



Child Safeguarding Policy

Policy Purpose and Aims

At CASPA we believe that the safety and welfare of our children and young people are of the utmost importance. It is the duty of all our staff and volunteers to protect each child from abuse and to be alert to the possibility of abuse.

Definitions

A full list of definitions can be found in **Appendix 2**.

Responsibilities of individuals

The **Board of Trustees** have overall responsibility for reviewing this policy on an annual basis and appointing the charity's Designated Safeguarding Lead.

The **CEO, Sarah Towler**, is the **Designated Safeguarding Lead** who is responsible for

- the implementation of the policy and ensuring that all staff/volunteers are aware of, have access to and understand this policy.
- liaising with the Play and Youth Service, LBB teams including Children's Social Care, The Disabled Children Team, The Bromley Police Child Protection Team, the Local Authority Designated Officer and any other agencies on individual cases of suspected or identified child abuse
- co-ordinating action within CASPA on child protection issues;
- ensuring that all staff and volunteers are familiar with the child protection policy and procedures set out in this document;
- raising awareness about safeguarding and arrange training as appropriate.



The Programme Delivery Managers are Deputy Designated Safeguarding leads and are responsible for:

- Ensuring their staff and volunteers are aware of their individual responsibilities within this policy and know how to report and manage a safeguarding concern
- Acting as first point of contact and **Designated Person** for staff to report Safeguarding
- Ensuring parental consent is sought for all individual children and young people taking part in any on- or off-site activities/events, using the CASPA Registration & Parental Consent Form (**Appendix 6**).
- Carrying out risk assessments for all on- and off-site activities, with staff taking full responsibility for using measures to reduce risk for activities taking place at any venue where CASPA runs clubs and other activities (**see CASPA Off-Site & Risk Assessment Guidelines**).

All **staff and volunteers** are responsible for:

- ensuring they have read the policy when requested and when it is updated
- complying with the Policy and their responsibilities in relation to CASPA colleagues and client groups
- making the leadership team aware if they feel this policy is not being followed
- adhering to the **CASPA Safeguarding Code of Conduct/Staff Guidelines (Appendix 5)**.

Policy Application and Guidance

Concerns may arise from observations of the child (e.g. injury, behaviour, appearance and nature of play or work produced) **or** as a result of something said by the child, another child **or** an adult.

All staff and volunteers working for CASPA must be aware that a child may be at risk of abuse. Concern about a child or young person must be discussed with your Deputy Designated Safeguarding Lead immediately so that, if necessary, a referral can be made without delay.



Individual staff and volunteers should not investigate concerns. This is the role of the statutory agencies. However, if a child does say something, it is vital to listen carefully, so that it can be reported accurately.

CONFIDENTIALITY

The children and young people attending CASPA have the right to expect that all staff and volunteers will deal sensitively and sympathetically with their situation. It is important that information remains confidential and is only shared on a need to know basis.



DO NOT DELAY

Contact your **Deputy Designated Safeguarding Lead (DDSL)** as soon as you can. See emergency contact numbers are listed in **Appendix 1**. They will become the **Designated Person** for the case.

Early referral gives more time to help the child and family before the situation becomes severe or serious.

After consultation with the Designated Safeguarding Lead, the Designated Person may consult Social Services (Children's social care or Duty Social Worker). A flow chart of what to do and who to contact is explained further in the Referral Flow Chart given at **Appendix 4**.

MAKE WRITTEN NOTES

As soon as you can, write down your concerns and record the facts accurately on the **Child Protection/Safeguarding Incident Form (See Appendix 3)**. Do not record opinions or interpretations, only stick to the facts of what you have been told or what you observed.

These notes must be given to the **Designated Person** immediately and will help to ensure accuracy in recalling events.

GUIDANCE ON APPROACHING SAFEGUARDING INCIDENTS

Listen - do not ask questions or interrogate.

Remain calm, open and neutral - If you are shocked, upset or angry the child will sense this and this may prevent them from talking further.

Reassure - The child has done nothing wrong - reassure them it is all right and safe to talk.

Do not promise to keep it secret – Explain to the child that what they have said cannot be kept secret and that you will tell someone who can help.

REMEMBER

If in doubt, consult with your **DDSL** in the first instance. Do not ignore concerns, even if these are vague. **Your first responsibility is to the child.**



CONTACT WITH THE FAMILY

Before speaking to the child's family, check with your **Designated Person**, who may consult outside the bounds of CASPA.

In cases where a physical injury causes concern, it may be appropriate to discuss this with the parent or carer. If the explanation suggests the injury was non-accidental (or a failure to protect the child from harm), the parent or carer should be informed of the need to refer the matter to Social Care.

In cases of possible neglect or emotional abuse, the concern is likely to have built up over a period of time. There may have been discussion with the family about sources of help (e.g. Social Care, NSPCC), but if concerns persist, there must be an immediate referral to MASH (the Multi-Agency Safeguarding Hub) in Bromley or whichever borough you are working in (See Appendix 1).

Where there are suspicions of sexual abuse, the **Designated Person** will seek immediate advice from the Social Care Department before discussing the matter with the family.

CONCERN ABOUT A MEMBER OF STAFF OR VOLUNTEER

If a member of staff or volunteer has concerns regarding the welfare of any child arising from suspected abuse or harassment by a member of staff or volunteer this should be reported immediately to your **DDSL** (or if the concerns are about them then report it to the **DSL**) who then becomes the **Designated Person** handling the case.

Steps will be taken to fully support anyone who in good faith reports his or her concerns that a colleague is or may be abusing a child. Allegations of abuse against a member of staff or volunteer should be fully and confidentially recorded by the designated person in conjunction with the whistleblower.

Every effort will be made to maintain confidentiality for all concerned, and consideration will be given to what support may be appropriate for children, parents/carers, members of staff and volunteers.

The **Designated Person** will report any concerns or allegations regarding a member of staff or volunteer to the LADO (Local Authority Designated Officer) immediately (See Appendix 1). Any



member of staff or volunteer who wishes to raise a concern outside of the organisation is enabled to access confidential advice from LBB Social Care.

It is a disciplinary matter both to victimise a bona fide whistle blower and for someone to maliciously make a false allegation.

REQUESTS FOR ASSISTANCE BY OTHER AGENCIES

CASPA should assist local authority Social Services or the Police when they are making enquiries about the welfare of children. Information about a child must therefore be shared on a 'need to know' basis.

When such requests are received by telephone, **always** maintain security by checking the telephone listing before calling back and record the conversations directly after they have taken place.

Always advise your **Designated Person** of this contact.

Related Policies and Procedures

- Safer Recruitment Policy
- CASPA Off-Site & Risk Assessment Guidelines

Policy Information, changes and reviews

Policy lead title	CEO
Policy lead name	Sarah Towler
Policy applies to	All staff and volunteers
Legislative and regulatory basis	In accordance with the London Borough of Bromley ('LBB') Safeguarding Children Board Guidance & London Child Protection Procedures, based on recommendations and requirements of The Children Act 1989 (updated 14 th June 2022).
Policy adoption date	
Review date	



CASPA is committed to ensuring they are fully compliant in the implementation, development and reviewing of this policy. This policy will be shared with all relevant parties to ensure its implementation and effectiveness. It will be reviewed on an annual basis.

Date	Reviewed by	Changes made
October 2022	LKK	

Appendix 1

Anyone who has a concern about a child should, in the first instance, contact their Deputy Designated Safeguarding Lead (usually the Programme Delivery Manager on-site during the club and activity)

Programme Delivery Manager	Contact Number
Miranda Webberley	
Cassie Johnston	
Lucy King	
Gabby Norton	
Chloe Jones	

Sarah Towler is CASPA's Designated Safeguarding Lead and has overall responsibility for child protection at CASPA, as appointed by the Trustees. Sarah can be contacted on **07940 168 701**

[Bromley LSCB - How to refer a child \(bromleysafeguarding.org\)](http://bromleysafeguarding.org)

MASH (Multi-Agency Safeguarding Hub)

Telephone: 020 8461 7373 / 7379 / 7026

Address: Civic Centre, Stockwell Close, Bromley, BR1 3UH

Email: mash@bromley.gov.uk

Out of Hours Service: 030 0303 8671



LADO (Local Authority Designated Officer)

Telephone: 0208 461 7775 or 0208 313 4325.

