



## Child Protection/Safeguarding Policy Published Version

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## Being The Cure Child Protection/Safeguarding Policy

We recognise that all staff, including volunteers, have a full, equal and active part to play in protecting pupils from harm and that everyone at **Being The Cure** has an objective to keep children and young people safe. Safer children make more successful learners. We recognise that safeguarding incidents can happen anywhere and that children can be harmed anywhere.

All stakeholders need to share and build on existing knowledge and good practice and work together towards ensuring equal protection for disabled children. There is a need to raise awareness about the abuse of disabled children and challenge attitudes and assumptions that act as barriers to protection and to raise disabled children's awareness of abuse and ability to seek help including access to personal safety skills training.

All trustees/members and staff believe that **Being The Cure** should provide a caring, positive, safe and stimulating environment, which promotes the social, physical and moral development of the individual child. Through its emphasis on prevention and early intervention, this policy aims to minimise the risks of children being abused.

New staff/volunteers will be given a copy at their induction meeting which is led by the DSL (Designated Safeguarding Lead) / CPO (Child Protection Officer)

### Child protection statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all pupils. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

**Being The Cure** seeks to provide a safe and secure environment for the children who participate in our programs and activities. By implementing the practices mentioned in this policy, our goal is to protect the children from incidents of misconduct or inappropriate behaviour while also protecting our staff and volunteers (workers) from false accusations.

### Policy aims



To provide all staff with the necessary information to enable them to meet their child protection responsibilities:

- To ensure consistent good practice across all operational venues.
- To demonstrate our commitment with regards to child protection to pupils, parents and other partners.
- Raise the awareness of all staff and volunteers of the need to safeguard children and of their responsibilities in identifying and reporting possible causes of abuse, recognising that because of the day to day contact with children, staff are well placed to observe the signs of possible abuse.

## Roles and responsibilities – The Designated Safeguarding Lead (DSL):

- is a member of the SLT (Senior Leadership Team) and therefore has the status and authority within **Being The Cure** to carry out the duties of the post, including committing resources and supporting and directing other staff.
- is appropriately trained, with regular updates.
- acts as a source of support and expertise.
- has a working knowledge of safeguarding partners
- makes staff aware of training courses and the latest policies on safeguarding
- keeps detailed written records of all concerns, ensuring that such records are stored securely and flagged on, but kept separate from, the pupil's general file
- refers cases of suspected abuse to children's social care or the police as appropriate
- attends and/or contributes to child in need and child protection conferences
- Coordinates **Being The Cure's** contribution to child in need and child protection plans
- ensures that the child protection policy and procedures are reviewed and updated at least annually
- makes the child protection policy available publicly, on the website or by other means.
- Should the DSL be off site he can be contacted by telephone or email in emergencies.

## Good practice guidelines and staff code of conduct



### **Good practice includes:**

- treating all pupils with respect
- setting a good example by conducting themselves appropriately
- involving pupils in decisions that affect them
- all staff are aware that inappropriate behavior towards pupils is unacceptable and that their conduct towards pupils must be beyond reproach
- encouraging positive, respectful and safe behavior among pupils
- being a good listener
- being alert to changes in pupils' behavior and to signs of abuse, neglect and exploitation
- recognizing that challenging behavior may be an indicator of abuse
- reading and understanding the child protection policy and guidance documents on wider safeguarding issues
- being aware that the personal and family circumstances and lifestyles of some pupils lead to an increased risk of abuse
- referring all concerns about a pupil's safety and welfare to the DSL.

## **Staff training**

It is important that all staff receive training to enable them to recognise the possible signs of abuse, neglect and exploitation and to know what to do if they have a concern. New staff/volunteers will receive training during their induction, which includes the child protection policy, reporting and recording arrangements, and details of the DSL. All staff, including the Trustees, DSL, and volunteers will receive training that is regularly updated. All staff will also receive safeguarding and child protection updates via email, e-bulletins, and website access.

## **Volunteers and regulated activity**



Volunteers will undergo checks commensurate with their work in the school, their contact with pupils and the supervision provided to them. Under no circumstances will a volunteer who has not been appropriately checked have unsupervised contact with children.

