



Safeguarding Children Policy

November 2017

ConnectEd

Pathways


Rainbows


Stay&Play


St Francis

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The Catholic Children's Society (Westminster)
73 St Charles Square
London W10 6EJ
Tel: 020 8969 5305 Fax: 020 8960 1464

info@cathchild.org.uk
www.cathchild.org.uk

Charity No 210920 Company No 85235

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1. Aims

- Safeguarding children not only includes child protection, but also encompasses a range of other areas, including but not limited to, health and safety, bullying, site security, medical needs, drugs and substance misuse.

The Catholic Children's Society (CCS) is committed to:

- ensuring that the welfare of children is paramount at all times
- working in partnership with others in order to safeguard children
- ensuring safe and effective working practices are in place

2. Introduction

This policy sets out clear expectations about the roles and responsibilities of the Catholic Children's Society and all its employees, volunteers and representatives, in working together with other professionals and agencies in promoting children's welfare and safeguarding them from abuse and neglect. It also outlines the procedure for handling allegations against professionals, either current or non-recent.

Failure to adhere to this policy may result in further steps, including potential disciplinary proceedings.

This policy takes account of the following:

The Children Act 1989 and 2004: provides the main legislative foundation for the care and protection of children. Its overriding consideration is that the child's welfare is paramount and delay is likely to prejudice a child's welfare.

[London Child Protection Procedures \(2017\)](#): which provides in Part A, London-wide procedures for responding to abuse and neglect, and in Part B, more detailed practice guidance.

[Working Together to Safeguard Children \(2015\)](#): provides a national framework within which agencies and professionals should work together to put the Children Acts into practice.

This policy stands alongside the other CCS policies listed below:

- whistle blowing
- complaints
- information sharing,
- safeguarding adults at risk
- disciplinary
- Computer & email policy

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3. What is abuse and neglect?

Working Together to Safeguard Children (2015) defines abuse as:

“A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.”

Physical abuse: *“A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.”*

Emotional abuse: *“The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it alone, may occur”.*

Sexual abuse: *“Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”*

Neglect: *“The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:*

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- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate care-givers); or*
- *ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs."*

In addition to the main categories of abuse, it is important to be aware that children and young people may also be vulnerable from a number of additional specific safeguarding issues:

- bullying, including online bullying and prejudice-based bullying
- racist, disability and homophobic or transphobic abuse
- gender-based violence/violence against women and girls
- radicalisation and/or extremist behaviour
- child sexual exploitation and trafficking
- the impact of new technologies on sexual behaviour, for example sexting
- teenage relationship abuse
- substance misuse
- issues that may be specific to a local area or population, for example gang activity and youth violence
- domestic violence
- female genital mutilation
- forced marriage
- fabricated or induced illness
- poor parenting, particularly in relation to babies and young children
- other issues not listed here but that pose a risk to children, young people and vulnerable adults.

Appendix 2 of the Catholic Children's Society Guidance includes a glossary of other terms used within Working Together 2015.

4. Thresholds for support and intervention

*Whilst local authorities have the overarching responsibility for safeguarding children and protecting them from harm, safeguarding is **everyone's responsibility**. Everyone who comes into contact with children and families has a role to play.*

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- *Safeguarding and promoting the welfare of children is defined as:
Protecting children from maltreatment;*
- *Preventing impairment of children's health or development;*
- *Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and*
- *Taking action to enable all children to have the best outcomes."*

Working Together to Safeguard Children 2015

Every local LSCB (London Children's Safeguarding Board) will have a published Thresholds of Needs Guide. These broadly outline the following thresholds:

- Universal:
- Early Help:
- Child in Need (CIN): those children unlikely to reach or maintain a satisfactory level of health and development, or their health and development will be significantly impaired without the provision of services.
- Child Protection (CP): threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm.

