

## Jacari Child Protection Policy

### Summary

All Jacari volunteers are responsible for ensuring the well being of children<sup>1</sup> in their care. Jacari Trustees, President, and Committee Officers have drawn up this policy in order to act on the principle that children's welfare is of paramount importance to Jacari as a charitable trust.

This means that if abuse of any nature (physical abuse, emotional abuse, sexual abuse or neglect) of a child is suspected it should be reported to the Jacari President or one of the trustees as soon as possible, who will then inform social services, if necessary.

It is NOT the duty of Jacari volunteers to investigate suspected abuse, but it is important to listen to what a child is saying and to pass on any concerns.

Whenever carrying out Jacari business, all volunteers will take all necessary and practicable steps to protect the well being of Jacari children<sup>1</sup>, which includes not putting themselves in a potentially compromising situation. In particular, if there is no adult related to the child present on the premises and the child in question is under 16 years of age, then volunteers shall not commence a lesson at a child's home. In this situation the volunteer ought to immediately contact the President or the Vice-President to report the situation and for advice.

<sup>1</sup> For the purposes of this document a "child" is defined as any child or young adult who is assigned to any Jacari volunteer.

### Key Contacts

Jacari President: jacari@herald.ox.ac.uk

#### **Oxfordshire County Council Social & Health Care**

*The last three numbers are for child protection referrals in Oxfordshire. Pick the one that is closest to the child's home address.*

Customer Services Unit: (01865) 375515

Banbury Assessment Team: (01295) 756517

Oxford Assessment Team: (01865) 815489

Abingdon Assessment Team: (01235) 549298

#### **Thames Valley Police**

St Aldates, Oxford, OX1 1SZ, Telephone: 08458 505 505

#### **NSPCC**

Child Protection Helpline: 0808 800 5000

**Introduction**

Jacari has produced this document as a statement of its belief in the right of every child and young adult to be valued and treated with dignity and respect. It affirms its desire to promote the welfare of all children and young adults, acknowledging their right to be safe and their need to flourish in an atmosphere of trust.

This policy has been designed to meet the needs of all children in the care of Jacari.

This policy document was developed recognising that some children and young adults have specific needs, and consideration is given to these needs with regard to the application of the major elements of this policy.

Our statement on Child Protection is as follows:

**Jacari aims to ensure the effective prevention of abuse by helping children to develop self-esteem and self-confidence, and the effective management of suspicions of significant harm to children and subsequent referrals.**

Jacari has recognised the importance of our objects as a charity when producing this policy and also of the following aims:

1. To promote awareness of the issues surrounding Child Protection amongst volunteers. They should be familiar with what child abuse is and have to hand information about its common indicators.
2. Volunteers should be aware of the importance of keeping adequate records if child abuse is suspected. These records should serve to build up a clear picture of the child and as a means of noting whether there are concerns for the welfare of the child or where there is suspicion of significant harm to a child and will be used if a referral is made to Social Services.
3. To ensure that adequate information on Child Protection is provided to the President and that appropriate information on Child Protection is made available to all volunteers.

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## Part 1: Definitions of abuse

Definitions and Common Indicators of abuse (Taken from 'Working Together' DHSS and NSPCC)

**Child abuse is defined as... 'Harm to children by parents, sibling or other relative, a carer (such as foster parent or staff member in a residential home), an acquaintance or a stranger. The harm may be the result of a direct act or by a failure to act to provide proper care, or both'.**

The five catalogues of abuse are:

**1. NEGLECT:** The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive.

This covers situations where children suffer because those who care for them fail to do things such as provide enough food, clothes or a warm home for them. This failure would have to be severe 'Non-organic failure to thrive' means that a child is very small or underweight for their age, and there is no physical reason, such as disease, for this.

**2. PHYSICAL ABUSE:** Physical injury to a child, including deliberate poisoning, suffocation or Munchausen's Syndrome by proxy, where there is a definite knowledge, or a reasonable suspicion, that the injury was knowingly inflicted, or not prevented.

