

- React calmly so as not to frighten or deter the child
- Listen carefully to what the child tells you without interrupting, all concerns are to be taken seriously
- Ask questions for clarification purposes only. Avoid asking closed questions that suggest a particular answer
- Do not stop a child who is freely recalling significant events. Allow them to continue at their own pace
- Acknowledge how difficult it might have been for them to share this with you
- Reassure them that they have done the right thing in telling you
- Tell the child that they are not to blame

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- Never promise a child that what they told you can be kept a secret. Explain to the child that you have a responsibility for their safety and therefore have to tell somebody in authority
- Let them know that there are others who can help them and that they are not alone
- Tell them what you will do next and whom the information will be shared with
- Ensure the safety of the child
- As soon as possible, take care to record in writing what was said using the child's own words. Record the date, time, setting, any names mentioned, to whom the information was given and other people present. Sign and date the record
- Record any subsequent events and actions
- It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with your line manager/ a senior manager /the Designated Lead for Safeguarding Children and followed through appropriately

A child may recall former abuse once in a safe situation. Although there may be no current safety concerns, any disclosure must be raised with your line manager/ the Designated Lead for Safeguarding Children and followed through appropriately.

You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interests of the child, these concerns should be raised with your line manager/the Designated Lead for Safeguarding Children and followed through appropriately.

Another adult, child, staff and volunteers or volunteer may also raise their concerns about a child with you. You must respond to these concerns by discussing these concerns or reports with your line manager or the Designated Lead for Safeguarding Children and follow through with their advice.

Mandatory Reporting of FGM

Since October 2015, Section 5b of the 2003 FGM Act has introduced a mandatory reporting duty in relation to FGM. Where we have identified "known" cases of FGM in under 18-year-olds we must report this to the police.

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“Known” cases are those where: either a girl informs a person that an act of FGM has been physically carried out ; or, where a person observes physical signs to show that an act of FGM has been carried out.

For the purposes of the duty the relevant age is the girls’ age at the time of the disclosure/identification or FGM. i.e. it does not apply where a woman aged 18 years or older discloses she had undergone FGM when she was under 18

Other Forms of abuse affecting children and vulnerable young people

- **CJO is a specialist black women’s organisation and within the scope of the policy, consideration must be taken where a service user presents with specific issues such as forced marriage, female genital mutilation, so-called ‘honour-based violence, sexual abuse and exploitation including grooming, and other forms of abuse and violence that can be considered as harmful practices. It is important that such considerations are taken and in doing so, staff and volunteers must understand how such forms of violence occur and actions that should be taken to address them in protecting vulnerable children. Staff and volunteers at CJO must also be aware of the intersecting issues, for example, black children might be more vulnerable and at risk of racism leading to stereotype such as adultification and racial abuse.**

Related policy & Procedures

- Safeguarding Adults policy
- Disclosure and Barring Service (DBS) policy
- Equality and Diversity policy
- Recruitment and Selection policy and procedure
- Staff and volunteers Code of Conduct
- Confidentiality policy
- Whistleblowing policy
- Staff and volunteers learning and development policy
- Complaints policy
- Supervision and support policy
- Data protection policy

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- Guidance for safer working practice for adults who work with children and young people (2009)
- The Children Act (1989), (2004)
- London Child Protection Procedures 2015
- Working Together to Safeguard Children 2015
- What to do if you're worried a child is being abused 2015
- FGM Act 2003
- Mandatory Reporting of Female Genital Mutilation- Home Office Procedural Information 2015
- Disciplinary Procedure

Making a Referral

If you have concerns about a child, following consultation with your line manager or Designated Lead for Safeguarding Children, you must make a referral to children's social care in line with your local authority's referral procedures.

In Hackney Children and Families Services, where you feel your concern is urgent and you need to speak to a social worker to agree a plan of action today, please call MASH on **020 8356 5500** or email MASH@hackney.gov.uk:

- the phone line is open 9am to 5pm Monday to Friday, excluding bank holidays
- outside of these hours, please contact the Emergency Duty Team on **020 8356 2710**

If you're unsure about what support a child and family needs, or whether you should make a referral to MASH, please call MASH and ask for a consultation with a member of the team.

How does the consultation line work?

