



Hilldrop Area Community Association

Safeguarding Children and Young People Policy & Procedure

January 2024

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1. Introduction

All children have the right to be safe from harm and abuse

Hilldrop Community Area Association (HACA) is committed to safeguarding and promoting the welfare of all children visiting the centre. Section 175 of the Education Act 2002 places a duty upon the organisation to safeguard and promote the welfare of children and young people using the centre.

Safeguarding is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

HACA will fulfil local and national responsibilities in line with the following:

(a) **HM Government: Working Together to Safeguard Children (December 2023)**

(b) **DfE: Keeping Children Safe in Education (September 2023)**

All staff should read and understand Part One of Keeping Children Safe in Education and staff can access a copy in offices and a record of staff signatures confirming compliance.

(c) **The London Child Protection Procedures**

The most recent edition is available online from the London Safeguarding Children Board

(d) **HM Government: What to do if you're Worried a Child is being Abused: March 2015**

(e) **HM Government: Information Sharing 2015**

(f) **DfE: Mental Health & Behaviour in Schools 2016**

(g) **HM Government: Revised Prevent Duty Guidance 2015**

All HACA staff must be knowledgeable about what constitutes abuse and know the signs and symptoms of abuse.

HACA is committed to providing an environment where children can play, learn, develop, and achieve, and where they are safeguarded and are enabled to tell or communicate if they are being harmed in some way. We are committed to ensuring that all staff are sensitive to issues of race, culture, gender and diversity but these issues should never be a barrier to sharing and reporting concerns about children.

All staff including Play Project and non-Play Project staff, temporary and supply staff, clerical and domestic staff, volunteers and staff working on site employed by other services and agencies and those working with children and families in the community, have a statutory responsibility to safeguard and promote the welfare of children and must be aware of and fully conversant with this policy. All staff must have access to the policy and follow the centre's procedures and guidance at all times. For the purposes of this document, the term 'staff' will apply to those listed above.

It is neither the role nor responsibility of those working with children in the centre to assess, diagnose or investigate whether a child is at risk of or suffering harm or abuse. It is the responsibility of all staff.

to be aware of the need to report any concerns about a child to the Designated Safeguarding Lead as a matter of priority or the deputy Designated Member of Staff in his/her absence.

2. Overall Aims

The purpose of our Safeguarding Children and Young People Policy is to:

- Raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying concerns and reporting them as a matter of priority.
- Provide a framework to support staff in identifying concerns that a child may be suffering harm or abuse thereby enabling them to report those concerns without delay.
- Maintain an environment where children feel secure and are listened to and contribute to the establishment of a safe, resilient and robust ethos in the centre, built on mutual respect and shared values.
- Identify and protect the most vulnerable, identify individual needs where possible and developing plans to meet those needs.
- Ensure that the centre has sufficient Designated Safeguarding Leads to enable one of them to be available or contactable at all times during the centre day.
- Develop and promote effective working relationships with children, parents and with partner agencies.
- Provide a systematic means of monitoring children who are thought be at risk of harm or who are subject to child protection plans.
- Provide structured procedures within the centre which will be followed by all staff when there are concerns about a child.
- Ensure that all adults working with children have undergone appropriate checks as to their suitability to work with children in line with the Department of Education, the Disclosure & Barring Service and Islington Council.
- Ensure that procedures are followed where an allegation is made against staff in accordance with the Department of Education Keeping Children Safe in Education, Part 4, with the involvement of the Acting Principal Officer, Safeguarding in Education, on 020 7527 5845/3747 and the Local Authority Designated Officer (LADO) on LADO@islington.gov.uk, Safeguarding & Quality Assurance, Children's Social Care on 020 7527 8102/8066.

3. The Categories of Abuse and Signs and Indicators

All centre staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

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

Staff must be aware of wider safeguarding issues and that behaviours linked to drug taking, alcohol abuse, truanting and sexting, put children in danger.

There are four categories of abuse. The definition of each category is set out below with a non-exhaustive list of possible signs and symptoms:

Physical

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.

Recognising Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent
- Refusal to discuss injuries
- Improbable explanations for injuries/parent undisturbed by accident/injury
- Untreated injuries or lingering illness not attended to
- Admission of punishment which appears excessive
- Shrinking from physical contact
- Fear of returning home or of parents being contacted
- Fear of undressing
- Fear of medical help
- Aggression/bullying
- Over compliant behaviour or a 'watchful attitude'
- Running away
- Significant changes in behaviour without explanation
- Deterioration in work
- Unexplained pattern of absences which may serve to hide bruises or other physical injuries

Bruising

Children can have accidental bruising, but the following must be considered as indicators of harm, unless there is evidence, or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed:

- Any bruising to a pre-crawling or pre-walking baby.
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding.
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, although a single bruised eye can be accidental or abusive).
- Repeated or multiple bruising on the head or places unlikely to be injured accidentally.
- Variation in colour possibly indicating injuries caused at different times.
- The outline of an object used (e.g., belt marks, handprints or a hairbrush)

- Bruising or tears around, or behind the earlobe/s indicating injury by pulling or twisting.
- Bruising around the face.
- Grasp marks on small children.

Bite marks

Human bite marks are oval or crescent shaped. If they are over 3cm in diameter, they are more likely to be made by an adult or older child.

Burns and Scalds

- It can be difficult to distinguish between accidental and non-accidental burns and scalds, experienced medical opinion is required. Any burn with a clear outline may be suspicious e.g.:
- Circular burns from cigarettes (but may be friction burns along the protuberance of the spine).
- Linear burns from hot metal rods or electrical fire elements.
- Burns of uniform depth over a large area.
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks).
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into hot liquid or bath

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type.
- There are associated old fractures.
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.
- There is an unexplained fracture in the first year of life.

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Emotional

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Recognising emotional abuse

- Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.
- The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.
- The following may be indicators of emotional abuse:
 - Developmental delay.
 - Abnormal attachment between a child and parent (e.g., anxious, indiscriminate or no attachment).
 - Indiscriminate attachment or failure to attach.
 - Aggressive behaviour towards others.
 - Appeasing behaviour towards others.
 - Scapegoated within the family.
 - Frozen watchfulness, particularly in pre-school children.
 - Low self-esteem and lack of confidence.
 - Withdrawn or seen as a 'loner' – difficulty relating to others.
 - Continual self-deprecation
 - Fear of new situations
 - Inappropriate emotional responses to painful situations
 - Self-harm or mutilation
 - Compulsive stealing/scrounging
 - Drug/solvent abuse
 - 'Neurotic' behaviour – obsessive rocking, thumb sucking, and so on
 - Air of detachment – 'don't care' attitude
 - Social Isolation – does not join in and has few friends
 - Desperate attention-seeking behaviour
 - Eating problems, including overeating and lack of appetite
 - Depression, withdrawal

Sexual

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Recognising sexual abuse

- Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore, both identification and disclosure rates are deceptively low.
- Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear.
- If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

Behavioural indicators which may help professionals identify child sexual abuse

include:

- Inappropriate sexualised conduct.
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age.
- Contact or non-contact sexually harmful behaviour.
- Continual and inappropriate or excessive masturbation.
- Self-harm (including eating disorder), self- mutilation and suicide attempts.
- Involvement in sexual exploitation or indiscriminate choice of sexual partners.
- An anxious unwillingness to remove clothes for e.g., sports events (but this may be related to cultural norms or physical difficulties).

Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area. Scratches, abrasions or persistent infections in the anal or genital regions
- Bruises, scratches, burns or bite marks on the body
- Blood on underclothes.
- Pregnancy in a child.
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Other signs of sexual abuse

- Pregnancy – particularly in the case of young adolescents who are evasive concerning the identity of the father
- Sexual awareness inappropriate to the child's age – shown, for example, in drawings, vocabulary, games, and so on
- Frequent public masturbation
- Attempts to teach other children about sexual activity
- Refusing to stay with certain people or go to certain places
- Aggressiveness, anger anxiety, tearfulness
- Withdrawal from friends
- Frequent vaginal infections, discharge or odours
- Sexually transmitted diseases

Possible signs in older children

- Promiscuity, prostitution, provocative sexual behaviour
- Self-injury, self-destructive behaviour, suicide attempts
- Eating disorders
- Tiredness, lethargy, listlessness
- Over-compliant behaviour
- Sleep disturbances
- Unexplained gifts of money
- Depression
- Changes in behaviour
- Non-attendance at school
- Talking about a new 'special' friend

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague².