If a child or young person is physically hurt by another person, this could be abuse. Different families have different ideas about how to 'punish' children, but if an adult physically hurts a child as punishment, then this is abuse. Possible indications of physical abuse are bruises, cuts, burns or broken bones. It may also be that the adult has not actually caused the injuries but should have taken better care of the child to prevent the injuries. Munchausen's Syndrome by proxy is where parents continually present their children for medical treatment when the child is not ill. The parents may also deliberately make the children ill.

**3. SEXUAL ABUSE:** The involvement of dependent and/or developmentally impaired children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles.

Sexual abuse is where adults try to use children for their own sexual intentions, this may involve pornography, sexual intercourse or other forms of sexual activity which the child does not consent to and does not understand.

**4. EMOTIONAL ABUSE:** Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill treatment. This category should be used where it is the main or sole form of abuse.

Emotional abuse is less clearly defined than other categories of abuse, but would include a child being picked on, taunted or continually made an example of by an adult.

**5. GRAVE CONCERN:** Children whose situation does not fit the above categories, but where social and medical assessments indicate that they are at significant risk of abuse. These could include situations where another child in the household had been harmed.

NB. These categories of abuse are neither exhaustive nor mutually exclusive.

## **Part 2: The effective prevention of abuse Guidelines for volunteers**

1. All children are treated with dignity and respect. They are involved in all suitable activities and made to feel that they are valued members of the community.
2. The child's wishes and needs are to be considered and opportunities to make choices are to be given, as appropriate. *Children and young adults who have greater control over their lives are less vulnerable.*
3. There should be appropriate intimate care practices (Part 2, paragraph 8).
4. There are clearly defined procedures for dealing with concerns or allegations raised by children. (Parts 4-6)
5. The Child Protection policy is reviewed and updated when appropriate on a regular basis.
6. The President should seek to remain up to date on child protection issues and should disseminate this information to Jacari volunteers and trustees where appropriate.
7. If there is no adult related to the child present on the premises and the child in question is under 16 years of age, then volunteers shall not commence a lesson at a child's home. In this situation the volunteer ought to immediately contact the President or the Vice-President to report the situation and for advice.
8. Whether during home tuition or at a Jacari outing, children may only be taken to the toilet or have their clothes changed by a person who is authorised to do so by the child's parent. In the case of outings a child may only be taken to the toilet or have clothes changed by the volunteer who has express written parental consent to do so.
9. No child may be taken to any form of residential event and no child may be taken to the home of any volunteer without explicit written parental consent.
10. A parental or carer's consent form must be completed and signed for each occasion on which a child is to be taken on any trip or outing outside of the child's home.
11. Prior to each Jacari outing the President must ensure that risk assessment forms are completed in accordance with Jacari Health and Safety Policy.
12. No Jacari outing can go ahead unless a volunteer-to-child ratio of at least 1:5 can be guaranteed.

### **Part 3: The effective prevention of abuse**

#### **Guidelines on recruitment and allocation of volunteers**

1. No volunteer can commence delivering home tuition to his/her allocated child before having a Criminal Records Bureau (CRB) check carried out on them. Jacari CRBs are carried out in association with the Oxford University Security Services, and Jacari has to abide by the conditions set out by the aforementioned Security Services.
2. All volunteers are required to undergo a CRB check and they shall be invited to do so as soon as possible after having joined Jacari, unless they possess a record of a previous CRB check, in which case Jacari has to abide by the conditions set out by the Oxford University Security Services.
3. If a volunteer brings to Jacari's attention the fact that they already have a Criminal Record, or if the volunteer fails to inform Jacari of the fact they have a Criminal Record, and this is subsequently reported in the volunteer's CRB, Jacari, under the terms of the agreement with the Oxford University Security Services, is obliged to inform the volunteer that they cannot teach until the matter has been discussed between the volunteer and the Oxford University Proctors. If the Proctors are satisfied that the Criminal Record has no bearing on the ability of the volunteer to teach and are satisfied that there are no potential risks for the child to which the volunteer has been allocated, the volunteer will be allowed to teach. If not, the volunteer will be forbidden from teaching.
4. In assessing any such reasons for concern due consideration should be given to confidentiality. However, the welfare of the relevant child shall always be the overriding paramount concern.
5. In allocating volunteers to children reasonable attention should be paid to the age group of child that the volunteer indicated he/she would be most comfortable teaching on his/her application form.
6. In allocating volunteers to children reasonable attention should be paid to the express wishes of the child's parents, regarding the preferred sex of the volunteer to be assigned.

