



**CROHN'S AND —
COLITIS RELIEF**

Fighting the condition with love and care

Safeguarding Children, Young People and Vulnerable Adults Policy

Reviewed on: May 2023

Next review date: May 2024

Signed:

Chief Executive/Responsible Officer: Mrs C Rapaport

Safeguarding Policy

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Introduction:

This policy outlines our approach to safeguarding children, young people and vulnerable adults (for the purposes of this policy, children are under the age of 14, young people are 14-18 years old and vulnerable adults are 18-25 years old) and is written in accordance with the [Children Act 2004](#) and the [Safeguarding Vulnerable Groups Act 2006](#) and [Working Together to Safeguard Children 2018](#).

The definition of a vulnerable adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

It will be reviewed, added to, or modified from time to time and may be supplemented in appropriate cases by further statements related to the work of Crohn's and Colitis Relief. Copies and subsequent amendments will be made available to all trustees, employees and volunteers. This policy should be read in conjunction with the following policies:

Duty of Care policy, Confidential Information and Retaining Records Policy, Documentation and Information policy, Health & Safety policy, Trips, Outing, and Visits policy, Anti-Bullying policy, Internet policy, Lone Person Policy, Dressing room Policy, Complaints Policy, Whistle Blowing Policy, Equal Opportunities, Risk Assessment Policy and Preventing Extremism Policy.

The success of this policy depends on the active support of Trustees, employees and volunteers to achieve its objectives.

Crohn's and Colitis Relief recognises the need for a well-defined policy setting out the standards it aims to achieve for safeguarding children and young people within our care.

This Safeguarding Policy sets out the safeguarding responsibilities of the organisation and arrangements for implementation, including the detailed responsibilities for key staff.

1. Policy Statement

Crohn's and Colitis Relief believes that it is always unacceptable for a child, young person or vulnerable adult to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice, which protects them.

We recognise that:

- The welfare of the child, young person or vulnerable adult is paramount
- All children, young people and vulnerable adults regardless of age, disability, gender, racial heritage, religious belief or lack thereof, sexual orientation or identity have the right to equal protection from all types of harm or abuse
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare
- All our staff and volunteers need to be carefully selected and trained and accept responsibility for safeguarding children, young people and vulnerable adults they come into contact with

The purpose of the policy is to _____ 3 _____

- Provide protection for the children, young people and vulnerable adults who receive Crohn's and Colitis Relief's services
- Provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child, young person or vulnerable adult may be experiencing, or be at risk of, harm

Anybody working for or on behalf of Crohn's and Colitis Relief meaning all paid staff, including staff working on short-term contracts and permanent contractors and volunteers including the Board of Trustees and Advisers, will be required to familiarise themselves with the contents of this policy. They will attend safeguarding children training appropriate to their role in the organisation and will be briefed on their safeguarding responsibilities around children and young people in their care. The process outlined in this policy must be applied whenever there is a concern about a child, young person or vulnerable adult or about the behaviour of an adult.

We will endeavour to safeguard children, young people and vulnerable adults by:

- Valuing them, listening to and respecting them
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Conducting robust recruitment and selection processes including the necessary safety checks in respect of references, declarations and DBS checks
- Sharing information about child protection and good practice with stakeholders
- Reporting to Social Services any suspicion that a child, young person or vulnerable adult has suffered, is suffering, or is at risk of suffering abuse
- Providing effective management for staff and volunteers through supervision, support and training including guidance on what to do if an individual is worried about a child or young person

This Policy will be reviewed when needed or at least annually.

2. Statutory Organisations and Responsibilities

Every agency that has contact with children must share any concerns that a child is being abused with other professionals and with the Local Safeguarding Children Board (LSCB). Professionals shouldn't assume that someone else will pass on information which they think may be critical to keeping a child safe - they should always do this if they think it's necessary.

Below is a list of agencies that have a legal duty to deal with, and share information about, possible child abuse.

The local authority

The local authority has a legal duty to:

- Follow up any complaint or concern about child abuse and
- Get involved with a family where child abuse is suspected.
- In severe cases, the child will be removed from the family.
- In some cases, the local authority has a legal duty to continue to support a young person until they are 21 or even older if the child was removed from the family because of abuse.

The City & Hackney Safeguarding Children Board’s website carries a comprehensive range of information on policies, needs and concerns together with processes and full referral information. They have numerous documents and protocols giving information and practice guidance in areas of concern. The Hackney Child Wellbeing framework focuses on the range of child and family needs. We share the City & Hackney SCB’s slogan that “Children should be seen, heard and helped.”

The police

Most examples of child abuse amount to criminal offences, for example neglect of a child under 16, assault or rape. The abuser could be reported to the police and prosecuted. The police have a legal duty to:

- follow up any complaint or concern expressed about child abuse
- report their concerns to the local authority
- in serious cases, take a child away for 72 hours to keep the child safe. This is called police protection.

Local Safeguarding Children Boards

Local Safeguarding Children Boards (LSCBs) are panels made up of various agencies. There is one in every local authority area. Their role is to set out policies and procedures for child protection in that area.

The National Society for the Prevention of Cruelty to Children (NSPCC)

The National Society for the Prevention of Cruelty to Children (NSPCC) doesn’t have a legal responsibility to follow up allegations of abuse but it does have a duty to do so under its Royal Charter. They also have the legal power to make certain applications to court to protect children. In some areas, the NSPCC may also carry out some child protection work on behalf of the local authority.

Other agencies which come into contact with children

Other agencies involved with children have a responsibility to pass on to the local authority or the police any suspicions of child abuse or any concerns about a child. These include:

- health care professionals, including health visitors, midwives, doctors and hospital staff
- other professionals who work with children, including play workers and youth and community workers
- probation officers
- teachers and other school staff
- nursery staff
- education welfare officers
- Educational psychologists.

Crohn’s and Colitis Relief’s Officers and Responsibilities

Chief Executive

The Chief Executive is responsible for

- The implementation, maintenance, monitoring and review of this Policy, across Crohn’s and Colitis Relief
- Leading by example in actively promoting safeguarding practices in Crohn’s and Colitis Relief #
- Taking responsibility for the wellbeing and safety of all children in their care and cascading this approach through all levels to frontline workers.

Directors

All Directors are responsible for _____ 5 _____

- Working with the Chief Executive to maintain this policy through planning, implementing, measuring and reviewing performance on a corporate level
- Ensuring the Teams they manage have implemented the Safeguarding Policy and have received the appropriate safeguarding training

Managers

Managers are the key to the success of this policy. They are accountable for the safeguarding standards within their area of control. Specifically they are responsible for

- Ensuring the Safeguarding policy is communicated and implemented within their area of control
- Making sure they and their staff understand the safeguarding arrangements within Crohn's and Colitis Relief
- Informing, instructing, training and supervising employees
- Ensuring all incidents relating to safeguarding are reported to a Designated Safeguarding Lead
- Escalating safeguarding issues which they cannot resolve to a Director

All Employees

All employees are responsible for

- Making sure they understand the part they play regarding safeguarding children, young people and vulnerable adults in their care.
- Co-operating with managers in following the safeguarding arrangements set out in this policy
- Reporting any suspicions of abuse or neglect to a Designated Safeguarding Lead
- Reporting any concerns about the behaviour of any members of staff, volunteers or contractors towards children, young people or vulnerable adults

HR Manager and Designated Safeguarding Lead

The HR Manager and Designated Safeguarding Lead is responsible for

- Informing the Trustee with responsibility for Safety and Safeguarding of any referrals to DBS
- Storing securely records of concerns raised against a member of staff or volunteer on their staff file
- Making a referral to DBS
- Responding in a timely manner to any suspected abuse allegations
- Keeping written records in line with our Data Protection Policy
- Referring a case on to social services where necessary

The management has nominated a suitable child protection contact, who will be approached in case of concerns.

The Designated Safeguarding Leads and contact details are:

Mrs Y Domb Tel: 0208 211 7107 and **Mrs C Rapaport** Tel: 0208 809 7737 ext. 8.

3. General Arrangements for Implementing the Safeguarding Policy

Crohn's and Colitis Relief will ensure implementation of the Safeguarding Policy throughout the organisation and at all levels. This will be carried out through regular safeguarding training, specific organisation briefings and meticulous adherence to robust processes and procedures. This will address recruitment and induction of staff and volunteers, staff training and staff code of conduct and monitoring of these.

We will keep training records of staff and update and refresh regularly as required.

Our DSL, who has a certificate in safer recruitment, will carry out the recruitment procedure.

All new members of staff will follow the club's standard induction procedure and be made aware of all our policies e.g. General Health and Safety, Risk Assessment, Equal Opportunities, Child Protection. We will actively promote a culture in which Health & Safety and Security in the broadest possible sense is embraced in all areas of work and activities.