Neglect

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 caregivers); or***
- ***ensure access to appropriate medical care or treatment.***

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

Recognising Neglect

It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

- When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:
- Failure by parents or carers to meet essential physical needs (e.g., adequate or appropriate food, clothes, warmth, hygiene and medical or dental care).
- Failure by parents or carers to meet essential emotional needs (e.g., to feel loved and valued, to live in a safe, predictable home environment).
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause.
- Failure of child to grow within normal expected pattern, with accompanying weight loss.
- Child thrives away from home environment.
- Child frequently absent from school.
- Child left with inappropriate carers (e.g. too young, complete strangers).
- Child left with adults who are intoxicated or violent.
- Child abandoned or left alone for excessive periods.

Disabled children and young people can be particularly vulnerable to neglect due to the increased level of care they may require.

Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence, mental health issues, learning disabilities, substance misuse, or social isolation / exclusion, this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

Possible signs of Neglect

- Constant Hunger
- Clinging to Staff
- Detachment
- Lack of bonding to parent/carer
- Daytime incontinence
- Poor personal Hygiene
- Inappropriate clothing
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Low self-esteem
- Poor social relationships
- Compulsive stealing or scrounging
- Constant tiredness

Signs to Watch Out For

- Signs of low self-esteem
- Repeated talk of failure
- Deliberately seeking failure
- Denial or destruction of anything good
- Rejection of praise
- Pleasure in criticism
- Clowning, acting big, telling tall stories

Verbal signs of distress

- Worthlessness
- Pessimism
- Morbid thinking
- Suicidal thoughts
- Pathological thinking
- Self-blame

Non-verbal signs of distress

- Loss of interest and withdrawal
- Irritability and tearfulness
- Tiredness and change in weight
- Poor concentration and deterioration of work
- Destructive behaviour*
- Morbid artwork and writing*
- Lack of self-care (deliberate)*
- Deliberate failure*
- Self-harming*
- Suicide attempts*
- Arson*

**Particularly significant and should never be ignored.*

4. Referrals

If you have a concern that a child is being abused or is at risk of being abused, it will be taken seriously. It is vitally important that you share the information with your Designated Safeguarding Lead **Iola Isaac, Deputy DSL Jahanara Rahman, or the Trustee Nominee Brian Bench** immediately. You should record the information and include the date you received information or had concerns, the nature of the concern including any physical marks seen or anything that the child or someone else has told you. Please see Section 5 Dealing with Disclosures and Section 6 on Recording.

If you cannot report to one of the Designated Safeguarding Leads, you must promptly report your concerns to Children's Social Care yourself on 0207 527 7400 and follow up in writing CSCTreferrals@islington.gov.uk. Out of hours referrals (after 5 pm and weekends) should be made to 020 7226 0992 (Islington Safeguarding Board).

Any child, in any family in any setting could become a victim of abuse. Staff should always maintain an attitude of "*it could happen here*".

Anyone can make a referral if they fear a child is in immediate danger. They must inform the Designated Safeguarding Lead that a referral has been made, as soon as possible.

Circumstances where any member of staff can make a referral are:

- The situation is an emergency and the Designated Safeguarding Lead, their deputy, the Head of Centre and the chair of trustees are all unavailable.
- They are convinced that a direct report is the only way to ensure a child's safety.
- For any other reason they make a judgement that direct referral is in the best interests of the child.

Key Points for Taking Action

- In an emergency take the action necessary to help the child, for example call 999.
- Report your concern to the DSL immediately.
- Do not start your own investigation.
- Share information on a need-to-know basis only – do not discuss with colleagues, friends, or family.
- Complete a record of concern.
- Seek support for yourself if you are distressed, finding it difficult to cope or would like to talk through some issues.

5. Dealing with Disclosures

Receive

- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said.
- Make a note of what has been said as soon as practicable.

Reassure

- Reassure the child, but only so far as is honest and reliable. For example, don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now'.
- Do reassure and alleviate guilt if the child refers to it. For example, you could say:
 - I believe you.
 - I am glad you came to me.
 - I am sorry this has happened.
 - You're not to blame. You're not alone, you're not the only one this sort of thing has happened to.
 - We are going to do something together to get help.

Do not promise to keep it a secret as your professional responsibilities may require you to report the matter. If you make this promise to a child and then break it, you confirm to the child yet again that adults are not to be trusted.

React

- React to the child only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask 'leading' questions, for example 'what did he do next?' (This assumes he did!), or 'did he touch your private parts?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court.
- Do not ask the child to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the child that it will be a senior member of staff. Try to see the matter through yourself and keep in contact with the child. Ensure that if a Social Services interview is to follow, that the child has a support person present if the child wishes it (possibly yourself).
- Do not criticise the alleged perpetrator; the child may care about him/her, and reconciliation may be possible

Record

- Make some very brief notes at the time on any paper which comes to hand and write them up as soon as possible.
- Do not destroy your original notes in case they are required by a court.

- Record the date, time, place, persons present and noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Draw a diagram or complete a body map to indicate the position of any bruising.
- Record statements and observable things, rather than your 'interpretations' or 'assumptions.'

Remember

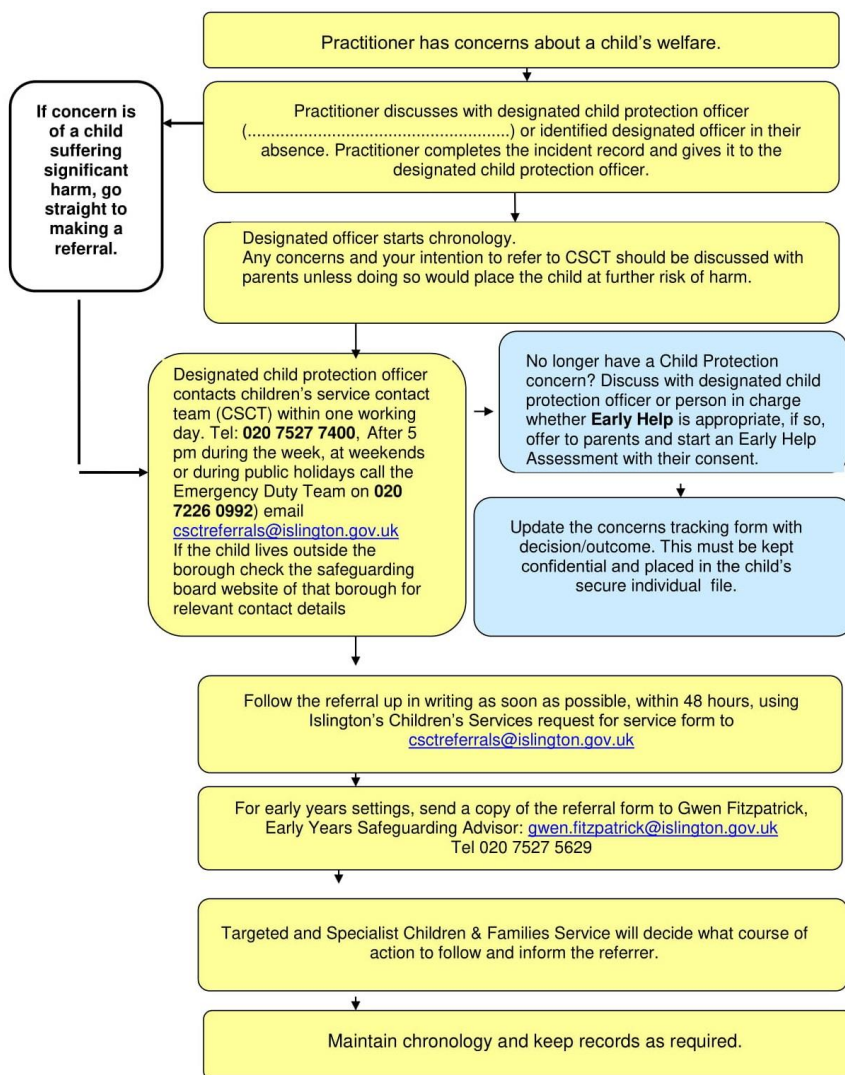
- To follow the centre's child protection policy and procedures and share your concerns with your designated child protection leaders. Consult with your designated child protection members of staff as appropriate.
- Refer to Children's Social Care and/or Police if relevant.
- Support the child: listen, comfort, and be available.

Complete confidentiality is essential.

Share your knowledge only with appropriate professional colleagues

Try to get some support for yourself if you need it.

MAKING A CHILD PROTECTION REFERRAL



6. Recording and Sharing Information

Commented [oh1]: We have a daily log that a staff log any comments or concerns iola or Jahanara will go through

Staff recognise the importance of sharing information with other agencies. Further information on sharing information can be found in Chapter 1 of “Working Together to Safeguard Children” 2018 and “Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers”. Staff also recognise that data protection fears should not be a barrier to information sharing as the safety of a child is of the utmost importance.

Recording is a tool of professional accountability and is central to safeguarding and protecting children. The centre keeps a central record of staff child protection training.

It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason, it is vital that concerns are recorded comprehensively and accurately so that they can be monitored, and emerging patterns noticed.

Concerns about children should be recorded on the centre’s concern tracking sheet which will detail the concerns about a child, discussion with the DSL or Deputy DSL and, if appropriate, parents/carers – see Tracking Sheet at **Appendix 1**. All advice and agreed actions should be dated and signed and a record made of whom the concern has been shared with. Tracking sheets/referrals to Children’s Social Care and Child Protection meeting minutes will be held confidentially and separately from a child’s main centre/education records. Records should be kept in chronological order. Centre actions agreed in child protection conferences/strategy discussions must be implemented and recorded.

Internal sharing of information will be limited to sharing information with staff where it will demonstrably benefit a child and will generally be on a need-to-know basis. Sharing information and contact or attempted contact with other agencies should be logged – see Chronology at **Appendix 2**.

A record will be kept of all children who transfer to another centre or who leave the centre with or without a known destination. Where the centre is unable to make contact with the child’s family and are concerned that the child may be missing or at risk, the LA will be notified via the Missing Child Alert – see **Appendix 3**. When the centre removes a child from the centre roll an Off Rolling Form should be completed and sent to the Local Authority (childrenergives@islington.gov.uk) – see LA Off-Rolling Notification Form at **Appendix 4**. The centre will log onto the Department of Education’s secure access system <https://sa.education.gov.uk/idp/Authn/UserPassword> to record details of the child.

Where children leave the Play Project to attend a different club, the Designated Safeguarding Lead will ensure that child protection files are copied for any new club as soon as possible but transferred separately from the main file. It is good practice to check that the transferring club has received the file and that a discussion takes place about the child. **Copies are kept in this centre until the child is aged 25, in either paper or e-format.**

It is expected that all staff are aware of the importance of sharing information and working with other professionals to get a full picture of need so that the right help can be given to a child and that everyone who works with children has a role to play in identifying concerns, sharing information and taking prompt action.

7. Responsibilities of the Head of Centre

The Head of Centre is responsible for ensuring that the child protection policy and procedures adopted by the Board of Trustees are fully implemented and followed by all staff.

It is the Head of Centre's responsibility to allocate sufficient resources and time to enable the responsibilities of the Designated Safeguarding Lead for Child Protection to be discharged fully and to ensure that staff are able to attend conferences, strategy discussions and child protection conferences and other inter-agency meetings and to contribute fully to the assessment of children including writing reports for conferences on the multi-agency conference report template and sending to S&QA@islington.gov.uk at least three days before the meeting – See **Appendix 5**.

The Head of Centre is responsible for ensuring that all staff feel able to raise concerns about poor or unsafe practice regarding children, and that concerns will be addressed sensitively and in a timely manner in accordance with the centre's whistle blowing policy. We recognise that it is not the responsibility of children to raise concerns. It is the responsibility of all staff to share concerns about the actions or attitudes of colleagues with the Head of Centre who will deal with the concerns appropriately.

8. The Role of the Designated Safeguarding Lead

The DSL is a senior member of staff who takes the lead responsibility for child protection and has the status and authority within the centre to carry out the duties of the post, including committing resources and where appropriate supporting and directing other staff. Ultimate lead responsibility for safeguarding and child protection remains with the DSL whose responsibility cannot be delegated.

<p>Current HACA Designated Safeguarding Lead for Children and Young People IOLA ISAAC</p>
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In addition to their formal training, their knowledge and skills are updated, e.g., via e-bulletins, meeting other DSLs, taking time to read and digest safeguarding developments at regular intervals, but at least annually, to keep up with any developments relevant to their role.

The broad areas of responsibility for the Designated Safeguarding Lead are:

Managing referrals

- Referring all cases of suspected abuse to CSC and:
 - The Local Authority Designated Officer where there are allegations against staff
 - Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
 - Police (cases where a crime may have been committed).
- Liaise with the Head of Centre to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

Training

The DSL should receive appropriate training every two years (at a minimum) in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the centre's child protection policy and procedures, especially new and part-time staff.

In addition to all Play Project staff being required to attend safeguarding and child protection training, the staff will also receive updates by email, staff meetings or e-bulletins to keep their skills and knowledge up to date.

9. The Board of Trustees

The Board of Trustees holds responsibility for ensuring that the safety of the children in this centre is at all times of paramount importance. The Board of Trustees will ensure that the centre's safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedure set up by the local safeguarding children board, including local protocols for assessment and the safeguarding board's threshold document, and that:

- The organisation has a safeguarding and child protection policy;
- The organisation operates safer recruitment procedures and ensures that appropriate checks are carried out on all new staff and volunteers.
- There is a senior member of staff acting as a Designated Safeguarding Lead and supported by deputy Designated Safeguarding Lead.
- The Designated Safeguarding Lead attends appropriate refresher training every three years at a minimum.
- All other staff working with children undertake training at three yearly intervals at a minimum; in addition to regularly updated training staff will receive regular safeguarding updates, as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- Temporary staff and volunteers are made aware of the centre's arrangements for child protection and safeguarding.
- The centre has procedures for dealing with allegations of abuse against staff/volunteers.
- A member of the Board of Trustees is nominated to be responsible for liaising with the Local Authority in the event of allegations of abuse being made against the Head of Centre. This trustee is Brian Bench.

The Board of Trustees is responsible for ensuring that any deficiencies or weaknesses in the centre's arrangements for safeguarding and promoting the welfare of children are addressed and remedied without delay. The Board will seek advice from and work in partnership appropriately with Islington Council in fulfilling its safeguarding and child protection responsibilities.

Whilst the Board of Trustees holds overall responsibility for the child protection and safeguarding functions of the centre, the day-to-day operational responsibility rests with the Head of Centre.

The Board of Trustees are required to have an enhanced criminal records certificate from the DBS. It is the responsibility of the Board of Trustees to apply for the certificate for any of their Board member who does not already have one. As governance is not a regulated activity, they do not need a barred list check, unless, in addition to their governance duties, they also engage in regulated activity.

The Board of Trustees must review centre policies annually.

The designated safeguarding trustee, Brian Bench, is responsible for -

- (1) liaising with the Head of Centre and Designated Safeguarding Lead regarding child protection issues. This is a strategic role rather than operational – they will not be involved in concerns about individual children.
- (2) Liaising with the Head of Centre and the Designated Safeguarding Lead to produce an annual report for Board of Trustees and the local authority as appropriate.

10. Safer Recruitment

Safe recruitment and selection practice is vital in safeguarding and protecting children. HACA recognises and takes seriously its responsibility to adopt practice which minimises risk to the children in this centre by ensuring that measures are in place through this practice to deter, reject or identify people who might abuse children or who are unsuitable to work with them. HACA is committed to evidencing this practice in relation to all staff working with children in the centre.

