

SAFEGUARDING POLICY & PROCEDURES

QUEEN'S CRESCENT COMMUNITY ASSOCIATION

February 2023



Supporting Camden residents since 2002

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QCCA Safeguarding, Welfare and Protection Policy and Procedures

Overview

At QCCA, we recognise our responsibility for protecting and safeguarding the welfare and wellbeing of all those who use our services (our members), whether children, young people or adults and to take all reasonable steps to promote safe practice and to protect our members from harm, abuse, or exploitation.

We understand that safeguarding is everyone's responsibility. That includes everyone working on behalf of QCCA; the Board of Trustees, all staff -whether paid, unpaid, full time, part time, temporary or freelance, students on placement, and apprentices

Purpose

This policy aims to provide a comprehensive overview of how QCCA (trustees, staff and services), operate in relation to safeguarding. It lays out the procedures that will be taken if anyone at QCCA has reason to believe that a child, young person, or vulnerable adult who interacts with our services is subject to either emotional, physical, or sexual abuse or neglect.

Introduction

QCCA realises that abuse does occur in our society. We work to ensure that everyone within our organisation is aware of our safeguarding policy and realises their part in keeping our members safe.

This policy applies to all QCCA's services, activities, and social events across all our facilities and age groups.

- QCCA provide services to the following age groups:

Children in QCCA early years and nursery setting

- Holly Lodge Nursery
- Caversham Nursery

Children and Young People 0-18yrs

- Youth Services (GOAL)
- The Peggy Jay Centre drop-in service
- Children 0-18yrs attending the Healthy Families Services
- Children 0-18yrs visiting the Community Pantry

Adults at risk of harm¹

• ¹ A person aged 18+ with care or support needs because of a disability (mental or other), age, or illness. A person is also considered at risk if they are unable to look after themselves, protect themselves from harm or exploitation or are unable to report abuse.

- Older people's service (Forever Young)
- Youth Services (GOAL) 19-21yrs old
- Healthy Families Service
- Foodbank
- QCCA provides services at the following facilities:
 - QCCA
 - The Dome
 - Football Practice Pitches
 - Holly Lodge Nursery
 - Caversham Nursery,
 - The Peggy Jay Centre
 - Trips offsite
 - Rented Nursery Space at QCCA
 -

Separate Policies

This document is split into 3 policies with a shared Appendix

- **Policy 1: Early Years & Nursery Settings Safeguarding Policy**
 - **Part A: Policy and Procedure**
 - **Part B: Different Forms of Abuse and what to look out for**
- **Policy 2: Children & Young People 0-18yrs Safeguarding Policy**
 - **Part A: Policy and Procedure**
 - **Part B: Different Forms of Abuse and what to look out for**
- **Policy 3: Adults at risk of Harm 1 Safeguarding Policy**
 - **Part A: Policy and Procedure**
 - **Part B: Different Forms of Abuse and what to look out for**
- **Appendix**

Although there is a lot of overlap in the policies, we understand it is important to think about safeguarding adults, young people, and children in early years settings differently.

- Children and adults at risk can experience distinct types of harm and abuse.
- Children attending a service alone have a different risk to those attending with their parents and carers
- The way abuse is reported for children and adults at risk is not the same and the legislation for managing each is different. Splitting the document is to make sure everyone understands the right steps to take when they are worried someone is not

safe.

- All adults, including adults at risk, have a right to make unwise decisions - including the choice not to take action to protect themselves. This is different for children, where their safety is the primary concern - although listening to their views is still important.
- When you're safeguarding adults, you must consider the individual adult's needs in every situation. This might include considering whether the adult is subject to coercion or undue influence.
- Having separate policies and procedures helps staff to understand this.
- An adult at risk is any person who is aged 18 years or over at risk of abuse or neglect because of their needs for care and or support. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with by the adult safeguarding team.
- Transitional Safeguarding: We are also aware that a current (2020-22) priority for the Camden Safeguarding Children's Partnership (CSCP) is Transitional Safeguarding (focusing on young people 14-24yrs) Transitional safeguarding is an emerging approach that challenges established models of safeguarding to think beyond the binary notions of childhood and adulthood. Transitional safeguarding acknowledges the complexities of safeguarding adolescents and is based on emerging research that if we can effectively meet the needs of adolescents, it may avoid interventions, including those within the criminal justice system, acute health services and specialist drug and alcohol treatments later on. The transitional safeguarding cohort can have a high-risk profile, with entrenched issues. Learning from Safeguarding Adults Reviews (SARs) has found that in many cases these young adults have often slipped through the net with no statutory involvement. Transitional safeguarding therefore challenges practitioners and leaders to think about how to develop resilience to safeguard adolescents fluidly across developmental stages to prepare them for adulthood.
- Assessment of Risk outside the home (formally known as Contextual Safeguarding): Due to our location in Gospel Oak, Camden, we serve a truly diverse community, our wide range of services are delivered to people of many different ages and family circumstance, from many different races and faith communities. We recognise the different relationships children have in their schools, peer groups, online and in their community, so all assessments should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. We understand that parents and carers may have little influence over these contexts and children's exposure to extra-familial abuse can impact negatively a parent-child relationship.

Terms

Throughout this document,

- All staff -whether paid, unpaid/volunteers, full time, part time, temporary or freelance are referred to as 'staff,' or 'members of the staff team.'
- 'Camden Safeguarding Children Partnership' and CSCP are interchangeable
- 'Camden Safeguarding Adults Partnership Board' and CSAPB or Camden SAPB are interchangeable

ADDENDUM

Rented Nursery Space at QCCA

- **Le Jardin des Dyverande Bilingual Nursery** is an independent micro nursery run for up to seventeen children ages 6 months up to 5yrs on premises rented from QCCA. Staff at QCCA have no contact with the nursery children and do not see the children however, the nursery staff do sometimes meet QCCA members as they use our kitchen and adult bathroom facilities.
- Staff at Le Jardin des Dyverande all undergo an enhanced DBS check so QCCA are comfortable for them to continue to have limited access to spaces where QCCA members and staff are present, as they have no direct contact with our services.
- Safeguarding at Le Jardin des Dyverande is covered by their own Safeguarding Policy Document. OFSTED rated the nursery arrangements for safeguarding as 'effective' (2020)
- If we have a concern about a member of Le Jardin des Dyverande staff and interaction with anyone (staff or user) at QCCA it would be reported to QCCA's CEO in the first instance who would then approach the nursery owner/manager.
- If the matter could not be resolved or the concern was about the nursery owner, the relevant QCCA policy for Safeguarding would be implemented depending on the age of the individual at risk of harm.

SAFEGUARDING POLICY 1

EARLY YEARS & NURSERY SETTING.

SAFEGUARDING POLICY & PROCEDURES

February 2023



Supporting Camden residents since 2002

Policy 1: EARLY YEARS & NURSERY SERVICES

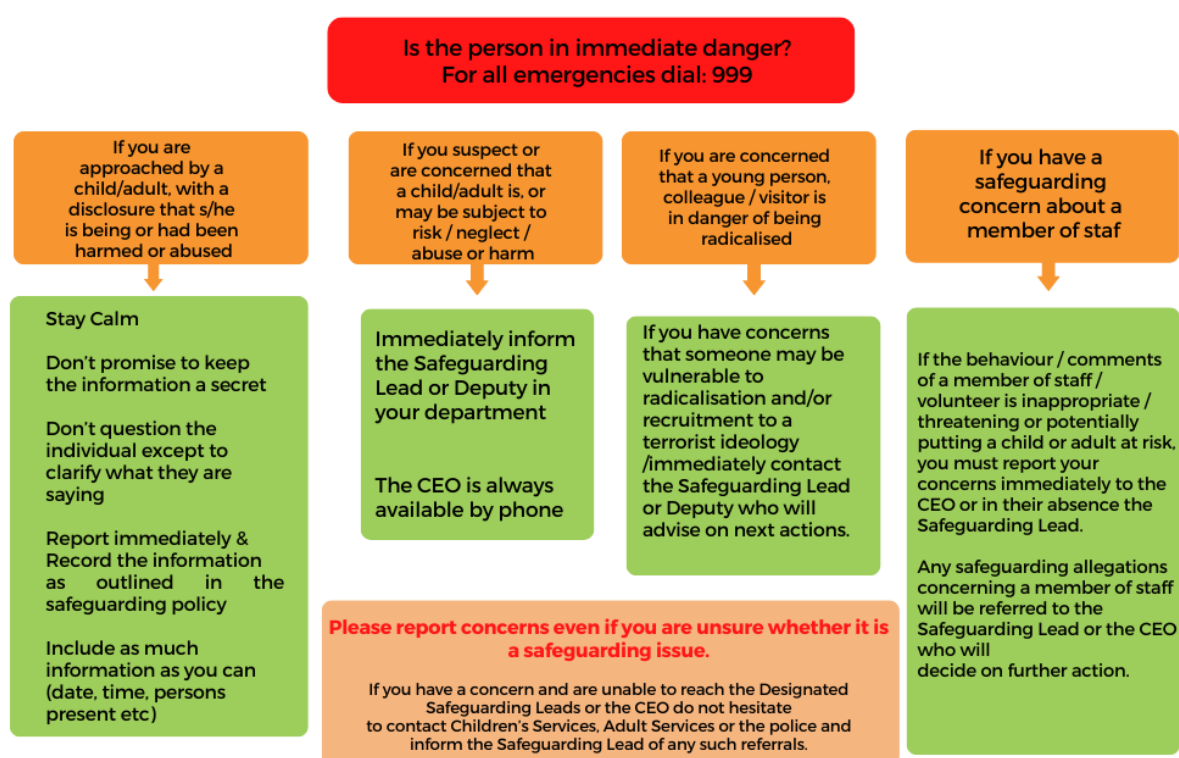
Safeguarding Policy & Procedures

Policy 1: Part A

Referral Diagram: Part A



What to do if you are concerned about a child/adult at risk or colleague?



How to report a concern about a child / adult at risk

- You receive a direct report of current or historical abuse / harm / potential risk / concerns of radicalisation etc;
- You observe / hear something, but you are not sure it is a safeguarding issue;
- You receive third party information indicating potential safeguarding risk / harm

Report immediately to a Safeguarding Lead or the CEO on the same day the concern was received.

Immediate danger or emergencies: Ring Police / Emergency Services

Staff member or Safeguarding Lead to alert the CEO on the same day of receiving information of a safeguarding nature. Please do not delay reporting, as this may increase risk.

Safeguarding Incident Form to be completed by the Safeguarding Lead or staff member and emailed to the Manager and CEO within 24 hours of the date the concern was identified.

Feedback & support from the CEO to DSL and staff member to agree next actions / potential referrals to other partner agencies / support to the child, adult or staff member closure of the notification (if safeguarding remit was not met). DSL and CEO to keep a robust record of all notifications received (regardless of remit).

See referral diagram Part B under appendix on how to respond and act.

1.A.1 Introduction

This section of QCCA's safeguarding policy covers children 6months up to the age of 8 years who access QCCA's services through

- Holly Lodge Nursery
- Caversham Nursery

We have a specific safeguarding for our nursery children because babies and young children attending a service alone have a different risk to those attending with their parents and carers.

Setting: Early Years Children's Nursery Services at QCCA

Children attend alone 0-8yrs and the centres are registered with OFSTED.

Holly Lodge and Caversham Nurseries are the centre of QCCA's Early Years Children's provision. Based on two separate self-contained sites their individual offer varies slightly but the two nurseries combined provide early years education and childcare places for children from the age of 6months up to 5yrs during term time, with additional wrap around provision for children up to the age of 8 during the holidays. Facilities include indoor classrooms, outdoor play areas and on-site kitchens to provide home cooked lunches, with occasional trips offsite.

Children attend alone and the Centres are monitored by OFSTED -both rated 'GOOD' by OFSTED in March 2018

Safeguarding for QCCA's Early Years Nursery Services is outlined in this document. It follows the guidelines set out in

- *Camden Safeguarding Children Partnership (CSCP) procedures*
- *'Working Together to Safeguard Children' 2018*
- *'Statutory framework for the Early Years Foundation Stage' 2021²*

² Document in full available from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

- *'Safeguarding Vulnerable Groups Act' 2006*
- *'The Children and Social Work Act' 2017*
- *'The Children Act' 1989 (as amended)*
- *OFSTED safeguarding guidance*
- *'Keeping children safe in education' (KCSIE) 2021³*

Reporting is as shown in the Appendix 'Children's Nursery Services'

1.A.2 Purpose

'Nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified.'

Working Together to Safeguard Children 2018⁴

At QCCA we understand

- we all have a duty of care to the children, parents/carers and staff within our organisation to act quickly and responsibly in any instance of concern about safeguarding and welfare that comes to our attention.
- we have a legal responsibility to take all reasonable measures to ensure that children are kept safe, and a duty of care is exercised towards them at all times.

The purpose of this policy is to ensure that all staff

- are aware of their legal and personal responsibilities to ensure the safeguarding and welfare of children at QCCA
- recognise the significance of what they are observing, and the signs and symptoms of possible abuse,
- know what to do should they have a concern.

³ <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

⁴ Document in full available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

QCCA strives to create a culture in which children are valued, heard and that their right to be safe is upheld. This policy aims to support all QCCA staff to achieve this.