## **Part 4: Management of "concerns" – procedures for children**

Concerns may arise through observations, or through information or disclosures from others. The detailed indicators of abuse are included in Appendix A.

### **Procedure for the management of a concern regarding a child**

#### **Stage 1: Report and initial referral**

- I. Concerns about welfare must be reported to the President at the earliest opportunity. Should the President be for whatever reason unavailable within a reasonable timeframe, concerns about welfare should be reported to the Vice-President. All volunteers have an obligation to comply.
- II. An accurate record must then be filed which includes all the facts known at that point. (Form A1 – "Record of a Concern")
- III. The President will use the "Identification of Abuse" (appendix A) to recommend to the Trustees whether to monitor the situation or to seek advice from an outside body. Advice from an outside body such as social services may be sought at this time. The President must record all decisions made (even in the case of no further action) with reasons for any decisions taken on the "Record of a Concern".

#### **Stage 2: Allocation and Information Gathering**

- I. In cases of serious concern the matter must be referred on by members of the Trustees and the President to Social Services. At this point Form B1 – "Child Protection Report Form" must be filled out by the person reporting the concern and form C1 – "Child Protection Referral Form" must be completed by the President.
- II. The President will assist Social Services in the information gathering process.
- III. A decision will be made by Social Services, the President and the trustees as to whether to proceed with a formal investigation. The decision is recorded.

#### **Stage 3: Formal Investigation**

- I. This may be conducted as a Joint Agency Investigation which includes the Police, or as a Social Services Department Investigation.
- II. A formal investigation is carried out
- III. The information gathered from the formal investigation is collated to form a risk assessment

#### **Stage 4: Decision**

All agencies attend a case conference where the decision is taken either to take no further action or to continue legal action.

**In case of immediate risk**

If concerns arise regarding an on-site situation where a child is at risk of serious harm<sup>2</sup> the welfare and safety of the child must be dealt with first and then concerns reported immediately to the President.

In cases of alleged contact sexual abuse (or other criminal act) and situations where the immediate safety of the individual is concerned, the Police (Family Protection Unit) must be immediately contacted.

**Important Points to Remember**

1. To delay reporting a suspicion of significant harm could be very serious – time is therefore crucial. If appropriate, Social Services should be contacted within 24 hours of the initial disclosure or allegation.
2. Accept what a child tells you but do not ask him/her for further information as interviews must be conducted by specially trained people.
3. Do not make physical examinations.
4. Keep accurate records and report all concerns to the President only. Do not discuss your suspicions with parents or anyone else. The President will contact parents and/or carers in conjunction with Social Services if necessary.
5. Child protection is the responsibility of the entire Jacari community – no matter what position you hold it is important that you report any suspicions or disclosures.
6. Any case of child abuse must be dealt with in accordance with approved guidelines and procedures. No action must be taken beyond that which is set out in this policy.
7. The President must make records of all decisions taken at every stage of the process.
8. Child abuse can happen to any child of any age at any time
9. All volunteers are reminded of the duty to safeguard confidentiality. If harm against a child is suspected, the personal details of those involved should only be disclosed to the persons specified in the procedure for the management of a concern regarding a child, above. The volunteers also have a duty to co-operate fully with any enquiry which may be necessary.