The safety and well-being of children is borne in mind at all times throughout the recruitment and selection process. The centre follows guidance issued by Islington Council Centres' HR Service and that contained in the national guidance 'Keeping Children Safe in Education' 2021. The centre has adopted the HR Safer Recruitment Guidance which includes guidance on the disqualification declaration requirement for early and later years' staff.

In accordance with this, the centre makes sure that appropriate checks are carried out on new staff, volunteers and parent helpers and bears in mind the safety of children when drawing up job descriptions and person specifications, advertising posts, calling for and scrutinising references and picking up on gaps in employment history through to the interview process and carrying out enhanced Disclosure and Barring Service (DBS) and professional checks and verifications of qualifications and identity. The centre also will ensure that at least one member of any interview panel has attended Safer Recruitment Training and that this is refreshed two yearly.

The centre holds information on a **Single Central Register** which includes information such as identity checks, DBS disclosure dates, qualifications, and the right to work in the UK. The Centre Administrator is responsible for keeping the Single Central Record up to date.

All new members of staff will undergo an induction that includes familiarisation with the

- Staff Code of Conduct (to include acceptable use policy, staff/child relationships and communications including the use of social media and other related matters)
- Safeguarding and child protection policy
- Part 1 of Keeping Children Safe in Education 2021
- Information regarding the role of the designated safeguarding lead.
- Identification of their child protection training needs.

The centre obtains written confirmation from supply agencies that agency staff have been appropriately checked and the centre will check identification of any supply or agency staff.

Volunteers

Volunteers including Trustees will undergo checks commensurate with their work in the centre and contact with children.

Supervised Volunteers

Volunteers who work only in a supervised capacity and are not in regulated activity will undergo safe recruitment checks appropriate to their role, in accordance with the centre's risk assessment process and statutory guidance.

Contractors

The centre checks the identity of all contractors working on site and requests DBS checks where appropriate.

Site Security

Visitors to the centre, including contractors, are asked to sign-in and not allowed to enter any space with childcare provision. Parents who are simply delivering or collecting their children do not need to sign in. All visitors are expected to observe the centre's safeguarding health and safety regulations to ensure children in centre are kept safe. The Head of Centre will exercise professional judgement in determining whether any visitor should be escorted or supervised while on site.

11. Extended Services and Activities

HACA's management and Trustees are responsible for controlling the use of centre premises both during and outside centre hours, except where a trust deed allows a differing person to control the use of the premises, or a transfer of control agreement has been made.

Where services are provided directly under the supervision and management of the centre, the centre's child protection policy and procedures will apply.

Where activities and services are provided separately and involve children, HACA will seek assurances that the body concerned has appropriate safeguarding and child protection policies and procedures in place and that there are agreed arrangements to liaise with the centre on these matters where appropriate.

HACA will only work with providers that can demonstrate that they have effective child protection policies and procedures in place, provide appropriate training and that the vetting arrangements for their staff are compatible with those of Islington Council and government guidance. The Governing Body will enter into a formal letting contract with the provider once these conditions are met but reserve the right to withdraw permission for any letting at any time.

Services Provided by the Centre

At any one time there could be professionals delivering services to children and families on behalf of the centre in the community as well as on the centre site. These professionals may be employed by partner agencies such as Children's Social Care, Health, or other agencies.

All staff providing services to children whether in centre or in the community on behalf of the centre, must adhere to the centre's child protection policy.

Staff from partner agencies working with children in the community will follow the referral procedures of their own agency and will inform the DSL that they have made a child protection referral as a matter of priority.

Shared Sites

Where children attend other sites, it is the responsibility of the DSL to manage any concerns about those children appropriately, ensuring that there is good communication, liaison and information sharing with the DSL on which the child is on roll or at which the child is based.

A concern about a child should be raised and discussed with the DSL. Should a child make a disclosure to a member of staff, the DSL for the site on which the disclosure is made will refer the matter to Children's Social Care but will inform the DSL for any relevant sites that they are doing so. All relevant DSLs will be copied into the referral form and ensure that they are aware of any action to be taken by Children's Social Care so that they can play their part in the process and contribute appropriate and necessary information.

12. Supporting Children

We recognise that a child who is abused or neglected may find it difficult to develop and maintain a sense of self-worth. We recognise that children may feel helpless and humiliated and may blame themselves for what has or is happening to them. Our centre may provide a vital source of stability in the lives of children who have been abused or are at risk of harm. We recognise that the behaviour of a child in these circumstances may range from that which is perceived to be 'normal' to aggressive or withdrawn.

We aim to support all children at our centre by:

- Encouraging a sense of self-worth and assertiveness whilst not condoning bullying and aggression. Bullying in itself may result in the threshold of significant harm being met and we take seriously our responsibility to challenge bullying behaviours in accordance with our anti-bullying policy.
- Promoting a caring and safe environment within the centre
- Promoting the understanding and importance of wellbeing
- Working in partnership with other services involved in safeguarding children and notifying Children's Social Care as soon as there are significant concerns about a child

13. Peer on Peer Abuse and Bullying

Children can abuse children and all staff should be aware safeguarding issues can manifest themselves via peer-on-peer abuse. This is most likely to include, but not limited to:

- Bullying
- Cyberbullying
- Gender based violence
- Sexual assaults
- Sexting

The centre will use the searching, screening and confiscation advice provided by the Department for Education and the Child Exploitation Online Protection Centre guidance on sexting.

While bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause considerable anxiety and distress. At its most serious level, bullying can have a disastrous effect on a child's wellbeing and in very rare cases has been a feature in the suicide of some young people.

- All incidences of bullying, including cyber-bullying and prejudice-based bullying should be reported and will be managed through our anti-bullying procedures. All children and parents receive a copy of the procedures on joining the centre. If the bullying is particularly serious, or the tackling bullying procedures are deemed to be ineffective, the Head of Centre and the Designated Safeguarding Lead will consider implementing child protection procedures.
- Centre leaders and all staff who work directly with children should read Annex A of Keeping Children Safe in Education 2021 which contains additional information about specific forms of abuse.

14. The Prevent Duty

HACA recognises a duty under section 26 of the Counterterrorism and Security Act 2015, to have “**due regard to the need to prevent people from being drawn into terrorism**”, known as the Prevent duty. The centre recognises that protecting children from the risk of radicalisation is part of the centre’s wider safeguarding duties and is similar in nature to protecting children from other harms, whether these come from within their family or are the product of outside influences.

The centre ensures that children are safe from terrorist and extremist material when accessing the internet in centre, including by establishing appropriate levels of filtering and will ensure that “over blocking” does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

Indicators of vulnerability to radicalisation are included at **Appendix 6**.

All staff are required to complete the online general awareness training module The Education & Training Foundation: Prevent for Support Staff, a programme focusing on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.

The centre is committed to building children’s resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision making. Our centre will promote the spiritual moral, social and cultural development of children and fundamental shared values and encourages children to develop positive character traits such as resilience, determination, self-esteem and confidence.

Where a member of staff has a concern about a particular child they should follow normal safeguarding procedures, discussing with the DSL and where necessary with children’s social care. The Department of Education has a dedicated telephone line 020 7340 7264 and email counter.extremism@education.gsi.gov.uk available for staff and trustees to raise concerns directly about extremism. These contact details are not for emergency situations, normal emergency procedures should be followed if a child is at immediate risk of harm.

Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

15. Looked After Children

The most common reason for children becoming looked after is as a result of abuse or neglect. The centre ensures that appropriate staff have information about a child’s looked-after status and care arrangements and maintain contact with involved agencies such as schools and social services. Strict policies will be in place to ensure that children are only collected by authorised adults.

16. Early Help Assessment and EHC Plans

Where a child at the centre is receiving an Early Help Assessment, the Designated Safeguarding Lead will be involved in liaising with other agencies and setting up an inter-agency assessment as appropriate. The Early Help Assessment is designed to be used when:

- There are concerns about how well a child or young person is progressing (e.g., concerns about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing)
- a child or young person, or their parent/carer, raises a concern
- a child's or young person's needs are unclear

17. Confidentiality

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that being released into the public domain does not compromise evidence.