- it's for professionals only
- for cases that are not already open to the Council's service
- you must have consulted your designated safeguarding lead first
- you will need to use the usual MASH number – 020 8356 5500 – and ask for a consultation
- experienced members of staff and volunteers from MASH will respond
- MASH will listen to your concerns and offer advice and guidance about the most appropriate next steps – their advice may include:
 - a request for you to have further conversations with the child and family about the concerns and – with their consent – other members of the family's network
 - a written referral to MASH

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- a referral to another service

MASH will keep a log of calls to monitor the consultation lines use, but calls will not be recorded on our files. It is important that anyone contacting MASH make their own agency records of discussions.

Referral form

Please complete a MASH referral form if you wish to request either early help or statutory social work support for a family.

[MASH referral form](#)

Information submitted via the form will only be reviewed during office hours.

Please note, it is expected that you will have spoken to the family about the referral you are making to MASH, prior to contacting MASH, in all cases **except** where it is felt that doing so will place a child at immediate risk of harm.

All decisions in MASH about the most appropriate next steps for a child and family are made in line with the [Hackney child wellbeing framework](#).

When making a referral, you will need to provide the following information to hand when you telephone:

- The name, address, date of birth and gender of the child
- The names and contact telephone numbers of parents, and other carers or close family members if known
- The name, address and telephone number of the child's Doctor, and Health Visitor if

applicable

- The school attended by the child if applicable
- The incidents which give rise for concern with dates and times
- The nature of the injuries observed, and/or the reason for your concerns

Following a telephone referral, you will be expected to follow this up in writing, **within one working day**.

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You must also notify the CJO 's Designated Lead for Safeguarding Children about the referral by sending her a completed CJO 's Notification of a Safeguarding Concern and/or Children's Social Care referral Form.

What will be the outcome?

Having made a referral about a child, you should receive some information from Children's Social Care within one working day. If you do not receive any response within this time please check that the referral has been received. Relevant CJO staff and volunteers may be invited to participate in any child protection or child in need plan set up for the child.

Record Keeping

- It is important that records are kept factual and reflect the words used by the child. Records must be signed and dated with timings if appropriate. If recording bruising/injuries indicate position, colour, size, shape and time on a body map
- Keep the Designated Lead for Safeguarding Children updated by submitting a notification of any referrals and updating client records on the internal database. Staff and volunteers must complete and submit a monthly safeguarding tracker to the Designated Lead for Safeguarding Children who will in turn will review these with the safeguarding lead - trustees.

What support is available to you?

Any member of the organisation affected by issues arising from concerns for children's welfare or safety can seek support from their line manager and also access internal Line Management supervision and clinical supervision, where appropriate.

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Responding to allegations against a member of Staff and volunteers/ Volunteer who works with Children

CJO ensures that those who work with, or on behalf of, children are competent, confident and safe to carry out their work. Likewise, anyone who encounters children in their work has a duty of care to safeguard and promote their welfare.

The vast majority of adults who work with children act professionally and aim to provide a safe and supportive environment which secures the well-being and very best outcomes for the children in their care. However, it is recognised that in this area of work, tensions and misunderstandings can occur. It is here that the behaviour of adults can give rise to allegations of abuse being made against them. Allegations may be misplaced or malicious. They may arise from differing perceptions of the same event, but when they occur, they are inevitably distressing and difficult for all concerned.

Equally, it must be recognised that some allegations will be genuine and there are adults who will deliberately seek out, create, or exploit opportunities to abuse children. For the benefit of all concerned it is essential that a clear process exists for the investigation and resolution of allegations.

All allegations or concerns regarding staff and volunteers or volunteers should be reported to the Director. If the allegation is against the Director the concern should be raised with the Safeguarding Lead on the Board of Trustees.

Who is covered by the allegations against staff and volunteers process?

This process covers everyone working within CJO in either a paid or unpaid capacity, including volunteers.

Who is responsible for the allegations against staff and volunteers process in CJO?

The process is managed by a particular officer or a team of officers designated by the local authority where the staff and or volunteer's work is based. All local authorities must have a designated officer or a team of officers to be involved in the management and oversight of allegations against people that work with children. This role is responsible for:

- Managing individual cases

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- Providing advice and guidance
- Liaising with police and other agencies
- Monitoring progress of cases for timeliness, thoroughness and fairness

Information about reporting allegations

When is it necessary to contact the Local Authority Designated Officer or team of officers?

