

## Safeguarding Policy – November 2020

### 1. Introduction

At Learning for Life, we believe that the safety and welfare of all children and young people in our care and accessing our services is of paramount importance. It is the duty of all staff - whether working in a paid or unpaid capacity – to protect each child/young person from abuse and to be alert to the possibility of abuse.

This policy is in response to the statutory framework and policy guidance for safeguarding and child protection, namely:

- The Children Act 1989
- The Children Act 2004
- Children and Social Work Act 2017
- The Education Act 2002
- Working Together to Safeguard Children (DFE 2018)
- Keeping Children Safe in Education-KCSIE (DFE 2020)
- Dealing with Allegations of Abuse against Teachers and Other Staff (2012)
- LSCB (Enfield) Interagency child protection and safeguarding procedures
- The Data Protection Act 2018
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)
- Anti-social Behaviour, Crime and Policing Act 2014 (makes it a criminal offence to force someone to marry. Includes taking someone overseas to force them to marry (whether or not the forced marriage takes place).

### 2. Definition

Safeguarding relates to any person under 18 who has suffered or may be at risk of physical injury, neglect and emotional or sexual abuse.

### 3. Recognition

The first indication of concern about a child or young person's welfare is not necessarily the presence of an injury.

Concerns may be aroused by:

- Bruises, marks, burns, scars, fractures or other external injuries on a child's body
- Remarks made by the child, another child or sibling, a parent or another adult
- Observations of the child's behaviour or reactions
- Unexplained changes in the child's behaviour or personality
- Evidence of disturbance or explicitly detail in a child's play, drawing or writing.
- Neglect – where lack of due care and stimulation for a child is creating significant risk to their health and well-being.
- Marked differences in their behaviour including concerns about their emotional well being

### 4. Designated Person for Safeguarding

The Chair of Trustees (Nigel Asbridge) holds the designated responsibility for safeguarding, as appointed by the board. In his absence, concerns should be conveyed to any other member of the board. Anyone who has a concern about a child, or the behaviour of a member of staff towards children, should contact the Nigel Asbridge immediately on **0208 8807 2767**

The designated person will:

- Liaise with the relevant social care team within the local authority and any other agencies on any issues concerning child protection.
- Be responsible for co-ordinating action within Learning for Life on child protection issues.
- Ensure that all staff (paid and unpaid) are familiar with this policy and have signed to say that they have understood the content.
- Ensure that all staff attend child protection training as appropriate.

### 5. Safer Recruitment Procedures

It is the policy of Learning for Life that all staff (paid and unpaid) will have to complete an application form detailing past work history, provide two independent references and attend an interview. Only on completion of the above will a formal offer of employment be made.

However, any formal offer of employment will be contingent on completion of a successful clearance via the Disclosure and Barring service. Completion of this process will require the staff member to provide adequate proof of identity and address. As copies of enhanced disclosure and barring checks go directly to the applicant, potential staff will be required to submit a copy of the relevant clearance.

New members of staff will be required to attend basic child protection procedures as soon as practically possible after commencement of duties but in any case within three months of commencement. If a training programme commensurate with their level of experience is not available, new staff will be required to complete an on-line programme.

## 6. The Role of Individual Staff Members

All staff working for the Charity must be aware that a child may be the victim of abuse and must be aware that child protection is everybody's responsibility. Concern about a child or young person must be discussed with the designated person immediately in order that a referral can be made without delay. In the event that the designated person or a board member cannot be contacted, the referral is deemed to be urgent and not acting would leave a child at immediate risk of harm, the member of staff should make the referral directly to the local authority or the police, without delaying. It is preferable to err on the side of caution rather than risk harm to a child or young person.

It is not the role of staff to investigate child protection issues further, it is however important to listen carefully to any disclosure, in order to ensure that it is reported accurately at the earliest opportunity.

## 7. Confidentiality

It must be made clear to children and young people that confidentiality cannot be guaranteed if they are disclosing issues that show them to be at risk. However, children and young people have a right to expect that all staff and volunteers will deal sensitively and sympathetically with their situation and keep them informed about procedures. It is important that they know the information remains confidential to those people who need to take action on their behalf.