Staff must be aware of the possibility of child abuse and work to minimise the dangers which could arise during off site visits e.g. to public parks etc. where children might be vulnerable to abuse by strangers. Risk Assessments will be carried as outlined in our trips, outings and visits policy.

When off site, children are encouraged to wear badges or labels as issued.

If children leave the premises early, this is to be recorded in an exit register in case of emergencies etc.

Children are not allowed to play alone unsupervised.

We are not allowed to administer any medication unless we have written consent from parents.

Exit doors to any premises used by us must be kept shut. Entry is by buzzer.

Staff are expected to ensure that rooms and equipment used by Crohn's and Colitis Relief projects are kept in a safe and tidy condition.

No smoking is allowed during and after our activities.

Safer Recruitment – DBS checking for staff and volunteers

Staff recruitment and appointments are carried out in line with the City & Hackney SCB Minimum Standards and Expectations on Safer Recruitment.

A Disclosure and Barring Service (DBS) check will also be carried out for staff, volunteers and trustees.

Introduction:

Crohn's and Colitis Relief is committed to ensuring the health, safety and wellbeing of all of the following categories:

- Our staff
- Our volunteers
- Our service users
- Our service users/staff/volunteers with a learning disability
- The general public that we come in contact with

Policy Statement:

When recruiting staff and volunteers to service our projects, we carry out the following checks:

- Application form is completed on expression of interest, listing full name, address, contact details, DOB and history of education, employment and voluntary work.
- Two referees are requested who have known the applicant for over two years, one of which must be the most recent employer (or in the case of a volunteer, someone who has known them in a professional capacity)
- Face to face interview with the CEO, the Team⁷Manager, a Project Manager or the Volunteer Co-ordinator.

- Disclosure & Barring check carried out before commencement of unsupervised activity.
- During interview all candidates will be questioned regarding their understanding of safeguarding and how that might be a consideration in the role they are applying for.

Ongoing supervision of staff and volunteers is given on a regular basis by Project Leaders, Volunteer Co-ordinator and team and project manager and any concerns are reported to the Trustee Board.

With regard to the DBS status of those staff that have already had checks carried out in other organisations; Crohn's and Colitis Relief will only accept new staff with up to date DBS checks if they are less than three years old and verification is received from the organisation who countersigned them.

With regard to the re-checking of existing staff and volunteers:

- Existing staff will need DBS checks renewed every three years; unless that they have been in regular employment with Crohn's and Colitis Relief or any other organisation and their circumstances have not changed (e.g. they have not had a very long, unexplained absence).

- (Ofsted published the following statement in a bulletin, 14th October 2005:)

At present there is no requirement to carry out a check in respect of an employee who has been with the same provider since obtaining an Enhanced Disclosure, or since appropriate checks were made on initial employment if this pre-dated the CRB.

If the policy changes; everyone affected by the change will be informed.

Crohn's and Colitis Relief will accept staff who work for us on a sessional basis (e.g. summer scheme staff) with DBS checks (that have been carried out by Crohn's and Colitis Relief) up to 3 years old if they are prepared to sign a statement that their circumstances have not changed.

- If a student is working in our setting for a period of three or more months, the DfE recommend that we carry out a criminal record check. Any student working for shorter periods of time should have a criminal record check done through their training organisation.

Crohn's and Colitis Relief exercises its right to use its discretion to repeat the DBS check if it is deemed necessary. Circumstances that may require a DBS check to be carried out could be:

- Allegations made against an individual by a service user or someone they have come in contact with.
- Concerns are expressed by a Project Leader that may suggest further checks are necessary.
- Activity in relation to a service user that contravenes guidelines on adult protection or child protection.

The DBS re-check would be carried out in conjunction with any other sanctions that would be deemed necessary (e.g. suspension from duty), and in full consultation with the staff member or volunteer.

Due to current changes in the DBS regulations, it is no longer a requirement to carry out DBS checks on:

- Trustees
- Volunteers under 16 years of age

Therefore, it is essential that full reference checking, interviewing and further vetting (if required) is carried out to ensure that our members are safeguarded. Where concerns are raised with regards to the appointments of such individuals the final decision rests with the CEO and the Chairperson.

On-line DBS:

There is now a facility for DBS updates to be carried out on-line and staff members or volunteers can sign up for this as soon as they have their application form reference number. This facility is open until 19 days after the certificate has been issued.

The benefit of this on-line registration to the individual is that this ensures the DBS is totally portable and can be used in other employment. There is a cost of £13.00 per year for this service and we would expect the employee to bear the cost of this themselves. There is no cost to the volunteer.

Where a Crohn's and Colitis Relief employee has signed up for this service, they will be issued with a letter of permission. This letter of permission allows Crohn's and Colitis Relief the right to access their DBS details, however, whenever this is actioned, Crohn's and Colitis Relief will notify the individual that this is being done, and this will be logged.

Safer Working

All staff and volunteers working for Crohn's and Colitis Relief have a responsibility to safeguard the welfare of the children, young people and vulnerable adults whom they are working with to ensure their physical, sexual and emotional safety. In order to achieve this all staff and volunteers should follow some simple guidelines.

4. Staff and Volunteer Code of Conduct

- Do treat everyone with respect
- Do ensure that your own behaviour is appropriate at all times

Good Practice Guidelines for Working with children, young people and vulnerable adults

- Plan activities so that they involve more than one member of staff, volunteer, or other relevant accompanying (e.g. youth leader) adult being present, or are at least in sight or hearing of others
- When meeting with a child, young person or vulnerable adult this should take place as publicly as possible. If privacy is needed, the door should be left partly open and other staff and volunteers informed of the meeting
- Don't exaggerate or trivialise safeguarding issues
- Don't let allegations made by a child, young person or vulnerable adult go without being addressed and recorded
- Don't deter anyone from making allegations through fear of not being believed
- Don't engage in or permit abusive behaviour between young people e.g. ridiculing, bullying
- Don't engage in sexually provocative or rough physical games with a child, young person or vulnerable adult
- Don't make suggestive remarks or gestures or tell jokes of a sexually inappropriate or discriminatory nature
- Don't show favouritism to any individual
- Don't allow yourself to be drawn into inappropriate attention-seeking behaviour, such as tantrums or crushes but deal with such behaviour firmly and fairly
- Don't give a child, young person or vulnerable adult your personal contact details and do not communicate with them outside of the work you are doing with them
- Do respect a person's right to privacy

Physical Contact

Staff and volunteers should not have unnecessary physical contact with a child, young person or vulnerable adult. There may, however, be occasions when physical contact is unavoidable or positively desirable or necessary for safety reasons, for example

- Providing reassurance for a distressed person
- When teaching sports such as gymnastics or swimming

- When working with a person with a disability who requests such assistance
- Giving direct assistance when fitting outdoor activity equipment, e.g. harness
- Administering first aid
- Lifeguarding

Wherever possible there should be an attempt to ask the person to agree to such contact. Where appropriate, staff should explain their actions. This should be conducted openly and ideally with another member of staff or volunteer present. Staff should be aware of their positioning so that, where possible, others can see the assistance being given.

Staff and volunteers should avoid doing things of a personal nature that the person can do themselves. However, when working with people with disabilities, personal care and help are sometimes required.

In very rare circumstances there may be a need to physically restrain a young person for their own or other's safety.

Social Media

As technology develops, the internet and its range of services can be accessed through various devices including mobile phones, computers and game consoles. Although the internet has many positive uses, it provides the key method for the distribution of indecent images of children.

Furthermore, social networking sites, chat rooms and instant messaging systems are increasingly being used by online predators to "sexually groom" a child, young person or vulnerable adult. In addition, electronic communication is being used more and more by young people as a means of bullying their peers and distributing inappropriate images.

Social networking policy

This policy outlines Crohn's and Colitis Relief's approach to social networking and the use of blogs. It details the ground rules for staff, which should ensure that the content of their blogs/social networking sites does not bring the setting into disrepute.

The term 'blog' is short for 'web log'. A blog is an online diary detailing personal insights and experiences. This is shared with an online audience.

A social network site is a website, which allows individuals to construct a public or semi-public online profile and to connect with others who share similar interests and views.

Staff must not access personal blogs/social networking sites while on our premises. The setting does not condone Staff writing about their work on social networking sites or web pages. If a staff member does choose to do so, they are expected to follow the rules below.

Staff must not:

- Disclose any information that is confidential to the setting or any third party or disclose personal data or information about any individual child, colleague or service user, which could be in breach of the Data Protection Act.
- Disclose the name of the setting or allow it to be identified by any details at all. This includes posting photos of children and young people and the premises.
- Link their own blogs/personal web pages to the setting's website.
- Make defamatory remarks about the setting, colleagues or children and young people or their parents.
- Misrepresent the setting by posting false or inaccurate statements. Communication with children and young people may only be allowed by the organisation's telephone line (not via personal mobiles or social media) and should always take place within clear and explicit professional boundaries. Leaders should

avoid any misinterpretation of their motives or any behaviour that could be construed as grooming.