All matters relating to child protection are strictly confidential. We respect the right of families to have information about them dealt with sensitively and confidentially in line with statute and guidance. Child protection information regarding children in our centre will be shared with staff on a strictly need to know basis. A member of staff will 'need to know' information when it is demonstrably to benefit the child. All staff are expected to conform to the centre's standards of good professional practice and maintain confidentiality appropriately at all times.

All staff must be aware of their responsibility to share information with the Designated Safeguarding Lead and with other agencies in order to protect and safeguard children. However, following a number of cases where senior leaders had failed to act upon concerns raised by staff, Keeping Children Safe in Education emphasises that **any** member of staff can contact children's social care if they are concerned about a child.

Advice can be sought where necessary from The Children's Services Contact Team on 020 7527 7400 csctreferrals@islington.gov.uk, the Principal Officer, Safeguarding in Education, Access & Engagement Service, 020 7527 5845/3747 or via childreasureservices@islington.gov.uk for her attention.

Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals. Every effort will be made to prevent unauthorised access and sensitive information should not be stored on laptop computers, which by the nature of their portability, could be lost or stolen. If it is necessary to do so, they should be kept in locked storage.

Child protection information will be stored separately from the child's centre file and the centre file will be 'tagged' to indicate that separate information is held.

No one in the centre may guarantee confidentiality to a parent or carer. The Data Protection Act does not prevent centre staff from sharing information with relevant agencies, where that information may help to protect a child.

No one in the centre may guarantee to a child that they will keep a secret and must always make it clear to children in language that is appropriate to the age and understanding of the child, that any information which leads an adult to be concerned that a child is suffering or is at risk of suffering harm will be shared with the DSL in order to take measures to safeguard the child or other children at risk.

18. Supporting Staff

We recognise that child protection is a difficult and sometimes upsetting subject for those who work with children. Working with a child who has suffered harm or is at risk of harm may be stressful and distressing. We are committed to supporting such staff by providing opportunities for them to talk through their experiences and anxieties with the DSL or Deputy DSL and to seek further support as appropriate. All staff and volunteers should feel able to raise concerns about poor or unsafe practice, such concerns will be addressed sensitively and effectively in accordance with the Whistleblowing Policy. A copy of 'What to do if you're Worried a Child is Being Abused 2015' should be made available to every member of staff. The NSPCC whistleblowing helpline can be used to anonymously raise concerns on 0800 028 0285.

We believe that working within an organisation that has clear child protection policies and procedures also helps to support staff in carrying out their duties and responsibilities effectively.

If you have concerns about a colleague

Staff who are concerned about the conduct of a colleague towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career.

Staff must remember that the welfare of the child is paramount. The centre's Whistleblowing Policy enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place and the NSPCC encourages staff to use their **whistleblowing helpline 0800 028 0285**.

All concerns of poor practice or possible child abuse by colleagues should be reported to the Head of Centre. Complaints about the Head of Centre should be reported to the Chair of Trustees. Staff may also report their concerns directly to children's social care or the police if they believe reporting directly is necessary to secure action. Follow the flow-chart on page 37 of this policy.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally on 0800 028 0285 (line is open 8 am – 8 pm Monday to Friday and email help@nspcc.org.uk).

19. Children with Additional Needs and/or Disabilities

We recognise that children with special educational needs or disabilities are more vulnerable to abuse. The risks to disabled children may be increased by their need for practical assistance and physical dependency including intimate care which may be delivered by a number of different carers, by possible communication difficulties and lack of access to strategies to keep themselves safe or by the increased risk that they may be socially isolated.

Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Children with special educational needs and disabilities can be disproportionately impacted by things like bullying – without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers

Further information on safeguarding disabled children is available in the government guidance 'Safeguarding Disabled Children, Practice Guidance'.

Staff working with children in any capacity, must be particularly aware of and sensitive to how the effects of abuse or harm may present, and be able to pick up on any changes in behaviour or presentation that might indicate a concern. Staff should have a detailed knowledge of children's individual care needs and take these into account when working with them and their families. Concerns should be shared immediately with the DSL or the Deputy DSLs.

The staff in this centre will have important information about individual children's presentation, their levels of understanding and how best to communicate with them.

All staff working with children with special educational needs or disabilities will receive appropriate training to enable them to meet the needs of these children appropriately and to recognise and report any concerns.

Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
- children with SEN and disabilities can be disproportionately impacted by things like bullying-without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers

When working with children with disabilities, staff must be aware that additional possible indicators of abuse and/or neglect may also include:

A bruise that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child.

- Not getting enough help with feeding leading to malnourishment.
- Poor toileting arrangements.
- Lack of stimulation.
- Unjustified and/or excessive use of restraint.
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing.
- Unwillingness to try to learn a child's means of communication.
- Ill-fitting equipment, for example callipers, sleep boards, inappropriate splinting.
- Misappropriation of a child's finances.
- Inappropriate or unnecessary invasive procedures.

20. Working in Partnership with Parents and Carers and Stakeholders

HACA is committed to creating and maintaining a culture of openness and honesty and strive at all times to work in partnership with parents and carers. We believe that this is in the best interests of children and their families. Only by developing co-operative working relationships within which parents and carers feel respected are we able to work holistically with children.

Parents and carers will be given access to our Safeguarding Children and Young People Policy and a summary of it will be included in the literature given to those whose children are new to the centre. We believe it is important that parents and carers are aware of our statutory duty to safeguard and promote the welfare of children and that we will where necessary share concerns with Children's Social Care.

Wherever possible we will aim to discuss concerns about children with their parents or carers and inform them if we intend to make a referral to the Children's Services Contact Team.

There may be rare instances however, when we judge that it is not appropriate to speak to a parent or carer before contacting the Children's Services Contact Team. This would happen when the DSL or a Deputy DSL in her absence, judges that to do so would increase the risk to the child.

21. Restraint and Reasonable Force

Section 93 of the Education and Inspections Act 2006 gives centre staff the legal power to use force. Reasonable force can be used in many situations:

1. To prevent children from hurting themselves or others, from damaging property or from causing disorder.
2. To control children or to restrain them.
3. The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

This includes occasions when the child is not on centre premises e.g., on Play Project trips.

Further guidance is in the Department for Education's Guidance, 'Use of Reasonable Force - Advice for Headteachers, Staff and Governing Bodies': <https://www.gov.uk/government/publications/use-of-reasonable-force-in-centres>. Guidance should be given to staff on appropriate behaviour including the use of physical restraint. There should be a rigorous recording system and procedures in centre. Parents/carers should be informed when restraint has been used and protocols agreed with parents/carers if use of restraint is thought likely. It is good practice for the member of staff with responsibility for child protection to check the record and to give the member of staff involved in the incident a copy.

Children displaying extreme behaviour in relation to a learning disability, autistic spectrum disorders, behavioural, emotional and social difficulties or children with severe behavioural difficulties should be handled according to the 'Guidance on the Use of Restrictive Physical Interventions for Children with Severe Behavioural Difficulties'

S548 Education Act 1996 states that the use of force as a punishment is unlawful.

22. Promoting the Well-being of Children

The Centre will promote the well-being of all its children as per the Education and Inspections Act 2006. Well-being is defined in the Children Act 2004 in terms of: -

- physical and mental health and emotional well-being.
- protection from harm and neglect.
- education, training and recreation.
- the contribution children make to society.
- social and economic well-being.

Every Child Matters is a set of reforms supported by the Children Act 2004. The centre's aim is for every child, whatever their background or circumstances, to have the support they need to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

The centre believes in involving children and young people in this process.

23. Missing child

HACA has a Missing Child Procedure to follow in the instance that a child disappears from the premises or during a trip.

24. Use of Mobile Phones and Cameras

HACA has a Mobile Phones and Cameras Policy to ensure that we provide an environment in which children, parents and staff are safe from images being recorded and inappropriately used

25. Private Fostering

Privately fostered children are cared for by someone other than a parent or close relative (e.g., stepparents, siblings, siblings of a parent and grandparents) for 28 days or more. There may be occasions in which centre staff -

- Become aware of a private fostering arrangement which is not likely to be notified to the local authority
- Have doubts about whether a child's carers are actually their parents, and there is evidence to support these doubts, which may or may not include concerns about the child's welfare

In these instances, staff should notify the DSL, who will then communicate with the child's school to check if they are aware of the situation.

Further information about private fostering arrangements can be found at <https://www.gov.uk/government/publications/national-minimum-standards-for-private-fostering> and <http://www.privatefostering.org.uk/>.

26. Trafficked and Exploited Children

A trafficked child is coerced or deceived by the adult who brings them into the country. Trafficked children are denied their human rights and are forced into exploitation e.g., domestic servitude, forced marriage, criminal activity, begging, benefit fraud, acting as a drug mule, sweatshop or restaurant work. Children may appear to submit willingly through fear for themselves or their family, because their parents have agreed to the situation or because of bribes. Recognition of trafficked and exploited children will normally rely on a combination of general signs of abuse and neglect and issues concerned with the child's immigration status. These children may not be in possession of their own travel documents, be excessively afraid of being deported, be in possession of false papers, being cared for by an adult who is not their parent, presenting with a history of missing links and unexplained moves. Centre staff should make a referral to Children's Social Care if they suspect a child has been trafficked. Further information is available in 'Safeguarding Children who may have been Trafficked':

<https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>"

27. Harmful Traditional Practices

HACA recognises the abuse that children can be subject to as a result of harmful traditional practices. These can be based on tradition, culture, custom and practice, religion and/or superstition and can include abuse linked to a belief in spirit possession, breast ironing and force feeding as well as forced marriage, female genital mutilation, so called honour-based Abuse and honour murders.

Staff recognise that these practices can have a detrimental effect on the physical, mental and emotional health of the child and can involve bias against groups of children, particularly girls and children with disabilities. Many involve physical abuse and pain, leading in some cases intentionally, to death or serious injury. Others involve mental abuse.

If a member of staff suspects a child may be at risk of abuse through a harmful traditional practice, they should follow usual child protection procedures by alerting the DSL promptly.

28. Child Sexual Exploitation

The key indicators of child sexual exploitation can include:

- going missing for periods of time or regularly coming home late.
- regularly missing centre or education or not taking part in education.
- appearing with unexplained gifts or new possessions.
- associating with other young people involved in exploitation.
- having older boyfriends or girlfriends.
- suffering from sexually transmitted infections.
- mood swings or changes in emotional wellbeing.
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

Staff are aware that victims of sexual exploitation often do not recognise themselves as such.

As trafficking is closely related to child sexual exploitation, there is further guidance

“Safeguarding Children and Young People from Sexual Exploitation:

<https://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance>

Child sexual exploitation is a form of child abuse. Essentially it involves children and young people receiving something – for example accommodation, drugs, gifts or affection – as a result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet.

Although inter agency working and information sharing are vital in identifying and tackling all forms of abuse, it is clear they are especially important to identify and prevent child sexual exploitation.

If staff suspect a child has been sexually exploited or is at risk of sexual exploitation, they must share the information with the DSL without delay. The DfE’s guidance “What to do if you suspect a child is being sexually exploited” is at: <https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited>

29. Children with Sexually Harmful Behaviour

Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use the centre’s anti bullying procedures where necessary. However, there will be occasions when a child’s behaviour warrants a response under child protection rather than anti-bullying procedures. Research indicates that up to 30% of child sexual abuse is committed by someone under the age of 16.

The management of children and young people with sexually harmful behaviour is complex and the centre will work with other relevant agencies to maintain the safety of the whole centre community. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator. Staff who become concerned about a child’s sexualised behaviour should speak to the DSL as soon as possible.

30. Forced Marriage/Honour Violence/Killings

It is an offence to force someone to marry against their will - section 74 of the Serious Crime Act 2015. This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)

- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted.

Guidance on dealing with concerns regarding forced marriage is contained in the Multi Agency Practice Guidelines 'Handling Cases of Forced Marriage'

A 'forced' marriage is distinct from a consensual 'arranged' marriage because it is without the valid consent of both parties and duress is a factor. A child who is forced into marriage is at risk of significant harm through physical, sexual and emotional abuse. Information about a forced marriage may come from the child themselves, of the child's peer group, a relative or member of the child's local community or from another professional. Forced marriage may also become apparent when other family issues are addressed, e.g., domestic violence, self-harm, child abuse or neglect, family/young person conflict, a child absent from centre or a missing child/runaway. Forced marriage may involve the child being taken out of the country for the ceremony, is likely to involve non-consensual/under-age sex and refusal to go through with a forced marriage has often been linked to 'honour killing' or violence.

Honour based violence is an ancient cultural tradition that encourages violence towards family members who are considered to have dishonoured their family. It is rooted in domestic violence and is often a conspiracy of family members and associates meaning victims are a risk from their parents and families.

Centre staff should respond to suspicions of a forced marriage or honour-based Abuse by making a referral to the Children's Services Contact Team on **0207 527 7400** and if the risk is acute, to the Police Child Abuse Investigation Team **020 8733 4286**. Centre staff should not treat any allegations of forced marriage or honour- based violence as a domestic issue and send the child back to the family home. It is not unusual for families to deny that forced marriage is intended, and once aware of professional concern, they may move the child and bring forward both travel arrangements and the marriage. **For this reason, staff should not approach the family or family friends, or attempt to mediate between the child and family, as this will alert them to agency involvement.**

Further information and advice can be obtained from the Forced Marriage Unit <https://www.gov.uk/stop-forced-marriage> 020 7008 0151 and the Karma Nirvana Honour Network Helpline 0800 5999 247.

31. Female Genital Mutilation

It is illegal in the UK to subject a child to female genital mutilation (FGM) or to take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003. Despite the harm it causes, FGM practising communities consider it normal to protect their cultural identity. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. Centre staff will be encouraged to attend specific training, and should be alert to the following indicators:

- Difficulty walking, sitting or standing and may even look uncomfortable
- Spending longer than normal in the toilet due to difficulties urinating
- Long periods of time away from a classroom during the day with bladder or menstrual problems.
- Frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school.
- A prolonged absence from school with noticeable behaviour changes (e.g., withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl may be particularly reluctant to undergo normal medical examinations.

- A girl may confide in a professional.
- A girl may ask for help but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.
- Staff may become aware of a student because she appears anxious, depressed and emotionally withdrawn. They may be presented with a sudden decline in her performance, aspirations or motivation.

Any information or concern that a child is at immediate risk of or has undergone FGM will result in a child protection referral to the Children's Services Contact Team on 020 7527 7400. Staff should be alert to the need to act quickly and not to mediate with or alert parents to professionals' concerns.

Guidance is available in 'Safeguarding Children from Female Genital Mutilation <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation> .

Female genital mutilation is a form of child abuse common to some African, Asian and Middle Eastern communities in the UK. This illegal and life-threatening initiation ritual leaves victims in agony and with physical and psychological problems that can continue into adulthood. Carried out in secret and often without anaesthetic, it involves the partial or total removal of the external female genital organs.

Talking about FGM can be difficult and upsetting. Centre staff may wish to speak with their line manager or Designated Safeguarding Lead if they are affected by what they have heard.

So-called 'honour-based' Abuse (HBA) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV

NSPCC dedicated helpline for advice and support

An NSPCC helpline will give advice, information and support for anyone concerned that a child's welfare is at risk because of female genital mutilation. Though callers' details can remain anonymous, any information that could protect a child from abuse will be passed to the police or social services. The Metropolitan Police force is also supporting the FGM helpline as part of its crime prevention work.

If you are worried that a child may be at risk of FGM, you can contact a 24-hour helpline anonymously on **0800 028 3550** or email fgmhelp@nspcc.org.uk.

32. Domestic Violence

Domestic violence is:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

- This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

The harm caused to children can be significant – through emotional and physical abuse and/or neglect. From 2002 the definition of significant harm was amended to include “the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home”. Therefore, if staff are aware that a child is witnessing or hearing domestic violence, they should inform the Designated Safeguarding Lead, who should in turn refer the matter to the Children’s Services Contact Team on 020 7527 7400.

33. Young Carers

In many families, children contribute to family care and well-being as part of normal family life. A young carer is a child who is responsible for caring on a regular basis for an adult or a sibling who has illness or disability. Caring responsibilities can significantly impact upon a child’s health and development.