5. Responsibilities of The Catholic Children's Society

- To provide a clear safeguarding policy and procedures that are reviewed annually and made available to all staff and volunteers and service users on the CCS website.
- To ensure there is a Senior Designated Safeguarding Lead (and enough appropriately trained DSLs to cover all individual sites) who is the key point of contact within the organisation for staff/volunteers to share any safeguarding concerns with.
- To ensure the senior leadership team have appropriate feedback from the Designated Safeguarding Lead in order to review and evaluate the effectiveness of the policy and procedures.
- To ensure that any gap or weaknesses identified, are remedied in a timely way.
- To ensure all staff and volunteers have access to high quality safeguarding training, at a level and frequency appropriate to their role and responsibilities.
- To ensure that all staff are aware of and have understood the organisation's code of conduct.
- To ensure that sufficient resources are directed to this area of work.

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- To ensure that the organisation follows robust safer recruitment procedures.

Training

All workers will receive safeguarding children training at a level appropriate to their role and responsibilities. This should be refreshed annually in line with good practice.

The designated safeguarding lead and deputy, should access training annually as good practice, in order to keep apprised of any national and local changes to procedures and legislation. In addition the Society will ensure that sufficient numbers of appropriate staff have accessed Safer Recruitment training to enable at least one person per interview panel to meet the best practice standards in safer recruitment.

PROCEDURES:

6. Reporting concerns about a child or young person

If a worker has safeguarding concerns about a child or young person, they should report concerns to the designated safeguarding lead as soon as possible using the safeguarding concerns Proforma (and use of body map if helpful / appropriate) These documents will be held securely by the designated safeguarding lead.

If the member of staff is unable to contact the local DSL, they should contact the Deputy or senior Designated Safeguarding Lead.

Senior Designated Safeguarding Officer: Rosemary Keenan

Deputy Designated Safeguarding Officer: Caroline Bennett

Designated Safeguarding Leads (DSL)

- Post Adoption & After Care: Irena Lyczkowska
- Connected Central: Aine Hayes
- ConnectEd North: Meryem Adem
- ConnectEd West: Liz Lockwood
- St Francis Family Centre: Margaret Wilkinson
- St Mark's Stay & Play: Sandra Mullings
- **Therapeutic Staff working in schools - DSL in school where the child is located**

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7. DEALING WITH CHILD PROTECTION CONCERNS

Initial Action

7.1 ACTION BY PERSON RECEIVING OR IDENTIFYING A CONCERN

- Treat the concern seriously and take all reasonable steps to protect the child
- Call an ambulance if urgent medical attention is needed and immediately inform the Duty Social Worker within the Local Authority covering the child's home address
- Talk to the child according to age, understanding, language preference and special needs
- Avoid leading questions and keep an open mind
- Do not interrupt, make assumptions, offer suggestions or alternative explanations, or attempt to investigate the concern
- Reassure the child that information will only be passed on a 'need to know' basis; do not promise total confidentiality
- Tell the person with designated responsibility for child protection immediately

7.2 ACTION BY DESIGNATED PERSON

- Discuss the information with the person receiving the concern in order to decide what action to take
- If the child has made an allegation against a professional, the Designated Lead should now contact the LADO within the Local Authority where the professional works
- Has the child suffered or is the child at risk of significant harm? If yes, contact the Duty Social Worker in the Local Authority where the child's home address is located
- Does the concern amount to a possible criminal offence? NB: REMEMBER concerns about possible sexual abuse should not be discussed with the parents prior to discussion with Children's Services. If yes, contact the Duty Social Worker in the Local Authority where the child's home address is located
- Does the child need additional services? If yes, can the organisation support this? If not, do you need to contact the LA for support e.g. education psychologist or should you make a 'child in need' referral to statutory services in the borough e.g. Localities or Early Help

7.3 CONSENT

- **If the child can understand the significance and consequences of making a referral to LA children's social care, they should be asked their view.**
- **However, it should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.**

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- Where practicable, concerns should be discussed with the parent and agreement sought for a referral to children's social care unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions or reactions
- Where a professional decides not to seek parental permission before making a referral to LA children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to children's social care.
- The parent's withholding of permission must form part of the verbal and written referral to LA children's social care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.
- Any doubts should be discussed with the Duty Social Worker within the Local Authority covering the child's home address