All allegations that meet the following criteria must be reported to the Local Authority Designated Officer or team of officers -

Where it is alleged that someone has:

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

Allegations may relate to concerns about neglect, physical, sexual or emotional abuse or the use of restraint that is not permitted by law or guidance.

The Local Authority Designated Officer or team of officers will also be contacted for advice regarding concerns or suspicions about behaviour towards children by staff and volunteers or volunteers within CJO .

What happens when the Local Authority Designated Officer or team of officers is contacted?

The Local Authority Designated Officer or team of officers will complete an initial evaluation and provide advice regarding the pathway to be followed to resolve the allegation.

What are the possible options for following up an allegation?

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The Local Authority Designated Officer or team of officers will decide whether the allegation made is a potential criminal offence. In this case a referral will be made to the police. If the allegation indicates that a child or children may be at risk of significant harm then a child protection investigation will be undertaken by the borough's Children's Social Care. In these circumstances a strategy meeting is likely to be convened to share information about the allegation and plan the investigation and actions needed to protect children. The police, social workers and senior representatives from CJO including the human resources (HR) representative will attend this meeting.

The subject of the allegation is not invited to attend but will have some feedback after the meeting takes place, subject to this not compromising any investigation. The chair of the strategy meeting

will decide who will provide this feedback to the subject of the allegation.

This could be CJO, the Local Authority Designated Officer or team of officers or the police.

If the allegation does not indicate a potential criminal offence or child protection issue, the matter may be passed back to CJO to resolve under internal HR procedures.

Who makes allegations against staff and volunteers or volunteers

Allegations may be made by children, their parents/carers, colleagues or others.

What information will parents/carers be told?

Parents/carers will be told at the earliest opportunity if their child has made an allegation, or if there is a concern that they may have been harmed by someone working with them. Parents will be kept informed during the investigation process and be told of the outcome. A senior member of staff and volunteers will liaise with the parents/carers.

How will children be supported during the process?

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Children will be given the opportunity to share any concerns they have about their care and will be supported by the organisation throughout the investigation process. They will also be told the outcome and provided with further support if required.

Can parents/carers and children refer directly to the Local Authority Designated Officer or team of officers?

If an allegation relates to a possible criminal offence or child protection issue then parents/carers or children can report their concerns directly to the Local Authority Designated Officer or team of officers. In general, issues should be raised with a senior member of staff and volunteers within the organisation, not the person who is the subject of the allegation.

Information for persons subject to allegations

What happens if I am subject to an allegation?

Your manager will contact the Local Authority Designated Officer or team of officers for advice. This will include when it is appropriate to share details of the allegation with you and who will be investigating it. You will be offered information about support during the process. This may be via your union representative and/or a named individual within CJO. It is acknowledged that being subject to an allegation is a very stressful process. Your GP may also be an appropriate source of assistance.

Allegations may also relate to events in a staff and volunteers member's/volunteer's life. For example, that their own children have been subject to a child protection investigation. In these circumstances the Local Authority Designated Officer or team of officers will consider whether CJO needs to be contacted and this information shared. You should be consulted about this and have the chance to tell CJO yourself unless the situation is urgent. In this case the information may be shared immediately.

Will I be suspended if I am subject to an allegation?

Decisions about suspension are made on a case-by-case basis and depend on the nature and seriousness of the allegation. Whilst the Local Authority Designated Officer or team of officers can offer advice, only CJO may make a decision to suspend a staff

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and member/volunteer. Many people subject to allegations are not suspended, although their working arrangements may be adjusted whilst the matter is investigated.

What happens at the end of the process?

Whichever process that is used to investigate the allegation (criminal, child protection or employer based) will be expected to form a conclusion about the concerns raised based on the available evidence. Following most allegations staff and volunteers will return to the work place and where this is decided, support will be offered to enable this to happen successfully. If it is concluded that someone working with children has harmed a child or is unsuitable to work with children, it is possible they will be dismissed by CJO and in these cases a referral will be made to the Disclosure and Barring Service (DBS) to consider whether this person should be barred from working with children.

Whatever the outcome, the Local Authority Designated Officer or team of officers will assist CJO regarding any lessons to be learnt and ways in which safer working arrangements can be improved.

