

The page features several decorative elements: a large blue circle with a white crescent and star in the top right; a smaller blue circle with a white crescent and star in the middle right; a large blue circle with a white crescent and star in the bottom right; and a large, faint circular emblem in the center containing a stylized crescent and star. Thin blue lines cross the page diagonally.

SAFEGUARDING POLICY

**Reviewed and Adopted
October 2017**



Safeguarding & Procedures

The designated person has been nominated to refer allegations or suspicions of neglect or abuse to the statutory authorities.

The Designated Person is:

Nadia Elbhiri - contact details: 0208 969 2292

In the absence of the designated person the matter should be brought to the attention of the deputy designated person who is:

Fatima Mourad - Out of hours contact details: 07825 062 924

The number for the Local Safeguarding Children's Board is:

Jenny Pearce. - Independent Chair of the LSCB for Hammersmith & Fulham, Kensington and Chelsea and Westminster

Email: emma.biskupski@lbhf.gov.uk or victoria.harris@rbkc.gov.uk

Telephone: 07739 315388



Policy Statement

We are committed to practice, which protects children from harm. Staff and volunteers in this organisation accept and recognise our responsibilities to develop awareness of the issues that cause children harm.

This policy is based on the following principles:

- The welfare of the child is paramount.
- All children, whatever their age, culture, disability, gender, language, racial origin religious beliefs and/or sexual identity have the right to protection from abuse.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- Staff/volunteers are trained to understand the nature of abuse and to be alert to matters of concern. They are not trained to deal with situations of abuse or to decide if abuse has occurred.
- All staff (paid/unpaid) have a responsibility to report concerns to the Designated Person with responsibility for child protection.

We will aim to safeguard children by:

- Adopting child protection guidelines through following procedures and a code of conduct.
- Sharing information about child protection and good practice with children, parents and carers, staff and volunteers.
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
- Carefully following the procedures for recruitment and selection of staff and volunteers.
- Providing effective management for staff and volunteers through support, supervision and training.
- We are committed to reviewing our policy and good practice regularly.



This policy sets out agreed guidelines relating to the following areas:

- Supervision of organisational activities
- Responding to allegations of abuse, including those made against staff and volunteers
- Recruitment and vetting of Staff and volunteers

1. Supervision of activities

Before any activity starts, the Designated Person shall ensure that adequate child protection procedures are in place.

We will aim to protect children from abuse and our team members from false allegations by adopting the following guidelines:

- We will keep a register of all children attending our activities and include arrival and departure times.
- We will keep a daily diary or signing in book for all adults on the premises (paid staff members, volunteers, parents and visitors)
- Our team members will record any unusual events on the accident/incident form or in the daily diary if not confidential
- Where possible our staff and volunteers should not be alone with a child, although we recognise that there may be times when this may be necessary or helpful
- We recognise that physical touch between adults and children can be healthy and acceptable in public places. However our team members and volunteers will be discouraged from this in circumstances where an adult or child are left alone.
- All team members should treat all children and young people with dignity and respect in their attitude, language and actions.

2. Recruitment and appointment of workers and volunteers

We will aim to ensure as far as is possible that anyone, paid or voluntary, who seeks to work with children and young people at Al-Hasaniya Moroccan Women's Centre and who gains substantial access to them is as safe to do so in child protection terms as can be guaranteed.

In recruiting and appointing workers we will be responsible for the following:

- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- All volunteers should complete the volunteer application form.



- We will always send a copy of our child protection policy to all applicants.
- All applicants need to sign a declaration stating that there is no reason why they should be considered unsuitable to work with children. The Rehabilitation of Offenders Act (1974) requires that people applying for positions which give them "substantial, unsupervised access on a sustained or regular basis" to children under the age of 18 must declare all previous convictions which are then subject to police checks. They can then only be offered a job subject to a successful police check. This includes potential employees, volunteers and self-employed people such as sports coaches. They are also required to declare any pending case against them. It is important that your applicant in this particular category understands that all information will be dealt with confidentially and will not be used against them unfairly.
- We will ask for photographic evidence to confirm the identity of the applicant e.g. their passport
- We will always interview our candidates; ask for two references and a police check.
- We will request to see documentation of any qualifications detailed by the applicant
- We will have at least two people from our organisation on the interview panel.
- We will request two written references from people who are not family members or friends and who have knowledge of the applicant's experience of working with children. We will ask the referee to also comment on their suitability for working with children. We will also try and follow up written references with a telephone call.
- The same principles apply to young people who have been involved with Al-Hasaniya Moroccan Women's Centre and have become volunteers.
- We will ensure that our successful applicant obtains an Enhanced Criminal Record Certificate (ECRC) from the Criminal Records Bureau. They will need to show the ECRC before we will confirm them in post. The applicant will also need to get a co-signature from a registered body.