7.4 RECORDING

- The person receiving the concern should record the information including date, time, place, those present and anything said, in the child's own words. This should be signed and dated by the person receiving and countersigned by the designated person.
- All decisions (including taking no further action), the reasons and those who made them, should be recorded (timed, dated, signed and countersigned as appropriate)
- When calling the Duty Social Worker, be ready to provide the child's name, date of birth, ethnicity, address, information about the concern as above, details of any siblings and contact details of parent(s)

You may need to refer to your notes if called to give evidence in court

REMEMBER

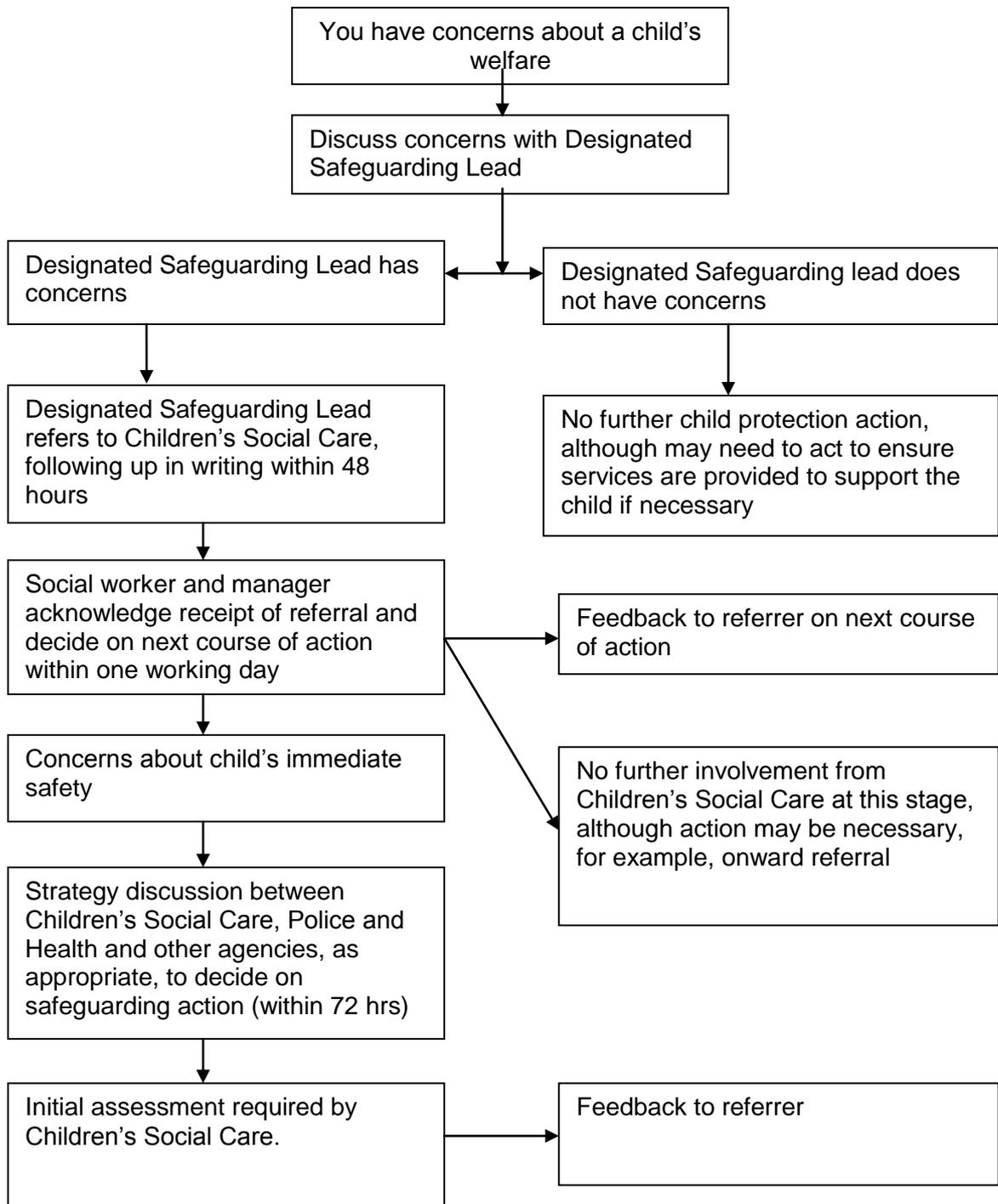
Act quickly, delay may prejudice a child's welfare