Staff should not:

- Give their personal email details to children, young people or parents who use the setting.
- Send social networking site 'friend requests' to, or accept them from, children, young people or parents who use the setting. Exceptional circumstances such as being a direct family member of the child/young person.

Crohn's and Colitis Relief implore their staff to remember that anything posted online could end up in the public domain to be read by children, parents or even future employers – so be careful what they post and who they post it to. For example, posting explicit pictures of themselves could damage their reputation and that of their chosen profession and organisation. Parents and employers may also question a Leader's suitability to care for children. Failure to adhere to the rules and guidelines in this policy may be considered misconduct and could lead to disciplinary and/or criminal investigations.

Press and media:

Any staff member or volunteer who is contacted by the press or media is not authorised to disclose any information and must refer them to the director or governors.

Photography:

Photos of young people taking part in Crohn's and Colitis Relief's programmes and activities are an excellent way of communicating and promoting Crohn's and Colitis Relief but when personal information is added to photographs, these images can be used to identify children, and put their safety and privacy at risk. Photographs can also be adapted for inappropriate use. To manage the risks associated with photographing children and young people all employees must ensure this is not shared with any other organisation or for personal use.

Any photographs in which children, young people or vulnerable adults can be identified, should be stored safely and only used in publicity or public facing work with written consent of child or young person, if appropriate, and parents.

Residential Trips away:

By following basic safeguarding best practices we can protect children, young people and vulnerable adults participating in our programmes.

- Adults should ideally not share a bedroom with a child or young person, however, this may be necessary where the adult is the child or young person's carer
- Bedrooms of only two young people should be avoided if possible
- Bedrooms must not be mixed male and female
- Adults and young people must use private shower facilities
- See separate Trips, Outings and visits Policy for fuller details.

Transportation of Children:

Staff undertaking the transportation of children must comply with any statutory requirements (e.g. for education visits) and the City Council's Driving policy including appropriate vehicle insurance cover. Managers should ensure that staff assigned meet these requirements and are made aware of their responsibilities when carrying out transportation activities.

There will be occasions when children need to be transported in emergency situations. Examples of these are the transport of sick pupils or those with behavioural problems and usually involve car journeys from club to home. In the latter category the behaviour may necessitate more than one member of staff. Where it is only feasible or justifiable to use one member of staff it may be helpful if that person is the same gender as the child

being transported. This may not be possible especially where a senior member of staff needs to undertake the trip.

Other considerations in emergency situations are: If staff or volunteers need to transport, this will be authorised by the senior responsible officer on site and parent/carer will be informed and pupils will travel in the back seats.

Such transportation will usually be a last resort (the norm being a collection by a parent, or approved carer, or ambulance in an emergency.)

5. Responding to Safeguarding Concerns:

Staff and volunteers may become concerned about a person in a number of ways

- A child, young person or vulnerable adult may tell (disclose) that s/he or someone else has been or is being abused
- There may be concerns due to the person's behaviour or presentation
- Concerns may be raised about the behaviour of an adult, who may be a member of staff, volunteer, another professional or a member of the public
- A parent, carer, relative or member of the public might share their concerns about a child, young person or vulnerable adult

In all cases the following procedures must be followed.

When a child, young person or vulnerable adult wants to confide in you

- Stay calm and listen carefully to them
- Show them that you take what they are saying seriously
- Encourage the child, young person or vulnerable adult to talk, but do not interrupt whilst they are recalling events
- Ask questions only to clarify your understanding of what you are being told. Do not investigate. Do not ask them to repeat his/her account
- Do not promise to keep the information secret. Explain that you have to pass the information on to those who can help. Tell the child, young person or vulnerable adult what you are going to do next
- Do not confront any alleged abuser
- As soon as you can, write down what the young person has said, using the child's own words
- Report to your Designated Safeguarding Lead as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

Reporting a young person's disclosure of abuse is not a betrayal of the young person's confidence. It is your duty and is also necessary to allow protective action to be taken in relation to the young person and any other children.

Contact details for Children's Social Care 0208 356 5500 and out of hours 0208 356 2710
Email for CSC is FAST@hackney.gov.uk

If you feel a young person may be going to tell you about abuse, but then stops or tells you something else, let them know that you are always ready to listen to them and/or remind them of the Childline number 0800 1111

If the child, young person or vulnerable adult has communication difficulties or English is not their first language, pass this information on so that an appropriate interpreter can be identified.

If you become concerned about a child, young person or vulnerable adult (due to the young person's behaviour, presentation or other reason)

- Do not trivialise or dismiss your concerns
- If the behaviour may be sexually harmful to other young people do not explain it away as ‘normal’
- Report your concerns to your Designated Safeguarding Lead as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

Information that may seem trivial can frequently form the missing piece of the puzzle and lead to protective action being taken.

Children, young people or vulnerable adults who display sexually harmful behaviour need to have an assessment of their needs, including possible needs for protection.

There may be concerns other than safeguarding, which are identified in children, young people or vulnerable adults. In these cases the families will be signposted or referred to appropriate support within the community outside of the organisation.

If you become concerned about the behaviour of an adult

- Do not dismiss your concerns
- Do not confront the person about whom you have concerns
- Report your concerns to your Designated Safeguarding Lead as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

It is VERY IMPORTANT you do not ignore or dismiss suspicions about another professional or colleague, however well or little you know them, or whatever position they may occupy in their organisation.

Your concerns will be taken in confidence and even if they are subsequently seen to be mistaken, you will not suffer any adverse consequences for raising the concern. The only exception to this would be where it could be conclusively shown that the concerns were raised maliciously.

If a parent, carer or other member of the public tells you of their concerns about a young person or the behaviour of an adult,

- Do not leave it to them to make their own referral to social care services. You should make your own report
- Take adequate details about their concern and the identity of the young person
- Report your concerns to your Designated Safeguarding Lead as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

Concerns raised by members of the public should always be taken seriously and where necessary Crohn’s and Colitis Relief should take responsibility to make the referral to social care services.

If you are dissatisfied with the response to any of your concerns above, raise these again with your Designated Safeguarding Lead. If you are unable or unwilling to do this you can approach another Designated Safeguarding Lead.

Designated Safeguarding Lead:

Crohn’s and Colitis Relief has appointed Designated Safeguarding Leads who are trained to respond to safeguarding concerns. Staff / volunteers, who have safeguarding concerns must raise these with a Designated Safeguarding Lead (refer to page 6) and should not make a direct referral to any outside agency.

Training:

All Crohn’s and Colitis Relief staff, volunteers and trustees will be given safeguarding training. Staff are required to attend the internally run training course within the first three months of their employment.

Volunteers will be given safeguarding training relevant to the position in which they are volunteering, this could be their manager talking through the Crohn's and Colitis Relief's Safeguarding policy with them or they may need to attend Crohn's and Colitis Relief's Safeguarding training. This will be organised locally through their programme manager. Trustees will be invited to attend the Crohn's and Colitis Relief's Safeguarding Training course or will be required to complete the NSPCC online Safeguarding Training or attend other accredited safeguarding training relevant to their roles.

Concerns about the behaviour of a member of staff or a volunteer:

These procedures should be used in respect of all cases where it is alleged that a person who works with children, young people or vulnerable adults has:

- behaved in a way that has or may have harmed a child, young person or vulnerable adult
- possibly committed a criminal offence against or related to a child, young person or vulnerable adult
- Behaved towards a child, young person or vulnerable adult in a way that indicates he or she may pose a risk of harm in connection with the person's employment or voluntary activity.

If the concern is not connected to the person's employment or work activity, these procedures may also apply.

It is in everyone's interest to resolve cases as quickly as possible, consistent with a fair and thorough investigation. All allegations must be investigated as a priority to avoid any delay. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation.

There may be a number of strands in the consideration of an allegation

- Informal discussion with the Designated Officer (LADO) which may lead to a formal notification. Tel No. 0208 356 4569, email LADO@hackney.gov.uk.
- consideration by an employer or regulatory body of action in respect of the individual
- enquiries and assessment by social services about whether a child, young person or vulnerable adult is in need of protection or in need of services
- a police investigation of a possible criminal offence

If there is an immediate risk, appropriate actions may need to be taken by the member of staff e.g. urgent involvement of police; suspension of member of staff and removal from *Organisation's* premises; securing evidence; urgent medical attention.

Any allegation or concern which arises should be reported immediately to the Designated Safeguarding Lead.

