



Polska Sobotnia Szkoła w Rugby
im. Ireny Sendlerowej

Name of Association:

POLSKA SZKOŁA W RUGBY

Child protection policy

Date adopted: 01.09.2018

Date for review: 01.09.2018

Signed: ARLETA WADECKA

The following named responsible person has been nominated by this association to refer allegations or suspicions of neglect or abuse to the statutory authorities.

The named responsible person is: ARLETA WADECKA

In the absence of the named responsible person, the matter should be brought to the attention of the second named responsible person.

The second named responsible person is: KAMILA SHARMA

Children Services Careline: 0121 303 1888 (Birmingham)

Local Safeguarding Children Board: 01926 410410 (Warwickshire)

NSPCC Child Protection Helpline: 0808 800 5000

Birmingham City Council Emergency out-of-hours: Telephone: 0121 675 4806



Name of association: POLSKA SZKOŁA W RUGBY

Child protection policy

Objective

To contribute to the personal safety of all children/young people attending by promoting child protection awareness, good practice and sound procedures.

Policy statement

We at association: Polska Szkola believe that children/young people have the right to be treated equally and to learn in a safe and friendly environment.

This policy is based on the following principles:

- the welfare of the child/young person is paramount
- all children/young people, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse
- all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- member of association Arleta Wadecka is trained to understand the nature of abuse and to be alert to matters of concern
- member of association Arleta Wadecka has a responsibility to report concerns to the designated person with responsibility for child protection at the school, and/or to the school's co-ordinator.

We aim to safeguard children/young people by:

- adopting child protection guidelines through procedures and a code of conduct for members of association
- sharing information about child protection and good practice with children/young people, parents and other members of association
- sharing information about concerns with agencies who need to know, and involving parents and children/young people appropriately
- reviewing our policy and good practice regularly.

The role of the named responsible person

Polska Szkola has designated person to refer allegations or suspicions of neglect or abuse to the statutory authorities.

In the absence of the designated child protection person, a deputy must be identified.

The named person's role includes:

- ensuring that this policy is implemented throughout the members of association
- ensuring that all necessary enquiries, procedures and investigations relating to child protection are carried out
- reporting results of screening enquiries and preserving 'need to know' levels of confidentiality and access to secure records
- ensuring that all confidential records relating to child protection matters are kept secure
- liaising with social services at a formal and informal level on child protection matters, also with the police



- reporting allegations and suspicion of abuse to the appropriate authorities
- checking all incident and making such reference to the appropriate authority as is appropriate.

Good practice

Before any activity starts, the designated person shall ensure that adequate child protection procedures are in place, as follows.

- Each parent must fill out a consent form for each child/young person attending the meetings.
- A register must be kept of all children/young people attending the meetings, including information about arrival and departure times.
- Team members will record any unusual events on the accident/incident, unless this includes anything confidential.
- All team members should treat all children/young people with dignity and respect in their attitude, language and actions.

DBS check

Member of association who is providing meetings with children is required to produce a recent enhanced CRB (now called DBS) check on appointment or to have one made through the Disclosure and Barring Service.

Responding to allegations of abuse

Allegations against a member of staff/volunteer

The association will fully support and protect anyone who, in good faith, reports their concern that a colleague is, or may be, abusing a child/young person. Where there is a complaint against a member of association/volunteer, there may be three types of investigation: criminal investigation, child protection investigation or disciplinary/misconduct investigation.

Concerns about poor practice

If, following consideration, the allegation is clearly about poor practice, this will be dealt with as a misconduct issue.

If the allegation is about poor practice by the designated person, or if the matter has been handled inadequately and concerns remain, it should be reported to the chair of the management committee, who will advise how to deal with the allegation.

What to do if you suspect that abuse may have occurred

You must report your concerns immediately to the named responsible

Step-by-step guidance for staff/volunteers on dealing with their earliest concerns is provided on the card 'What to do if you are worried that a child is being abused'. This guidance is produced by the Department of Health and endorsed by the local authority. Copies of the card must be available to every member of staff and volunteer.

The named responsible person will:

- obtain information from staff/volunteers, children/young people or parents/carers who have child protection concerns and record this information
- assess the information quickly and carefully and ask for further information, as appropriate
- consult with a statutory child protection agency such as the local social services department or the NSPCC to clarify any doubts or worries

- ensure that the parents/carers of the child/young person are contacted as soon as possible, following advice from the social services department
- make a referral to a statutory child protection agency or to the police without delay.

If the association named responsible person is the subject of the suspicion/allegation, the report must be made to the chair of the management committee, who will refer the allegation to social services.

1 Suspicions will not be discussed with anyone other than those named above.

2 It is the right of any individual to make direct referrals to the child protection agencies. If, for any reason, you believe that the designated people have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

3 If a child makes a disclosure of abuse:

- make notes as soon as possible (ideally within one hour of being told)
- write down exactly what the child/young person has said, what you said in reply and what was happening immediately before you were told (for example, what activity was taking place)
- record dates, times and when you made the record
- keep all your handwritten notes secure
- report your discussion to the designated person as soon as possible
- if the named responsible person is implicated, you need to report to the second designated person
- if both are implicated, report to social services
- do not discuss your suspicions or allegations with anyone other than those nominated above
- the named responsible person must consider carefully whether or not it is safe for a child/young person to return home to a potentially abusive situation, and, if necessary, they should take immediate action to contact social services in order to discuss putting safety measures into effect.

Allegations of physical injury or neglect

If a child/young person has a symptom of physical injury or neglect, the named responsible person will:

- contact social services for advice in cases of deliberate injury or concerns about the safety of the child/young person, but they must not inform the parents/carers
- seek emergency medical attention if necessary
- inform the child's/young person's doctor of any suspicions of abuse
- in other circumstances, speak with the parent/carer and suggest that medical help/attention is sought for the child/young person
- if appropriate, encourage the parent/carer to seek help from social services
- if the parent/carer fails to act, seek advice from the Local Safeguarding Children Board
- in the case of real concern, contact social services for advice.

Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse, the named responsible person will:

- contact the social services duty social worker for children and families directly, but must not speak to the parent or to anyone else
- seek advice from the Local Safeguarding Children Board
- collect and clarify the precise details of the allegation or suspicion and provide this information to social services, but should not attempt to carry out any investigation into the allegation or suspicion of sexual abuse

- while allegations or suspicions of sexual abuse should normally be reported to the named responsible person, their absence should not delay referral to social services.

Responding to a child making an allegation of abuse

- It is important not to make promises that you may not be able to keep. Do not say that you will keep confidential what a child/young person is about to tell you, as you may have a duty to share it with others.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others.
- Stay calm and listen carefully to what the child/young person is saying.
- Allow the child/young person to continue at their own pace.
- Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer.
- Reassure the child/young person that they have done the right thing in telling you.
- Tell them what you will do next and with whom the information will be shared.
- As soon as possible, record in writing what was said, using the child's/young person's own words.
- Make a note of the date, time, any names mentioned and to whom the information was given, and ensure that the record is signed and dated.

Helpful statements to make

- 'I believe you (showing acceptance of what the child/young person says).'
- 'Thank you for telling me.'
- 'It's not your fault.'
- 'I will help you.'

Do not say:

- 'Why didn't you tell anyone before?'
- 'I can't believe it!'
- 'Are you sure that this is true?'
- 'Why? Who? When? Where?'

Never make promises you can't keep.

Support for dealing with the aftermath of abuse

Consideration should be given to the kind of support that children/young people, parents/carers and members of staff/volunteers may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. The Directory of the British Association for Counselling is available from the British Association for Counselling, 1 Regent Place, Rugby CV21 2PJ, tel: 01788 550 899, fax: 01788 562189.

Appendix 1

Definitions of abuse

These definitions are based on those from *Working together to safeguard children* (Department of Health, Home Office, Department for Education and Employment, 1999).