We aim to train all staff to support their development and ensure we have a knowledgeable team able to respond appropriately in safeguarding and child protection situations.

1.A.3 Guiding Principles

QCCA's child welfare and protection policies and procedures are consistent with Camden Safeguarding Children Partnership (CSCP) procedures⁵.

'Working in partnership to keep all children and young people safe, thriving and heard within a community where safeguarding is a shared responsibility.' CSCP

All roles within the early year's nursery setting encounter children and young people during their normal working activities. As such staff are in a unique position to be able to observe signs of abuse or neglect, or changes in a child's behaviour which may indicate a child may be being abused or neglected.

We take a child-centered approach to safeguarding children. A child-centered approach means keeping the child in focus when making decisions about their lives. Listening to what they say and taking their views seriously whilst working in partnership with them and their families.

The welfare and safety of children is of primary importance and always takes priority over other work and other considerations. The fear of damaging relationships, with other staff members or parents must not get on the way of protecting children from abuse and neglect.

⁵ For full details see their website <https://cscp.org.uk/>

QCCA requires all team members, staff and volunteers to be alert to the signs of abuse and neglect and be willing to question the behaviour of children and young people (and parents/carers) and to not necessarily take what they are told at face value.

All team members must be also aware of who the Safeguarding Leads are, so they understand who speak to if they need to ask for help or advice. These details can be found in the Appendix: 'Safeguarding Leads 0-18yrs: QCCA Early Years Nursery Services'

When it is decided a referral to the CSCP (Camden Safeguarding Children Partnership) is necessary staff are encouraged to see this as the beginning of a process of enquiry rather than an accusation.

QCCA follow the child protection procedures laid out by the local authority and will seek their advice on all steps taken subsequently, if it is suspected that a child is in danger of abuse a referral will always be made to CSCP and in cases of immediate danger by calling the police on 999.

1.A.4 Scope

This policy applies to the Board of Trustees, all staff (full time, part time, trainees, temporary and freelance) and volunteers working on behalf of QCCA Nursery and Early Years Services. Put simply safeguarding children is everyone's responsibility and priority.

This policy concerns all babies and children at who attend QCCA Nursery and Early Years centres.

Regarding abuse

(Further details are available in Section B 'Recognising Abuse')

i There are four main areas of abuse:

- Physical
- Emotional
- Sexual
- Neglect

ii In addition, safeguarding can involve a range of potential issues such as:

- Bullying, including cyberbullying inc.
 - text message, on social networking sites and so on
 - prejudice-based bullying
- Hate crimes
- Radicalisation
- Crime exploitation
- Child sexual exploitation
- Female genital mutilation
- Domestic violence
- Sexting
- Substance misuse
- Self-Harm
- Fabricated illness

1.A.5 Terms of Reference and Legal Framework

The following legislation and statutory guidance are used as guidelines for best practice across the Nursery and Early Years' Service.

I. Local Safeguarding Children's Partnerships.

The responsibility for ensuring that all government legislation and guidance is put into practice and given to Local Safeguarding Children's Partnerships

In Camden it is the Camden Safeguarding Children's Partnership (CSCP)

Full detail of CSCP can be found at <https://cscp.org.uk/>

ii 'Working Together to Safeguard Children' (2018)

provides Government guidance on how organisations and individuals should protect children and young people. It defines safeguarding and promoting the welfare of children as;

- *protecting children from maltreatment.*
- *preventing impairment of children's health or development.*
- *ensuring that children grow up in circumstances consistent with the provision of safe and effective care*
- *taking action to enable all children to have the best outcomes.*

iii. 'The Children Act 1989' Amendments (2004 & 2019)

make it clear that people who work with children have the responsibility to keep them safe.

This is supported by the **United Nations Convention on the Rights of the Child** (to which the UK is a signatory) which sets out the rights of children to be free from abuse.

iv. 'Working Together to Safeguard Children' (2018)

also advises that practitioners should, in particular, be alert to the potential need for early help for a child who:

- *is disabled and has specific additional needs*
- *has special educational needs (whether or not they have a statutory Education, Health and Care Plan)*
- *is at risk of modern slavery, trafficking or exploitation*
- *is at risk of being radicalised or exploited*
- *is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse*
- *has returned home to their family from care*
- *is a privately fostered child*
- *has a parent/carer in custody*

v. 'The Data Protection Act' 2018 and the associated document

'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers' (July 2018) ⁶

Places a duty on organisations and individuals to process personal information fairly and lawfully, however it is not a barrier to sharing information where failure to do so would result in a child being placed at risk of harm.

'The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.'

'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers' (July 2018)

'To effectively share information:

- *all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal*
- *where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that **allows** practitioners to share information*

⁶

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/information_sharing_advice_practitioners_safeguarding_services.pdf

without consent

- information can be **shared legally without consent**, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.'

'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers' (July 2018)

vi 'Statutory Framework for the Early Years Foundation Stage' (2014 updated 2021)

to provide a (learning) environment which ensures children are

- are healthy, safe, and secure.
- where their individual needs are met.
- where they have a positive relationship with the adults caring for them

1.A.6 Accountability and Designated Person

Final accountability for ensuring QCCA fulfils its protection and safeguarding responsibilities towards children falls to the Chief Executive, however responsibility is delegated to each service's Designated Person and Safeguarding Lead. *SEE Appendix for Contact details*

The Designated Person is key to ensuring that proper procedures and policies are in place and are followed regarding child safeguarding issues. They are the primary person to whom members of staff and volunteers report concerns and can provide advice and guidance for staff on safeguarding and child protection issues and making referrals.

In line with '*Working Together to Safeguard Children*', the Designated Person is required by law to have undertaken a recognised course specifically for the '*Designated Lead Person for safeguarding Children*' and keep up to date with appropriate refreshers every **two years**.

Our designated leads have completed the appropriate training.

1.A.7 Responsibilities of the Designated Person(s)

I. Managing Referrals

Responsibilities of the Designated Person(s) include responding to all suspected concerns promptly and ensuring the appropriate parties are kept informed

- **Police on 999**
 - Always call 999 where a crime may have been committed, or if it is suspected that a child is at risk of immediate harm or danger

- **Camden Safeguarding Children Partnership (CSCP)-**
 - Ensure a referral is always be made to the CSCP where there are concerns relating to a child.

- **CAF (Common Assessment Framework)**
 - Ensure that a CAF referral is made via the CSCP when potential additional needs or concerns for a child are identified so that those families who need it get the support they require.
 - The CAF is not to be used when there are significant or immediate child protection concerns. For any safeguarding concerns follow the procedures for reporting abuse as set out in the rest of this document

- **Local Authority Designated Officer (LADO)**
 - Inform the LADO immediately (or within 24 hours), and in serious cases the police if an allegation is made against any member of staff, volunteer or trustee. The CEO should always be informed
 - If the allegation is against the CEO, inform the LADO immediately (or within 24 hours), and in serious cases the police and also the Board of the Trustees.

- **Disclosure and Barring Service (DBS)**

- Always inform the DBS where a person has been dismissed due to actual or suspected risk/harm to a child, or if you were planning to sack them for these reasons, but they resigned first.
 - Are aware they/QCCA are breaking the law if they do not refer someone to the DBS when they should.
- **OFSTED**
 - Always report allegations of serious harm or abuse against any person working with children on the nursery premises.
-
- **QCCA CEO and Designated Trustees**
 - **The CEO should always be immediately informed in all of the above instances unless there is an allegation against them -or any member of the senior management team (SMT) in which case the Chair should be informed.**
 - **The CEO and Board of Trustees must be kept informed of all new and on-going safeguarding and child protection issues and enquiries**

Responsibilities **do not** include investigating the suspected abuse.

ii. Training

The Designated Person(s)

- Undertaken the recognised course '*Designated Lead Person for safeguarding Children*' and keep up to date with appropriate refreshers every **two years**.
- Ensure that all staff have appropriate safeguarding training upon joining the nursery which is refreshed at least every three (3) years.
- Designated Nursery Lead ensures all Early Years staff in the nursery settings are aware of their responsibilities within Intimate Care procedures
- Provide a link with Camden's Safeguarding Children's Partnership (CSCP) to make sure QCCA is receiving relevant updates on policies and implementation and is up to

date with new policy, emerging issues and local safeguarding and child protection procedures and working practice

- Maintain active membership of the National Day Nurseries Association (NDNA) which provides updates on national early years safeguarding policies and training.
- Actively keep up to date with child protection e.g. through registration with NSPCC's newsletter 'Caspar'
- Attend the designated meetings hosted by NSPCC
- Obtain access to any relevant resources and attend any training that may be beneficial to their role

iii. Expertise

The Designated Person(s)

- Ensure the QCCA's nursery and early years safeguarding policies are reviewed annually (or as required) and are consistent with Camden's Safeguarding Children Partnerships policies
- Understand the assessment process for providing early help and intervention
- Have a working knowledge of how the Local Authority should conduct themselves when investigating cases of child abuse
- Have an understanding of how to report and contribute to child protection case conferences and child protection review conferences and to be able to attend and contribute effectively
- Ensure all members of staff **including** new and part time staff, trainees and volunteers, have an understanding of the organisation's safeguarding policies and procedures and are able to implement them.
- Oversee child protection systems within QCCA early years settings, including the management of records, standards of recording concerns and referral processes
- Ensure detailed, accurate and secure records relating to concerns and referrals for children are kept
- Encourage a culture of listening to children, to adopt a child centred approach which ensures the child's thoughts and feelings are being taken into account before taking any action

Iv. Raising awareness

The CEO in partnership with the Designated Nursery Lead are responsible for ensuring that QCCA's policies and procedures are known and used appropriately by ensuring

- that all QCCA nursery staff:
 - Understand how to access safeguarding support
 - Are alert to identify possible signs of abuse, and understand what is meant by child protection
 - Are made aware of, and understand how to implement their responsibilities within the 'QCCA Safeguarding Policy', 'Whistle Blowing Policy', and 'Staff Conduct Policy' in relation to the safety of children and babies
 - Have an awareness of those children who may be vulnerable eg children who have special educational needs
 - Ensure that QCCA share any relevant information possessed on a young person with relevant agencies, so long as this does not impact ongoing investigations

- that all parents/carers whose children attend QCCA nurseries
 - Understand that QCCA has a responsibility to report and refer any suspected cases of child abuse
 - Are aware that QCCA's Safeguarding Policy is available publicly, and that a printed copy is available in the office at all sites
 - In cases where a referral is made are aware of QCCA's policies and procedures and are kept informed and involved in the process

- ensure relevant records are passed on appropriately when a child transfers to another school/nursery /drop-in centre.

Any allegation or concern involving the Designated Lead must be referred to Local Authority Designated Officer (LADO), OFSTED, and the CEO at QCCA

1.A.8 Reporting concerns/incidents

“Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information, and taking prompt action.”

Working Together 2018/20

Staff need to maintain an attitude of “it could happen here” where safeguarding is concerned (*‘Keeping children safe in education’ 2018*). All staff need to be alert and ‘professionally curious;’ questioning behaviours and consulting with the DSL as necessary to enable information to be evaluated

1.A.9 What to do if you suspect abuse

Once you have a concern that a child is at risk it is your duty to gather as much information as possible (SEE ‘Recording’ below) and discuss it with the relevant Designated Safeguarding Lead⁷ to decide what action needs to be taken.

It is not the duty of staff to investigate the issue themselves.

In the unlikely event that you have been unable to contact a Safeguarding Lead or the CEO and the matter is urgent **DO NOT WAIT always call 999**

1.A.10 What to do if you are not sure?

If you are not sure about your concerns, always speak to the DSL or deputies, their role is to deal with any concerns and offer advice and support.

⁷ SEE Safeguarding Policy Appendix: ‘Who to speak to when you have a safeguarding concern or query’ and ‘Safeguarding Leads’

If the matter is urgent and none of the relevant Leads are available, you can contact any other DSL on the list. You should always report it to the CEO and can go to them for advice at any time.

If you still have concerns about a child but are not sure whether you should make a formal referral, you/QCCA can contact CFCP and without mentioning the child's name or family name seek advice. This is sometimes known as a "no-names consultation." This means that you can talk the case through with a social worker, without giving the name of the child or family, although you will have to state who you are and what nursery you are from. Following the consultation, the social worker will advise you about whether you need to make a referral. If they ask for the child's name, you must give it.

The NSPCC also have trained professionals you can talk through your concerns with, See Appendix for details.

1.A.11 What to do if a disclosure is made

If a child makes a disclosure about abuse, or you suspect they may be about to it is essential they understand you cannot keep this 'secret' but that you have a duty to report it to other people who will help keep them safe.

Ensure you give them the time they need to talk but be aware they will need to give a full account to Camdens' Safeguarding Children's Partnership so avoid subjecting them to lengthy or multiple 'interviews' as it can confuse and jeopardise evidence. QCCA's approach is child centred approach and always consider the best interests of the child.