## PROCEDURE – WHAT TO DO

However, a concern may arise (see previous) the following should be observed:

1. **DO NOT DELAY** – tell the designated person as soon as you can. Many concerns that arise regarding children and young people accessing services, may be difficult to define and staff may not be clear if there is a safeguarding risk within the family. Discussion with the designated person will either allow for an immediate referral to be made or will facilitate the initiation of a discussion with the family regarding external support and/or the completion of an Early Help Form.
2. **MAKE WRITTEN NOTES** – as soon as you can after discussion with the child / young person. Where possible use the child protection form attached. Be clear what has been stated as fact and what is an individual opinion and clarify what any opinion is based on. Provide the designated person with any notes made.
3. **CONCERN ABOUT WHAT THE CHILD/YOUNG PERSON OR SOMEONE ELSE SAYS**
  - Where possible ensure that conversations take place in an appropriate setting and privately where they cannot be overheard.
  - Ensure that the young person knows that they have done the right thing in reporting concerns and ensure that they feel comfortable to talk
  - Do not promise confidentiality but make it clear what actions you will need to take as a result of any disclosure

- Remain calm and do not show your emotions. Expressions of shock, anger or disgust about behaviours described, may prevent a child/young person from continuing their narrative.

#### **4. REMEMBER**

If in doubt, consult with senior staff members. Do not ignore any concerns even if they are vague.

#### **5. CONTACT WITH THE FAMILY**

Before speaking to other family members staff should consult with the designated person. In cases where a physical injury causes concern, it may be appropriate to discuss this with the parent or carer. Where it is clear that an issue will require referral to a social care team, the need to refer should be informed to the parent.

Where early help is identified, a discussion with the parent regarding the initiating of an Early Help Form should be discussed.

Where a child is at immediate risk of harm the designated person will liaise directly with the Child Protection Team or the police prior to any discussion with the parent / carer.

#### **6. CONCERN ABOUT A MEMBER OF STAFF**

Allegations or concerns about a member of staff (paid or unpaid) must be referred to the designated person and the board immediately. The board will make an immediate decision with regards the appropriate course of action.

Where an investigation is required or where allegations are proven it will be necessary for the designated person and/or the board to report this immediately to the Local Authority Designated Officer and – depending on the age group/setting to OFSTED.

#### **7. REQUESTS FOR ASSISTANCE BY OTHER AGENCIES**

The Charity should assist local authority or police officers when enquiries are made regarding the welfare of children / young people and or staff. Information must be shared on a ‘need to know’ basis. The designated officer has guidelines on information sharing, available to all staff.

When requests are made by telephone, always maintain security by checking telephone listings and designations of officers before disclosing information. Always advise the designated officer of any contacts from external agencies.

### **DEFINITIONS OF CHILD ABUSE**

Child abuse and neglect are generic terms encompassing all ill-treatment of children, including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the

child's health or development. Children may be abused or neglected through the inflicting of harm or through the failure to act to prevent harm Abuse can occur in a family, institutional or community setting and the perpetrator may or may not be known to the child. Working Together to Safeguard Children sets out the definitions and examples of the four main, broad categories of abuse.

**Physical Abuse** - This may take many forms including hitting, shaking, throwing, poisoning, burning, drowning or suffocating. It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child.

**Emotional Abuse** - This is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development and may involve:

- Conveying to children that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person.
- Imposing developmentally inappropriate expectations
- Causing children to feel frightened or in danger – e.g. witnessing domestic violence
- Exploitation or corruption of children.

Some level of emotional abuse is involved in most types of ill treatment of children though emotional abuse may occur alone.

**Sexual Abuse** - This involves forcing or enticing a child or young person to take part in sexual activities whether or not the child is aware of what is happening and includes penetrative and non-penetrative acts. It may also include non-contact activities such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways. Staff should also familiarise themselves with indications of sexual exploitation and trafficking and where appropriate contact the CSE support team for information and advice.

**Neglect** - Neglect involves 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 and development. This may involve failure to provide adequate food, shelter or clothing, failure to protect from harm or danger or failure to ensure access to appropriate medical care/treatment or education. It may also include neglect of a child's basic emotional needs.

## **WORKING WITH LOCAL COMMUNITIES – SPECIFIC SAFEGUARDING ISSUES**

With the increasing diversity of the local community in Enfield, it is necessary for staff to be aware of a number of concerns that can arise within specific communities and cultures, where these may constitute safeguarding and/or child protection concerns.