<sup>2</sup> For the purposes of this document "serious harm" is intended to mean risk of death or serious injury requiring hospitalisation or serious psychological harm

## Part 5: Procedures for allegations against volunteers

**The child's welfare and safety must have first priority.  
Confidentiality must be maintained at all times.  
Where possible, all actions taken under these procedures should  
be with the consent of the vulnerable person, if they are an adult.**

The term 'allegation' refers not only to accusation by name, but also where a child implies directly or indirectly, through words or other non-verbal means (including intermediaries) that a particular volunteer has behaved abusively towards them.

The aim throughout is to act in a careful and measured way following procedures which are fair and balanced and in the interests of both the child and the volunteer.

### Stage 1: Report

- Inform the President, or the Vice-President, if the President is unavailable within a reasonable timeframe, immediately of the allegation following the procedures of *Stage 1* of 'Management of Concerns' above. This should include completing form A1. The President must inform trustees of the allegation as soon as possible. If the allegation is against the President then procedures in part 6 should be carried out.
- Early action to establish the nature of the allegation, and consideration of whether it should be investigated should be undertaken in such a way that it does not prejudice any such subsequent action. There must be no interference with evidence.
- Neither the President, nor any trustee should discuss the allegation with the volunteer (or any other volunteer) until there has been appropriate consultation and a strategy has been agreed. The police may wish to interview a volunteer before any approach has been made by the President or trustee, and confidentiality should be maintained in the interests of the volunteer and the child.
- The President should not seek to investigate the allegation itself, or to interview those involved, but along with social services and a trustee should consider whether the allegation requires further investigation.
- Where the allegation is trivial or demonstrably false, further investigation would not be warranted but consideration of the needs of the child may still be required. If in doubt, consult.
- Do not talk to anyone else until you have followed the procedures here.

### Stage 2: Referral

In cases of serious allegation, the President along with a trustee should give urgent consideration as to whether or not there is sufficient substance in the allegation to warrant a referral. This decision should always be made in consultation with Social Services, and the final decision as to whether to pursue rests with Social Services and (where appropriate) the Police. In case of referral forms B and C must be completed and all further action taken recorded and reported to the trustees.

### Outcomes

There are four possible outcomes of the procedure:

1. The case is referred to Social Services for further action.
2. The allegation is apparently without foundation, however it may still warrant a referral to, and investigation by Social Services, due to the possibility of abuse by someone else.
3. The allegation is clearly without foundation and no investigation under child protection procedures is necessary.
4. The allegation was prompted by inappropriate behaviour by a volunteer which needs to be considered under disciplinary procedures concerning volunteers, although there is no evidence of child abuse.

**Communication with others regarding the allegation**

Before communicating with any other party, the President must ensure that there is no objection by Social Services or the Police.

Communication should outline the likely course of action of the procedure, and should go to:

- 1) The person making the allegation
- 2) The parents/carers of the child
- 3) The volunteer against whom the allegation is made
- 4) The board of trustees of Jacari
- 5) The first person receiving the allegation

The President must make a written record that this has been done.

**False allegations**

In instances where, following consultation, the President believes that an allegation is without foundation, he/she should:

- Consider with Social Services whether the child is at risk of abuse by someone else.
- Inform the volunteer at a formal meeting that no further action is to be taken under disciplinary or child protection procedures (the volunteer may be accompanied by another person).
- Consider whether support, counselling and/or informal professional advice for the volunteer is appropriate, and the form that this might take.
- Inform the parents/carers of the child of the allegation and the outcome.
- Consider appropriate counselling and support for the child and family, particularly where a false/malicious allegation has been made. A consideration should be made at this stage whether disciplinary action against the child is appropriate.
- Prepare a report embodying all the points set out in this section to be copied to the volunteer, recording that the allegation is without foundation and with reasons.

**Important points to consider**

1. All allegations must be taken seriously and action must be taken in line with these procedures only.
2. Do not immediately suspend or recommend suspension of a volunteer without good reason.
3. Do not seek to investigate the allegation yourself, or to interview children or volunteers.
4. Do consider the need for disciplinary action in respect of the volunteer even if it is clear that a reportable offence has not been committed.
5. Do keep all disciplinary action separate from child protection investigations except where there is a joint decision to do otherwise.
6. Be aware that investigations by the Police or Social Services will take priority over any internal investigation.