Where staff receives an allegation against someone from another organisation, this should be reported to a Designated Safeguarding Lead.

The Designated Safeguarding Lead, may in their discretion, decide to contact their counterpart in the organisation where the named person is employed. They will discuss the details of the allegation and arrive at a consensus on how to progress and who should take the lead role in line with established processes and protocols in the organisations.

6. Recognising Signs and Symptoms of Abuse

Definitions of Abuse

“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 an institutional or community setting. The perpetrator may or may not be known to the child. Working Together to Safeguard Children sets out definitions and examples of the four main categories of abuse

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

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

Physical Abuse

Physical abuse may involve poking, pushing, hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. It can also include “fabricated” or “induced” illness where a parent or carer simulates the symptoms of, or deliberately causes, ill health in a child.

Emotional Abuse

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. This may involve

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar 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 capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Serious bullying, causing children frequently to feel frightened or in danger - e.g. witnessing domestic violence
- Exploitation or corruption of children

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

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening and includes penetrative and non-penetrative acts. It may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways. Sexual abuse includes abuse of children through sexual exploitation.

Sexually Harmful Behaviour

A significant proportion of sexual abuse is carried out by children and young people on their peers. Such abuse should always be taken as seriously as that perpetrated by an adult. The behaviour should not be dismissed as “normal”. A referral to social services should always be made.

Abuse of Trust

All members of staff and volunteers with Crohn’s and Colitis Relief have a relationship of trust with the children and young people who use our services. It is an abuse of that trust, and could be a criminal offence to engage in any sexual activity with a young person aged under 18, or a vulnerable young person under the age of 25, irrespective of the age of consent and even if the relationship is consensual.

Organised Abuse

This is sexual abuse where there is more than a single abuser and the adults concerned appear to act in agreement to abuse children and/or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

Neglect

Neglect involves 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 and development. This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child’s basic emotional needs.

Recognising Signs of Abuse

Recognising possible abuse is a complex and complicated procedure and it is not the responsibility of Crohn’s and Colitis Relief employees to decide whether a child or young person has been abused or is at risk. However, there is a responsibility to act on any concerns and report them to a Designated Safeguarding Lead. The following information is designed as a guide to help raise awareness of the different signs of abuse.

Physical Abuse

Most children collect accidental injuries and bruises from time to time, and bruises caused in this way are likely to be on the external bony parts of the body such as the knees, shins, elbows and forehead. Most children who have developed language skills will be able to describe how an injury was caused. Any injury should be considered in the context of the child’s history and developmental stage, and any explanation given.

The following circumstances are possible indicators of physical abuse and should trigger concerns

- Delay in the presentation of the injury
- An injury which is not consistent with the explanation given
- Changing or differing accounts of how the injury occurred
- An unexplained injury

Types of bruising which may indicate physical abuse include

- Bruising in babies and young children who are not independently mobile
- Bruising to the soft tissue area where there is no bony prominence, e.g. face, back, arms, buttocks, genitalia, ears and hands
- Multiple bruises in clusters, or of uniform shape

- Bruises that carry an imprint, for example of an implement, a hand or a cord
- Grip marks; in a young baby this could indicate that the child has been shaken, risking injury to the brain
- Frequent bruising for which the child is unwilling to offer an explanation
- Regular “accidental” bruising or injury with or without a history of how the injury occurred

Types of injury which may indicate child abuse include

- Multiple burns, and burns on unusual areas of the body such as back, shoulders or buttocks
- Scalds where the child appears to have been “dipped” into hot water
- Cigarette burns
- Bite marks
- Damage to mouths

Emotional abuse

This form of abuse almost always accompanies other forms of abuse. It includes persistent criticism, denigration, rejection and scapegoating. It has an important impact on a child’s mental health, behaviour and self-esteem.

The following are possible indicators of emotional abuse

- Abnormal attachment between a child and parent/carer, e.g. anxious, indiscriminate or no attachment
- Carer shows a persistently negative attitude towards the child
- The child consistently experiences low warmth and high criticism from its parent/carer(s)
- A fixed stare
- Older children may show evidence of mental health issues such as depression, self-harm or eating disorders, or may have behavioural or educational difficulties
- Acting out aggressive behaviour
- A child who is consistently reluctant to go home after day camp
- A child who struggles to engage in normal social activity and conversation with peers or adults
- A child who runs away from home
- A child with a very low self-esteem and or who will consistently describe themselves in very negative ways such as “I am stupid, naughty, hopeless, ugly”
- A child living in an environment of domestic abuse, alcohol or substance misuse

Sexual abuse

Although there are some indicators relating to sexual abuse, in many cases this form of abuse is well hidden, with the only overt signs being a child’s behaviour in general or towards an individual, and this may be attributable to many things unrelated to sexual abuse. This makes sexual abuse very difficult to identify

The following may be indicators of sexual abuse

- Bruising or bites to breasts, buttocks and around the genital area could be signs of sexual abuse as well as physical abuse
- Sexually abusive behaviour
- Sexually explicit play, continual open masturbation or aggressive sex play with peers (as distinct from normal sexual curiosity)
- Extreme use of sexually explicit language and/or detailed descriptions or drawings of sexual activity
- Self-harm
- Running away or regular absences from home or after school club (particularly in the case of organised abuse)

- Pregnancy
- A sexually transmitted infection

Neglect

There are no specific features which indicate neglect, other than that the child's basic needs are not adequately met. Neglect is a pattern, not an event, so it is important to consider the standard of care the child received over time; a pattern of neglect may be missed if each individual event is considered in isolation.

The following may be indicators of neglect

- Exposure to danger, for example cold (inappropriate clothing for the weather) or starvation
- Repeated failure to attend to the physical and developmental needs of the child, to provide warmth, appropriate clothing, food and consistent care
- Faltering growth (failure to thrive) in babies or toddlers
- The child has responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- Poor supervision of young children resulting in frequent accidental bruising or injury
- The child is always dirty and/or hungry
- The child is left at home alone or with inappropriate carers
- The child is regularly not collected from care settings
- Eating disorders, including stealing and/or hoarding food
- Failure to attend routine medical appointments
- Failure to attend to the child's medical needs and refusal of appropriate treatment

Children and Young People with Disabilities

Crohn's and Colitis Relief is wholly committed to upholding the rights of children, young people and vulnerable adults with disabilities who use our services and particularly their right to be free from violence, abuse or neglect by their parents or anyone else involved in their care of welfare. Research suggests that children and young people with disabilities are more vulnerable to physical, emotional or sexual abuse or neglect than a non-disabled child. The level of risk may be raised by

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers and staff lacking the ability to communicate adequately with the child
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
- Physical dependency with consequent reduction in ability to be able to resist abuse
- An increased likelihood that the child is socially isolated
- Lack of access to "keep safe" strategies available to others
- Communication or learning difficulties preventing disclosure
- Parents' or carers' own needs and ways of coping conflicting with the needs of the child

In addition to the indicators of abuse and neglect listed above, the following indicators must also be considered in relation to disabled children:

- Force feeding, or impatience in feeding leading to under feeding/under nourishment
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing or social contact
- Misuse of medication, sedation, heavy tranquillisers
- Invasive procedures against a child's will

- Deliberate failure to follow medically recommended regimes
- Misapplication of care programmes or regimes
- Ill-fitting equipment (e.g. callipers, sleep board causing injury or pain, inappropriate splinting)
- Undignified or culturally inappropriate intimate care practices.

Some sex offenders may target children and young people with disabilities in the belief they are less likely to be detected.

Institutional Abuse

Children and young people with disabilities are particularly vulnerable to this kind of abuse where practices and behaviours by staff in organisations have become institutionalised or commonly accepted practice. However those behaviours may cause significant harm (as above) and/or may be an abuse of the child's rights. Examples of the latter could be

- Where a child's communication board does not accompany the child everywhere
- Staff who assume a child's wishes or communication and speak for them
- Staff who do not facilitate a child's own communication because of the difficulty or time it takes
- Attributing difficult or challenging behaviour to the child's condition rather than identifying it as communication

All staff and volunteers within Crohn's and Colitis Relief must be alert to signs of institutional abuse or unprofessional practices or behaviour and raise their concerns as per the procedures outlined above.

CHILD PROTECTION PROCEDURE:



7. Confidential Information and Retaining Records

All children, young people and vulnerable adults, and their families, are entitled to their privacy. However, where there are concerns about the safety or welfare of a child, young person or vulnerable adult, those concerns and the necessary personal information will need to be shared with those who can make decisions about action to safeguard the child, young person or vulnerable adult.

There is nothing in any legislation that prohibits the sharing of confidential and personal information where there are concerns about the safety or welfare of a child, young person or vulnerable adult, or where a criminal act may be, or may have been committed.