Staff must:

- Find a quiet place to talk where they feel comfortable
- Try to keep eye level equal or lower than theirs.
- Believe what you are being told
- Listen to the child, if you are shocked by what is being said, try not to show it. A reaction of shock or disbelief may cause the child to shut down, retract or stop talking,
- Listen, but do not press for information
- Do not call others over to witness what is being said
- Stay calm and be reassuring

- Tell them it is not their fault. Abuse is never the child's fault, and they need to know this.
- It is acceptable to observe injuries such as bruises,
- It is not acceptable to ask a child to remove or adjust their clothing to observe them
- It is not acceptable to photograph them (injuries must be recorded on a Cause for Concern Form, Appendix 1)
- Do not question the child in a way that will introduce unfamiliar words, phrases, or concepts into their minds (leading questions)
- Use open questions TED
 - Tell me
 - Explain
 - Describe
- Do not challenge, confront, or criticise their information, even if it seems unlikely or if there are obvious errors. They may be unable to give accurate timescales or dates.
- If a disclosure is made the pace should be dictated by the child without their being pressed for detail by being asked such questions as 'what did they do next?' or 'where were you when this happened?'
- Your role is to listen not to investigate.
- Acknowledge how hard it was for them to tell you this, let them know they have done the right thing. Reassurance can have a significant impact on the child may have been keeping abuse secret for a long time.
- Say you will take them seriously. A child could keep abuse secret in fear that they will not be believed. They have told you because they want help, and you are the person they trust to support them.
- Do not criticise the perpetrator, this may be someone they love
- Do not promise confidentiality, reassure the child that they have done the right thing, explain that you will have to tell people who can. help. It is important that you don't make promises that you cannot keep (please see item 1.A.21 'Confidentiality and information sharing and storing' for more details)

Remember it can be a huge step for a child to make a disclosure.

Inform the safeguarding lead or deputies immediately who will contact the CSCP and/or the Police. If the situation is an emergency and neither DSL or deputies available, you should telephone CSCP and/or the Police directly.

Do not speak to the alleged abuser. Confronting the alleged abuser about what the child has told you could make the abuse worse.

1.A.12 Recording Information

i After a disclosure

- Make some notes immediately afterwards (being aware that note taking during a disclosure may inhibit that disclosure making it harder for the child to relax and confide in you)
 - record the date, time, place and context of the disclosure or concern,
 - Record the facts only, and not assumption and interpretation.
 - Note any non-verbal behaviour
 - Ensure that that the language used by the child (do not translate into correct terminology) is recorded
- Any notes must be added to a completed 'Cause for Concern Form' with a body map if used and discussed with the DSL or CEO **within the same working day** (not left on a desk marked for their attention)
- Do not be afraid to interrupt meetings if you need to speak to someone.
- It is vital that children can speak out and that whoever they tell takes them seriously and acts on what they have been told.

ii If you see/ hear something that makes you suspect abuse

- Make some notes as soon as possible, and no later than immediately after you have been with the child.
 - record the date, time, place and context of the disclosure or concern,
 - record facts only, and not assumption and interpretation.
 - Note any non-verbal behaviour
 - Record any marks observed on the body map in the Appendix

1.A.13 Referring cases of abuse

Any notes should then be discussed with the DSL so you can decide on the correct course of action.

- If it is agreed a referral is necessary

- it should be discussed with the parent/ carer (and as appropriate the child)⁸ prior to referring (unless to do so would place the child at increased risk)⁹
 - your original session notes should be attached to a completed 'Cause for Concern Form'¹⁰ with a body map if used and given to the DSL to send to the CSCP
- If it is agreed that a referral is not necessary
 - A 'Cause for Concern' form must be completed and entered in the QCCA Child Safeguarding file. If a child has more than one 'Cause for Concern' form an individual safeguarding case file should be opened
 - Details should also be added to the child's personal file in the Early Years and Nursery Setting
 - If it is agreed no further action is required nothing more needs to be done.

1.A.14 Timescales

The timescale for

- making notes is **immediately** after you become aware of something
- speaking with the DSL and deciding what action to take is **within the same working day**
- completing a 'Cause for Concern' form for referral to the CSCP is **within 24hrs**
- completing a 'Cause for Concern' form and adding it to the QCCA Child Safeguarding file is **within 48hrs**
- in urgent cases call the police on 999 and make an **immediate** telephone referral to the CSCP followed up with a written referral within **48hrs**

• ⁸ Young people aged 12 to 15 may give their own consent to information sharing if they have sufficient understanding of the issues, it is highly recommended parents or guardians' permission is also sought. Young people aged 16 and over are able to give their own consent

⁹ i.e. specifically in cases where there is sexual or domestic abuse; Fabricated or Induced Illness or place themselves at risk of harm

¹⁰ The DSL can help you to complete the 'Cause for Concern' form

- All referrals from practitioners (QCCA) should be confirmed in writing, by the CSCP **within 48 hours**. If the referrer has not received an acknowledgement within three working days, they should contact the CSCP again

- CSCP will be actioning the child's case
 - Within **4hrs** if the child is in immediate danger
 - Within **24hrs** if the child is at risk of significant harm but not immediate danger
 - Within **three (3) working days** if the child is in need of statutory social work or in need of a referral to the Early Help Team

1.A.15 How to make a Referral

To make a referral the DSL or Deputy will contact CSCP and/or the Police. They will need your support in referring it to ensure the details are recorded correctly.

- When reporting ALWAYS report to Camden Safeguarding Childrens Partnership (CSCP) All referrals should be in writing to the CSCP and sent by secure email to LBCMASHadmin@camden.gov.uk.cism.net
- Urgent telephone referrals can be made but must be followed up by a written referral within **48hrs**
- If the danger is IMMEDIATE, or medical attention is required **call 999**
- If a crime has been committed, it MUST be reported to the police, but if there is no immediate danger report using 101

In the unlikely event that you have been unable to contact a Safeguarding Lead, or the CEO and the matter is urgent DO NOT WAIT always call 999.

1.A.16 Key Information to include in a referral

When making a referral to CSCP staff must establish as much of the following information as possible to include in the referral:

- Child:
 - Full name of child (including aliases and spelling variations)
 - Date of birth
 - Gender
 - Family address
 - Where relevant: school / nursery /stay or play centre attended
 - Identity of those with parental responsibility.
 - Ethnicity, first language and religion of child and parents
 - Where known
 - Full names (including aliases and spelling variations), date of birth and gender of all other child/ren in the household
 - Any special needs of children or parents

- Cause for concern details:
 - Incident/ event/: date, time, place, what happened
 - Observation: date, time, place, what was observed
 - Suspicion of abuse: date, time, place, context, and nature of the suspicion
 - Disclosure of abuse: date, time, place, and context of the disclosure
 - Any questions staff have asked (Staff should use open questions TED-Tell, Explain, Describe) SEE '1.A.2 What to do if a disclosure is made'.
 - Allegation of abuse against a member of staff: source(s), date, time, place, context and nature of the abuse.
 - Why you are concerned

Also

- Details of any witnesses
- Details of alleged perpetrator, if relevant
- For physical injuries a body map¹¹ **must be completed** (clearly showing where the injury is on the child's body and the size/shape of the injury) and sent with the follow up email. Photographs must NOT be taken by staff, taking photos of injuries can be traumatic and distressing for children and staff. If photos of injuries are required for evidence purposes, this will be done by the Police.
- Any significant / important recent or historical events / incidents in child or family's life

¹¹ SEE Appendix

- Current Situation
 - Child's current location and emotional and physical condition
 - Does the child need immediate protection?

If the answer is YES the child needs immediate protection

DO NOT WAIT always call 999.

- Background
 - Referrer's relationship and knowledge of child/young person and parents
 - Known involvement of other agencies / professionals (e.g. GP)
- Who is making the report
 - Full name and role of the person making the report.
 - The report needs to be signed and dated
- Child centred approach
 - The child/young person's views and wishes, if known
 - Do the parents have knowledge of the referral? Y/N
 - Have the parent(s) given agreement to this referral? Y/N

1.A.17 When the case of abuse involves a member of staff

Any allegation made against a member of staff will be treated very seriously. If an allegation of abuse against a staff member including interns or volunteers, you should record the information as usual and report this immediately to their line manager, the DSL and the CEO. If the volunteer or member of staff against which the allegation is made is onsite and you cannot contact the above speak immediately to the manager in charge.

The DSL will make a referral once the allegation has been made

- Directly to the Local Authority Designated Officer (LADO) who will advise on the most appropriate course of action regarding investigation.
 - Reporting to LADO -usually made immediately but **must** be made within 24 hours.
- OFSTED must also be informed (SEE Reporting to OFSTED below)
 - OFSTED must be contacted within **14days** with the day of the incident being the first day.

Staff may in extreme circumstances report any serious incident directly to the LADO.

If the allegation has been made by a child reassure them that this is a serious matter, and you will follow it up and update them of what will happen next.

If appropriate, in accordance with QCCA nursery procedures for staff conduct, the member of staff will be suspended pending the outcome of the investigation. All investigations will take place in accordance with the LADO, OFSTED, and QCCA nursery procedures and with the safety of children as being paramount.

- OFSTED must be informed at the ALLEGATION stage see below 1.A.18
- If there is evidence to substantiate allegations, disciplinary action will be taken, and the individual will be referred to the Disclosure and Barring Service (DBS)

NOTE: A DBS referral: SHOULD ONLY be made once an investigation has been made and the evidence points to the allegation being true, not before. A referral to the DBS must be made as soon as possible following the outcome of the investigation, and no later than 14days.

- If the allegations made are found to be unsubstantiated, all relevant parties will be informed, and it shall be made clear that the member of staff is exonerated.

We take child protection issues very seriously. It should therefore be noted that action will be taken against any persons making allegations that are found to be malicious, mischievous, or spurious.

1.A.18 Reporting to OFSTED

Ofsted must be informed about any **allegations** of serious harm or abuse by any member of staff

Reports to OFSTED can no longer be made by phone and must be reported using the online form¹² which takes 10-20mins to complete.

Incidents must be reported within 14days, The day of the incident being the first day.

1.A.19 When a safeguarding concern becomes an incident

There may be times when a safeguarding concern is deemed to be an incident or a serious untoward incident, as defined below:

- **An Incident**

An incident is defined as an event that caused harm or had the potential to cause harm to children, parents, volunteers, or staff. This could include verbal or physical aggression by a member of staff or service user or a breach of policy or procedure (such as confidentiality or data protection) whether by accident or intentionally.

- **A Serious Untoward Incident**

A 'Serious Untoward Incident' is 'something out of the ordinary or unexpected, with the potential to cause serious harm, and or likely to attract public and media interest'. This may be because it involves a large number of service users, it involves poor professional or managerial judgement, a service has failed, a child or member of staff has been seriously injured or has died under unusual circumstance or there is a perception that any of these has occurred.'

Under such circumstances the reporting processes must be followed and adhered to. The

¹² <https://www.gov.uk/guidance/report-a-serious-childcare-incident#how-to-tell-ofsted>

CEO and Chair of Trustees must be informed.

1.A.20 Staff Concern That Action is Not Being Taken

Although extremely unlikely, it is possible that staff may feel that the Designated Safety Lead is not taking appropriate action, which may consequently expose a child to potential harm.

If a member of staff believes this to be the case, despite having made the DSL aware of their concerns for a child, then they should regard themselves as having responsibility to raise the issues directly with the CEO, if they are still concerned that the necessary action is not being taken, they should raise the issue with the CSCP and immediately advising the Board that they have done so.

1.A.21 Confidentiality and information sharing and storing

Personal information about all children and their families is regarded by QCCA as confidential.

i. QCCA adheres to the Government's Seven Golden Rules of Data Sharing:

1. GDPR is not a barrier to sharing information
 - o but provides a framework to ensure that personal information is shared appropriately.
2. Be open and honest
 - o with the family (and/or child where appropriate) from the outset and explain why, what, how and with whom information will, or could be shared. Seek their agreement unless it is unsafe or inappropriate to do so.
3. Seek advice if there is any doubt
 - o without disclosing the identity of the person where possible.
4. Share with consent where appropriate
 - o and, where possible, respect the wishes of those who do not consent to share confidential information.
 - o Professionals may still share information without consent if, in their judgement, that lack of consent can be overridden in the public interest.
 - o Judgment will need to be made on the facts of the case.
5. Consider safety and wellbeing

- o Base information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure
 - o Ensure that the information shared is necessary for the purpose for which it is being shared, it is shared only with those people who need to have it, is accurate and up to date, it is shared in a timely fashion, and is shared effectively.
- 7. Keep a record
 - o of the decision and the reasons for it – whether it is to share information or not. If it is decided to share, then record what has been shared, with whom and for what purpose.

ii. Consent to information sharing

- All information obtained by QCCA staff about a child will be kept confidential and will only be shared with other professionals and agencies, ideally with the family's consent.
- Parental consent to making a child protection referral should be sought but if withheld, the referral must still be made, and parents made aware of this.
 - o Before taking this step, QCCA should consider the proportionality of disclosure against non-disclosure; is the duty of confidentiality overridden by the need to safeguard the child?
- Parental consent to referral can be dispensed with if
 - o seeking consent is likely to cause further harm to the child
 - o interfere with a criminal investigation
 - o cause undue delay in taking action to protect the child

However, QCCA should discuss this with the CSCP on a “no names” basis to gain advice on whether this course of action should be taken.

iii QCCA information sharing:

- All records relating to child protection incidents will be maintained by the DSL and the CEO and only shared as is consistent with the protection of children.