### **1. FEMALE GENITAL MUTILATION / CUTTING**

This practice is common to many communities – predominantly but not exclusively – of African origin. The practice involves the cutting or suturing of female genitals for no medical purpose. This

practice is illegal and where staff become aware of the practice – either because a girl/young woman discloses that she is a victim of the practice or because a child or young person is likely to be subjected to the procedure either within the UK or in another country, it is an immediate child protection concern and must be reported immediately to the designated person. Where a child or young person is likely to be taken out of the country for a procedure and immediate action is required to prevent this, an immediate child protection referral must be made. Staff should be clear that both the carrying out of FGM/Cutting as well as the procurement of such activities constitute an offence.

Supervisory staff must all attend Child Protection and Diversity training and specialist FGM training to be aware of the signs and symptoms of FGM. Staff must be aware that this procedure is commonly carried out on children around the age of 5 and younger and not make assumptions about the likely age of a procedure being carried out. Staff working with children and young people from affected communities must familiarise themselves with the countries where the practice is common and must be circumspect about working with community leaders to address the issue with families, without first being aware of the views of said leaders. Advice and information on prevention, reversals, counselling, training and appropriate community leaders can be obtained from the designated person.

## **2. SPIRIT POSSESSION**

In Enfield we have an increasing number of faith groups establishing themselves, where a belief in spirit possession is a cornerstone of the faith. Whereas it is clearly entirely the prerogative of adults to choose in which way they worship, worship with children should be appropriate to their age and development and not induce fear or low self-esteem in children and young people.

The firm belief in spirit possession is a concern when:

- Children are subjected to exorcism rituals as a result of disability, behaviour, low achievement and similar issues
- Children are scapegoated/blamed for negative events impacting on a family
- Spirit possession is blamed for low achievement or behavioural issues and appropriate support is not sought
- Parents do not seek appropriate support or medical interventions for children with health issues or disabilities on the basis of their belief in spirit possession.

Where concerns about interventions are raised, this should be informed to the designated person immediately who will determine the appropriate referral mechanism and where appropriate, liaise with the family or the CCPAS (Churches Child Protection Advisory Service) for support.

As with FGM/Cutting, staff should attend Child Protection and Diversity training for more in depth information and background.

## **3. FORCED MARRIAGE**

Forced marriage needs to be differentiated from ‘arranged marriage’. A forced marriage occurs where one or both of the partners to the marriage are entering into the marriage against their will. Since the summer of 2014 Forced Marriage is an offence in law.

Partners can be coerced into marriage for a number of reasons including:

- Strengthening ties between families
- For financial gain
- To provide a ‘carer’ for a sick or disabled partner or for other family members
- To provide ‘cover’ for a person’s sexuality if this does not conform to the beliefs of the family or community.

As with FGM, staff should be aware of young people reporting that they are likely to be taken abroad for a ceremony or that they have become betrothed to people that they have not met. Staff should also be aware of young people not returning home from visits to family abroad.

Whereas the threat of forced marriage is a child protection referral, staff should also be aware that many parents may also find themselves in this position. Referrals to the Forced Marriage Unit of the Home Office can be made for adults that are already within a forced marriage or are facing being forced into a relationship against their will. In some cases, it may also be appropriate to refer to the Adult Protection Team. Whether a child or parent is the cause for concern, an immediate referral should be made to the designated person. Again, as with FGM, extreme care should be exercised in utilising community leaders as intermediaries or interpreters, and no contact to community leaders should be made without in depth discussion with the victim and their agreement.

Honour based violence and abuse can take many forms, e.g. threatening behaviour, assault, rape, kidnap, abduction, forced abortion, threats to kill and false imprisonment committed due to so called ‘honour’. Murders in the name of ‘so-called’ honour, (often called Honour killings) are murders in which predominantly women are killed for actual or perceived immoral behaviour which is deemed to have brought shame on the family. Some examples nationally of honour based murders have been for trivial reasons for example, dressing or behaving too westernised, falling in love with somebody not chosen by their family, rejecting forced marriage or being LGBT.

All supervisory staff should attend Child Protection and Diversity Training for further details.

#### **4. TRAFFICKING**

Supervisory staff should familiarise themselves with the local communities most likely to be affected by trafficking. Where staff suspect trafficking, an immediate referral should be made to the designated person. Where a child is at immediate risk, an immediate child protection referral should be made. Trafficking also covers child exploitation which includes ‘county lines’. All staff should be aware of this area of concern and how easily young people can be coerced into these activities.