## **Part 6: Procedures for allegations against the President or trustees**

The procedures remain the same as outlined in part 5, except that the volunteer receiving the allegation against either the President or a trustee must inform a trustee who then has an obligation to immediately consult with social services and follow procedure. He/she must not at this time discuss the allegation with the President (or trustee in question), make a judgement on whether the allegation is to be believed, nor seek to investigate the allegation by interviewing any person.

Only if wholly satisfied that the child is not at risk of harm should disciplinary action be considered, and only then if investigations being carried out by Social Services and/or Police have been concluded.

Disciplinary action and/or suspension of the President remains the responsibility of the Board of Trustees and they should not automatically seek to suspend him/her, and only do so at all with good reason. They should at all times consult with Social Services and other agencies involved (such as the Police).

The board of trustees will consult with Social Services and/or other agencies regarding the role of a trustee against whom an allegation has been made. Should any trustee be required to stand down, this remains the responsibility of the Board of Trustees and such a decision must be taken at a formal Trustee meeting and recorded properly.

All information and decisions made regarding allegations against the President and/or a member of the trustees must be properly recorded.

### **Records**

Documents relating to an investigation must be retained with a written record of the outcome. Where disciplinary action has been taken against a volunteer, a copy should be retained in a confidential file in accordance with disciplinary procedures.

All other records of allegations (including a written record of the outcome) must be kept in a confidential file.

If there are criminal or civil proceedings, records may be subject to disclosure and therefore no assurances can be given of confidentiality in these circumstances.

## **Appendix A: The detailed indicators of Abuse**

### **Identification of Abuse**

Concerns may arise through observations, or through information or disclosures from others. Those aspects that may give cause for concern may include:

- Changes in the behaviour of the child or unusual behaviour, including any comments the child makes which give cause for concern
- Unexplained or recurring health problems especially any unexplained bruising or marks
- Deterioration in progress, educational or otherwise
- Anxieties expressed or inferred by carers over the child welfare
- Poor attendance in lessons - signs of uncharacteristic withdrawal or nervousness
- Changes in personal relationships with peers or adults

Concerns should be communicated to the President as soon as possible.

Individual factors or indicators of abuse may not be particularly worrying in isolation, but in combination they can suggest that there is serious cause for concern. You should be alert to the indicators below and respond to any identified indicators using the procedures outlined in this document.

Particular care and advice should be taken with non-verbal older children to ensure that they are given every chance to communicate and contribute to the procedures.

### **Indicators of NEGLECT**

Children who are:

- Not receiving adequate food consistent with their potential growth
- Exposed through lack of supervision to injuries, including ingestion of toxic substances
- Exposed to inadequate, dirty and/or cold environments
- Left in circumstances without appropriate adult supervision which are likely to endanger them
- Prevented by their carers from receiving appropriate medical advice or treatment

### **Indicators of SEXUAL ABUSE**

- Sexually transmitted diseases
- Recurrent urinary infections
- Genital and rectal itching and soreness
- Unexplained bleeding and discharges
- Bruising in the genital region
- Sexual play/masturbation which is judged to be inappropriate to a child's age, development and circumstances
- Sexually explicit behaviour

- Young children with more sexual knowledge than would be considered appropriate to their age/development
- Sexually abusive behaviour towards other children, particularly those younger or more vulnerable than themselves
- Unexplained pregnancy