NSPCC Child Protection Help line

Telephone: **0808 800 5000**

18 or under: [0800 1111](tel:08001111)

Bromley Police

Telephone: 101

Appendix 2

Child abuse and neglect is a generic term encompassing all ill-treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

Abuse can occur in a family or in an institutional or community setting. The perpetrator may or may not be known to the child.

“Working Together to Safeguard Children 1999 (Updated 2020)” sets out definitions and examples of the four broad categories of abuse which are used for the purposes of registration:

- Neglect
- Physical abuse
- Sexual abuse and
- Emotional abuse

These categories overlap and an abused child does frequently suffer more than one type of abuse.



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 fabricates the symptoms of, or deliberately induces illness in a child; see [Fabricated or Induced Illness Procedure](#).

This unusual and potentially dangerous form of abuse is now described as ‘fabricated’ or ‘induced illness’ in a child (see 1.3.2 of London Safeguarding Procedures – downloadable from <https://www.londoncp.co.uk/>).

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent effects on the child’s emotional development, and may involve:

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

Some level of emotional abuse is involved in most types of ill-treatment of children, though emotional abuse may occur alone.

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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or 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.



In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. See Part B1, Practice Guidance.

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 during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs.

Appendix 3

Safeguarding- INCIDENT RECORD FORM

Your Name:
Your Position:
Child's Name:
Child's Address:
Parents'/Carers' Name and Address:



Child's Date of Birth:

Date and Time of any Incident:

Your Observations:

Exactly what the child said and what you said (Remember; do not lead the child – record actual details. Continue on separate sheet if necessary)

Action Taken so far:



External Agencies Contacted (Date & Time)	
POLICE Yes/No	If Yes – Which Station & Officer: Contact Number: Details of Advice Received:
LBB Child Protection Team Yes/No	Name: Contact Number: Details of Advice Received:



LOCAL AUTHORITY Yes/No	Name: Contact Number: Details of Advice Received:
Other (e.g. NSPCC)	Which: Name: Contact Number: Details of Advice Received:



Reporting Person	
Print Name:	
Signature:	
Date:	

- Remember to maintain confidentiality on a ***need to know*** basis only if it will protect the child.
- Do not discuss this incident with anyone other than those who need to know.
- A copy of this form should be sent to LBB Child Protection Team (Mash Team) after the telephone report where appropriate and to the Designated Child Protection Officer.

Appendix 4

[Flowchart TBC]

Appendix 5

CASPA SAFEGUARDING CODE OF CONDUCT

All children and young people must be treated with equality, dignity and respect. It is expected that any staff member, group or organisation working with children and young people must carry out the following practices as a matter of high importance, both in centre based & off-site activities:



Organisational Responsibilities:

1. All groups, volunteer helpers and paid staff are to be given a copy of these guidelines and, where appropriate, a copy of the CASPA Safeguarding Policy and Procedures. Staff (paid and unpaid) must also follow the CASPA Recruitment Procedures and agree to have a Disclosure & Barring Service ('DBS') check carried out.
2. There must always be at least two adults supervising activities, (CASPA required staff ratios are 1:3 for under 8s, 1:4 for 9-13yrs & 1:6 for 14yrs +) who have been DBS-checked or undergoing checks, no matter how small the group. If a child or young person is to be interviewed alone there should be two adults present or door left open in view of another adult. Where possible the gender of the adults, in a working or supervisory position, should reflect that of the group worked with or interview to be carried out.
3. No person under the age of 16 years should be left in charge of any children of any age and, furthermore, no child or group of children or young people (under 18 years) should be left unattended at any time.
4. A register and record of attendance of children or young people attending activities should be kept for each session.
5. Confidentiality about children's, young peoples' and adult's personal Information must be practised. Children/young people and parents have the right to expect that youth workers and helpers will deal sensitively and sympathetically with their situation. It is important that information is only available to those who 'need to know' it. All volunteers, paid staff and helpers must respect issues of confidentiality.
6. It is important to keep a check on visitors and guests whether their visit is by invitation or unsolicited. This will help to ensure that the welfare of children is safeguarded at all times.
7. **A First Aid Kit and staff trained in First Aid** should be available at all times, with clear information as to how to access it and where to get help in case of emergency. An **Accident Log** should be kept and any accidents should be recorded immediately on the de-brief form and flagged with the Safeguarding Lead/Deputy where appropriate. Parents/Guardians are to be made aware of the accident by signing the book at the end of the session. Written permission from the parents/guardians is to be given to administer medication and the name of the medicine and the dosage is to be clearly recorded on the



child/young person's membership form then translated onto the daily/sessional registers. The person administering the medicine is to record this on the de-brief form after each time medication is given.