- Where a child is at risk of suffering significant harm, QCCA has a legal duty to share this information with CSCP
- Where a child is subject to a child protection investigation, QCCA must share any information about the child requested by CSCP.
- Only relevant information should be disclosed, and only to those professionals who need to know. Staff should consider the purpose of the disclosure and remind recipients that the information is confidential and only to be used for the stated purpose.
- If a child makes a disclosure of neglect or abuse, staff cannot guarantee them confidentiality, but must explain sensitively why they must pass the information on, to whom and what will happen as a result. Parents should also be made aware of the nursery's duty to share this kind of information.
- Staff should discuss any concerns or difficulties around confidentiality or information sharing with the DSL, the CEO or seek advice from the CSCP.

Policy 1: Part B

1.B Recognising Abuse in Children

'Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including sexual, physical, and emotional abuse; neglect; domestic abuse, including controlling or coercive behaviour; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation.' Working Together' (2018)

In relation to child protection the 4 kinds of abuse as defined in "Working Together" are:

1.B.1 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.

Indicators of this are;

- Unexplained recurrent injuries or burns
- Improbable explanations or refusal to explain injuries

- Wearing clothes that cover injuries, even in hot weather
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'for bedwetting')
- Fear of suspected abuser being contacted
- Bruises seen on parts of the body not normally harmed through play, such as in or around the mouth
- Bruises that appear as a small 'grasp' or finger marks to a child's arm or legs
- Injuries that look like they have been caused by a belt or stick
- Bruises that may be of different ages (colour) in the same area
- Injuries that appear the same on both sides of the body, legs head or arms
- Injuries that appear as bite marks, especially when the marks appear to be of an adult or an older child (more than 3cm across)

It is a concern when a child is not taken for treatment if they are suffering pain, swelling or discolouration over a bone or joint. Although it may not always be possible to know whether a child has a fractured bone, it is difficult for a parent / carer to be unaware that the child has been hurt. It can be difficult to distinguish between a burn and scald that has been caused accidentally or non-accidentally. As with fractures, all burns, and scalds should receive medical attention.

QCCA Nursery Procedure Any sign of a mark or injury to a child when they come into QCCA will be recorded on the '**Session Evaluation Form**' at the time and then discussed with the Designated Safeguarding Lead for advice about what to do next. If there is cause for concern about the child's welfare this will be discussed on most occasions with the Parent or Carers. QCCA's staff responsibilities do not include investigating the suspected abuse. However, the staff will keep accurate records of their observations and of anything said to them by a Child or others in connection with concerns over child protection issues. QCCA believes that it is always important to listen to children. Strict confidentiality will be observed at all times.

If it is decided unnecessary to report to the CSCP a '**Cause for Concern Form**' should be completed and uploaded onto Time to Spare. The CEO and QCCA Board notified.

In cases of suspected abuse, it will be reported to the CSCP. Parent or Carers may not be informed first; this is done to provide protection to the child. Our aim is to work with parents or carers in an open and professional manner in the interests of the wellbeing of the child.

1.B.2 Emotional abuse:

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only as far 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 a 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, 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, although it may occur on its own. Abusers may be adult or young people themselves.

Indicators of this are;

- Exceptionally low self-esteem, often with an inability to accept praise or trust in adults
- Excessive clinging and attention seeking behaviour
- Overanxious – being excessively 'watchful' (hyper vigilant), constantly checking or being overanxious to please
- Withdrawn / socially isolated
- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

QCCA Procedure Information related to events of this nature should be noted on the Session Evaluation Form at the time and then discussed with the Designated Safeguarding Lead for advice about what to do next. If there is cause for concern about the child's welfare this will be discussed on most occasions with the Parent or Carers. QCCA's staff responsibilities do not include investigating the suspected abuse. However, the Staff will keep accurate records of their observations and of anything said to them by a Child or others in connection with concerns over child protection issues. QCCA believes that it is always important to listen and believe children. Strict confidentiality will be observed at all

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In cases of suspected abuse, it will be reported to the CSCP. Parent or Carers may not be informed first; this is done to provide protection to the child. Our aim is to work with parents or carers in an open and professional manner in the interests of the wellbeing of the child.

1.B.3 Neglect

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 because of maternal substance abuse or not accessing appropriate antenatal care. 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.

Indicators of this are;

- Constant hunger and complaints of tiredness
- Poor personal hygiene
- Poor state of clothing
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies
- Below average weight / height
- Reluctant to go home

1.B.4 Sexual abuse

Child Sexual Abuse (CSA)

'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.'

Working Together to Safeguard Children 2018 definition

Indicators of this are;

- Being overly affectionate or knowledgeable in a sexual way inappropriate to their age, or acting out precocious sexual behaviour with others
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-harm
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a specific person
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Explicit and inappropriate Sexual Play
- Trying to be 'ultra-good' or perfect; oversensitive or overreacting to criticism
- Reluctant to go home
- Any direct disclosure

Useful documents:

CSCP: Child Sexual Abuse Strategy “think the unthinkable” 2021 [Link HERE](#)

CSCP: Peer on Peer abuse protocol [Link HERE](#)

QCCA Procedure

Observed instances should be noted on the Session Evaluation Form at the time and then reported to the Designated Safeguarding Lead and CEO for advice about what to do next. It MAY NOT be appropriate to inform the Parents/Carers of concerns at this stage, this should be considered.

If there is an immediate danger to the child call 999

Any concerns about the Designated Safeguarding Lead should always be reported to CSCP, QCCA CEO and the QCCA Trustees.

1.B.5 Spotting Abuse

i Typical vulnerabilities in children who are abused

There is no definitive list of vulnerabilities however some signals may be

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships
- Learning disabilities
- Siblings being friends with young people who are sexually exploited
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence

ii Spotting signs and behaviours in a child that is experiencing abuse

There is no definitive list of signs or behaviours some indicators are:

- Absent from nursery for extended periods of time
- Withdrawal - becoming especially secretive and disengaging with their usual friends
- Personality and behaviour change
- Tantrums
- Aggression or bullying
- Anti-social behaviour
- Constant or regular sickness, like colds, headaches, and mouth ulcers.
- Physical injuries
- Refusing food.
- Sexually transmitted infections,

- Change in physical appearance
- Self-harm

These are not exhaustive lists

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs of abuse and hide what is happening from everyone. Many learn to 'manage' their problems, making it hard for others to help.

We may observe behaviours/physical presentations that cause concern; however, it is important to remember that the causes of these may not be abuse, but due to other issues such as bereavement, homesickness etc. Staff should be cautious before assuming abuse is the cause.

1.B.6 Other types of abuse and safeguarding issues

In addition to these four types of abuse there are the following commonly recognised types of abuse, exploitation, and safeguarding issues. The team at QCCA are encouraged to be professionally curious so that they identify the risk indicators. To be aware that different forms of exploitation are frequently interconnected, and to act on their concerns.

Bedfordshire University

The interconnected nature of different forms of exploitation.

1.B.6i Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology.

1.B.6ii Sexting

It is against the law to produce, possess or share explicit images of anyone under 18

1.B.6iii Harmful Sexual Behaviour

The definition for young people who display harmful sexual behaviour refers to any child, under the age of 18, who demonstrates behaviour outside of their normative parameters of development (this includes, but is not exclusive to, abusive behaviours) (*Hackett 2011, National Institute of Health and Care Excellence 2014*).

Statistically, young boys are most likely to be perpetrators of sexual violence and sexual exploitation, and young girls are most likely to be at risk of or experience sexual exploitation. (Children's Commissioner's study, Berelowitz et al, 2012). However, the situation is more complex, as young men can experience sexual exploitation, including as part of violence and coercion to pressure them into performing acts as part of a group or gang which includes sexually exploiting others. Additionally, young girls can become involved in recruiting other young girls to be sexually exploited or be involved in acts of sexually exploiting others as part of their own experiences of being sexually exploited or as part of a pattern of violent offending. Currently there is likely to be a significant under-reporting of young boys who have experienced sexual exploitation

(Research on the sexual exploitation of boys and young men – A UK scoping study, Barnardo's, August 2014)

1.B.7 Child Criminal Exploitation

Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child under the age of 18 to undertake criminal actsAny criminal offence can constitute child criminal exploitation.

Based on Criminal Exploitation of children and adults at risk of harm: County Lines Guidance – 6 Home Office September 2018, available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance - Sept2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf)

1.B.8 Child Trafficking

It is defined as recruiting, moving, receiving, and harbouring children for the purpose of exploitation. This exploitation can be criminal or sexual. Child trafficking is a form of modern slavery. Children can be trafficked into the UK from overseas and on their journeys are very often subject to sexual abuse. Exploiters may act as interpreters therefore if you have concerns, it's important the child is spoken to independently.

Children can also be trafficked from one part of the UK to another as evidenced in county lines.

Child Trafficking varies from spontaneous networking between groups of offenders, to more serious organised crime where young people are effectively 'sold'. Children can be trafficked for criminal exploitation, and this can occur across and within Local Authority (LA) boundaries, regions and across international borders. This can occur at parties and gatherings where children who are involved may recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of children by offenders.

1.B.9 Radicalisation

Radicalisation is defined as the process by which people, including children, come to support terrorism and extremism and in some cases, to then participate in terrorist groups.

Radicalisation also includes grooming into far-right groups as well as Islamism and other forms. Radicalisation is not about a specific faith or demographic and there is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

The process of radicalisation is different for every individual and can take place over an extended period or within a very short period and often involves an element of exploitation.

Extremism is defined as:

"A 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."

The National Counter-Terrorism Strategy (CONTEST)

Radicalisation is the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

The National Counter-Terrorism Strategy (CONTEST) focuses on 4 strands: Pursue, Prevent,

Protect and Prepare.

it is the Prevent duty that is of relevance in safeguarding young people and adults at risk of harm. Its aim is to support those most at risk of being radicalised by diverting people away from potential risk at an early stage which prevents them from being drawn into criminal activity linked to terrorism it is not about prosecution.

To implement the Prevent duty, local authorities have a duty to set up at a specialist Channel Panel to provide a mechanism for safeguarding children, young people and adults who are at risk of being drawn into terrorist activity. The purpose of the Panel is to:

- identify individuals at risk of being drawn into terrorism.
- assess the nature and extent of that risk.
- develop the most appropriate support plan for the individuals concerned.

QCCA Procedure Guidance from the CamdenSCP guidance is clear that

Professionals should refer any child or young person by CAF referral to the children's MASH team where there are concerns because:

- *the child or young person is in contact with extremists and/or beginning to voice strongly held and concerning extremist views*
- *the child or young person is showing intolerant behaviour towards those who are different or hold different views*
- *the child or young person is radicalising their peers*
- *the child or young person's parents hold extremist views and may be in the process of radicalising their child*
- *parents who hold extremist views may be planning to take their child to conflict zones*

Based on Camden guidance 'Safeguarding children and young people from radicalisation and extremism: guidance for the children's workforce 2021' available at:
<https://cscp.org.uk/resources/radicalisation-and-extremism-resources/>

Referral to Camden's Channel Panel is through CSCP/ MASH and where appropriate sent onto Prevent/SO15 Police

As CSCP guidance QCCA's Safeguarding Leads will ensure that relevant team members attend the Workshop to raise awareness of Prevent (WRAP) training available from Camden's Training and Development Service or from the CSCP training programme.

1.B.10 Controlling or coercive 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

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’

Government definition from Domestic abuse guidelines for prosecutors (2012) 13

Coercive behaviour, which covers physical, sexual, financial, emotional, or controlling behaviour is very damaging for the victim of abuse. It is often difficult for the victim of abuse to recognise that they are subject to controlling behaviour. Growing up in an environment like this is child abuse.

1.B.11 Domestic violence and abuse.

Domestic violence affects many young people, whether in their relationships with each other or if they have grown up with violence in their homes.

Being exposed to domestic abuse or being in an unhealthy relationship has serious consequences for children and young people; it can affect how they feel, think, and behave in harmful ways. Living in a home where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. This can last into adulthood. Witnessing domestic abuse is child abuse.

¹³ <https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship#a03>

1.B.12 Fabricated or induced illness

The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the available evidence, to reach an understanding of the reasons for the child's signs and symptoms of illness. Staff can also refer to Safeguarding children in whom illness is fabricated or induced.

1.B.13 Faith abuse

Faith abuse includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or 'leading them astray' (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home. Staff should refer any concerns about child safety linked to faith or belief with the DSL and discuss with the CSCP if the action to take is not clear,

2.B.14 Female genital mutilation (FGM)

Comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. FGM is also sometimes known as 'female genital cutting' or 'female circumcision'. However, circumcision is not an appropriate term. Communities tend to use local names for referring to this practice including 'sunna'. FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child. If you have concerns relating to young people possibly affected by FGM, this should be referred using the Child Protection procedures.

2.B.15 Self-injury and Self Harm

Self-injury can take many different forms but in general terms is the act of deliberately causing harm to oneself either by causing a physical injury or by putting oneself in dangerous situations and/or self-neglect. Self-injury is generally a coping mechanism; there can be many reasons why a person chooses to self-injury but it is important that staff consider the possibility of a link between self-injury and trauma/abuse.

When dealing with self-injury and self-harm staff should:

- Show that they care about the person behind the self-injury
- Show concern for the injuries themselves and ensure any needed first aid is given

2.B.16 SEND

Children with SEND have an increased likelihood of social isolation and an increased risk of exposure to abusive behaviour due to their dependency on parents/carers for practical and personal care in daily life. Their capacity to resist or avoid abuse may be limited for example speech, language and communication needs which may make it difficult to tell others what is happening. Children with SEND can be especially vulnerable to bullying and intimidation.

SEND Indicators of abuse

- Bruising on a site which might be of concern on a non-ambulant child. Some conditions cause spontaneous bruising/fragile bones
- Insufficient help with feeding/toileting
- Deprivation of liquids, medication, food or clothing as extreme form of behaviour modification
- Ill-fitting equipment i.e. sleep boards, callipers, splinting, misappropriate of child's finances
- Lack of stimulation and communication
- Invasive procedures against the child's will
- Denial of child's sexuality
- Child's sexuality is harmful and/or self-harming behaviour may indicative of abuse.

If a child exhibits one of the signs above this does not automatically mean that the child has suffered abuse. However, the presence of one or more signs, or their repeated presence,

should raise concerns and prompt further discussion with the Designated Safeguarding Lead.

SAFEGUARDING POLICY 2

CHILDREN & YOUNG PEOPLE

SAFEGUARDING POLICY

&

PROCEDURES

February 2023



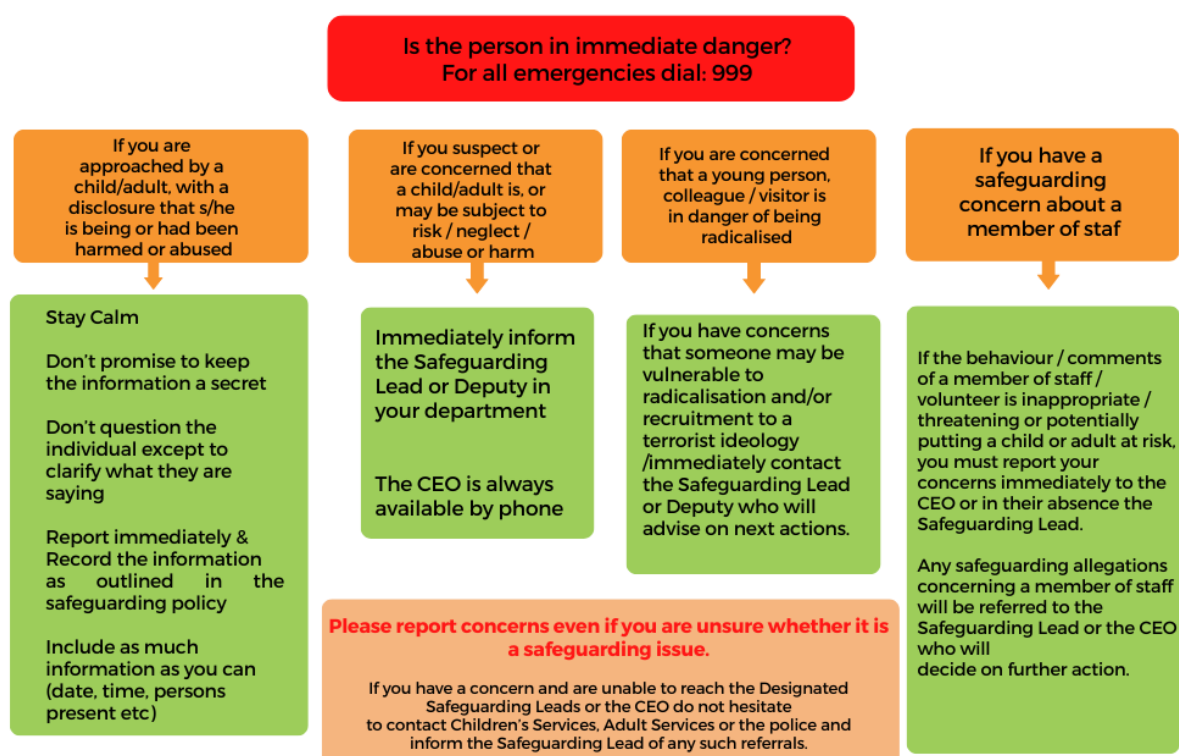
Supporting Camden residents since 2002

Policy 2: Children & Young People 0-18yrs

Referral Diagram: Part A



What to do if you are concerned about a child/adult at risk or colleague?



How to report a concern about a child / adult at risk

- You receive a direct report of current or historical abuse / harm / potential risk / concerns of radicalisation etc;
- You observe / hear something, but you are not sure it is a safeguarding issue;
- You receive third party information indicating potential safeguarding risk / harm

Report immediately to a Safeguarding Lead or the CEO on the same day the concern was received.

Immediate danger or emergencies: Ring Police / Emergency Services

Staff member or Safeguarding Lead to alert the CEO on the same day of receiving information of a safeguarding nature. Please do not delay reporting, as this may increase risk.

Safeguarding Incident Form to be completed by the Safeguarding Lead or staff member and emailed to the Manager and CEO within 24 hours of the date the concern was identified.

Feedback & support from the CEO to DSL and staff member to agree next actions / potential referrals to other partner agencies / support to the child, adult or staff member closure of the notification (if safeguarding remit was not met). DSL and CEO to keep a robust record of all notifications received (regardless of remit).

See referral diagram Part B under appendix on how to respond and act.

Safeguarding Policy & Procedures

Policy 2: Part A

2.A.1 Introduction

This section of QCCA's safeguarding policy covers children up to the age of 18 years who access QCCA's services through

- Youth Service (GOAL)
- Healthy Families Service
- The Peggy Jay Centre (10 O'Clock Club)
- Foodbank

The application of QCCA's 'Children 0-18yrs Safeguarding Policy' is consistent through each setting.

Reporting is as shown in the Appendix 'Children & Young People 0-18yrs'

Safeguarding for children and young people 0- 18yrs is outlined in this document. It follows the guidelines set out in

- *Camden Safeguarding Children Partnership (CSCP) procedures*¹⁴
- *'Working Together to Safeguard Children 2018'*¹⁵
- *'Safeguarding Vulnerable Groups Act' 2006*¹⁶

¹⁴ For full details see their website <https://cscp.org.uk/>

¹⁵ Document in full available from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

¹⁶ <https://www.legislation.gov.uk/ukpga/2006/47/contents>

NOTE Reporting for ALL young people over 18yrs (including young adults up to 21 with disability) MUST be done through Camden SAPB (Safeguarding Adults Partnership Board) see 'Safeguarding Policy 3: Adults at Risk of Harm' later in this document

Setting 1:

Youth Service (GOAL)

The children and young people's services are attended by children and young people 8-19yrs and young adults with a disability up to 21 years. The sessions led by our experienced and motivational youth workers supported over 600 young people through a wide variety of youth sessions and holiday programmes, including sports, fitness, sexual health, team building and conflict resolution. The youth club is separated into junior/ senior and girls only sessions

They also host trips offsite for young people.

- Children and young people 8-19yrs and young adults with a disability up to 21 years use this service and attend alone.

Setting 2:

The Healthy Families Service

The family service focuses on exercise, healthy eating and parenting with activities for parents alone and some that parents and children can do together. They provide several women only programmes with a bilingual teacher. They occasionally provide trips offsite.

- Children from 0-18yrs visit this service accompanied by a parent or carer

Setting 3:

The Peggy Jay Centre (10 O'Clock Club)

This is a drop-in creche run for children under 5 with their parents providing indoor arts and crafts, education and play facilities and outdoor play area.

Children from 0-8yrs visit this service accompanied by a parent or carer.

Setting 4:

Foodbank

This is a weekly food top up service for individuals and families, with a limited delivery service. The staff team meet members and their children when they visit the foodbank or

when they do doorstep deliveries to their homes.

- Children from 0-8yrs visit this service accompanied by a parent or carer
- Children 14-18yrs may visit alone

Safeguarding at QCCA's drop in services is outlined in this document. It follows the guidelines set out in

- *Camden Safeguarding Children Partnership (CSCP) procedures*¹⁷
- *'Working Together to Safeguard Children 2018* ¹⁸
- *'Safeguarding Vulnerable Groups Act' 2006*¹⁹
- ['Children Act 2004'](#)

Reporting is as shown in the Appendix 'Children & Young People 0-18yrs'

2.A.2 Purpose

'Nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified.'

Working Together to Safeguard Children 2018 ²⁰

At QCCA we understand

- we all have a duty of care to the children, parents/carers and staff within our organisation to act quickly and responsibly in any instance of concern about safeguarding and welfare that comes to our attention.
- we have a legal responsibility to take all reasonable measures to ensure that children are kept safe, and a duty of care is exercised towards them at all times.

The purpose of this policy is to ensure that all staff

- are aware of their legal and personal responsibilities to ensure the safeguarding and welfare of children at QCCA
- recognise the significance of what they are observing, and the signs and symptoms of possible abuse,
- know what to do should they have a concern.

QCCA strives to create a culture in which children are valued, heard and that their right to

¹⁷ For full details see their website <https://cscp.org.uk/>

¹⁸ Document in full available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

¹⁹ <https://www.legislation.gov.uk/ukpga/2006/47/contents>

²⁰ Document in full available from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

be safe is upheld. This policy aims to support all QCCA staff to achieve this.

We aim to train all staff to support their development and ensure we have a knowledgeable team able to respond appropriately in safeguarding and child protection situations.

2.A.3 Guiding Principles

QCCA's child welfare and protection policies and procedures are consistent with Camden Safeguarding Children Partnership (CSCP) procedures²¹.

'Working in partnership to keep all children and young people safe, thriving and heard within a community where safeguarding is a shared responsibility.' CSCP

All roles within QCCA's Youth Service, Healthy Families Service, Peggy Jay Centre and Community Pantry encounter children and young people during their normal working activities. As such staff and volunteer are in a unique position to be able to observe signs of abuse or neglect, or changes in a child's behaviour which may indicate a child may be being abused or neglected.

Throughout all settings in QCCA we take a child-centered approach to safeguarding children. A child-centered approach means keeping the child in focus when making decisions about their lives. Listening to what they say and taking their views seriously whilst working in partnership with them and their families.

We apply an intersectional lens to the work. Challenging inequalities is core to our purpose and function, and we strive to ensure that this is reflected across all our policies, procedures and practices.

The welfare and safety of children is of primary importance and always takes priority over other work and other considerations. The fear of damaging relationships must not get on the way of protecting children from abuse and neglect.

Contextual safeguarding looks at how we can best understand these risks, engage with children and young people and help to keep them safe. It's an approach that's often been used to apply to adolescents, though the lessons can equally be applied to younger children. QCCA recognises that as young people grow and develop they are influenced by a whole range of environments and people outside of their family. For example in school or college, in the local community, in their peer groups or online. Children and young people may encounter risk in any of these environments. Sometimes the different contexts are inter-related and can mean that children and young people may encounter multiple risks.

QCCA requires all team members; staff, trainees, and volunteers to be alert to the signs of

abuse and neglect and be willing to question the behaviour of children and young people (and parents/carers) and to not necessarily take what they are told at face value.

All team members must be also aware of who the Safeguarding Leads are so they understand who speak to if they need to ask for help or advice. These details can be found in the Appendix 'Safeguarding Leads children 0-18yrs'

When it is decided a referral to the CSCP (Camden Safeguarding Children Partnership) is necessary staff are encouraged to see this as the beginning of a process of enquiry rather than an accusation.

QCCA follow the child protection procedures laid out by the local authority and will seek their advice on all steps taken subsequently, if it is suspected that a child is in danger of abuse a referral will always be made to CSCP and in cases of immediate danger by calling

²¹ For full details see their website <https://cscp.org.uk/>

the police on 999.

2.A.4 Scope

This policy applies to the Board of Trustees, all staff (full time, part time, trainees, temporary and freelance) and volunteers working on behalf of QCCA. Put simply safeguarding children is everyone's responsibility and priority.

This policy concerns all children and young people under the age of 18 (as defined by the Children Act 1989) who are accessing QCCA, and those who the QCCA team come into contact with during their time in the centre.

Regarding abuse

(Further details are available in Section 2.B 'Recognising Abuse')

2.A.4.i There are four main areas of abuse:

- Physical
- Emotional
- Sexual
- Neglect

2.A.4.ii In addition, safeguarding can involve a range of potential issues such as:

- Bullying, including cyberbullying inc.
 - text message, on social networking sites and so on
 - prejudice-based bullying
- Hate crimes
- Radicalisation
- Crime exploitation
- Child sexual exploitation
- Female genital mutilation
- Domestic violence
- Sexting
- Substance misuse
- Self-Harm
- Fabricated illness

2.A.5 Terms of Reference and Legal Framework

The following legislation and statutory guidance are used as guidelines for best practice across all QCCA children's services.