Where an allegation is made against a member of staff who works in a CCS Ofsted registered and inspected project, CCS is also required to inform Ofsted of the allegation as soon as it has been made. This includes both current and non-recent abuse.

(Contact details for Ofsted are: Piccadilly Gate, Store Street, Manchester M1 2WD. Telephone: 0300 123 1231; E-mail: enquiries@ofsted.gov.uk).

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PROCEDURE TO BE FOLLOWED BY ALL THOSE WORKING FOR THE CATHOLIC CHILDREN'S SOCIETY IF YOU HAVE CONCERNS ABOUT A CHILD'S WELFARE:



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8. Reporting concerns/allegations about staff/volunteers:

8.1 An allegation may relate to a person who works (or volunteers) with children who has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;

or

- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.”

8.2 In the event of the safeguarding concern / allegation (whether current or non-recent) being about a member of staff/volunteer, this should be reported to the designated safeguarding lead, who in turn will consult with or refer to the LADO (Local Authority Designated Officer – in line with the London Child Protection Procedures).

8.3 If the staff concern or allegation (whether current or non-recent) is about the designated safeguarding lead, the member of staff should contact the LADO directly, and follow the whistle blowing policy.

8.4 Allegation about a priest / employee or volunteer of the Catholic Church:

The discussion with the DSL must also consider whether or not the alleged abuser is a priest or an employee of the Catholic Church or a volunteer in the Church. In line with the Data Protection Act 1998, the written permission of the service user for information to be passed on to the Diocesan Safeguarding Co-ordinator should be sought. The contact details for this person are at the end of this document. Appendix 3 gives information on the Catholic Church and Safeguarding Children.

8.5 Recommendations regarding suspension, will be made to CCS at the point of referral to the LADO or at the initial LADO strategy meeting. Any recommendation by the LADO to suspend a member of staff will be kept under review and will include consideration of a duty of care towards the member of staff.

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9 Therapeutic staff working in schools:

If disclosure by a child is made to a member of CCS staff working within a school, you should follow the school's safeguarding policy and procedures and report to the school DSL. If the allegation is about a member of the school staff, the counsellor should discuss this immediately with The DSL in the school who will inform the head teacher of the school. If the allegation is made about the head teacher then the chair of governors will be informed by the school DSL so that they can inform the Local Authority Designated Officer (LADO).

10 Staff Working within the Post Adoption and After Care Team, St Francis Family Centre, St Mark's Stay & Play:

The worker should inform their Team Leader who is their DSL of the matter or their DSL if there is no Team Leader. The DSL will need to read the file and agree which local authorities should be informed. Where appropriate, the regulatory authority - Ofsted - should also be informed of any concerns. If the Team Leader / DSL is unavailable the Deputy DSL, who is the Head of Services or the Lead DSL should be informed, this is the Chief Executive Officer. The DSL must inform the Lead DSL

11 Non-recent abuse.

11.1 All allegations of non-recent abuse by an adult(s) that s/he or another person was abused as a child or young person whilst receiving a service from the CCS or after adoption or fostering through the agency, must be treated seriously. An adult is defined as anyone over the age of 18. In relation to this type of historical allegation, the CCS defines non-recent abuse as:

- The actual or likely abuse reported by an adult, that s/he or another person was abused as a child or young person whilst receiving a service, in the care of or placed for fostering by the agency or after adoption through the Agency. Abuse comprises emotional abuse, neglect, physical injury and sexual abuse as defined above. Abuse does not include care of a standard that was accepted at the time by the Agency, but would not be accepted now

11.2 Where the allegation of abuse is made by a child under 18

If a child under 18 comes forward about abuse when they were younger, the LADO should be informed. Consent is not required for this.