As previously stated, all supervisory staff should attend Child Protection and Diversity training to familiarise themselves with the subject.

#### **5. DOMESTIC VIOLENCE**

If a child is living within a family where domestic abuse is occurring, this is emotional abuse of the child, even if children are not the direct victims of abuse. An appropriate referral should be made in such cases. It should be noted that as of February 2018, police called out to DV incidents where there are children within the household, will automatically make a referral through to social care.

## **WORKING WITH CHILDREN – SPECIAL EDUCATIONAL NEEDS & DISABILITIES**

The Charity works to inclusive principles and it is understood that children and young people with SEND will attend any and all of the programmes run by the organisation. Staff need to consider issues that may be specific to SEND children and young people in terms of safeguarding and child protection. These can include:

- The difference in possible injuries between disabled and non-disabled children.
- Assuming that mood swings and behaviour changes are a result of a disability or syndrome rather than as a result of child protection issues.
- Not providing proper seating or equipment for a child or providing ill-fitting equipment that hurts or injures a child
- Not providing appropriate communication means for a child
- Not adhering to medical advice on the provision of medication, together with over or under medicating a child
- Not adhering to medical advice on the appropriate feeding mechanisms for a child
- Failing to address issues with parents as a result over over-empathising with their situation

Supervisory staff must insure that they are au fait with information on child protection and disability and should also attend Child Protection and Diversity training. Concerns should be conveyed to the designated person. Advice and guidance on issues requiring more clarity can be obtained from our partners at West Lea School.

## **USEFUL CONTACT NUMBERS**

For all urgent referrals to Social Care, staff can use the generic London Borough of Enfield telephone number of 020 8379 1000. During working hours, you can request the department required, out of hours there will be an answerphone message detailing appropriate contact details. Urgent referrals to the police can be made utilising 999 or directly to Edmonton Police Station on 020 8807 1212.

### **Advice and Information**

NSPCC Helpline: 0800 800 500

NSPCC Asian /English : 0800 096 7719

NSPCC Bengali: 0800 096 7714

NSPCC Gujarati: 0800 096 7715

NSPCC Hindi: 0800 096 7716



NSPCC Punjabi: 0800 096 7717

NSPCC Urdu: 0800 096 7718

NSPCC Text phone for deaf people: 0800 056 0566

### **Support for Children**

Child line: 0800 1111

### **Support for Adults**

Please refer to the designated person – Sue Tripp

Where staff require further information or training on issues of specific concern or on local /regional support agencies, they should familiarise themselves with the West Lea School Safeguarding Policy by copying and pasting the link below:

<https://secureservercdn.net/160.153.137.163/nzw.f87.myftpupload.com/wp-content/uploads/2020/09/Final-Version-Safeguarding-Children-Child-Protection-Policy-2019-word.pdf>

**APPENDIX 1**

**CHILD PROTECTION INCIDENT RECORD FORM**

**Date:**

**Signature of Referrer**

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<b>YOUR NAME</b>	
<b>YOUR POSITION</b>	
<b>CHILD'S NAME</b>	
<b>CHILD'S DATE OF BIRTH</b>	
<b>DAY AND TIME OF INCIDENT</b>	
<b>YOUR OBSERVATIONS</b>	
<b>DETAILS OF DISCLOSURE BY CHILD</b>	

<b>DETAILS OF DISCLOSURE BY PARENT</b>	
<b>DETAILS OF DISCLOSURE BY THIRD PARTY (SPECIFY WHO THIRD PARTY IS)</b>	
<b>ACTION TAKEN SO FAR</b>	
<b>REFERRAL TO SOCIAL CARE</b>	<b>NAME OF PERSON TO WHOM REPORTED:</b> <b>CONTACT NUMBER:</b> <b>DEPARTMENT:</b> <b>DETAILS OF ADVICE RECEIVED OR ACTION TAKEN:</b>

<b>REFERRAL TO POLICE</b>	<b>NAME OF PERSON TO WHOM REPORTED :</b> <b>CONTACT NUMBER</b> <b>STATION AND DEPARTMENT</b> <b>DETAILS OF ADVICE RECEIVED OR ACTION TAKEN</b>
<b>REFERRAL TO DESIGNATED PERSON:</b>	<b>DATE AND TIME REFERRED:</b> <b>DETAIL OF ADVICE RECEIVED</b>