I. Local Safeguarding Children's Partnerships.

The responsibility for ensuring that all Govt legislation and guidance is put into practice is given to Local Safeguarding Children's Partnerships

In Camden it is the Camden Safeguarding Children's Partnership (CSCP)

full detail of CSCP can be found at <https://cscp.org.uk/>

ii 'Working Together to Safeguard Children' (2018)

provides Government guidance on how organisations and individuals should protect children and young people it defines safeguarding and promoting the welfare of children as;

- *protecting children from maltreatment.*
- *preventing impairment of children's health or development.*
- *ensuring that children grow up in circumstances consistent with the provision of safe and effective care*
- *taking action to enable all children to have the best outcomes.*

lii. 'The Children Act 1989' Amendments (2004 & 2019)

make it clear that people who work with children have the responsibility to keep them safe. This is supported by the **United Nations Convention on the Rights of the Child** (to which the UK is a signatory) which sets out the rights of children to be free from abuse.

Iv. 'Working Together to Safeguard Children' (2018)

also advises that practitioners should be alert to the potential need for early help for a child who:

- *is disabled and has specific additional needs*
- *has special educational needs (whether or not they have a statutory Education, Health and Care Plan)*
- *is a young carer*
- *is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups*
- *is frequently missing/goes missing from care or from home*
- *is at risk of modern slavery, trafficking or exploitation*
- *is at risk of being radicalised or exploited*
- *is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse*
- *is misusing drugs or alcohol themselves*
- *has returned home to their family from care*
- *is a privately fostered child*
- *has a parent/carer in custody*

v. 'The Data Protection Act' 2018 and the associated document

'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers' (July 2018) ²²

Places a duty on organisations and individuals to process personal information fairly and lawfully, however it is not a barrier to sharing information where failure to do so would result in a child being placed at risk of harm.

²²

government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

'The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.'

'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers' (July 2018)

'To effectively share information:

- *all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal*
- *where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that **allows** practitioners to share information **without consent***
- *information can be **shared legally without consent**, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.*
- *relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.'*

'Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers' (July 2018)

2.A.6 Accountability and Designated Person

Final accountability for ensuring QCCA fulfils its protection and safeguarding responsibilities towards children falls to the Chief Executive, however responsibility is delegated to each service's Designated Person and Safeguarding Lead. **SEE Appendix 'Who to speak to when you have a safeguarding concern or query: Children Children 8 -19yrs and up to 21 with SEND '** for contact details.

The Designated Person is key to ensuring that proper procedures and policies are in place and are followed regarding child safeguarding issues. They are the primary person to whom members of staff and volunteers report concerns and can provide advice and guidance for staff on safeguarding and child protection issues and making referrals.

In line with 'Working Together to Safeguard Children', the Designated Person is required by law to have undertaken the recognised course 'Lead Designated Person for safeguarding Children' and keep up to date with appropriate refreshers every **two years**.

Our designated leads have completed the appropriate training.

2.A.7 Responsibilities of the Designated Person(s)

I. Managing Referrals

Responsibilities of the Designated Person(s) include responding to all suspected concerns promptly and ensuring the appropriate parties are kept informed

- **Police on 999**

- Always call 999 where a crime may have been committed, or if it is suspected that a child is at risk of immediate harm or danger

- **Camden Safeguarding Children Partnership (CSCP)-**
 - Ensure a referral is always be made to the CSCP where there are concerns relating to a child.
- **Local Authority Designated Officer (LADO)**
 - Inform the LADO immediately (or within 24 hours), and in serious cases the police if an allegation is made against any member of staff, volunteer or trustee. The CEO should always be informed
 - If the allegation is against the CEO, inform the LADO immediately (or within 24 hours), and in serious cases the police and also the Board of the Trustees.
- **Disclosure and Barring Service (DBS)**
 - Always inform the DBS where a person has been dismissed due to actual or suspected risk/harm to a child, or if you were planning to sack them for these reasons, but they resigned first.
 - Are aware they/QCCA are breaking the law If they do not refer someone to the DBS when they should.
- **CAF - (HELPFUL FOR FAMILY REFERRAL)**
 - Ensure that a CAF referral is made via the CSCP when potential additional needs or concerns for a child are identified so that those families who need it get the support they require.
 - The CAF is not to be used when there are significant or immediate child protection concerns. For any safeguarding concerns follow the procedures for reporting abuse as set out in the rest of this document
- **QCCA CEO and designated trustees**
 - **The CEO should always be immediately informed in all of the above instances unless there is an allegation against them -or any member of the senior management team (SMT) in which case the Chair should be informed.**
 - **The CEO and Board of Trustees must be kept informed of all new and on-going safeguarding and child protection issues and enquiries**

Responsibilities **do not** include investigating the suspected abuse.

ii. Training

The Designated Person(s)

- Undertaken the recognised course '*Designated Lead Person for safeguarding Children*' and keep up to date with appropriate refreshers every **two years**.
- Ensure that all staff and trustees have appropriate safeguarding training which is refreshed at least every three (3) years.
- Designated Leads in Children's and Young People's Service and Healthy Families Services attend the meetings hosted by Community Sports Foundation (CSF)
- Provide a link with Camden's Safeguarding Children's Partnership (CSCP) to make sure QCCA is receiving relevant updates on policies and implementation and is up to

date with new policy, emerging issues and local safeguarding and child protection procedures and working practice

- Actively keep up to date with child protection e.g. through registration with NSPCC's newsletter 'Caspar'
- Attend the designated meetings hosted by NSPCC
- Subscribe to the VAC (Voluntary Action Camden) newsletter which provides News and policy – local and national coverage of relevant stories or policies affecting voluntary organisations
- (Obtain access to any relevant resources and attend any training that may be beneficial to their role

iii. Expertise

The Designated Person(s)

- Ensure the QCCA's safeguarding and child protection policies are reviewed annually (or as required) and are consistent with Camden's Safeguarding Children Partnerships policies
- Understand the assessment process for providing early help and intervention
- Have a working knowledge of how the Local Authority should conduct themselves when investigating cases of child abuse
- Have an understanding of how to report and contribute to child protection case conferences and child protection review conferences and to be able to attend and contribute effectively
- Ensure all members of staff and volunteers, **including** new and part time staff, have an understanding of the organisation's safeguarding policies and procedures and are able to implement them. All members of staff are to adhere to the QCCA staff handbook and volunteers to follow the QCCA volunteers policy.
- Oversee child protection systems within QCCA, including the management of records, standards of recording concerns and referral processes Ensure detailed, accurate and secure records relating to concerns and referrals for children and young people are kept
- Encourage a culture of listening to children and young people, to adopt a child centred approach which ensures the child's thoughts and feelings are being taken into account before taking any action
- Ensuring that QCCA's Recruitment and Training Policy for Staff and Volunteers is adhered to when appointing new staff or volunteers and that appropriate checks have been carried out according to the Recruitment and Training Policy for Staff and Volunteers policy.

iv. Raising awareness

The CEO in partnership with the Designated Person are responsible for ensuring that QCCA's policies and procedures are known and used appropriately by ensuring

- that all QCCA staff:
 - Understand how to access safeguarding support
 - Are alert to identify possible signs of abuse, and understand what is meant by

child protection

- Are made aware of, and understand how to implement their responsibilities within the QCCA's 'Safeguarding Policy,' 'Whistle Blowing Policy,' and 'Staff Conduct Policy' in relation to the safety of children and young people

- Have an awareness of those children who may be vulnerable e.g. young carers and children who have special educational needs
- That QCCA share any relevant information possessed on a young person with relevant agencies, so long as this does not impact ongoing investigations
- That all sessions are conducted in line with QCCA Lone working policy.
- that all parents/carers whose children attend services at QCCA
 - Understand that QCCA has a responsibility to report and refer any suspected cases of child abuse
 - Are aware that QCCA's Safeguarding Policy is available publicly, and that a printed copy is available in the office, and at all sites
 - In cases where a referral is made are aware of QCCA's policies and procedures and are kept informed and involved in the process

Any allegation or concern involving the Designated Lead must be referred to Local Authority Designated Officer (LADO) and the CEO at QCCA at once

2.A.8 Reporting concerns/incidents

“Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.”

Working Together 2018/20

Staff need to maintain an attitude of “it could happen here” where safeguarding is concerned (*‘Keeping children safe in education’ 2018*). All staff need to be alert and ‘professionally curious’; questioning behaviours and consulting with the DSL as necessary to enable information to be evaluated

2.A.9 What to do if you suspect abuse

Once you have a concern that a child/young person is at risk it is your duty to gather as much information as possible (SEE ‘Recording’ below) and discuss it with the relevant Designated Safeguarding Lead²³ to decide what action needs to be taken.

It is not the duty of staff to investigate the issue themselves.

In the unlikely event that you have been unable to contact a Safeguarding Lead or the CEO and the matter is urgent **DO NOT WAIT always call 999**

²³ SEE Safeguarding Policy Appendix: ‘Who to speak to when you have a safeguarding concern or query’ and

'Safeguarding Leads'

2.A.10 What to do if you are not sure?

If you are not sure about your concerns, always speak to the DSL or deputies, their role is to deal with any concerns and offer advice and support.

If the matter is urgent and none of the relevant Leads are available, you can contact any other DSL on the list. You should always report it to the CEO and can go to them for advice at any time.

If you still have concerns about a child but are not sure whether you should make a formal referral, you/QCCA can contact CFCP and without mentioning the child's name or family name seek advice. This is sometimes known as a "no-names consultation." This means that you can talk the case through with a social worker, without giving the name of the child or family, although you will have to state who you are and which organisation you are from. Following the consultation, the social worker will advise you about whether you need to make a referral. If they ask for the child's name, you must give it.

The NSPCC also have trained professionals you can talk through your concerns with, See Appendix for details.

2.A.11 What to do if a disclosure is made

If a young person/ vulnerable adult makes a disclosure about abuse, or you suspect they may be about to it is essential they understand you cannot keep this 'secret' but that you have a duty to report it to other professionals who will help keep them safe. Be honest and open about who you will speak to and why.

Ensure you give them the time they need to talk but be aware they will need to give a full account to Camdens' Safeguarding Children's Partnership so avoid subjecting them to lengthy or multiple 'interviews' as it can confuse and jeopardise evidence. QCCA's approach is child centred approach and always consider the best interests of the child.

Staff and volunteers must:

- Find a quiet place to talk where they feel comfortable
- Try to keep eye level equal or lower than theirs.
- Believe what you are being told
- Listen to the young person, if you are shocked by what is being said, try not to show it. A reaction of shock or disbelief may cause the child to shut down, retract or stop talking,
- Listen, but do not press for information
- Do not call others over to witness what is being said
- Stay calm and be reassuring
- Tell them it is not their fault. Abuse is never the child's fault, and they need to know this.
- It is acceptable to observe injuries such as bruises,
- It is not acceptable to ask a child to remove or adjust their clothing to observe them; or to photograph them (injuries must be recorded on a Cause for Concern Form, Appendix 1)
- Do not question the child in a way that will introduce unfamiliar words, phrases, or concepts into their minds (leading questions)
- Use open questions TED

- Tell me
- Explain
- Describe
- Do not challenge, confront or criticise their information, even if it seems unlikely or if there are obvious errors. They may be unable to give accurate timescales or dates.
- If a disclosure is made the pace should be dictated by the child without their being pressed for detail by being asked such questions as ‘what did they do next?’ or ‘where were you when this happened?’
- Your role is to listen not to investigate.
- Acknowledge how hard it was for them to tell you this, let them know they have done the right thing. Reassurance can have a significant impact on the child may have been keeping abuse secret for a long time.
- Say you will take them seriously. A child could keep abuse secret in fear that they will not be believed. They have told you because they want help, and you are the person they trust to support them.
- Do not criticise the perpetrator, this may be someone they love
- Do not promise confidentiality, reassure the young person that they have done the right thing, explain that you will have to tell people who can. help. It is important that you don’t make promises that you cannot keep (please see the Confidentiality Policy, Appendix 2 for more details)

Remember is it a huge step for a young person to make a disclosure.

Inform the safeguarding lead or deputies immediately who will contact the CSCP and/or the Police. If the situation is an emergency and neither DSL or deputies available, you should telephone CSCP and/or the Police directly.

Do not speak to the alleged abuser. Confronting the alleged abuser about what the child has told you could make the abuse worse.

2.A.12 Recording Information

i After a disclosure

- Make some notes immediately after the session (being aware that note taking during a disclosure may inhibit that disclosure making it harder for the young person to be open and honest)
 - record the date, time, place and context of the disclosure or concern,
 - Record the facts only, and not assumption and interpretation.
 - Note any non-verbal behaviour
 - Ensure that that the language used by the young person (do not translate into correct terminology) is recorded
- Any notes must be added to a completed ‘Cause for Concern Form’ with a body map if used and discussed with the DSL or CEO **within the same working day** (not left on a desk marked for their attention)
- Do not be afraid to interrupt meetings if you need to speak to someone.

- It's vital that children and young people are able to speak out and that whoever they tell takes them seriously and acts on what they've been told.

ii If you see/ hear something that makes you suspect abuse

- Make some notes as soon as possible, and no later than immediately after the session where the child/young person was present.
 - record the date, time, place and context of the disclosure or concern,
 - recording facts only, and not assumption and interpretation.
 - Note any non-verbal behaviour
 - Record any marks observed on a body map

2.A.13 Referring cases of abuse

Any notes should then be discussed with the DSL so you can decide on the correct course of action.