11.3 What to do if an adult comes forward to disclose abuse that occurred when they were a child

In such cases, with their consent, police should be notified. The LADO will still need to be notified if the abuser is known to still be working or may still be working with children so that risk assessments can be undertaken. Consent of the adult is not required for this and the identity of the alleged victim may not be disclosed to the LADO without the alleged victim's consent.

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11.4 **What to do if an adult comes forward with disclosure of abuse but the perpetrator is known to have died.**

In such cases with the consent of the alleged victim, police are notified but the LADO is not notified.

IT IS IMPORTANT TO CONSIDER THAT CONSULTATION WITH THE LADO CAN BE VERY HELPFUL IN COMPLEX ISSUES TO HELP DETERMINE ANY NEXT STEPS.

Where the alleged abuser does not work with children, an initial and brief discussion must be had to ascertain if possible what risks the alleged perpetrator may continue to pose to children and others. It would not be the role of the CCS to conduct any investigation at this initial stage, which could potentially reveal a criminal matter. The alleged victim should be encouraged to report the matter to either: a) their local police and matters are then referred to the relevant Child Abuse Investigation Team to deal with the matter or b) the Police in the location where the alleged offence occurred, and corroboration of the referral obtained, for example a crime reference number. If this has not already happened or will not happen, then that worker must consult with their Line Manager and inform the police. The urgency of this referral should be discussed with the CCS Line Manager who will consider the current perceived risk of abuse to children. This procedure will take place whether or not the person reporting the matter is the victim. It will also take place even if the alleged victim withholds consent for their details to be passed to the statutory services. Consideration should be given, however, to the vulnerability of the alleged victim before a report is made.

Where the allegation of non-recent abuse is made against a member of the clergy or a religious, liaison between the Safeguarding Co-ordinator and CCS staff must be discussed with the service user and agreement sought to the appropriate exchange of information if that information does not entail a child or persons at risk of significant harm. A written record must be kept of the information that can be shared from the outset and may be reviewed subsequently. All records and information held must be stored and transported in accordance with the current Data Protection legislation and policy.

Signed off by Dr Rosemary Keenan – CEO and CCS Trustees
The Royal Borough of Kensington & Chelsea LSCB

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Appendix 1: Guidelines for Safer Working Practice:

- i. Know the organisation's safeguarding policy and procedures and ensure you know who the designated safeguarding leads are
- ii. Maintain professional boundaries
- iii. Do not share your address, personal phone number or email address, social media accounts.
- iv. Any gifts to individual children should be of insignificant value and given equally as part of an agreed reward system
- v. Do not single a child out for special treatment
- vi. Do not accept gifts regularly, or ones of significant value. Declare any that may be misconstrued.
- vii. If a child touches you inappropriately, it may be innocent, but could indicate a problem that needs to be explored
- viii. Avoid clothing which could give the wrong messages
- ix. Physical contact should be needs led, age and gender appropriate
- x. Avoid conduct which could be misinterpreted e.g. horseplay, tickling or fun fights
- xi. Do not do anything personal for a child that they can do for themselves
- xii. Report incidents involving a child, including injuries
- xiii. Do not make, or encourage others to make, comments which are inappropriate, demeaning or insensitive, or humiliating, or might be interpreted as such
- xiv. Do not take photographs of children using personal equipment and only with the agreed permission of your line manager.
- xv. Do not socialise with children or take them to your home
- xvi. Avoid meeting with children in secluded areas
- xvii. Ensure visual access and/or open door in 1:1 situations and avoid using 'engaged' signs on doors.
- xviii. Report any concerns about a colleague's behaviour and/ or attitude toward children
- xix. **IF IN DOUBT ALWAYS SHARE A CONCERN**

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Appendix 2: Glossary of Terms used in Working Together 2015

Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.
Safeguarding and promoting the welfare of children	Defined for the purposes of this guidance as: <ul style="list-style-type: none">• protecting children from maltreatment;• preventing impairment of children's health or development;• ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and• taking action to enable all children to have the best life chances.
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying

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to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

Young carer

A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).