The centre will refer to Family Action if they suspect a child has caring responsibilities and/or seek advice:

- Email: islington.youngcarers@family-action.org.uk,
- Telephone: 020 7272 6933
- Address: Family Action Islington, Young Carers Service 608 Holloway Road London N19 3PH

Government guidance is contained in ‘Improving Support for Young Carers’
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182291/DFE-RR084.pdf

34. Young Runaways

Some young people are pushed away from their home by factors that make an environment difficult to live in, such as problems at home, difficult relationships, family breakdown and maltreatment or abuse, problems at school including bullying, and personal problems including mental health issues. Other young people are pulled away to be near friends and family or following grooming by adults for sexual exploitation or trafficking.

The centre recognises that repeatedly going missing should not be viewed as a normal pattern of behaviour. For example, repeat episodes of a child going missing can indicate sexual exploitation.

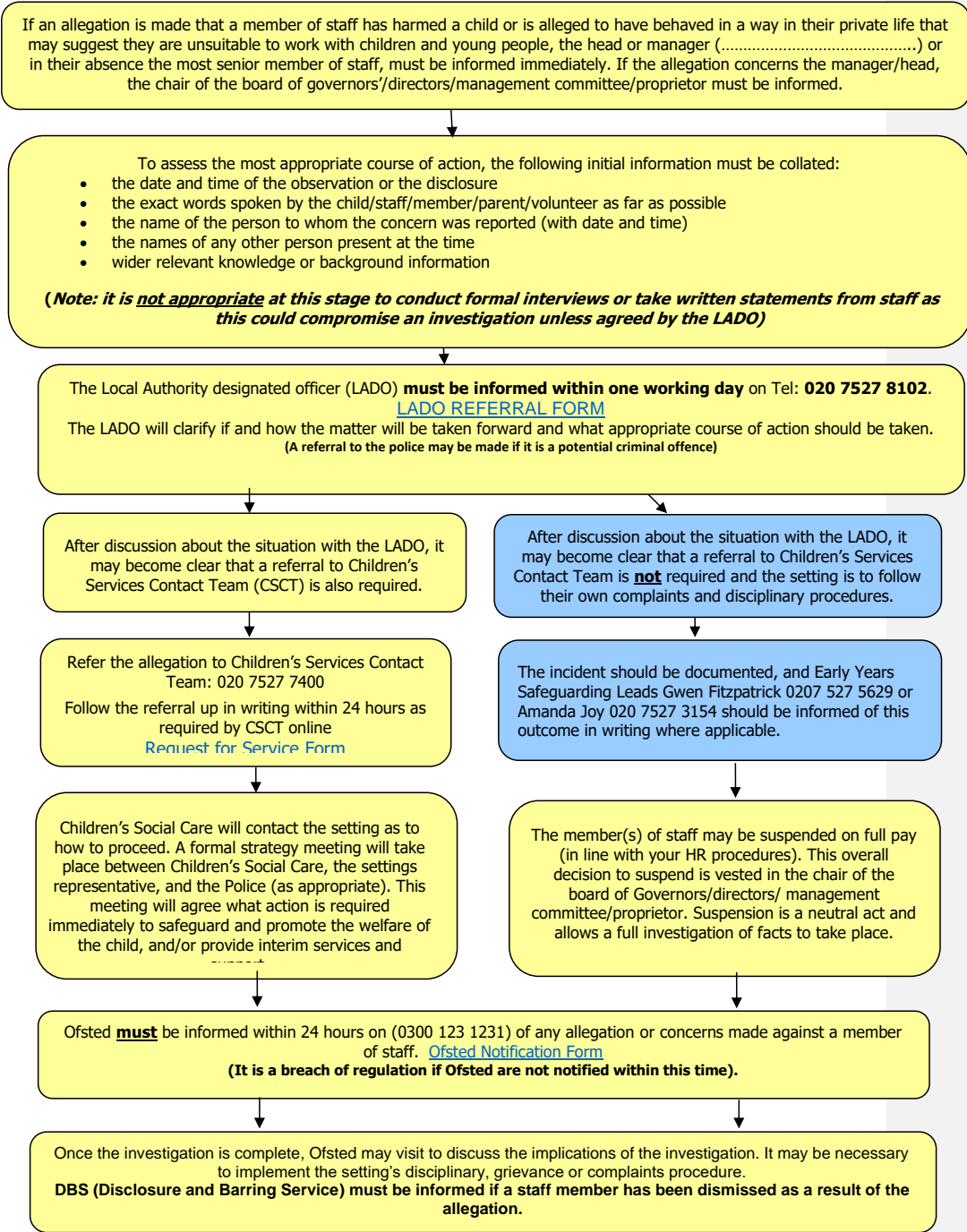
If centre staff become aware of a young runaway, they should ensure they inform the DSL. A return interview should always be offered by Targeted Youth Support.

A Young Runaway’s Action Plan is available
<http://education.gov.uk/publications/standard/publicationDetail/Page1/RUNAWAYS08>.

35. Are you Worried About a Child?

If you are unable to contact the designated safeguarding lead and you have any concerns that a child may be being abused, maltreated or neglected, please ring Islington's Children's Services Contact Team on 020 7527 7400. They will be able to advise on what action, if any needs to be taken. If your concern is out of hours, please call the Emergency Duty Team (5pm to 9am, Weekends and Bank Holidays) 020 7226 0992.

Allegations against centre staff and volunteers
Flowchart: Allegations Made Against A Member of Staff
(March 2024)



Staff are aware of the process to handle allegations against staff including the Head of Centre. Part 4 of Keeping Children Safe in Education 2021 sets out the process that must be followed.

The Local Authority Designated Officer is contactable on 0207 527 8102/8066 and LADO@Islington.gov.uk. The Principal Officer, Safeguarding in Education is contactable on 0207 527 5845/3747 and on Childrenergives@Islington.gov.uk.

The Head of Centre/Chair of Trustees have a duty to report to the LADO within 24 hours if it is alleged that a member of staff has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates that he or she is unsuitable to work with children

The allegation will be dealt with according to the process laid out in Part 4 of 'Keeping Children Safe in Education' 2021 and Appendix 5 of Working Together to Safeguard Children, 2018. The Head of Centre or the Chair of Trustees (if it is an allegation about the Head of Centre) will work with the Principal Officer Safeguarding in Education (POSE)(020 7527 5845/3747) and the Local Authority Designated Officer (LADO) (020 7527 8102/8066) to confirm the details of individual cases and to reach a decision on the way forward in each case, in conjunction with Children's Social Care and the Police Child Abuse Investigation Team.

The Head of Centre/Chair of Trustees will not investigate the incident by interviewing either those directly involved or any witnesses as this is likely to jeopardise any subsequent criminal investigation *unless* this has been agreed after consultation with the POSE/LADO.

Allegations against staff should be reported to the Head of Centre. Allegations against the Head of Centre should be reported to the Chair of Trustees. Staff may also report their concerns directly to police or children's social care if they believe direct reporting is necessary to secure action.

Staff, parents and Trustees are reminded that publication of material that may lead to the identification of someone who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing, including content placed on social media sites.

See flowchart on page 33 of this policy.

The Head of Centre/Chair of Trustees will establish and share with the POSE/LADO:

- That an allegation has been made
- The general nature of the allegation e.g., whether child sustained injury/mark
- When and where the alleged incident occurred
- Who was involved and whether any other persons were present
- What the view of the parents is
- Background information on the member of staff and child/children

The information will be shared with Children's Social Care who will liaise with the Police Child Abuse Investigation Team in relevant cases, and a decision will be made as to whether a strategy meeting will take place; the Head of Centre or Designated Safeguarding Lead will attend the strategy meeting unless the allegation is about the Head of Centre in which case the chair of trustees will attend.