Employees should make written notes at the earliest opportunity and these should be passed to the Designated Safeguarding Lead. The Designated Safeguarding Lead must keep all written documents relating to a safeguarding issue in a secure place. There is a secure folder on the “n drive” for all electronic documents.

These detailed records should be kept until Crohn’s and Colitis Relief is confident that the information is held accurately with the agency responsible for taking further action to safeguard the child, young person or vulnerable adult i.e. partner agencies, social services or the police. A chronology of decisions made and actions taken can then be kept on file, once the detailed records are deleted or destroyed. This record should be held for 50 years.

More information can be found in the government document [Working Together to Safeguard Children 2013](#).

Where concerns have been raised about a member of staff or a volunteer and these relate to behaviour that has harmed, or may have harmed a child, young person or vulnerable adult; possibly committed a criminal offence against, or related to a child, young person or vulnerable adult; or behaved in a way that indicates s/he is unsuitable to work with children, young people or vulnerable adults, then:

- The Designated Safeguarding Lead receiving the information must follow the procedures outlined in the Designated Safeguarding Leads Guidance document
- A clear and comprehensive summary of any allegations made, details of how the allegations were followed up and resolved, and of any action taken and decisions reached, will be recorded
- This record will be kept in the person’s confidential personnel file and a copy should be given to the individual
- Such information will be retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for ten years if that is longer

The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.

Crohn’s and Colitis Relief have a Duty to Refer to DBS any employees or volunteers who have been dismissed, redeployed, retired/redundant or resigned where Crohn’s and Colitis Relief believe that this person has either:

- Engaged in relevant conduct or
- Satisfied the harm test or
- Received a caution for, or been convicted of, a relevant offence

(As defined in the Safeguarding Vulnerable Groups Act 2006).

Mrs Chani Rapaport is responsible for making this referral to DBS and for informing the Trustee with responsibility for Safety and Safeguarding.

The Trustee with responsibility for Safety and Safeguarding is responsible for notifying the Charity Commission of any serious incidents relating to safeguarding in line with the Charity [Commission's Reporting Serious Incidents Policy](#).

8. Documentation and information policy:

Crohn's and Colitis Relief recognise the importance of maintaining up to date and accurate records, policies and procedures necessary to operate safely, efficiently and in accordance with the law.

Crohn's and Colitis Relief is also aware of its obligations with regard to the storing and sharing of information under the Data Protection Act 1998, and is committed to complying with its regulations and guidance. The Charity Coordinator and staff are aware of the implications of the Data Protection Act 1998 in so far as it affects their roles and responsibilities within CCR.

Crohn's and Colitis Relief are committed to a policy of openness with parents with regard to its policies and procedures and the information that CCR holds on their child. Records and information will be made available to parents upon written request unless subject to an exemption. If for any reason a request is going to be refused, then this decision, and an explanation, will be communicated in writing.

Information and records held on children will be kept secure, access to which will be restricted to the Charity Co-ordinator and Staff where necessary.

Crohn's and Colitis Relief will maintain and update patient's records from the information provided by users. Registration forms are updated annually and service users are responsible for communicating changes of information during this time.

Crohn's and Colitis Relief will keep records about the patients. These include:

- Medical forms
- Accident and Incident log
- Medicine forms
- Registration forms (conferring consent for children to fully participate in KNA)
- Allergy Management plan
- Care Plans
- Any other information relating to the child deemed to be relevant and significant
- Permission to go home alone where appropriate according to arrivals and departure policy
- Log of concern – where appropriate

Additionally, and in accordance with our policies and procedures, the following records and information will be stored and maintained by Crohn's and Colitis Relief:

Staff:

- An up to date record of all the employees who work at Crohn's and Colitis Relief, including:
- Application forms and references
- Evidence of Disclosure and Baring Service checks disclosure number/date and subscription to the Update Service.
- Copies of certificates of relevant training and qualifications
- Emergency contact numbers
- Up to date name; address; telephone number
- Employment details
- Any other information (such as Personal Development Plans) during their time spent working at Crohn's and Colitis Relief.

Documents and Records:

- A comprehensive set of policies and procedures as required by the Statutory Framework for the Early Years Foundation Stage and/or Childcare Register (Compulsory or Voluntary) that are reviewed when appropriate.
- A Self Evaluation Form completed and contributed to by all staff
- Sign in Sheets
- The daily attendance registers
- Records of the events implemented by CCR including off-site visits and outings
- Records of any medication being held by staff on behalf of children, along with the signed Medication Form
- Records of signed Emergency Medical Treatment Forms, giving parental authorisation for staff to consent to emergency treatment for children. Provider Complaints Log completed by the Charity Co-ordinator and details of any complaints
- An Inventory Record of equipment owned or used by Crohn's and Colitis Relief
- Charity Registration Certificate
- Any Insurance certificates and information
- Accident and Incident Record Sheets
- Fire Drill Log
- Risk assessments and daily Health and Safety checks

9. Confidentiality – Data Protection Policy:

Crohn's and Colitis Relief respect the privacy of patients, parents and staff, while ensuring we provide high quality care and play opportunities in our setting.

We aim to ensure that all parents can share information in the confidence that it will only be used to enhance the welfare of their children.

We meet the requirements of the Human Rights Act 1998 with regard to protecting the individual's rights to a private family life, home and correspondence. Our only justification to interfere with this 'right' is where we believe that a child may be at risk of significant harm, to prevent a crime or disorder.

We comply with current UK Data Protection Legislation which implements the European Community's Directive 95/46/EC and Directive 2002/58/EC, including, but not limited to, the DPA and the Privacy and Electronic Communications (EC Directive) Regulations 2003.

Since 25th May 2018 this incorporates Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of Personal Data and on the free movement of such data ("GDPR").

We meet the requirements of the Data Protection Act 1998 with regard to the information kept about families, including how it is collected, stored and used.

We have regard to the Common Law Duty of Confidentiality and only share information with other professionals or agencies on a 'benefit to know' basis, with consent from parents, or without their consent in specified circumstances relating to safeguarding children.

Personal records

These include: registration and admission forms; signed consents; correspondence concerning the patient or family; reports or minutes from meetings concerning the patient from other agencies; an on-going record of relevant contact with parents; observations by staff on any confidential matter involving a child, such as developmental concerns or child protection matters, incident and accident logs; care plans; behaviour plans et cetera.

These confidential records are stored securely in the Childcare office. During operation these are stored at the reception desk and are kept secure by the Site Co-ordinator. Parents have access to the files and records of their own children but do not have access to information about any other child

Staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Staff induction includes an awareness of the importance of confidentiality in the staff's role.

Information Sharing concerning Child Protection Issues

There are times when we are required to share information about a child or their family. These are when:

- There are concerns a child is or may be suffering significant harm
- There are concerns about 'serious harm to adults' (such as domestic violence or other matters affecting the welfare of parents).

We explain to families about our duty to share information for the above reasons.

Where we have concerns, we would normally gain consent from families to share these. This does not have to be in writing, but a written record will be made that verbal consent has been given.

We do not seek consent from parents to share information where we believe that a child, or a vulnerable adult, may be endangered by seeking to gain consent. For example, where we have cause to believe a parent may try to cover up abuse or threaten a child.

Where we take a decision to share information without consent it is recorded in the child's file and the reason clearly stated.

Where evidence to support our concerns is not clear we may seek advice from the local Social Care agency or the NSPCC.

We only share relevant information that is accurate, factual, non-judgemental and up to date.

Information Sharing Concerning a Child's Development

Crohn's and Colitis Relief are committed to the development of the children participating in the Programs.

Crohn's and Colitis Relief are also committed in working with children with additional needs. To achieve this, CCR, with parental permission, will gather and share information between services such as, local 'Inclusion Teams', Health Care professionals and other outside agencies. The information will be used to provide a consistency of care and offer support suited to a child's needs.

Other records

Issues to do with the employment of staff, whether paid or unpaid, remain confidential to the people directly involved with making personnel decisions.

When Students undertaking recognised qualifications and training are observing within the setting, they are informed of our confidentiality policy and required to respect it.

Access to personal records

Parents may request access to any records held on their child and family following the procedure below.

Any request to see the child's personal file by a parent or person with parental responsibility must be made in writing to the Charity Co-ordinator.

The Charity Co-ordinator will inform the Manager of Childcare Services of the request and will send a written acknowledgement.

Crohn's and Colitis Relief aims to provide access to requested records within 14 days – once the file has been prepared by the Charity Co-ordinator.

All third parties are written to, stating that a request for disclosure has been received and asking for their permission to disclose to the person requesting it. Copies of these letters are retained on the file.

Third parties' include all family members who may be referred to in the records.