- If it is agreed a referral is necessary
 - it should be discussed with the parent/ carer (and as appropriate the child)²⁴ prior to referring (unless to do so would place the child at increased risk)²⁵
 - your original session notes should be attached to a completed 'Cause for Concern Form'²⁶ with a body map if used and given to the DSL to send to the CSCP
- If it is agreed that a referral is not necessary
 - A 'Cause for Concern' form must be completed and entered into the QCCA Child Safeguarding file. If a child has more than one 'Cause for Concern' form an individual safeguarding case file should be opened
 - Details should also be added to the child's personal file in the Early Years and Nursery Setting or 'Time to Spare' in all other QCCA Child & Young People's settings
- If it is agreed no further action is required nothing more needs to be done.

2.A.14 Timescales

The timescale for

- making notes is **immediately** after you become aware of something
- speaking with the DSL and deciding what action to take is **within the same working day**
- completing a 'Cause for Concern' form for referral to the CSCP is **within 24hrs**

• ²⁴ Young people aged 12 to 15 may give their own consent to information sharing if they have sufficient understanding of the issues, it is highly recommended parents or guardians' permission is also sought. Young people aged 16 and over are able to give their own consent

²⁵ i.e. specifically in cases where there is sexual or domestic abuse; Fabricated or Induced Illness or place themselves at risk of harm

²⁶ The DSL can help you to complete the 'Cause for Concern' form

- completing a 'Cause for Concern' form and adding it to the QCCA Child Safeguarding file is **within 48hrs**
- in urgent cases call the police on 999 and make an **immediate** telephone referral to the CSCP followed up with a written referral within **48hrs**
- All referrals from practitioners (QCCA) should be confirmed in writing, by the CSCP **within 48 hours**. If the referrer has not received an acknowledgement within three working days, they should contact the CSCP again
- CSCP will be actioning the child or young person's case
 - Within **4hrs** if the child is in immediate danger
 - Within **24hrs** if the child is at risk of significant harm but not immediate danger
 - Within **three (3) working days** if the child is in need of statutory social work or in need of a referral to the Early Help Team

2.A.15 How to make a Referral

To make a referral the DSL or Deputy will contact CSCP and/or the Police. They will need your support in referring it to ensure the details are recorded correctly.

- When reporting ALWAYS report to Camden Safeguarding Childrens Partnership (CSCP) All referrals should be in writing to the CSCP and sent by secure email to LBCMASHadmin@camden.gov.uk.cjism.net
- Urgent telephone referrals can be made but must be followed up by a written referral within 48hrs
- If the danger is IMMEDIATE, or medical attention is required call 999
- If a crime has been committed, it MUST be reported to the police, but if there is no immediate danger report using 101

In the unlikely event that you have been unable to contact a Safeguarding Lead, or the CEO and the matter is urgent DO NOT WAIT always call 999.

2.A.16 Key Information to include in a referral

When making a referral to CSCP staff must establish as much of the following information as possible to include in the referral:

- Child/ young person:
 - Full name of child/ young person (including aliases and spelling variations)
 - Date of birth
 - Gender
 - Family address
 - Where relevant: school / nursery /stay or play centre attended
 - Identity of those with parental responsibility.
 - Ethnicity, first language and religion of child and parents
 - Where known

- Full names (including aliases and spelling variations), date of birth and gender of all other child/ren in the household
 - Any special needs of children or parents
- Cause for concern details:
 - Incident/ event/: date, time, place, what happened
 - Observation: date, time, place, what was observed
 - Suspicion of abuse: date, time, place, context, and nature of the suspicion
 - Disclosure of abuse: date, time, place, and context of the disclosure
 - Any questions staff have asked (Staff should use open questions TED-Tell, Explain, Describe) SEE '3.2 What to do if a disclosure is made'.
 - Allegation of abuse against a member of staff: source(s), date, time, place, context and nature of the abuse.
 - Why the member of staff is concerned

Also

- Details of any witnesses
 - Details of alleged perpetrator, if relevant
 - For physical injuries a body map²⁷ **must be completed** (clearly showing where the injury is on the child's body and the size/shape of the injury) and sent with the follow up email. Photographs must NOT be taken by staff, taking photos of injuries can be traumatic and distressing for children and staff. If photos of injuries are required for evidence purposes, this will be done by the Police.
 - Any significant / important recent or historical events / incidents in child or family's life
- Current Situation
 - Child/ Young person's current location and emotional and physical condition
 - Does the child need immediate protection?
**If the answer is YES the child needs immediate protection
 DO NOT WAIT always call 999.**
- Background
 - Referrer's relationship and knowledge of child/young person and parents
 - Known involvement of other agencies / professionals (e.g. GP)
- Who is making the report
 - Full name and role of the person making the report.
 - The report needs to be signed and dated
- Child centred approach
 - The child/young person's views and wishes, if known
 - Do the parents have knowledge of the referral? Y/N
 - Have the parent(s) given agreement to this referral? Y/N

²⁷ SEE Appendix

2.A.17 When the case of abuse involves a member of staff

Any allegation made against a member of staff will be treated very seriously. If an allegation of abuse against a staff member or volunteer, you should record the information as usual and report this immediately to their line manager (or Volunteer Coordinator) the DSL and the CEO. If the volunteer or member of staff against which the allegation is made is onsite and you cannot contact the above speak immediately to the manager in charge.

The DSL will make a referral once the allegation has been made

- Directly to the Local Authority Designated Officer (LADO) who will advise on the most appropriate course of action regarding investigation.
 - Reporting to LADO -usually made immediately but **must** be made within 24 hours.

Staff may in extreme circumstances report any serious incident directly to the LADO.

If the allegation has been made by a young person reassure them that this is a serious matter, and you will follow it up with the DSL and update the young person of what action has been taken.

If appropriate, in accordance with company procedures for staff conduct, the member of staff will be suspended pending the outcome of the investigation. All investigations will take place in accordance with the LADO and company procedures and with the safety of children as being paramount.

- If there is evidence to substantiate allegations, disciplinary action will be taken, and the individual will be referred to the Disclosure and Barring Service (DBS)
 - DBS referral: a referral SHOULD ONLY be made once an investigation has been made and the evidence points to the allegation being true, not before. A referral to the DBS must be made as soon as possible following the outcome of the investigation, and no later than 14days.

- If the allegations made are found to be unsubstantiated, all relevant parties will be informed, and it shall be made clear that the member of staff is exonerated.

We take child protection issues very seriously. It should therefore be noted that action will be taken against any persons making allegations that are found to be malicious, mischievous, or spurious.

2.A.18 When a safeguarding concern becomes an incident

There may be times when a safeguarding concern is deemed to be an incident or a serious untoward incident, as defined below:

- An Incident

An incident is defined as an event that caused harm or had the potential to cause harm to children, parents, adults at risk of harm, volunteers or staff. This could include verbal or physical aggression by a member of staff or service user or a breach of policy or procedure (such as confidentiality or data protection) whether by accident or intentionally.

- A Serious Untoward Incident

Serious Untoward Incident is 'something out of the ordinary or unexpected, with the potential to cause serious harm, and or likely to attract public and media interest'. This may be because it involves a large number of service users, it involves poor professional or managerial judgement, a service has failed, a child or any service user has been seriously injured or has died under unusual circumstance or there is a perception that any of these has occurred.'

Under such circumstances the reporting processes must be followed and adhered to. The CEO and Chair of Trustees must be informed.

2.A.19 Staff Concern That Action is Not Being Taken

Although extremely unlikely, it is possible that staff may feel that the Designated Safety Lead is not taking appropriate action, which may consequently expose a child to potential harm.

If a member of staff believes this to be the case, despite having made the DSL aware of their concerns for a child, then they should regard themselves as having responsibility to raise the issues directly with the CEO, if they are still concerned that the necessary action is not being taken, they should raise the issue with the CSCP and immediately advising the Board that they have done so.

2.A.20 Confidentiality and information sharing and storing

Personal information about all young people and their families is regarded by QCCA as confidential.

.i. QCCA adheres to the Government's Seven Golden Rules of Data Sharing:

1. GDPR is not a barrier to sharing information
 - o but provides a framework to ensure that personal information is shared appropriately.
2. Be open and honest
 - o with the family (and/or child where appropriate) from the outset and explain

why, what, how and with whom information will, or could be shared. Seek their agreement unless it is unsafe or inappropriate to do so.

3. Seek advice if there is any doubt
 - o without disclosing the identity of the person where possible.
 4. Share with consent where appropriate
 - o and, where possible, respect the wishes of those who do not consent to share confidential information.
 - o Professionals may still share information without consent if, in their judgement, that lack of consent can be overridden in the public interest.
 - o Judgment will need to be made on the facts of the case.
 5. Consider safety and wellbeing
 - o Base information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
 6. Necessary, proportionate, relevant, accurate, timely and secure
 - o Ensure that the information shared is necessary for the purpose for which it is being shared, it is shared only with those people who need to have it, is accurate and up to date, it is shared in a timely fashion, and is shared effectively.
 7. Keep a record
 - o of the decision and the reasons for it – whether it is to share information or not. If it is decided to share, then record what has been shared, with whom and for what purpose.
- to view the QCCA GDPR policy please head to our website

.ii. Consent to information sharing

- All information obtained by QCCA staff about a child or young person will be kept confidential and will only be shared with other professionals and agencies, ideally with the family's consent.
 - Parental consent to making a child protection referral should be sought but if withheld, the referral must still be made and parents made aware of this.
 - o Before taking this step, QCCA should consider the proportionality of disclosure against non-disclosure; is the duty of confidentiality overridden by the need to safeguard the child?
 - Parental consent to referral can be dispensed with if
 - o seeking consent is likely to cause further harm to the child/young person
 - o interfere with a criminal investigation
 - o cause undue delay in taking action to protect the child
- However, QCCA should discuss this with the CSCP on a "no names" basis to gain advice on whether this course of action should be taken.
- to view the QCCA GDPR policy please head to our website
- Young people aged 12 to 15 may give their own consent to information sharing if they have sufficient understanding of the issues, it is highly recommended parents or guardians' permission is sought
 - Young people aged 16 and over are able to give their own consent.

.iii QCCA information sharing:

- All records relating to child protection incidents will be maintained by the DSL and the CEO and only shared as is consistent with the protection of children.
 - Where a child or young person is at risk of suffering significant harm, QCCA has a legal duty to share this information with CSCP
 - Where a child or young person is subject to a child protection investigation, QCCA must share any information about the child requested by CSCP.
- Only relevant information should be disclosed, and only to those professionals who need to know. Staff should consider the purpose of the disclosure and remind recipients that the information is confidential and only to be used for the stated purpose.
- If a child/young person makes a disclosure of neglect or abuse, staff cannot guarantee them confidentiality, but must explain sensitively why they must pass the information on, to whom and what will happen as a result. Parents should also be made aware of QCCA's duty to share this kind of information.
- Staff should discuss any concerns or difficulties around confidentiality or information sharing with the DSL, the CEO or seek advice from the CSCP.

Policy 2: Part B

2.B Recognising Abuse in Children and Young People

'Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including sexual, physical, and emotional abuse; neglect; domestic abuse, including controlling or coercive behaviour; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation.' Working Together' (2018)

In relation to child protection the 4 kinds of abuse as defined in "Working Together" are:

2.B.1 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.

Indicators of this are;

- Unexplained recurrent injuries or burns
- Improbable explanations or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Absconding
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Bruises seen on parts of the body not normally harmed through play, such as in or around the mouth
- Bruises that appear as a small 'grasp' or finger marks to a child's arm or legs
- Injuries that look like they have been caused by a belt or stick
- Bruises that may be of different ages (colour) in the same area
- Injuries that appear the same on both sides of the body, legs head or arms
- Injuries that appear as bite marks, especially when the marks appear to be of an adult or an older child (more than 3cm across)

It is a concern when a child is not taken for treatment if they are suffering pain, swelling or discoloration over a bone or joint. Although it may not always be possible to know whether

a child has a fractured bone, it is difficult for a parent / carer to be unaware that the child has been hurt. It can be difficult to distinguish between a burn and scald that has been caused accidentally or non-accidentally. As with fractures, all burns, and scalds should receive medical attention.

QCCA Procedure Any sign of a mark or injury to a child when they come into QCCA will be recorded on the Session Evaluation Form at the time and then discussed with the Designated Safeguarding Lead for advice about what to do next. If there is cause for concern about the child's welfare this will be discussed on most occasions with the Parent or Carers. QCCA's staff responsibilities do not include investigating the suspected abuse. However, the Staff will keep accurate records of their observations and of anything said to them by a Child or others in connection with concerns over child protection issues. QCCA believes that it is always important to listen to children. Strict confidentiality will be observed at all times.

If it is decided unnecessary to report to the CSCP a **'Cause for Concern Form'** should be completed and uploaded onto Time to Spare. The CEO and QCCA Board notified.

In cases of suspected abuse, it will be reported to the CSCP. Parent or Carers may not be informed first; this is done in order to provide protection to the child. Our aim is to work with parents or carers in an open and professional manner in the interests of the wellbeing of the child.