#### **Indicators of PHYSICAL ABUSE**

- **Bruises -** to eyes, mouth, ears  
Fingertip bruises (on arms, legs and trunk etc.)  
Bruises of different ages in the same place  
Outline bruises (prints of hands, belts, shoes etc)  
Bruises without obvious and verifiable explanations  
Bruises to non-mobile babies, children and adults
- **Burns, bites and scars -**  
Clear impressions of teeth (more than 3cm across likely to be an adult)  
Burns or scalds with clear outlines  
Small round burns which may be from cigarettes  
Large numbers of different aged scars  
Unusual shaped scars  
Scars that indicate the child did not receive medical treatment
- **Fractures -** Fractures in children under one year  
Alleged unnoticed fractures – though be careful with young children and babies whereby fractures may heal quickly and not cause so much pain
- **Other injuries -**  
Poisoning, injections, ingestion or other applications of damaging substances (including drugs and alcohol)  
Female genital mutilation, including female circumcision

#### **Indicators of EMOTIONAL ABUSE:**

- Abnormally passive, lethargic or attention seeking behaviour
- Specific habit disorders e.g. self-harm, faecal smearing
- Excessively nervous behaviour, (such as rocking, hair twisting) which is not part of the child/adult's normal behaviour patterns
- Low self-esteem

#### **GENERAL indicators**

These may occur to any child or vulnerable adult being abused, but are particularly important in cases of sexual or emotional abuse where outward physical signs may not be present.

- Onset of enuresis (involuntary discharge of urine) – day or night
- Sleeping and eating disturbance
- Recurrent abdominal pains
- Recurrent headaches
- Social withdrawal
- Restlessness and aimlessness
- Inexplicable school failure
- Poor trust and secretiveness
- Indiscriminate and careless sexual behaviour
- Drug abuse
- Running away
- Self mutilation and other forms of self harm
- Hysterical fits, faints etc.

**In identifying possible abuse also consider:**

- Always listen to the child or young adult, particularly to what is communicated spontaneously
- Beware of any delay by the carers in seeking medical assistance, or failure to seek medical assistance
- Beware of vague explanations which are lacking in detail
- Beware of explanations which are inconsistent with what you observe or know, especially in relation to the child's development and mobility
- Take note of any inappropriate responses from carers

Note if there is any history or pattern of unexplained injury or illness

**Appendix B: Forms to be used in matters of Child Protection**

**FORM A1: RECORD OF A CONCERN FOR A CHILD**

A 'concern' is a worry about the welfare of a child (for examples of aspects that may give cause for concern see Child Protection Policy Appendix A).

ALLOCATED TUTOR:

NAME OF CHILD:

AGE:

GENDER:

ADDRESS:

CAUSE OF VULNERABILITY:

Cause or causes for concern (please include what, when, where and who was present, how the information was received and whether there is an alleged perpetrator)

Record of any discussions with parents or carers about concerns, including their response (include any information about home conditions).

Signature.....

Print Name.....

Date.....

Please refer to Jacari President

Received by Jacari President

Signature.....

Date.....

---

Action taken by Jacari President (please include reasons):

### FORM B1: CHILD PROTECTION REPORT FORM

Use this form if you believe or suspect a child has suffered significant harm. Suspicions should be discussed with the Jacari President only (or Vice-President in the President's absence) and this form completed.

Allocated Tutor:

Child's name:

Date of birth:

Gender:

Home address:

Reasons for a suspicion or belief of significant harm (please record carefully details about what has been observed and when and where observed. Please also include details of any witnesses. Signs of physical injury should be described in detail or sketched.)

Who did you report this to?

Time and date reported:

Signature.....

Date.....

PRINT NAME:

Jacari President signed.....

Date.....

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Action taken by Jacari President (please include reasons):

**FORM C1: CHILD PROTECTION - REFERRAL FORM**

To be completed by Jacari President.

Allocated Tutor:

Child's name:

Date of birth:

Gender:

Home address:

Parents'/Guardians' names:

Name and address of child's G.P.:

Nature of referral:

Date and time report was made to Jacari President:

Reported by:

Post:

Date and time reported to Social Services:

Report made to:

Reported by:

Post:

Date written report sent in confirmation (within 24 hours)

Signature of Jacari President:

Date:

Signature of Chair of Jacari

Date: