

# The Christian Community in Great Britain

## Child Protection Policy

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### IMPORTANT CONTACTS

Priests Safeguarding Lead	Revd Siobhan Porter	<a href="mailto:siobhan@tcc-mrr.co.uk">siobhan@tcc-mrr.co.uk</a>	07752567611
Lenker	Revd Tom Ravetz	<a href="mailto:tom.ravetz@gmail.com">tom.ravetz@gmail.com</a>	07749662717
Designated trustee	Claire Donoghue	<a href="mailto:clairedonoghue@ntlworld.com">clairedonoghue@ntlworld.com</a>	07731 943699
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## **CHILD PROTECTION POLICY SUMMARY**

Any child or young person may become a victim of abuse; abuse can happen anywhere; this policy refers to young people under the age of 18 years.

Abuse comes in many forms; see appendix on page 10

A child may make a disclosure of abuse to you; see section 7.2 for what to do in such a situation.

There may be clear evidence of harm; if you believe the child to be in immediate danger you should call the local police and as soon as possible, inform the Designated Safeguarding lead (DSL) – Revd Siobhan Porter – contact details on the cover of the policy.

If you are concerned about a child - often this will be evidence of neglect, frequent unexplained injuries, or a child being unwilling to communicate or participate in activities, or a change in behaviour see section 7.4 and the flowchart on page 6.

If you are in doubt about what to do contact the DSL or one of the Trustee leads.

## 1. Aims

The Christian Community aims to ensure that:

- appropriate action is taken in a timely manner to safeguard and promote children's welfare
- all priests and congregations are aware of their statutory responsibilities with respect to safeguarding
- priests and the Trustees are properly trained in recognising and reporting safeguarding issues

## 2. Legislation and statutory guidance

This policy is based on the Department for Education's statutory guidance [Keeping Children Safe in Education \(2018\)](#) and [Working Together to Safeguard Children \(2018\)](#), and the [Governance Handbook](#). We comply with this guidance and the arrangements agreed and published by our 3 local safeguarding partners.

Latest Guidance about who should have a DBS check and at which level can be found at:

<https://www.gov.uk/government/publications/dbs-checks-for-working-with-children-in-places-of-worship>

This policy is also based on the following legislation:

- [The Children Act 1989 2004 amendment](#)
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children
- [Statutory guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism

This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#).

## 3. Definitions

**Safeguarding and promoting the welfare of children** means:

- 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
- taking action to enable all children to have the best outcomes

**Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

**Abuse** is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

**Neglect** is a form of abuse and is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Appendix 1 defines neglect in more detail.

**Sexting** (also known as youth produced sexual imagery) is the sharing of sexual imagery (photos or videos) by children

**Children** includes everyone under the age of 18.

The following **3 safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- the local authorities (LA)
- a Clinical commissioning group for an area within an LA
- the chief officer of police for a police area in an LA area

## 4. Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- have special educational needs (SEN) or disabilities (see section 9)
- are young carers
- may experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- have English as an additional language
- are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- are at risk of FGM, sexual exploitation, forced marriage, or radicalization
- are asylum seekers
- are at risk due to either their own or a family member's mental health needs
- are looked after or previously looked after (i.e. are "in care")

## 5. Roles and responsibilities

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all priests, volunteers and the Council of Management (Trustees) and is consistent with the procedures of the 3 safeguarding partners. Our policy and procedures apply to church and off-site activities.

### 5.1 All staff

All priests and volunteers will be aware of:

- our systems which support safeguarding, including this child protection and safeguarding policy, the role and identity of the designated safeguarding lead (DSL).
- the process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- what to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- the signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), FGM and radicalisation

Section 13 and appendix 4 of this policy outline in more detail how priests and volunteers are supported to do this.

## 5.2 The designated safeguarding lead (DSL)

Our DSL is Revd Siobhan Porter. The DSL takes lead responsibility for child protection and wider safeguarding..

When the DSL is absent, Revd Tom Ravetz' or Trustees Claire Donoghue and Rosie Phillpot will act as necessary.

The DSL will also keep the Lenker informed of any issues, and liaise with local authority case managers and designated officers for child protection concerns as appropriate.

## 5.3 The Council of Management

The Council of Management will approve this policy at each review, ensure it complies with the law and take responsibility for its implementation. The CoM will appoint a senior board level (or equivalent) lead to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL.

The chair of the Council of Management will act as the 'case manager' in the event that an allegation of abuse is made against the Lenker.

The Lenker is responsible for the implementation of this policy, including:

- ensuring that priests and volunteers are informed of our systems which support safeguarding, including this policy, as part of their induction
- ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly
- acting as the 'case manager' in the event of an allegation of abuse made against a priest or volunteer, where appropriate (see appendix 3)

## 7. Recognising abuse and taking action

Priests, volunteers and Trustees must follow the procedures set out below in the event of a safeguarding issue.

### 7.1 If a child is suffering or likely to suffer from harm, or in immediate danger

Make a referral to children's social care and/or the police **immediately** if you believe a child is suffering or likely to suffer from harm, or in immediate danger. **Anyone can make a referral.**

Tell the DSL (see section 5.2) as soon as possible if you make a referral directly.

<https://www.gov.uk/report-child-abuse-to-local-council>

### 7.2 If a child makes a disclosure to you

If a child discloses a safeguarding issue to you, you should:

- listen to and believe them. Allow them time to talk freely and do not ask leading questions
- stay calm and do not show that you are shocked or upset
- tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner
- explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret
- write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it
- sign and date the write-up and pass it on to the DSL. Alternatively, if appropriate, make a referral to children's social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so

### 7.3 If you believe that a child is at risk of FGM

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and anyone who suspects a child may have been a victim should immediately report that to the police and to the DSL.

#### **7.4 If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or in immediate danger)**

Figure 1 on page 6 illustrates the procedure to follow if you have any concerns about a child's welfare.

Where possible, speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to Lenker and/or take advice from local authority children's social care. You can also seek advice at any time from the NSPCC helpline on 0808 800 5000.

Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL as soon as possible.

##### **Early help**

If early help is appropriate, the DSL will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate.

##### **Referral**

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

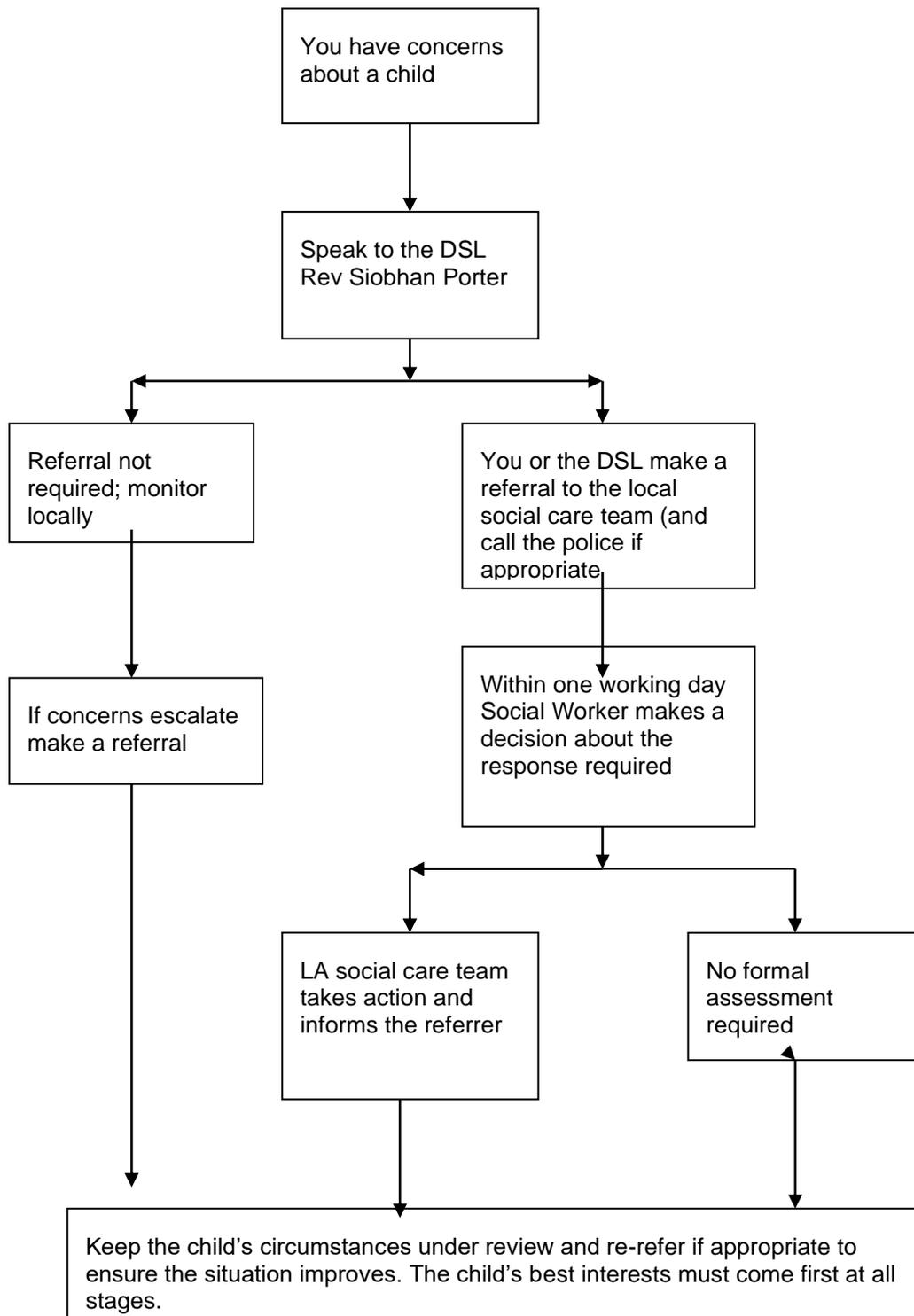
The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

#### **7.5 If you have concerns about extremism**

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action. The Lead Trustees have had training in the special responsibilities relating to extremism, the Prevent Duty and Channel, the service which supports the prevention of radicalisation.

**Figure 1 Procedure to follow if you have concerns about a child's welfare – as opposed to believing the child to be suffering from harm or in immediate danger**



## 7.6 Concerns about a staff member or volunteer

If you have concerns about a priest or volunteer, or an allegation is made about a priest or volunteer posing a risk of harm to children, speak to the **Lenker**. If the concerns/allegations are about the Lenker, speak to the chair of the Council of Management.

## 7.7 Allegations of abuse made against other pupils

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”.

We also recognise the gendered nature of peer-on-peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators). However, all peer-on-peer abuse is unacceptable and will be taken seriously.

Most cases of children hurting other children will be dealt directly, in consultation with parents, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- is serious, and potentially a criminal offence
- could put children at risk
- is violent
- involves children being forced to use drugs or alcohol
- involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)

If a child makes an allegation of abuse against another child:

- you must record the allegation and tell the DSL, but do not investigate it
- the DSL will contact the local authority children’s social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- the DSL will ensure that a risk assessment and support plan are put into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed

We will minimise the risk of peer-on-peer abuse by:

- challenging any form of derogatory or sexualised language or behaviour, including requesting or sending sexual images
- being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards females, and initiation or hazing type violence with respect to boys
- ensuring children know they can talk to someone confidentially
- ensuring priests and volunteers are trained to understand that a child harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

## 7.8 Sexting

### Your responsibilities when responding to an incident

If you are made aware of an incident involving sexting (also known as ‘youth produced sexual imagery’), you must report it to the DSL immediately.

You must **not**:

- view, download or share the imagery yourself, or ask a child to share or download it. If you have already viewed the imagery by accident, you must report this to the DSL

- delete the imagery or ask the child to delete it
- ask the child(ren) who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
- share information about the incident with other members of staff, the child(ren) it involves or their, or other, parents and/or carers
- say or do anything to blame or shame any young people involved

You should explain that you need to report the incident, and reassure the child(ren) that they will receive support and help from the DSL.

The DSL will make an immediate referral to police and/or children's social care if:

- the incident involves an adult
- there is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
- what the DSL knows about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- the imagery involves sexual acts and any child in the imagery is under 13
- the DSL has reason to believe a child is at immediate risk of harm owing to the sharing of the imagery (for example, the young person is presenting as suicidal or self-harming)

If none of the above apply then the DSL, in consultation with the Lenker and others as appropriate, may decide to respond to the incident without involving the police or children's social care.

#### **Informing parents**

The DSL will inform parents at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the pupil at risk of harm.

#### **Referring to the police**

If it is necessary to refer an incident to the police, this will be done through the Local Neighbourhood Police by calling 101.

## **8. Notifying parents**

Where appropriate, we will discuss any concerns about a child with the child's parents. The DSL will normally do this in the event of a suspicion or disclosure.

Other people will only talk to parents about any such concerns following consultation with the DSL.

If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so.

In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

## **9. Children with special educational needs and disabilities**

We recognise that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group, including:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- children being more prone to peer group isolation than other children
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- communication barriers and difficulties in overcoming these barriers

## 10. Mobile phones and cameras

We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings. We will take photographs of children only with permission from parents or if appropriate from the child.

## 12. Record-keeping

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL.

Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they attain the age of 18.

## 13. Training

### 13.1 All staff

All priests and Trustees will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures, to ensure they understand the safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated and will be in line with advice from the 3 safeguarding partners.

Staff will also receive regular safeguarding and child protection updates (for example, through emails, e-bulletins and staff meetings) as required, but at least annually.

Volunteers will receive appropriate training, if applicable.

### 13.2 The DSL

The DSL will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

The DSL or at least one Trustee will also undertake Prevent awareness training.

### 13.3 Trustees

All trustees receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

As the chair of Trustees may be required to act as the 'case manager' in the event that an allegation of abuse is made against the Lenker, they receive training in managing allegations for this purpose.

## 14. Monitoring arrangements

This policy will be reviewed **bi-annually** by the Trustees. At every review, it will be approved by the full governing board.

**These appendices are based on the Department for Education's statutory guidance, Keeping Children Safe in Education.**

## **Appendix 1: types of abuse**

Abuse, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

**Physical abuse** 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** is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse 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
- not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- 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
- seeing or hearing the ill-treatment of another
- serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

**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
- 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** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

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

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

## **Appendix 2: safer recruitment and DBS checks – policy and procedures**

We will record all information on the checks carried out. Copies of these checks, where appropriate, will be held in the office of the Meetings Secretary. We follow requirements and best practice in retaining copies of these checks, as set out below.

### **New staff**

When appointing new workers we will:

- verify their identity
- obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate.

**Regulated activity** means a person who will be:

- responsible, on a regular basis for teaching, training, instructing, caring for or supervising children; or
- carrying out paid, or unsupervised unpaid, work regularly where that work provides an opportunity for contact with children; or
- engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

### **Existing staff**

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- we believe the individual has engaged in [relevant conduct](#); or
- the individual has received a caution or conviction for a relevant offence, or there is reason to believe the individual has committed a listed relevant offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#); or
- the 'harm test' is satisfied in respect of the individual (i.e. they may harm a child or vulnerable adult or put them at risk of harm); and
- the individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

### **Volunteers**

We will:

- never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity

## **Appendix 3: allegations of abuse made against staff**

This section of this policy applies to all cases in which it is alleged that a current priest or volunteer has:

- behaved in a way that has harmed a child, or may have harmed a child, or

- possibly committed a criminal offence against or related to a child, or
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children

It applies regardless of whether the alleged abuse took place at the church.

We will deal with any allegation of abuse against a priest or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

### Definitions for outcomes of allegation investigations

- **substantiated:** there is sufficient evidence to prove the allegation
- **malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive
- **false:** there is sufficient evidence to disprove the allegation
- **unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence)
- **unfounded:** to reflect cases where there is no evidence or proper basis which supports the allegation being made

### Procedure for dealing with allegations

In the event of an allegation that meets the criteria above, the **Lenker** (or chair of trustees where the Lenker is the subject of the allegation) – the ‘case manager’ – will take the following steps:

- immediately discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children’s social care services. (The case manager may, on occasion, consider it necessary to involve the police *before* consulting the designated officer – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the police)
- inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the police or children’s social care services, where necessary). Where the police and/or children’s social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies
- where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the church is justified or whether alternative arrangements can be put in place. Advice will be sought from the designated officer, police and/or children’s social care services, as appropriate
- **if immediate suspension is considered necessary**, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact and their contact details
- **if it is decided that no further action is to be taken** in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation
- **if it is decided that further action is needed**, take steps as agreed with the designated officer to initiate the appropriate action and/or liaise with the police and/or children’s social care services as appropriate
- provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and considering what other support is appropriate.
- inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children’s social care services and/or the police, if

applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against priests (where this applies) while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of a priest will be advised to seek legal advice

- keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence)
- make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child

## **Timescales**

- any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 1 week
- if the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 3 working days
- if a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days

## **Specific actions**

### **Action following a criminal investigation or prosecution**

The case manager will discuss with the local authority's designated officer whether any further action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

### **Conclusion of a case where the allegation is substantiated**

If the allegation is substantiated and the individual ceases to work the case manager will discuss with the designated officer whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required.

### **Individuals returning to work after suspension**

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation, if they are still attending.

## **Confidentiality**

Every effort will be made to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the local authority's designated officer, police and children's social care services, as appropriate, to agree:

- who needs to know about the allegation and what information can be shared
- how to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- what, if any, information can be reasonably given to the wider community to reduce speculation
- how to manage press interest if, and when, it arises

## **Record-keeping**

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- a clear and comprehensive summary of the allegation
- details of how the allegation was followed up and resolved
- notes of any action taken and decisions reached (and justification for these, as stated above)

If an allegation or concern is not found to have been malicious, the Church will retain the records of the case on the individual's, and provide a copy to the individual.

Where records contain information about allegations of sexual abuse, we will preserve these for the Independent Inquiry into Child Sexual Abuse (IICSA), for the term of the inquiry. We will retain all other records at least until the individual has reached normal pension age, or for 10 years from the date of the allegation if that is longer.

The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

## **References**

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

## **Learning lessons**

After any cases where the allegations are *substantiated*, we will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to the church's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- issues arising from the decision to suspend the individual
- the duration of the suspension
- whether or not the suspension was justified
- the use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual

Reviewed and approved by the Executive Committee May 2021