What records will be kept regarding allegations?

It is a requirement that a summary of any allegations made and the outcome of any investigation is kept on the HR file of the person concerned. This record will be kept for 10 years or until retirement, whichever is sooner. Other records may be held by agencies involved in investigating allegations. Information may also be disclosed in future references.

What can we do to prevent allegations being made against staff and or volunteers?

Some actions that CJO will undertake.

- If a child sustains an injury whilst in our care, we will record it in the accident book as soon as possible. We will inform the carer /parent about the injury and ensure that they also sign the accident book to confirm that they have been informed of the event
- If a child arrives at a service with an injury sustained elsewhere, we will ask for an explanation, record on body map and again record this in the accident book and ask the parent to sign the record

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- We will ensure that all staff and volunteers undertake regular safeguarding and child protection training
 - We will ensure that all parents understand our role and responsibility in child protection
 - Our Code of Conduct policy states that no physical sanctions will be used and we will ensure that everyone complies with it in all settings within CJO and within our community outreach work
 - We will try to avoid situations where a staff and volunteers' member is left alone in a room with a child
 - We will avoid engaging in rough physical play with children as this may be misconstrued and could cause accidental injury to a child
 - We will practise safe care encouraging children to do things of a personal nature for themselves
-
- We will encourage an open-door ethos, to enable staff and volunteers to talk to senior managers if they have concerns about the conduct of any of their colleagues
 - We will ensure that all staff and volunteers are aware of the Whistleblowing policy

The Guidance for safer working practice for adults who work with children and young people (2009) is also a useful handbook to refer to.

Historical Abuse

It is not unusual for people to disclose experiences of physical, sexual and/or emotional abuse and/or neglect only when they reach adulthood.

CJO's response to allegations by an adult about abuse experienced as a child will be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
- Criminal prosecution may be possible if sufficient evidence can be carefully collated.

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Responding to reports of historical abuse

When an adult service user discloses childhood abuse, the CJO staff and volunteers member receiving the information should record the discussion in detail. If possible the worker should establish if the service user has any knowledge of the alleged abuser's recent or current whereabouts and contact with children.

The worker should follow the organisation's referral procedure and make a referral promptly to the local children's social care in line with their referral and assessment procedure. A copy of the completed form must be sent to the Designated Lead for Safeguarding Children.

The adult who has disclosed should be asked whether they want a police investigation and must be reassured that the police are able and willing to progress an investigation without the service user's direct involvement. The service user must be supported throughout the process by the appropriate worker who will also record updates as appropriate

APPENDIX 1

CJO - Notification of a safeguarding concern and/or a children's social care referral

Please use this form:

- To report that you have a safeguarding concern about a child
- To inform that you have made a referral to children's social care
- To inform that you know of a child who is receiving support from children's social care

The completed form should then be emailed to the Children and Young People's Service Manager.

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Name of worker completing form:	Date of form completion:
CJO Service:	

Name of Woman/Carer:				Date of first accessing service:		
Details of Child/ren:						
Name of Child	Gender	DOB	CP plan in place	Date of CP plan	New referral	Safeguarding concerns but no current referral
Nature of concern: (Please describe what has happened)						
Nature of Risk:						
Mother or Carer's opinion of concerns: Has consent been given for the referral?						
Contact details of social worker:						
Contact details of other agencies involved with family (including CJO Services)						
Summary of support in place:						
Any other comments:						

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APPENDIX

CJO Child Safeguarding Incident Form

This form should be completed by the relevant service manager in conjunction with the designated Lead for Safeguarding Children, added to the central Child Protection records and signed off by the director of Operations. It will form part of the reporting of safeguarding incidents so that any emerging patterns of incidents can be monitored.

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Service:	Keyworker:
Date of incident:	Date incident reported:
Name of adults and children involved in the incident and in what capacity:	
1.	
2.	
Nature of Incident:	
Action taken to ascertain facts surrounding the incident:	
Agreed further actions:	
Reasons for decision taken (please include reasons for making the decision including discussions with all involved):	
Details of those notified of decision:	
1.	
2.	
Signed (Service Manager)	Date:
Signed (Safeguarding Children Lead)	Date:
Signed: (Director)	Date:

Appendix 3

Include body map

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