3. What to do if you suspect that abuse may have occurred

1. You must report the concerns immediately to the designated person,

The role of the designated person is to:

- Obtain information from staff, volunteers, children or parents and carers who have child protection concerns and to record this information.
- Assess the information quickly and carefully and ask for further information as appropriate.
- They should also consult with a statutory child protection agency such as the local social services department or the NSPCC to clarify any doubts or worries.



- The designated person should make a referral to a statutory child protection agency or the police without delay.

The designated person has been nominated to refer allegations or suspicions of neglect or abuse to the statutory authorities. In the absence of the designated person the matter should be brought to the attention of the deputy designated person.

2. Suspicions will not be discussed with anyone other than those nominated above.

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

Allegations of physical injury or neglect

If a child has a symptom of physical injury or neglect the designated person will:

1. Contact Social Services for advice in cases of deliberate injury or concerns about the safety of the child. The parents should not be informed by the organisation in these circumstances.
2. Where emergency medical attention is necessary it will be sought immediately. The designated person will inform the doctor of any suspicions of abuse.
3. In other circumstances speak with the parent/carer/guardian and suggest that medical help/attention is sought for the child. The doctor will then initiate further action if necessary.
4. If appropriate the parent/carer will be encouraged to seek help from Social Services. If the parent/care/guardian fails to act the designated person should in case of real concern contact social services for advice.
5. Where the designated person is unsure whether to refer a case to Social Services then advice from the Local Area Safeguarding Children's Board will be sought.

Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse the designated person will:

1. Contact the Social Service duty social worker for children and families directly. The designated person will not speak to the parent (or anyone else)
2. If the designated person is unsure whether or not to follow the above guidance then advice from the Local Area Safeguarding Children's Board will be sought.
3. Under no circumstances is the designated person attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the designated person is to collect and clarify the precise details of the allegation



or suspicion and to provide this information to Social Services whose task it is to investigate the matter under section 47 of the Children Act.

4. Whilst allegations or suspicions of sexual abuse should normally be reported to the designated person, their absence should not delay referral to Social Services.

4. Responding to a child making an allegation of abuse

- Stay calm, listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others-do not promise to keep secrets
- Allow the child to continue at his/her own pace
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer
- Reassure the child that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

Helpful statements to make

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

Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises

5. What to do after a child has talked to you about abuse

The procedure

1. Make notes as soon as possible (ideally within 1 hour of being told) you should write down exactly what the child has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered) You



should record the dates, times and when you made the record. All hand written notes should be kept securely.

2. You should report your discussion with the designated person as soon as possible. If this person is implicated you need to report to the deputy designated person. If both are implicated report to Social Services.

3. You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.

4. After a child has disclosed abuse the designated persons should carefully consider whether or not it is safe for a child to return home to potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

6. Allegations against a member of staff

We will assure all staff/volunteers that we will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing a child. Where there is a complaint against a member of staff there may be three types of investigation:

- A criminal investigation,
- A child protection investigation,
- A disciplinary or misconduct investigation.
-

The results of the police and child protection investigation may well influence the disciplinary investigation, but not necessarily.

Action if there are concerns

1. Concerns about poor practice:

- If, following consideration, the allegation is clearly about poor practice; this will be dealt with as a misconduct issue.
- If the allegation is about poor practice by the Designated Person or if the matter has been handled inadequately and concerns remain, it should be reported to the Chair of the Management Committee who will decide how to deal with the allegation and whether or not the organisation should initiate disciplinary proceedings.



2. Concerns about suspected abuse

- Any suspicion that a child has been abused by either a member of staff or a volunteer should be reported to the Designated Person, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.
- The Designated person will refer the allegation to the social services department who may involve the police, or go directly to the police if out-of-hours.
- The parents or carers of the child will be contacted as soon as possible following advice from the social services department.
- If the Designated Person is the subject of the suspicion/allegation, the report must be made to the appropriate Manager who will refer the allegation to Social Services.

Internal Enquiries and Suspension

- The Designated Person will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.
- Irrespective of the findings of the social services or police inquiries the organisation will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision; particularly where there is insufficient evidence to uphold any action by the police. In such cases, the organisation must reach a decision based upon the available information which could suggest that on a balance of probability; it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout

7. Support and Training

We are committed to the provision of child protection training for all our team members.



Appendix 1

Definitions of abuse

1. Definitions of abuse

These definitions are based on those from Working Together to Safeguard Children (Department of Health, Home office, Department for Education and Employment, 1999)

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time. These four definitions do not minimise other forms of maltreatment.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness in children or “Munchausen Syndrome by proxy” after the person who first identified this situation.