'Third parties' also includes workers from any other agency, including Social Care, the Health Authority, etc. It is usual for agencies to refuse consent to disclose, preferring the individual to go directly to them.

When all the consents/refusals to disclose have been received these are attached to the copy of the request letter.

A photocopy of the complete file is taken as a record.

The Charity Co-ordinator will go through the file and remove any information that a third party has refused consent to disclose. This is best done with a thick black marker, to score through every reference to the third party and information they have added to the file.

What remains is the information recorded by Crohn's and Colitis Relief, detailing the work initiated and followed by them in relation to confidential matters. This is called the 'clean copy'.

The 'clean copy' is photocopied for the parents who are then invited into the Childcare Office to discuss the contents. The file will never be given to the parent, but should be shared by the Charity Coordinator, so that it can be explained.

10. Trips, Outings and Visits Policy

Crohn's and Colitis Relief believe that visits and outings play an important and enriching role in the programme of relief that we provide for children.

Anyone undertaking a trip must refer to the on "Educational off-site Activities and Visits policy" (EV03) or contact the H&S Team. The nature of these events will involve a range of working alone situations for the staff supervising the activity who may be supplemented by approved adult volunteers.

In residential situations it is recommended that the staff work in pairs to avoid any potential compromising situation. There is a requirement for a minimum of two adults to be present when travelling.

A Risk Assessment will be carried out for any trip. This should include consideration of the journey, any transportation involved, and contingency arrangements in case of break down, illness et cetera. The Charity Co-ordinator will request all relevant information and a Risk Assessment statement from the venue (where available). Risk Assessment findings will be shared with all those attending the trip. Crohn's and Colitis Relief will ensure that the activities planned are covered through Crohn's and Colitis Relief insurance.

Crohn's and Colitis Relief will make every effort to involve children in the planning of visits and outings. Staff will explain to children the purpose of the trip, along with what is expected of them in terms of their behaviour. Children will be talked through any potential safety hazards and told to remain with Leaders at all times. All children will be given a sticker/badge/wristband with Crohn's and Colitis Relief's name and contact number. Staff will explain to children what to do in an emergency, including designating a suitable meeting point.

Parental Consent

Crohn's and Colitis Relief will only allow children on a trip when permission has been granted by parents. Parents have the absolute right to withhold consent for a proposed visit or outing. Children without consent will not be allowed to participate in off-site trips, excursions or outings.

During visits and outings

The minimum ratio will be 1 Leader for every 8 children under 8 years of age; a similar ratio should be applied for older children. Before setting out, all Leaders involved in the trip hold a meeting to discuss the trip and safety procedures. A trip leader will be appointed and will have overall responsibility whilst off Crohn's and Colitis Relief's premises. Children will remain under close supervision at all times.

Crohn's and Colitis Relief will ensure that a First Aid kit is on hand and a First Aider is present.

Designated Staff members will have trip mobile phones with them at all times and their numbers will be circulated to the Site Co-ordinator in advance of the visits and outings in case of an emergency. A register will be taken as necessary and regular head counts will be made by Staff. A list of all Leaders and children participating in the trip or outing, along with relevant mobile phone numbers, will be taken with the Leaders leading the trip and a copy left on Crohn's and Colitis Relief premises.

For detailed itineraries and lists with emergency contact details, see leaders guide and parent handbook.

11. Anti-Bullying Policy

Crohn's and Colitis Relief are committed to providing an environment for children that is safe, welcoming and free from bullying (the persistent behaviour by any individual or group which intimidates/threatens or has a harmful or distressing impact on another individual or group). Bullying can be: Emotional, Physical, Racist, Verbal, Psychological, Sexual or Cyber. Bullying of any form is unacceptable at Crohn's and Colitis Relief.

Emotional: Being deliberately unkind, shunning or excluding another person from a group or tormenting them. For example, forcing another person to be 'left out' of a game or activity, passing notes about others or making fun of another person.

Physical: Pushing, scratching, spitting, kicking, hitting, biting, taking or damaging belongings, tripping up, punching or using any other sort of violence against another person.

Verbal: Name-calling, put-downs, ridiculing or using words to attack, threaten or insult. For example, spreading rumours or making fun of another person's appearance.

Psychological: Behaviour likely to instil a sense of fear or anxiety in another person.

Crohn's and Colitis Relief recognises that legitimate Play-behaviour may include many of these facets, but when one or more parties becomes targeted on a frequent and recurrent basis the experience of those affected can be extremely negative. Despite all efforts to prevent it, bullying behaviour may occur on rare occasions and Crohn's and Colitis Relief will respond to all incidents thoroughly and sensitively.

Strategy:

- Staff will inform their Site Co-ordinator if they witness an incident of bullying At Crohn's and Colitis Relief.
- Children will be encouraged to report any incidents of alleged bullying immediately and will be reassured that what they say will be taken seriously and handled sensitively.
- If an individual tells someone they are being bullied, they will be given the time to explain what has happened and reassured that they were right to tell.

- The Site Co-ordinator will always ask the alleged bully to explain their side and take into account their response when deciding whether bullying has occurred.
- If it is decided that bullying behaviour has occurred then in most cases, the alleged bully will be encouraged to discuss their behaviour and think through the consequences of their actions. Where appropriate, they will be encouraged to talk through the incident with the other person/people involved.
- Crohn's and Colitis Relief will inform the parent of all children involved in the alleged bullying incidents at the earliest opportunity.
- All children involved in any bullying incident will be offered support. These will be passed onto the children and their parents will be informed of this action
- Where bullying behaviour persists, the alleged bully's parents will receive a written warning that the child must stop this behaviour.
- If bullying continues the alleged bully's parents will receive a final written warning that suspension or exclusion will occur from all Crohn's and Colitis Relief sites if the behaviour does not stop.
- As a final option, if bullying still continues the alleged bully will be excluded from participating in the programme for a set period of time as decided by the Charity Co-ordinator.
- After the incident has been dealt with Leaders will monitor the children involved to ensure further problems do not occur.
- If the child who has been bullied or the alleged bully or their parents have any issues concerning the way the incident had been dealt with they should contact the Charity Co-ordinator immediately.

12. Health and Safety Policy

Crohn's and Colitis Relief take the maintenance of Health and Safety extremely seriously as a matter of both legal and moral importance. The Charity Coordinator and Leaders will always strive to go beyond the minimum statutory standards to ensure that health and safety remains the first priority.

Crohn's and Colitis Relief aim to ensure the health, safety and welfare of all employees, patients, visitors and other individuals. The Health and Safety at Work Act 1974 and the Workplace (Health, Safety and Welfare) Regulations 1992 and their associated Approved Code of Practice (ACoP) and guidance will be complied with at all times.

It is vital to ensure that all Staff and other persons who are affected by Crohn's and Colitis Relief's activities take health and safety matters seriously. Staff members who have been found to have blatantly disregarded safety instructions or recognised safe practices will be subject to the procedures laid out in the Staff Disciplinary Procedures.

The staff is responsible for ensuring that the provisions of the Health and Safety policy are adhered to at all times. As such, they are required to:

- Take reasonable care for their own health and safety as well as of other persons who may be affected by their acts or omissions at work
- Report any accidents, incidents or dangerous occurrences that have led to, or may in the future be likely to lead to, injury or damage, and assist in the investigation of any such events
- Undergo relevant Health and Safety training when instructed to do so by the Charity Coordinator
- Maintain an environment that is safe and without risk to health.

The Charity Co-ordinator holds ultimate responsibility for ensuring that Crohn's and Colitis Relief operate in a safe and hazard free manner. The Charity Co-ordinator will ensure that adequate arrangements exist for the following:

- Crohn's and Colitis Relief identifies the Charity Co-ordinator as the designated trained Health and Safety Officer who is guided and supported by the Health and Safety Division at the University of Cambridge

- Ensuring that staff both understand and accept their responsibilities in relation to health and safety procedures
- Encouraging Leaders to undertake health and safety training
- Monitoring the effectiveness of the Health and Safety policy and authorising any necessary revisions to its provisions
- Providing adequate resources necessary to meet Crohn's and Colitis Relief's Health and Safety responsibilities
- Ensuring that all accidents, incidents and dangerous occurrences are adequately reported and recorded (including informing the Health and Safety Executive - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), University of Cambridge Health and Safety Division and Ofsted, where appropriate)
- Reviewing all reported accidents, incidents and dangerous occurrences, and Crohn's and Colitis Relief's response, to enable corrective measures to be implemented
- Risk assessing all chemicals used on site with regard to COSHH regulations

Information received on health and safety matters is made available to all staff.

Health and Safety Inspections and Risk Assessment

The identification, assessment and control of hazards within Crohn's and Colitis Relief are vital in reducing accidents and incidents. For further information refer to the risk assessment policy.