8. All Health and Safety issues should be considered in the room(s) used. This includes all equipment and substances used and a separate risk assessment should be carried out for all activities and reviewed on a regular basis (see separate Off-Site Activities & Risk Assessment Guidelines).
9. Photography and videoing of events or activities can only be carried out with the full consent of parents/guardians (if under 18 years of age) or the young person (if 18+). If publishing images on a web site or newsletter, names must be kept anonymous.

Staff Responsibilities:

10. Staff should promote activities that are fun, enjoyable and educational, ensuring fair play and challenging any bullying or prejudiced behaviour.
11. Any allegations or disclosure by a child must be treated seriously and dealt with in line with the CASPA Safeguarding Policy.
12. An adult should escort all children under the age of 8 years to the toilet. The adult is to wait outside the toilet with the outer door held open. Members of staff should, as part of their supervision of activity areas, check the toilet areas from time to time.
13. At no time should any occasional volunteer or helper, who has not yet been DBS-cleared, be left alone with or in charge of any children or young people. Furthermore, all staff members (paid or unpaid) should avoid being left alone with any child for any significant period and under **no circumstances drive a child home alone.**
14. All staff (paid and unpaid) must not involve themselves in rough physical or sexually provocative games and are to avoid inappropriate or intrusive touching of any kind and using physical control or punishment.
15. All staff (paid and unpaid) must not use any foul or abusive language and avoid making sexually suggestive comments to a child or young person, even in fun.



16. The child/young person should always be told why his/her behaviour is not acceptable and the reasons for applying a particular sanction. You must ensure that parents are fully informed and support whatever sanction is applied.
17. Parents/Carers should always be immediately informed if staff or volunteers have had to do things of a personal nature for a child such as changing clothing.
18. The leader in charge must be fully aware of fire safety and evacuation procedures in the event of an emergency and practice them at least once every six months (see fire safety procedures in The Link and individual halls).
19. Children with special needs should always be considered when running events and activities. This includes the adapting of equipment and activities appropriate to their individual needs.
20. Under no circumstances should any child or young person with prior arrangements for being collected by a parent/guardian, be left alone at the end of any session.

Additional Code of Conduct for Off-Site and Residential Activities:

21. Planning for any off-site activities should follow guidelines set out in the CASPA Off-Site and Risk Assessment Policy.
22. Where residential events or courses are organised, males should never enter all-female rooms or vice versa. Individual circumstances around gender-fluid/neutral or transgender children/young people will be organised in collaboration with CASPA staff, the parents/carers and the child/young person themselves.
23. If children/young people under 16 are to be taken on excursions, written permission must be obtained from the parents/guardian with parental responsibility. This permission may be obtained for a given time, e.g. a term.
24. Parents should always be informed if their children/young people under 16 are to be transported in a car or other vehicle. Persons transporting children/young people on this basis need to be aware of insurance and licence implications and make sure the correct level of cover is available for the vehicle being used. Drivers should also make sure that



seat belts are used at all times.

25. There should always be a copy of all consent forms - with information about next of kin of all children/young people, voluntary helpers, leaders and paid staff - left with an identified emergency contact person from the organisation.
26. An information sheet detailing what to do in the event of an emergency should be provided for parents and young people, for any significant offsite activity.
27. When an adult is on the excursion with his/her children and wishes another parent to look after his/her children, written permission must be given to that parent in charge of that child or children.

Resources:

[The Toolkit - Mental Capacity Toolkit](#)

[Bromley SAB - \(bromleysafeguardingadults.org\)](http://bromleysafeguardingadults.org)