Physical abuse

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child/young person.
- Physical harm may also be caused when a parent/carer feigns the symptoms of, or deliberately causes, ill health to a child/young person whom they are looking after. This situation is commonly described as factitious, fabricated or induced illness in children/young people or “Munchausen syndrome by proxy”.
- A person might do this because they enjoy or need the attention they get through having a sick child/young person.
- Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

Emotional abuse

- Emotional abuse is the persistent emotional ill treatment of a child/young person, such as to cause severe and persistent adverse effects on the child’s/young person’s emotional development. It may involve making a child/young person feel or believe that they are worthless, unloved, inadequate or valued only insofar as they meet the needs of the other person.
- It may feature expectations being imposed on a child/young person that are inappropriate for their age or stage of development. It may also involve causing a child/young person to feel frequently frightened or in danger, or the exploitation or corruption of a child/young person.
- Some level of emotional abuse is involved in all types of ill treatment of a child/young person, though it may occur alone.

Sexual abuse

- Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities, whether or not the child/young person is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.
- Sexual abuse may also include non-contact activities, such as involving children/young people in looking at, or in the production of pornographic material, or watching sexual activities, or encouraging children/young people to behave in sexually inappropriate ways.
- Boys and girls can be sexually abused by both males and females, whether adults or other children/young people.

Neglect

- Neglect is the persistent failure to meet a child’s/young person’s basic physical and/or psychological needs, that is likely to result in the serious impairment of the child’s/young person’s health or development. It may involve a parent or a carer failing to provide adequate food, shelter or clothing, leaving a child/young person at home alone or failing to ensure that a child/young person gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s/young person’s basic emotional needs.

- It is accepted that, in all forms of abuse, there are elements of emotional abuse and that some children/young people are subjected to more than one form of abuse at any time.

These four definitions do not minimise other forms of maltreatment.

Note

Recent guidance identifies other sources of stress for children/young people and families, such as social exclusion, domestic violence, the mental illness of a parent/carer or drug and alcohol misuse. These may have a negative impact on a child/young person's health and development and may be noticed by an organisation caring for a child/young person. If it is felt that a child/young person's well-being is adversely affected by any of these situations, the same procedures should be followed.

Recognising and responding to abuse

The following signs may or may not be indicators that abuse has taken place but the possibility should be considered.

Physical signs of abuse

Physical signs of abuse may include:

- any injuries not consistent with the explanation given for them
- injuries which occur to the body in places which are not normally exposed to falls or games
- unexplained bruising, marks or injuries on any part of the body
- bruises which reflect hand marks or fingertips (from slapping or pinching)
- cigarette burns
- bite marks
- broken bones
- scalds
- injuries which have not received medical attention
- neglect, undernourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- repeated urinary infections or unexplained stomach pains.

Changes in behaviour which can also indicate physical abuse may include:

- fear of parents/carers being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed in front of others – for example, wearing long sleeves in hot weather
- depression
- withdrawn behaviour
- running away from home

Emotional signs of abuse

Emotional signs of emotional abuse may include:

- a failure to thrive or grow, particularly if a child/young person puts on weight in other circumstances – for example, in hospital or away from their parents/carers
- sudden speech disorders
- persistent tiredness
- development delay, in terms of either physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- obsessions or phobias
- sudden underachievement or lack of concentration
- inappropriate relationships with other children and/or adults
- being unable to play
- attention-seeking behaviour
- fear of making mistakes
- self-harm
- fear of the parent/carer being approached regarding their behaviour

Sexual abuse

Physical signs of sexual abuse may include:

- pain or itching in the genital/anal area
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, such as becoming withdrawn or aggressive
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond the child's/young person's age or developmental level
- sexual drawings or language
- bed-wetting
- eating problems such as overeating or anorexia

- self-harm or mutilation, sometimes leading to suicide attempts
- a child/young person saying they have secrets that they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly during adolescence)
- acting in a sexually explicit way with adults.

Neglect

Physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children/young people
- being constantly dirty or smelly
- loss of weight or being constantly underweight
- inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- mentioning being left alone or unsupervised

Appendix 2

Good practice guidelines

All personnel should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common sense examples of how to create a positive culture and climate.