Daily safety checks are carried out, to ensure that the facilities are maintained in a suitable state of repair and decoration, staff will be vigilant of this constantly. Annual inspections may also be carried out by the Crohn's and Colitis Relief office.

Any action required as a result of a Health and Safety inspection is taken as rapidly as possible. An investigation is carried out on all accidents, incidents and dangerous occurrences.

Supervision

Children are supervised appropriately according to the level of risk involved during play and activities. The ages and number of children involved in a given activity is also taken into account. Staff are deployed adequately to ensure general supervision at all times.

Site Security

Parents are encouraged to talk to their children about the importance of remaining safe and not leaving the Crohn's and Colitis Relief premises during the events. Staff will reinforce this. All staff members will observe and supervise the entrance and exit points when the events are in operation.

Visitors will be greeted on arrival and will be asked to sign the visitor's sheet and state the purpose of their visit. Visitors will not be left unsupervised with children at Crohn's and Colitis Relief at any time. If an unexpected visitor has no suitable reason to be at Crohn's and Colitis Relief, then they will be asked to leave immediately and escorted from the premises. If the visitor repeatedly refuses to leave, the police will be contacted. A record will be made of any such incidents on an Incident Form, and the Charity Co-ordinator will be notified.

The Charity Co-ordinator (in consultation with Leaders and parents) will regularly review security procedures.

Equipment

All furniture, toys and equipment are kept clean, well maintained and in good repair and in accordance with BS EN safety standards or the Toys (Safety) Regulations (1995) where applicable.

Equipment will be properly maintained and inspected in accordance with the manufacturer's instructions. All electrical toys and equipment are subject to PAT (Portable Appliance Testing).

Defective or broken equipment will be taken out of use and stored in a safe place before being disposed of. Flammable equipment will be stored in a safe location away from sources of heat and/or naked flames.

Animals

No animal will be allowed on the premises without the prior knowledge (with the exception of disability assistance dogs) and permission of the Charity Co-ordinator. A visit from an animal must be prearranged and accompanied by a responsible handler.

Health

Staff members will make sure there is a regular supply of drinking water available to patients, especially in hot conditions.

Sun Protection

The Charity Co-ordinator and Leaders understand the dangers posed to children and themselves by over exposure to the sun.

Parents are encouraged to provide sun cream for their children, however, sun cream is also provided by the charity and staff members will encourage children to use this. Children will be encouraged to apply the sun cream independently, however if assistance is needed then it will be given by the staff. When deemed necessary, the staff may apply sun cream to children who cannot do so for themselves. Children will also be encouraged to wear a hat when playing outside in the sun and to take shade. Staff members will encourage children to drink water frequently in hot weather.

13. Internet Policy:

The Internet is an essential element in 21st Century life for education, business and social interaction. We have a duty to provide children with quality internet access as part of their learning experience. However, it is an absolute requirement that access to the Internet provided to staff and pupils in any educational institution through any Internet Service Provider (ISP) is a blocked or filtered service.

However, parents and staff should also be aware that with these emerging and constantly changing technologies there is no absolute guarantee that a pupil cannot access materials that would be considered unsuitable. The chance of just coming across such materials is highly unlikely, but it obviously increases in direct proportion to the amount of time and effort an individual puts into their search. Any member of staff who believes an inappropriate item has passed through the filter should contact the ICT Helpline – TAG, who had filtered all our computers.

There is CCTV in all offices with internet that is constantly monitored to ensure that staff who access internet for work related projects are not abusing the rule of using the internet for their own purposes.

14. Lone person Policy:

Working alone occurs in a wide range of different circumstances and it is recognised that it can present particular difficulties and concerns.

The purpose of this advice is to alert both managers and staff to the issues involved and to assist them in dealing with situations in ways that minimise any potential risks. It identifies good practice and working arrangements when working alone with people, which aim to ensure an appropriate professional environment and the application of necessary safeguards through risk assessment to address any potentially vulnerable.

Working alone (with other people) relates to situations:

It occurs on-site and offsite, both within and outside normal working hours. This will include, for example, 1:1 sessions, group activities, trips, home visits, parent evenings and interviews.

Working alone will often form part of the normal working pattern within a particular job and as such may not be regarded as particularly significant or even distinct. Through management support and guidance and through personal awareness it is important that staff appreciate and understand the nature of the activity, the potential risks and what is required to minimise them.

Managers should ensure that the staff is kept informed of where advice and guidance on working alone can be found and accessed on site. As and when new documentation or advice becomes available, establishments should ensure that the staff is made aware.

It is the responsibility of management to determine appropriate and reasonable working arrangements, including those for working alone (with other people) and to provide guidance and support to staff.

There are many different types of situations where working alone will be applicable. In some jobs it will be an integral part of the role, in others it may occur less frequently.

It is important that managers are clear as to when such situations will or may arise and what practice and working arrangements will be appropriate having regard to the nature of the event and the particular circumstances.

A risk assessment should be undertaken.

This process needs to be undertaken in conjunction with and discussed fully with the members of staff concerned to ensure that there is a clear understanding of what is required.

There need to be mechanisms to ensure that staff members new to situations are properly briefed. There will be a need to review agreed arrangements to take account of operational experience, or to consider any new or changed situations. It is known that the highest risks often occur in emotionally charged situations involving for example upset, anger, or stress.

There is a need also to identify what procedures can be put in place to assist staff if problems arise. Support systems will need to take account of such issues as location, timing, communications, emergency contact(s) and degree of risk. In some situations the risk might be considered too great for working alone to be permitted.

During the actual event an individual member of staff is ultimately reliant on his/her professional judgement and common sense for dealing with the particular circumstances that arise. The process of preparation, planning, management advice, training and review as described above including the range of techniques available and essential safeguards that are required provide an essential and critical framework of support and guidance.

When dealing with these children, staff will necessarily be involved in assisting them with a variety of issues. This will include 1:1 assistance, which will sometimes, depending on the nature of the need, involve care and personal contact. For example, assisting with hygiene problems, toileting, undressing children for swimming, bathing or undertaking, where necessary, particular intimate tasks assisting children with disabilities or dealing with distress.

Staff will use their professional judgement when dealing with these situations, but it is important that the manager has in place appropriate measures and guidance to safeguard children and members of staff. A regular review and audit of activities will identify those situations where working alone is both necessary and justified. This will enable appropriate procedures to be determined. Where there is a genuine concern about the degree of risk, the manager will need to consider the advisability of having a second member of staff in attendance.

Further guidance on specific matters is set out below.

1. One to one situations

These can be planned, unplanned, on-site or off-site events. The planning process will need to identify their purpose, need and the working arrangements and procedures to be followed. The frequency will also be a factor.

Other considerations include:

- Informing other key colleagues of planned events, start/finish times and any concerns. Whenever possible be visible e.g. window, door kept ajar: there are many places where 1:1 work can take place outside of a single room.
- Is there an opportunity/need for a witness to be present or close by?
- Whenever possible 1:1 work should take place in a single area within an establishment (i.e. so that other staff know that this activity is taking place).
- Think carefully about seating arrangements (e.g. avoid placing yourself between pupil and door).
- Proximity considerations, body language, tone of voice, attitude.
- Any specific issues e.g. behavioural, cultural, gender, emotional? Support arrangements.
- Are there any other viable alternatives to a 1:1 session?

2. Out of hours' activities on our site:

When organizing and running such activities (examples of which are lunchtime sessions, wraparound, after school clubs) it is essential that emergency contact and support arrangements are put in place and that the staff involved are briefed on these.

Planning and preparation including risk assessment will need to take account of any relevant factors e.g. the scope of the activity, the client group(s) concerned, duration and timing, on-site and off-site support, requirements arising from term time or closure period considerations and associated training needs.

3. Home visits

Through the planning process, identify whether these are necessary (consider alternatives) and if so, whether this should involve working alone or a visit by two colleagues. Information about the family and any potential risks is required for an effective assessment before deciding on the visit. The visit should not take place if the risk is deemed too great. If working alone is justified/necessary the following considerations will apply:

Other colleagues must be informed and given details of timings/issues

Location - access/egress

Who will be present

Access to communications e.g. mobile phone,

Emergency contact/support

If uncertain cut visit short

15. Dressing room policy for swimming:

- Swimmers should be supervised at all times in the dressing rooms by two (2) members of staff who have current enhanced DBS disclosures.
- Adult staff (e.g. coaches, physios, match officials, other volunteers) should not change or shower at the same time using the same facility as swimmers.
- Separate facilities should be made available for each gender and each group should be supervised by staff of the same gender.
- Volunteers should not offer to do tasks of a personal nature which a young person could do for themselves unless requested to do so by a parent/guardian, although, please note that some young people may need assistance with tying laces, fitting head guards etc)
- If a young person is uncomfortable changing or showering in public no pressure should be placed on them to do so. Encourage them to do this at home.
- If your club has swimmers with disabilities involve them and their carers in deciding how they should be assisted and ensure they are able to consent to the assistance that is offered.
- Any staff, medical or otherwise, of the opposite gender to the team, for example, a female physio working with a male team, must not be present in the dressing rooms whilst swimmers are getting showered or changed.
- No photographic equipment should be allowed in the changing room environment. This includes cameras, video cameras, mobile phones with photographic capabilities etc.