## Child protection procedures

### Children who may be particularly vulnerable

Some children may have an increased risk of abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all of our pupils receive equal protection, we will give special consideration to children who are:

- disabled or have special educational needs
- young carers
- affected by parental substance misuse, domestic violence or parental mental health needs
- living away from home
- vulnerable to being bullied, or engaging in bullying
- living in temporary accommodation
- live transient lifestyles
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- at risk of sexual exploitation
- at risk of forced marriage
- at risk of being drawn into extremism.

This list provides examples of additionally vulnerable groups and is not exhaustive. Special consideration includes the provision of safeguarding information and resources in community languages and accessible formats for children with communication needs.





## Recognising abuse

To ensure that our pupils are protected from harm, we need to understand what types of behaviour constitute abuse and neglect. Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone. Abuse may be committed by adult men or women and by other children and young people.

## If you are concerned about a pupil's welfare

Any child, in any family, could become a victim of abuse. Staff/volunteers should always maintain an attitude of "it could happen here".

There will be occasions when staff may suspect that a pupil may be at risk. The pupil's behaviour may have changed, their artwork could be bizarre, they may write stories or poetry that reveal confusion or distress, or physical signs may have been noticed. Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family. In these circumstances, staff will try to give the pupil the opportunity to talk and ask if they are OK or if they can help in any way.

All information will be recorded. If the pupil does reveal that they are being harmed, staff should follow the advice below. If the member of staff has concerns following an initial conversation with the pupil, they should discuss their concerns with the DSL. Staff/volunteers can seek support if they are distressed by an incident or disclosure. Support can be from DSL.



## If a pupil discloses to you

It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault. Sometimes they may not be aware that what is happening is abusive. If a pupil talks to a member of staff about any risks to their safety or wellbeing, the staff member will, at the appropriate time, let the pupil know that in order to help them they must pass the information on to the DSL. The point at which they tell the pupil this is a matter for professional judgement. During their conversations with the pupil staff will:

- allow them to speak freely
- remain calm and not overreact
- give reassuring nods or words of comfort – ‘You are doing the right thing in talking to me’
- don’t be afraid of silences
- never ask investigative questions – such as how many times this has happened, whether it happens to siblings, or what does the pupil’s mother think about it
- at an appropriate time tell the pupil that in order to help them, the member of staff must pass the information on and explain to whom and why
- not automatically offer any physical touch as comfort
- avoid admonishing the child for not disclosing earlier. Saying things such as ‘I do wish you had told me about this when it started’ may be interpreted by the child to mean that they have done something wrong
- tell the pupil what will happen next
- report verbally to the DSL even if the child has promised to do it by themselves
- Record your notes straight away - use the child’s exact words and phrases. Pass this information on to the DSL/CPO



## Notifying parents

**Being The Cure** will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and the DSL/CPO will make contact with the parent in the event of a concern, suspicion or disclosure. Other staff must not do this. Our focus is the safety and wellbeing of the pupil. Therefore, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought through consultation with Trustees/stakeholders and/or the police before parents are contacted.

## Confidentiality and sharing information

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that information being released into the public domain does not compromise evidence. Staff should only discuss concerns with the DSL or the trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis. Child protection information will be stored and handled. Information sharing is guided by the following principles. The information is necessary and proportionate, relevant, adequate, accurate, timely and secure. Historical paper based information and other written information will be stored in a locked facility (in the DSL's office) and any electronic information will be stored on a secure server and only made available to relevant individuals. Child protection information will be stored separately from the pupil's progress record file and the file will be 'tagged' to indicate that separate information is held.





## Allegations against staff:

If such an allegation is made, the member of staff receiving the allegation will immediately inform the DSL. If the allegation made to a member of staff concerns the DSL, the DSL will immediately inform the Trustees. **Being The Cure** will follow procedures for managing allegations against staff. When an allegation is made against a member of staff, our set procedures must be followed. Allegations concerning staffs that are no longer working at **Being The Cure**, or historical allegations will be reported to the police.

## Whistle blowing

All staff must remember that the welfare of the child is paramount. All concerns of poor practice or possible child abuse by colleagues should be reported to the DSL. Complaints about the DSL should be reported to the Trustees. Staff may also report their concerns directly to the police if they believe direct reporting is necessary to secure action. Failure of staff to report any concerns they may have regarding another could be a disciplinary issue.