Good practice means:

- always working in an open environment (for example, avoiding private or unobserved situations and encouraging open communication with no secrets)
- treating all children/young people equally, and with respect and dignity
- always putting the welfare of each child/young person first
- maintaining a safe and appropriate distance with children/young people (for example, it is not appropriate for staff/volunteers to have an intimate relationship with a child/young person or to share a room with them)
- building balanced relationships based on mutual trust, empowering children/young people to share in the decision-making process
- making school activities and other off-site activities, fun, enjoyable and safe
- keeping up to date with technical skills, qualifications and insurance



- involving parents/carers wherever possible – for example, by encouraging them to take responsibility for children/young people in changing rooms
- ensuring that parents/carers, staff/volunteers, coaches or officials work in pairs, if groups have to be supervised in changing rooms
- ensuring that, when mixed groups are taken away, they are always accompanied by a male and a female member of staff/volunteer (but remember that same-gender abuse can also occur)
- ensuring that, at tournaments or residential events, adults do not enter children's/young people's rooms or invite children/young people into their rooms
- being an excellent role model, including not smoking or drinking alcohol in the company of children/young people
- giving enthusiastic and constructive feedback rather than negative criticism
- recognising the developmental needs and capacity of children/young people and not pushing them against their will
- securing written consent from parents/carers for staff to act in loco parentis, if the need arises to administer emergency first aid and/or other medical treatment
- keeping a written record of any injury that occurs, along with the details of any treatment given
- requesting written consent from parents/carers, if it is necessary for staff/volunteers to transport children/young people in their cars.

Practices to be avoided

The following should be avoided except in emergencies. If cases arise where these situations are unavoidable, it should be with the full knowledge and consent of the person in charge in the club or of the child/young person's parents – for example, if a child/young person sustains an injury and needs to go to hospital, or if a parent/carer fails to arrive to pick up a child/young person at the end of a session.

- Avoid spending excessive amounts of time alone with children/young people away from others.
- Avoid being in a situation where you are alone with a child, e.g. taking a child/young person to an event, or dropping them off in your car.

Practices never to be sanctioned

The following should never be sanctioned. You should never:

- engage in rough, physical or sexually provocative games, including horseplay
- use corporal/physical punishment to manage behaviour
- share a room with a child/young person
- allow or engage in any form of inappropriate touching
- allow children/young people to use inappropriate language unchallenged
- make sexually suggestive comments to a child/young person, even in fun
- reduce a child/young person to tears as a form of control
- allow allegations made by a child/young person to go unchallenged, unrecorded or not acted upon
- do things of a personal nature for children/young people or disabled adults that they are able to do for themselves
- invite or allow children/young people to stay with you at your home unsupervised



Please note

It may sometimes be necessary for members to do things of a personal nature for children/young people, particularly if they are young or disabled. These tasks should be carried out only with the full understanding and consent of parents/carers and of the child/young person involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices, where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing or where there is physical contact – for example, lifting or assisting a child/young person to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

Reporting suspected abuse

Confidential recording sheet

Organisation: _____

Name of person reporting:

.....

Name of child/young person:

.....

Age and date of birth:

.....

Ethnicity:

.....

.....

Religion:

First language:

.....

Disability:

.....

.....

Parent's/carer's name(s):

.....



Home address:

.....
.....

Postcode:

.....

Tel:

.....

Are you reporting your own concerns or someone else's? Please give details.

.....
.....
.....
.....

Give a brief description of what has prompted the concerns – include date, time and an outline of specific incidents.

.....
.....
.....
.....

Any physical signs? Behaviour signs? Indirect signs?

.....
.....
.....
.....

Have you spoken to the child/young person? If so, what was said?

.....
.....
.....
.....



Have you spoken to the parent(s)/carer(s)? If so, what was said?

.....
.....
.....

Has a specific person been alleged to be the abuser? If so, please give details.

.....
.....
.....

Have you consulted anyone else? Please give details.

.....
.....
.....

Name of person reported to:

.....

Date of reporting:

.....

Signature of person reporting:

.....

Today's date:

.....

Action taken:

.....

Notes

.....

Policy agreed on behalf of the management committee

Signed:

.....

Date:

.....



Date implemented:	Future review dates						
	2018	2019	2020	2021	2022	2023	2024
Date reviewed							
Date approved by trustees							