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Appendix 3: The Catholic Church and Safeguarding Children

The Catholic Church is fully committed to acting within the guidance as set out in *Working Together to Safeguard Children* (2015) The Catholic Church has a National Safeguarding Advisory Service (CSAS). This, and its earlier predecessor organisation COPCA, was established following reviews of child protection and safeguarding within the Catholic Church chaired by Lord Nolan (2001) and Baroness Cumberlege (2006).

The Catholic Safeguarding Advisory Service Procedures outline the following principles and values:

1. Key Principles and Values

The following expressions of principles and values have been agreed by the Catholic Church nationally and underpin its response and actions under these procedures at all times.

1.i The Catholic Church in England and Wales embraces its role in supporting children to achieve their full potential in an environment where they are protected from exploitation, abuse and maltreatment.

1.ii All adults within the Church have a responsibility to act and intervene when it appears that children need to be made safe from harm, whether the risk of harm is Neglect, Sexual Abuse, Physical Abuse or Emotional Abuse.

1.iii The Church will act in an open, transparent and accountable way in working in partnership with Children's Social Care Services, the Police, Health Agencies, Probation Services and other agencies to safeguard children and assist in bringing to justice anyone who has committed an offence against a child.

1.iv Anyone who brings concerns or allegations to the notice of the Church will be responded to sensitively, respectfully and seriously. All concerns and allegations will be dealt with within the national procedures and in a timely manner.

1.v The Church is fully committed to acting within the guidance as set out in *Working Together to Safeguard Children* 2015 and acknowledges that the Church must work in partnership with other agencies and not act alone.

1.vi Pastoral Care will be made available to children and their families and to other relevant people where there have been concerns and allegations of some form of harm or maltreatment of a child.

1.vii Where services and support are provided to an adult, who has acted to harm a child, safeguards should be put in place to manage the risk that the adult may harm another child.

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2. The Catholic Church in England and Wales is fully committed to work in relation to Vulnerable Adults:

- 2.i Actively and constructively within legislative frameworks set out in guidance ;
- 2.ii Actively promote the empowerment and well-being of vulnerable adults through the church;
- 2.iii Recognise that everyone has the right to live their life free from violence, fear and abuse;
- 2.iv Recognise that adults have the right to be protected from harm and exploitation, and;
- 2.v Recognise that adults have the right to independence that involves a degree of risk
- 2.vi The Church will act in an open, transparent and accountable way in working in partnership with Adult Social Care Services, the Police, Health Agencies, Probation Services and other agencies to safeguard vulnerable adults and assist in bringing to justice anyone who has committed an offence against a vulnerable adult.

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APPENDIX: 4

Disclosure of abuse – what to do if a child makes a disclosure:

- React calmly so as not to frighten or deter the child / young person
- Listen carefully to what the child / young person tells you without interrupting and take it seriously.
- Ask questions for clarification only. Do not use leading questions that could lead to a particular answer.
- Do not stop a child / young person who is freely recalling significant events. Allow them to continue at their own pace
- Acknowledge how difficult it might have been for them to share this with you.
- Reassure them that they have done the right thing in telling.
- Tell the child / young person that they are not to blame.
- Never promise a child / young person that what they told you can be kept a secret. Explain to the child / young person that you have a responsibility for their safety and therefore have to tell someone in authority. Let them know there are others who can help them and that they are not alone.
- Tell them what you will do next and with whom the information will be shared
- Ensure the safety of the child / young person
- As soon as possible, take care to record in writing what was said using the child's own words. Record the date, time, setting, any names mentioned, to whom the information was given and other people present. Sign and date the record.
- Record any subsequent events and actions.
- It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with the appropriate designated safeguarding lead and followed through appropriately.

NB: You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interests of the child / young person, these concerns should be raised with the designated safeguarding lead and followed through appropriately.

We must remember that all citizens have a moral duty to protect children and refer concerns to the relevant authorities as outlined in these procedures.