## Site security

All visitors, including contractors, are asked to sign in to have permission to be on site. Parents who are delivering or collecting their children do not need to sign in. All visitors are expected to observe the **Being The Cure** safeguarding and health and safety regulations. The DSL will exercise professional judgement in determining whether any visitor should be escorted or supervised while on site.

## Extended and Off-site arrangements

All extended and off site activities are subject to a risk assessment to satisfy health and safety and safeguarding requirements. Where extended activities are provided by and managed by **Being The Cure**, our own child protection policy and procedures apply. If other organisations provide services or activities on our site on behalf of us we will check that they have appropriate procedures in place, including safer recruitment procedures. When our pupils attend off-site activities, including day and residential visits and work related activities, we will check that effective child protection arrangements are in place and risk assessments completed.



## **Bullying**

While bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause anxiety and distress. All incidences of bullying, including cyber-bullying and prejudice-based bullying should be reported to DSL.

## **Children with sexually harmful behaviour**

Other children or young people may harm children. Staff will be aware of the harm caused by bullying and will report directly to DSL. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator. Staff, who become concerned about a pupil's sexual behaviour, including any known online sexual behaviour, should speak to the DSL as soon as possible. Peer on peer abuse will be investigated by the DSL.

## **Peer on Peer abuse**

All staff should recognise that children are capable of abusing their peers and be clear on how to deal with such incidents and be clear that peer on peer abuse will not be tolerated and is not "banter" or part of "growing up". Peer on peer abuse includes: - Sexual Violence - Sexual harassment- unwanted conduct of a sexual nature- both on and offline - Physical abuse such as hitting, kicking, shaking biting, hair pulling or other physical harm - Sexting - Initiation/hazing type violence and rituals. If staff have the above concerns they must speak to the DSL.

## **Children missing education**

Attendance and absence are closely monitored. A child going missing from education is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation. The DSL alongside the centre's attendance lead will monitor uniformed absence and take appropriate measures to contact the family of the child.



## Sexual exploitation of children (CSE)

Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people, and victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health. It may also be linked to child trafficking. A common feature of sexual exploitation is that the child often doesn't recognise the coercive nature of the relationship and doesn't see himself or herself as a victim. The child may initially resent what they perceive as interference by staff, but staff must act on their concerns, as they would for any other type of abuse. All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the DSL.

## Four categories of abuse

### **Physical abuse**

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (this used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness).

### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and



limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

## **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, 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.

## **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 during 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, 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); or
- ensure access to appropriate medical care or treatment.

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

**It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child has been abused.**

A child who is being abused, neglected or exploited may:

- have bruises, bleeding, burns, fractures or other injuries
- show signs of pain or discomfort



- keep arms and legs covered, even in warm weather
- be concerned about changing for PE or swimming
- look unkempt and uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- appear fearful
- be reckless with regard to their own or other's safety
- self-harm
- frequently miss school, arrive late or leave the school for part of the day
- show signs of not wanting to go home
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn
- challenge authority
- become disinterested in their school work
- be constantly tired or preoccupied
- be wary of physical contact
- be involved in, or particularly knowledgeable about drugs or alcohol
- display sexual knowledge or behaviour beyond that normally expected for their age • acquire gifts such as money or a mobile phone from new 'friends'.

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw, and each small piece of information will help the DSL to decide how to proceed.

## Safer Recruitment:

### Selection of Workers





All persons who desire to work with the children participating in our programs and activities will be screened. This screening includes the following:

a) Written Application

All persons seeking to work with children must complete and sign a written application in a form to be supplied by us. The application will request basic information from the applicant and will inquire into previous experience with children, previous church/temple/organization affiliation, reference and employment information, as well as disclosure of any previous criminal convictions. The application form will be maintained in confidence on file at **Being The Cure**.

c) Personal Interview

Upon completion of the application, a face-to-face interview may be scheduled with the applicant to discuss his/her suitability for the position.

d) Reference Checks

Before an applicant is permitted to work with children, at least two of the applicants' references will be checked. These references should be of an institutional nature as opposed to personal or family references, preferably from organizations where the applicant has worked with children in the past. Documentation of the reference checks will be maintained in confidence on file at **Being The Cure**.

e) Criminal Background Check

A national criminal background check is required for all employees (regardless of position) and "volunteers" as defined above.