16. Complaints Policy:

Crohn's and Colitis Relief are committed to providing a safe, stimulating, consistent and accessible service to patients, their parents and to our staff. We always aim to provide high quality services for everyone, but accept that sometimes things do not always go to plan. In such circumstances, we want to know of any concerns so that we can put them right and learn from our mistakes.

This policy constitutes the Crohn's and Colitis Relief formal Complaints Procedure. Under normal circumstances, the Charity Co-ordinator will be responsible for managing complaints and communicating with the Manager of Childcare Services. If a complaint is made against the Charity Co-ordinator, the Manager of Childcare Services will conduct the investigation. All complaints made will be recorded in detail and stored.

Stage One

If a child, parent or staff member has a complaint about some aspect of the Crohn's and Colitis Relief activity, or about the conduct of an individual member of staff, it will often be possible to resolve the problem by speaking to the Site Co-ordinator and/or to the Charity Co-ordinator. Crohn's and Colitis Relief is committed to regular and open dialogue with parents and the charity welcomes all comments on its services, regardless of whether they are positive or negative. CCR also requests feedback from

parents and children via regular evaluations and questionnaires.

In the first instance, patients, parents and staff are encouraged to speak directly to the Site Co-ordinator, if deemed appropriate. Alternatively, the Charity Co-ordinator should be approached, who will try to resolve the problem. If a satisfactory resolution cannot be found, then Stage Two of the procedure will formally come into operation. All complaints will be logged so that issues can be reviewed as part of Crohn's and Colitis Relief's commitment to maintain best practice.

Stage Two

If informal discussions of a complaint or problem have not produced a satisfactory resolution to the situation, the child, parents or staff should put their complaint in writing to the Charity Co-ordinator. Relevant names, dates, evidence and any other important information on the nature of the complaint should be included.

Crohn's and Colitis Relief will acknowledge receipt of the complaint as soon as possible – within three to seven working days. The matter will be fully investigated within 28 working days. If there is any delay, Crohn's and Colitis Relief will advise the child, parents or staff member of this and offer an explanation. The Charity Co-ordinator will be responsible for sending a full and formal response to the complaint.

If the complaint has Child Protection implications, Crohn's and Colitis Relief's Designated Safeguarding Lead will be informed and will ensure that the local Social Care department is contacted. If any party involved in the complaint has good reason to believe that a criminal offence has been committed, then the police will be contacted.

The Charity Co-ordinator may arrange to meet the child, parent or staff member concerned and any other relevant individuals, such as members of staff, to discuss the complaint and Crohn's and Colitis Relief's response to it. The Charity Co-ordinator will judge if it is best for all parties to meet together or if individual meetings are more appropriate.

Either party may need to consider consulting an external mediator who is acceptable to both parties and will offer support and advice. Any mediator must ensure discussions are kept confidential.

A formal response to the complaint will be sent to the patient, parent or staff member concerned and copied to all relevant members of staff if appropriate. The response will include recommendations for dealing with the complaint and for any amendments to the Crohn's and Colitis Relief's policies or procedures emerging from the investigation.

If at the conclusion of this process the patient, parents or staff member remain dissatisfied with the response they have received, the original complaint along with Crohn's and Colitis Relief's response will be passed to the Manager of Childcare Services who will adjudicate the case. A formal record of all meetings will be taken and made available for those concerned should they wish to see them.

The Manager of Childcare Services will communicate a detailed response, including any actions to be taken, to both the Charity Co-ordinator and the parents concerned within 15 – 28 working days.

At any stage if the child, parent or staff member is dissatisfied with the response or concerned about children's welfare they can make a complaint to Charity Commission.

Making a Complaint to Charity Commission

Any patient, parent or staff member can, at any time, submit a complaint to Charity Commission about any aspect of registered relief provision. Charity Commission will consider and investigate all complaints received that are in breach of the relevant statutory requirements.



**CROHN'S AND
COLITIS RELIEF**

Fighting the condition with love and care

**CHILD PROTECTION COMPLAINT FORM AND CONFIDENTIAL
INCIDENT RECORD FORM**

Date _____

Name _____

Address _____

Tel _____

Complaint:

17. Whistle Blowing Policy

Staff must acknowledge their individual responsibilities to bring matters of concern to the attention of the Charity Co-ordinators and/or Trustees. Although this can be difficult it is particularly important where the welfare of children may be at risk.

We have adopted a zero tolerance approach to any unacceptable behaviour towards an individual raising concerns e.g. reprisals, bullying, harassment, victimisation. We will make sure workers are clear that action will be taken where behaviour is unacceptable.

You may be the first to recognise that something is wrong but may not feel able to express your concern out of a feeling that this would be disloyal to colleagues or you may fear harassment or victimisation. These feelings, however natural, must never result in a child or young person continuing to be unnecessarily at risk. Remember it is often the most vulnerable children or young people who are targeted. These children need someone like you to safeguard their welfare.

Crohn's and Colitis Relief will not tolerate harassment or victimisation and will take action to protect staff when they raise a concern in good faith. Crohn's and Colitis Relief will do its best to protect a whistle blower's identity when a concern is raised and a Leader does not wish their identity to be disclosed. However, if the concern raised needs to be addressed through another procedure, the worker may be required to provide a signed statement as part of the evidence. In some circumstances the setting may have to disclose the identity of the worker without their consent; this will be discussed with the Leader first. Crohn's and Colitis Relief will ensure that appropriate advice and support is made available to the Leader raising the concern. Any person raising a concern will be kept informed of the progress and outcome of any investigation. Crohn's and Colitis Relief will not tolerate malicious allegations, which may be considered a disciplinary offence.

Reasons for whistle blowing:

- Each individual has a responsibility for raising concerns about unacceptable practice or behaviour to prevent the problem worsening or widening
- To protect or reduce risks to others
- To prevent becoming implicated yourself

What stops people from whistle blowing?

- Starting a chain of events which spirals
- Disrupting the work or project
- Fear of getting it wrong
- Fear of repercussions or damaging careers
- Fear of not being believed

How to raise a concern

- You should voice your concerns, suspicions or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner it is possible for action to be taken
- Try to pinpoint what practice is concerning you and why
- Approach someone you trust and who you believe will respond
- Make sure you get a satisfactory response – don't let matters rest
- Put your concerns in writing on a 'Confidential Incident Record' form
- Discuss your concerns with the Charity Co-ordinator or Manager
- A member of staff is not expected to prove the truth of an allegation but will need to demonstrate sufficient grounds for the concern
- The Charity Co-ordinator or Manager will undertake an investigation into your concerns and offer you support.

Investigation

The action taken will depend on the nature of the concern. All matters raised will be thoroughly investigated internally. Initially meetings will be arranged with the staff member who has raised the concern and, separately, any individuals involved. Based on the discussions at these meetings, a decision will then be made to determine whether an investigation is appropriate and if so what form it will take. Concerns or allegations that raise issues which fall within the scope of other policies will be addressed under those procedures. Leaders raising the concern will be informed about how the matter was investigated, conclusions drawn from the investigation and who they should contact if they be unhappy with the response. If the concern raised involves the C Co-ordinator, then the Designated Safeguarding Lead will carry out any investigation necessary.

18. Contact Details:

Crohn's and Colitis Relief

58 Forburg Road

London N16 6DT

Email info@theccr.co.uk

Website <http://ccr.wix.com/crohnsandcolitisrelief>

Charity Co-ordinator – Mr Schapiro

(Office) 0203 519 6515

(Email) leviyschapiro@gmail.com

Deputy Charity Co-ordinator – Mrs Rapaport

(Office) 0203 519 6515

(Mobile) 07826 446 670

(Email) forburgconsultancy@gmail.com

Designated Designated Safeguarding Lead – Mrs Y Domb

(Office) 0208 211 7107

(Mobile) 07815 906 884

(Email) yitty18@gmail.com

Administrator - Mr Schechter

(Office) 0208 809 7737

(Mobile) 07973 660 396

(Email) shakter141@gmail.com

Useful Numbers

Children’s Social Care 0208 356 5500

Urgent out of hours – 0208 356 2710

Local Authority Designated Officer Hackney - 0208 356 4569

Haringey - 0208 489 2968

Police 999

Charity Commission 0300 066 9197