A person might do this because they enjoy or need the attention they get through having a sick child.

Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve making a child feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of a child.

Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.



Sexual abuse

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

The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.

Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Boys and girls can be sexually abused by males and or females, by adults and by other young people. This includes people from all different walks of life.

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. It may involve a parent or a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Note

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

2. Recognising and Responding to Abuse

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

Physical signs of abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns



- Bite marks
- Broken bones
- Scalds
- Injuries which have not received medical attention
- Neglect-under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

Emotional signs of abuse

The physical signs of emotional abuse may include;

- A failure to thrive or grow particularly if a child puts on weight in other circumstances e.g. in hospital or away from their parents' care
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behaviour
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

Sexual Abuse

The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- Sexually transmitted disease



- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming withdrawn or aggressive
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way with adults

Neglect

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect include:

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised



Appendix 2

Good practice guidelines

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

Good practice means:

- Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treating all children and young people equally, and with respect and dignity.
- Always putting the welfare of each child and young person first.
- Maintaining a safe and appropriate distance with children and young people (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a child or to share a room with them).
- Building balanced relationships based on mutual trust which empowers children to share in the decision-making process;
- Making the Centre's activities and other off site activities fun, enjoyable and safe.
- Keeping up to date with technical skills, qualifications and insurance.
- Involving parents/carers wherever possible. For example, encouraging them to take responsibility for their children in the changing rooms. If groups have to be supervised in the changing rooms, always ensure parents, teachers, coaches or officials work in pairs.
- Ensuring that if mixed groups are taken away, they should always be accompanied by a male and female member of staff. However, remember that same gender abuse can also occur.
- Ensuring that at tournaments or residential events, adults should not enter children's rooms or invite children into their rooms.
- Being an excellent role model – this includes not smoking or drinking alcohol in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of children and young people and not pushing them against their will.
- Securing parental consent in writing to act *in loco parentis*, if the need arises to administer emergency first aid and/or other medical treatment.
- Keeping a written record of any injury that occurs, along with the details of any treatment given.
- Requesting written parental consent if staff have to transport children and young people in their cars.



Practices to be avoided

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

- Avoid spending excessive amounts of time alone with children away from others.
- Avoid taking or dropping off a child to an event.

Practices never to be sanctioned

The following should never be sanctioned. You should never:

- Engage in rough, physical or sexually provocative games, including horseplay
- Share a room with a child
- Allow or engage in any form of inappropriate touching
- Allow children to use inappropriate language unchallenged
- Make sexually suggestive comments to a child, even in fun
- Reduce a child to tears as a form of control
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon
- Do things of a personal nature for children or disabled adults, that they can do for themselves
- Invite or allow children to stay with you at your home unsupervised

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



Reporting allegations or suspicions of abuse

If you have any concerns about a child being abused you should inform the designated person detailed below.

Organisation

Al-Hasaniya Moroccan Women's Centre

Name

Nadia Elbhiri

Job/Role

Centre Manager

Address

Bays 4-5 Trellick Tower, Golborne Road, London, W10 5PA

Tel no

020 8969 2292

Important contacts outside the organisation

Local Safeguarding Children's' Board

Jenny Pearce. - Independent Chair of the LSCB for Hammersmith & Fulham, Kensington and Chelsea and Westminster

email: emma.biskupski@lbhf.gov.uk or victoria.harris@rbkc.gov.uk.

Telephone: 07739 315388

Social services office

Family Support and Child Protection [North Kensington]

Address

Westway Information Centre, 140 Ladbroke Grove, London W10 5ND

Tel no: 020 7598 4457. Emergency no: 020 7373 2227

Police station

Notting Hill

Address

99-101 Ladbroke Road, Notting Hill, London W11 3PL

Tel no

020 8246 0226/ 020 8246 0249

NSPCC Child Protection Helpline 0808 800 5000



Reporting Suspected Abuse - Confidential Recording Sheet

Organisation

Name of person reporting

Name of child

Age and date of birth

Ethnicity

Religion

First language

Disability

Parent's/Carer's name (s)

Home address/Tel no

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

Brief description of what has prompted the concerns: include date, time, specific incidents.



Any physical signs? Behavioural signs? Indirect signs?

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

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

Has anybody been alleged to be the abuser? If so, please give details?

Have you consulted anybody else? Please give details

Person reported to and date of reporting

Signature of person reporting

Today's date

Action taken

Notes



**Date of Management Committee Meeting when policy was reviewed:
October 2017**

**Name of Management Committee Member:
Fatima Mourad**