Before a background check is run, prospective workers will be asked to sign an authorization form allowing **Being The Cure** to run the check. If an individual declines to sign the authorization form, s/he will be unable to work with children.

A disqualifying offense that will keep an individual from working with children will be determined by Vijith Vijay and/or Nitesh Rana on a case-by-case basis in light of all the surrounding circumstances. Generally, convictions for an offense involving children and/or for offenses involving violence, dishonesty, illegal substances, indecency and any conduct contrary to our mission will preclude someone from being permitted to work with children. Failure to disclose a criminal conviction on the application form will also be a disqualifying event.

The background check authorization form and results will be maintained in confidence on file at **Being The Cure**.

## Two Adult Rule:



It is our goal that a minimum of two unrelated adult workers will be in attendance at all times when children are being supervised during our programs and activities. Some youth classes may have only one adult teacher in attendance during the class session; in these instances, doors to the classroom should remain open and there should be no fewer than three students with the adult teacher. We do not allow minors to be alone with one adult on our premises or in any sponsored activity unless in a counselling situation.

## Open Door Policy:

Classroom doors should remain open unless there is a window in the door or a side window beside it. Doors should never be locked while persons are inside the room.

## Medications Policy:

It is the policy of **Being The Cure** not to administer either prescription or non-prescription medications to the children under our care. A parent at home should administer medications. Parents are reminded of our sick child policy.

Exceptions to the medications policy may be granted to parents of children with potentially life-threatening conditions (such as asthma or severe allergic reactions). Parents of such children should address their situation with a staff member to develop a plan of action.

## Discipline Policy:



It is the policy of **Being The Cure** not to administer corporal punishment. There should be no spanking, grabbing, hitting, or other physical discipline of children. Workers should consult with Vijith Vijay or Nitesh Rana to understand existing behaviour plans or to develop new ones.

## **Photography Policy:**

It is the policy of **Being The Cure** not to allow photography of children in its sessions or activities unless otherwise approved in writing by staff. Even with approval, all pictures or videos captured must be approved by staff and not endanger the children in any way through obscenity or a lack of permission.

## **Restroom Guidelines:**

Children five years of age and younger should use a classroom bathroom if one is available. If a classroom bathroom is not available, workers should escort a group of children to the hallway bathroom. They should always go in a group, never taking a child to the bathroom alone. The workers should check the bathroom first to make sure that it is empty, and then allow the children inside. The workers should then remain outside the bathroom door and escort the children back to the classroom. If a child is taking longer than seems necessary, the worker should open the bathroom door and call the child's name. If a child requires assistance, the workers should prop open the bathroom door, and leave the stall door open as they assist the child.

For children between the ages of five and eight, at least one adult male should take boys to the restroom and at least one adult female should take girls. The worker should check the bathroom first to make sure that the bathroom is empty, and then allow the children inside. The worker should then remain outside the bathroom door and escort the children back to the classroom.

For the protection of all, workers should *never* be alone with a child in a bathroom with the door closed and never be in a closed bathroom stall with a child. Parents are strongly encouraged to have their children visit the bathroom prior to each class.



## Accidental Injuries to Children:

In the event that a child or youth is injured while under our care, the following steps should be followed:

1. For minor injuries, scrapes, and bruises, workers will provide First Aid (Band-Aids, etc.) as appropriate and will notify the child's parent or guardian of the injury at the time the child is picked up from our care.
2. For injuries requiring medical treatment beyond simple First Aid, the parent and/or guardian will immediately be summoned in addition to the worker's supervisor. If warranted by circumstances, an ambulance will be called.
3. Once the child has received appropriate medical attention, an incident report will be completed in the case of injuries requiring treatment by a medical professional.

## Training

**Being The Cure** will provide mandatory training on this child protection policy to all new childcare workers and will strive to provide opportunities for additional training classes or events on an annual basis. All workers are strongly encouraged to attend these additional training events.

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