Multi-Agency Strategy Meetings

This meeting will be chaired by the LADO or a senior member of Children's Social Care and will also be attended by the POSE, a representative from Human Resources, a social worker and the Head of Centre/Chair of Trustees. The Police Child Abuse Investigation Team will be consulted and may attend if they consider a crime may have been committed. The purpose of the meeting is to share information and the discussion will include the following:

- Whether the allegation triggers a S47 investigation by the Police and/or Children's Social Care
- What plans need to be made to safeguard the child
- Whether the child is in need of services
- Whether the centre should conduct its own disciplinary investigation
- What support can be offered to the member of centre staff against whom the allegation is made
- Whether a suspension is appropriate
- Whether a referral needs to be made to the Disclosure & Barring Service that a person may be unsuitable to work with children

At the strategy meeting a decision will be made as to whether the allegation is

- (a) Substantiated – actions to be agreed on next course of action e.g., S47 investigation, Police investigation, referral to DBS. Any referral to the CPS must be reviewed after 4 weeks. Referral to DBS to be made within one month of subject leaving.
- (b) Unsubstantiated – not enough evidence to support the allegation.
- (c) Malicious - referral to CSC as child in need.
- (d) False – there is sufficient evidence to disprove the allegation.

The subject of the allegation can be dealt with internally by the centre through the centre disciplinary process. Formal disciplinary action must take place within 15 days and informal action within 3 days. Only substantiated allegations will be referred to in references.

Abuse of Trust

All centre staff are aware that inappropriate behaviour towards children is unacceptable and that their conduct towards children must be beyond reproach.

In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of the centre staff and a child under 18 may be a criminal offence, even if that child is over the age of consent.

The centre's Code of Conduct sets out our expectations of centre staff and is signed by all staff members.

Referrals to the Disclosure and Barring Service and Ofsted

Under Sections 35-45 Safeguarding Vulnerable Groups Act 2006, employers have a legal duty to refer to the DBS when permission for an individual to engage in regulated activity is withdrawn, had the individual not resigned, retired, been made redundant or transferred out of regulated/controlled activity because they think the individual has:

- (a) engaged in 'relevant conduct' and
- (b) satisfied the 'harm' test

A referral should not wait until the end of the disciplinary process. A withdrawal does not necessarily mean permanent removal, it can include a temporary removal to another role, removing a volunteer from an 'approved list' or suspension in some circumstances.

Any serious allegations against staff must be reported to Ofsted within 24 hours, whether the incident took place on or off the premises. Ofsted should also be notified of anything that could affect the suitability of an employee to work with children.

37. Statutory Guidance and Legislation:

- Keeping Children Safe in Education 2021
- Working Together to Safeguard Children 2020
- London Child Protection Procedures (2020)
- Protection of Freedoms Act 2012
- Early Years Foundation Stage (2021)
- Education and Inspections Act 2006
- Education Act 2011
- S17/47 Children Act 1989
- Children Act 2004
- S175/157 Education Act 2002
- S 26 of the Counterterrorism and Security Act 2015
- S 74 of the Serious Crime Act 2015
- Female Genital Mutilation Act 2003
- Anti-Social Behaviour, Crime and Policing Act 2014 (forced marriage)
- S 35-45 Safeguarding Vulnerable Groups At 2006

38. Useful Contacts

Police	999
Islington Children's Services Contact Team	020 7527 7400
Children's Social Care Out of hours (after 5pm and weekends)	020 7226 0992
Islington Child Protection Advisors	020 7527 8101
Principal Officer Safeguarding in Education	0207 527 5845/3747
Local Authority Designated Officer	020 7527 8102/8066
Islington Police Child Abuse Investigation Team	020 8733 4286
Islington Safeguarding Children Board	020 7527 4209/4234
Islington Women's Aid (Solace)	0808 802 5565
Domestic Violence National Helpline	0808 200247
Forced Marriage Unit	020 7008 0151
Karma Nirvana Honour Network Helpline	0800 5999 247
NSPCC	0800 800 500
Childline	0800 1111

Appendix 1 Recording and Tracking Sheet

Centre

CHILDD.O.B.....

Date	Concern	Discussed with	Action Agreed / Taken	Other persons present	Recorded by (Print name)	Sign

Appendix 2 – Chronology

Date & Time	Nature of Contact (Include names)	Key issues discussed and actions agreed or taken in Response	Signature and role

Appendix 3 - Multi Agency Conference Report

This report template can be used by all agencies presenting at a Child Protection Conference in Islington.
Please advise the Chair in advance if there is information in this report that should not be shared with certain members at conference.

London Borough of Islington Multi-Agency Child Protection Conference Report

Agency's Name		Professional's Role / Job Title	
Professional's Name		Professional's e-mail address	
Professional's Address		Professional's Contact Number	
Date of Conference			

Child(ren)'s Details						
Forename	Surname	DOB	Address	Ethnicity	Disability or Special Need	Centre or Nursery

Details of Parents, Carers or Significant Family or Household Members							
Forename	Surname	DOB	Address	Ethnicity	Disability or Special Need	Relationship To Child	PR?

This report template can be used by all agencies presenting at a Child Protection Conference in Islington.
Please advise the Chair in advance if there is information in this report that should not be shared with certain members at conference.

<p>Overview of your agency's involvement with child/family</p> <p>Include factors relevant to your service such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>type of service</i> <i>whether service is well used</i> <input type="checkbox"/> <i>Services or care provided</i> <input type="checkbox"/> <i>Difficulties</i> <input type="checkbox"/> <i>Progress to date</i> <input type="checkbox"/> <i>How long have you been involved?</i> <input type="checkbox"/> <i>Any actions not completed</i> 	
<p>What are we worried about?</p> <p><i>Include what factors you consider to pose risk of significant harm or increase the risk of harm to the child/children?</i></p>	

This report template can be used by all agencies presenting at a Child Protection Conference in Islington.
Please advise the Chair in advance if there is information in this report that should not be shared with certain members at conference.

<p>What's working well?</p> <p><i>Safety Factors which you believe reduce the risks of harm to the child/children or help to ensure safety. Features of family life and parenting that have a positive effect on the children's lives.</i></p>	
<p>What needs to change or to happen?</p> <p><i>What do you believe will make this child or children safe?</i> <i>Professional input</i> <i>Family input</i></p>	
<p>What don't we know?</p> <p><i>This should incorporate any areas that are unclear or which the family do not accept</i></p>	

This report template can be used by all agencies presenting at a Child Protection Conference in Islington.
Please advise the Chair in advance if there is information in this report that should not be shared with certain members at conference.

<p>What do you believe to be the likely outcome for the child(ren) if their current situation continues?</p>	
<p>What areas of risk or concern can your agency help the parents/carers to resolve? <i>Briefly describe what contribution your service can make to the child(ren)'s plan.</i></p>	

Author's Name		Designation	
Signature		Date	
Manager's Name		Designation	
Signature if appropriate		Date	
Has this report been shared with parents/carers?		Has this report been shared with the child(ren)/young person?	
If yes, date: If not, state reason why		If yes, date: If not, state reason why	

<p>What are the views of the parents/carers and/or the child(ren)/young person on this report?</p>	
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This report template can be used by all agencies presenting at a Child Protection Conference in Islington.
Please advise the Chair in advance if there is information in this report that should not be shared with certain members at conference.

For review meetings, what difference do the child and parents think the plan has made to their lives and the difficulties they were facing?

Appendix 4 – Indicators of Vulnerability to Radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:
 - The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
 - Seek to provoke others to terrorist acts.
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
 - Foster hatred which might lead to inter-community violence in the UK.
3. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
4. Children may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that centre staff are able to recognise those vulnerabilities.
5. This list of indicators of vulnerability is not exhaustive nor does it mean that all young people experiencing the below are at risk of radicalisation for the purposes of violent extremism:
 - Identity Crisis – the student / child is distanced from their cultural / religious heritage and experiences discomfort about their place in society.
 - Personal Crisis – the student / child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging.
 - Personal Circumstances – migration; local community tensions; and events affecting the student
 - The child’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
 - Unmet Aspirations – the student / child may have perceptions of injustice; a feeling of failure; rejection of civic life.
 - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration.
 - Special Educational Needs – students / children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

8. More critical risk factors could include:

- Being in contact with extremist recruiters.
- Accessing violent extremist websites, especially those with a social networking element.
- Possessing or accessing violent extremist literature.
- Using extremist narratives and a global ideology to explain personal disadvantage.
- Justifying the use of violence to solve societal issues.
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and / or behaviour.
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.