2.B.2 Emotional abuse:

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only as far 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 a 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, although it may occur on its own. Abusers may be adult or young people themselves.

Indicators of this are;

- Exceptionally low self-esteem, often with an inability to accept praise or trust in adults
- Excessive clinging and attention seeking behaviour
- Overanxious – being excessively 'watchful' (hyper vigilant), constantly checking or being overanxious to please

- Withdrawn / socially isolated
- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

QCCA Procedure Information related to events of this nature should be noted on the Session Evaluation Form at the time and then discussed with the Designated Safeguarding Lead for advice about what to do next. If there is cause for concern about the child's welfare this will be discussed on most occasions with the Parent or Carers. QCCA's staff responsibilities do not include investigating the suspected abuse. However, the Staff will keep accurate records of their observations and of anything said to them by a Child or others in connection with concerns over child protection issues. QCCA believes that it is always important to listen and believe children. Strict confidentiality will be observed at all times.

If it is decided unnecessary to report to the CSCP a '**Cause for Concern Form**' should be completed and uploaded onto Time to Spare. The CEO and QCCA Board notified.

In cases of suspected abuse, it will be reported to the CSCP. Parent or Carers may not be informed first; this is done in order to provide protection to the child. Our aim is to work with parents or carers in an open and professional manner in the interests of the wellbeing of the child.

2.B.3 Neglect

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 or not accessing appropriate antenatal care. 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.

Indicators of this are;

- Constant hunger and complaints of tiredness

- Poor personal hygiene
- Poor state of clothing
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies
- Below average weight / height
- Reluctant to go home, particularly at weekends / holiday

2.B.4 Sexual abuse

Child Sexual Abuse (CSA)

'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.'

Working Together to Safeguard Children 2018 definition

Indicators of this are;

- Being overly affectionate or knowledgeable in a sexual way inappropriate to their age, or acting out precocious sexual behaviour with others
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-harm, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a specific person
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Explicit and inappropriate Sexual Play
- Trying to be 'ultra-good' or perfect; oversensitive or overreacting to criticism

- Reluctant to go home
- Any direct disclosure

Useful documents:

CSCP: Child Sexual Abuse Strategy “think the unthinkable” 2021 [Link HERE](#)

CSCP: Peer on Peer abuse protocol <https://cscp.org.uk/resources/peer-on-peer-abuse/>

QCCA Procedure

Observed instances should be noted on the Session Evaluation Form at the time and then reported to the Designated Safeguarding Lead and CEO for advice about what to do next. It MAY NOT be appropriate to inform the Parents/Carers of concerns at this stage, this should be considered.

If there is an immediate danger to the child call 999

The Designated Safeguarding Lead should always be reported to CSCP and the QCCA Trustees.

2.B.5 Spotting Abuse

i Typical vulnerabilities in children who are abused

There is no definitive list of vulnerabilities however some signals may be

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of ‘honour’-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer

- Low self-esteem or self-confidence
- Young carer Isolated, with little or no friendship or peer group

ii Spotting signs and behaviours in a child that is experiencing abuse

There is no definitive list of signs or behaviours some indicators are:

- Missing from home or care
- Withdrawal - becoming especially secretive and disengaging with their usual friends
- Personality and behaviour change (whilst mood swings are common to all adolescents, it is the severity of behaviour change that is most indicative)
- Tantrums
- Aggression or bullying
- Anti-social behaviour
- Constant or regular sickness, like colds, headaches, and mouth ulcers.
- Physical injuries
- Drug or alcohol misuse
- Eating Disorders
- Involvement in offending
- Repeat sexually transmitted infections, pregnancy and terminations
- Absent from school, problems in school, trouble learning
- Change in physical appearance
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown source (which could include expensive which they couldn't normally afford, such as mobile phones or jewellery)
- Recruiting others into exploitative situations
- Poor mental health, anxiety, or depression
- Self-harm
- Thoughts of, or attempts at suicide
- They may receive odd calls and messages on their mobiles or social media pages from unknown, possibly older, associates from outside their normal social network

These are not exhaustive lists

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs of abuse and hide what is happening from everyone. Many learn to 'manage' their problems, making it hard for others to help.

We may observe behaviours/physical presentations that cause concern; however, it is important to remember that the causes of these may not be abuse, but due to other issues such as bereavement, homesickness etc. Staff should be cautious before assuming abuse is the cause.

2.B.6 Other types of abuse and safeguarding issues

In addition to these four types of abuse there are the following commonly recognised types of abuse, exploitation, and safeguarding issues. The team at QCCA are encouraged to be professionally curious so that they identify the risk indicators. To be aware that different forms of exploitation are frequently interconnected, and to act on their concerns.

Bedfordshire University

The interconnected nature of different forms of exploitation.

2.B.6i Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology.

2.B.6ii Sexting

It is against the law to produce, possess or share explicit images of anyone under 18, even if this is done consensually, or if a child makes an explicit image of themselves. However, safeguarding should be at the centre of any investigation into sexting remember the police do not always need to charge young people with a criminal offence.

2.B.6iii Harmful Sexual Behaviour

The definition for young people who display harmful sexual behaviour refers to any child, under the age of 18, who demonstrates behaviour outside of their normative parameters of development (this includes, but is not exclusive to, abusive behaviours) (Hackett 2011, National Institute of Health and Care Excellence 2014).

Statistically, young boys are most likely to be perpetrators of sexual violence and sexual exploitation, and young girls are most likely to be at risk of or experience sexual exploitation. (Children's Commissioner's study, Berelowitz et al, 2012). However, the situation is more complex, as young men can experience sexual exploitation, including as part of violence and coercion to pressure them into performing acts as part of a group or gang which includes sexually exploiting others. Additionally, young girls can become involved in recruiting other young girls to be sexually exploited or be involved in acts of sexually exploiting others as part of their own experiences of being sexually exploited or as part of a pattern of violent

offending. Currently there is likely to be a significant under-reporting of young boys who have experienced sexual exploitation

(Research on the sexual exploitation of boys and young men – A UK scoping study, Barnardo's, August 2014)

2.B.7 Child Criminal Exploitation

Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child under the age of 18 to undertake criminal acts. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact, it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines and includes, for instance, children forced to work on cannabis farms or to commit theft. Child criminal exploitation also includes forms of economic exploitation. eg where a child is paid to transfer money in and out of their own bank account to assist with money laundering. Any criminal offence can constitute child criminal exploitation.

Based on Criminal Exploitation of children and adults at risk of harm: County Lines Guidance – 6 Home Office September 2018, available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance - Sept2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf)

2.B.8 County Lines

Child criminal exploitation is an element of county lines. The national definition of county lines:

'A term used to describe gangs or organised criminal groups involved in exporting illegal drugs into one or more areas using dedicated mobile phone lines. They are likely to exploit children and adults at risk of harm for example adults with a physical or learning disability to move and store the drugs and will often use coercion, intimidation, violence, and weapons.'

The groups often use local residential premises, often owned by a vulnerable person, as a base for their activities. This is often taken over by force or coercion, and in some instances, victims have left their homes in fear of violence. Empty or commercial premises can also be used.

Perpetrators employ various tactics to evade detection, including rotating group members between locations so they are not identified by law enforcement or competitors.

Perpetrators will also use women and children to transport drugs in the belief that they are less likely to be stopped and searched. Children are often 'plugged' (sometimes by the

offender or by themselves) to transport the drugs. Evidence of county lines will often become apparent to professionals when children are located after missing episodes outside the London area, where there is no apparent reason.

Involvement with in-force drugs supply is almost identical in nature to county lines style exploitation. The risks presented to the children involved in this type of exploitative behaviour are just as severe as those involved in county lines.

2.B.9 Child Trafficking

It is defined as recruiting, moving, receiving, and harbouring children for the purpose of exploitation. This exploitation can be criminal or sexual. Child trafficking is a form of modern slavery. Children can be trafficked into the UK from overseas and on their journeys are very often subject to sexual abuse. Exploiters may act as interpreters therefore if you have concerns, it's important the child is spoken to independently.

Children can also be trafficked from one part of the UK to another as evidenced in county lines.

Child Trafficking varies from spontaneous networking between groups of offenders, to more serious organised crime where young people are effectively 'sold'. Children can be trafficked for criminal exploitation, and this can occur across and within Local Authority (LA) boundaries, regions and across international borders. This can occur at parties and gatherings where children who are involved may recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of children by offenders.

2.B.10 Radicalisation

Radicalisation is defined as the process by which people, including children, come to support terrorism and extremism and in some cases, to then participate in terrorist groups.

Radicalisation also includes grooming into far-right groups as well as Islamism and other forms. Radicalisation is not about a specific faith or demographic and there is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

The process of radicalisation is different for every individual and can take place over an extended period or within a very short period and often involves an element of exploitation.

Extremism is defined as:

"A 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."

The National Counter-Terrorism Strategy (CONTEST)

Radicalisation is the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

The National Counter-Terrorism Strategy (CONTEST) focuses on 4 strands: Pursue, Prevent, Protect and Prepare.

It is the Prevent duty that is of relevance in safeguarding young people and adults at risk of harm. Its aim is to support those most at risk of being radicalised by diverting people away from potential risk at an early stage which prevents them from being drawn into criminal activity linked to terrorism. It is not about prosecution.

To implement the Prevent duty, local authorities have a duty to set up a specialist Channel Panel to provide a mechanism for safeguarding children, young people and adults who are at risk of being drawn into terrorist activity. The purpose of the Panel is to:

- identify individuals at risk of being drawn into terrorism;
- assess the nature and extent of that risk;
- develop the most appropriate support plan for the individuals concerned.

QCCA Procedure Guidance from the CamdenSCP guidance is clear that

Professionals should refer any child or young person by CAF referral to the children's MASH team where there are concerns because:

- *the child or young person is in contact with extremists and/or beginning to voice strongly held and concerning extremist views*
- *the child or young person is showing intolerant behaviour towards those who are different or hold different views*
- *the child or young person is radicalising their peers*
- *the child or young person's parents hold extremist views and may be in the process of radicalising their child*
- *parents who hold extremist views may be planning to take their child to conflict zones*

Based on Camden guidance 'Safeguarding children and young people from radicalisation and extremism: guidance for the children's workforce 2021' available at <https://cscp.org.uk/resources/radicalisation-and-extremism-resources/>

Referral to Camden's Channel Panel is through CSCP/ MASH and where appropriate sent onto Prevent/SO15 Police

As CSCP guidance QCCA's Safeguarding Leads will ensure that relevant team members attend the Workshop to raise awareness of Prevent (WRAP) training available from Camden's Training and Development Service or from the CSCP training programme.

2.B.11 Controlling or coercive behaviour

"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 and emotional."
Government definition from Domestic abuse guidelines for prosecutors (2012) 28

It is further defined as

"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"

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, which covers physical, sexual, financial, emotional, or controlling behaviour can be part of young people's relationships between each other.

It is often difficult for the victim of abuse to recognise that they are subject to controlling behaviour and are in an unhealthy relationship.

Young people who have grown up with violence in their homes, are particularly vulnerable to this type of abusive relationship.

2.B.12 Domestic violence and abuse.

Domestic violence affects many young people, whether in their relationships with each other or if they have grown up with violence in their homes.

Being exposed to domestic abuse, or being in an unhealthy relationship has serious consequences for children and young people; it can affect how they feel, think, and behave in harmful ways. Living in a home where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. This can last into adulthood. Witnessing domestic abuse is child abuse.

²⁸ <https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship#a03>

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship.

Remember domestic abuse:

- can happen inside and outside the home
- can happen over the phone, on the internet and on social networking sites
- can happen in any relationship whatever the persons age and can continue even after the relationship has ended
- both men and women can be abused or abusers.

2.B.13 Fabricated or induced illness

The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the available evidence, to reach an understanding of the reasons for the child's signs and symptoms of illness. Staff can also refer to Safeguarding children in whom illness is fabricated or induced.

2.B.14 Faith abuse

Faith abuse includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or 'leading them astray' (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home. Staff should refer to Child abuse linked to faith or belief.

2.B.15 Female genital mutilation (FGM)

Comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. FGM is also sometimes known as 'female genital cutting' or 'female circumcision'. However, circumcision is not an appropriate term. Communities tend to use local names for referring to this practice including 'sunna'. FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is

practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child. If you have concerns relating to young people possibly affected by FGM, this should be referred using the Child Protection procedures.

2.B.16 Forced marriage

Forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse can also be a factor. Staff can also refer to <https://www.gov.uk/government/publications/what-is-a-forced-marriage>

2.B.17 Self-injury and Self Harm

Self-injury can take many different forms but in general terms is the act of deliberately causing harm to oneself either by causing a physical injury or by putting oneself in dangerous situations and/or self-neglect. Self-injury is generally a coping mechanism; there can be many reasons why a person chooses to self-injury but it is important that staff consider the possibility of a link between self-injury and trauma/abuse.

When dealing with self-injury and self-harm staff should:

- Show that they care about the person behind the self-injury
- Show concern for the injuries themselves and ensure any needed first aid

2.B.18 SEND

Children with SEND have an increased likelihood of social isolation and an increased risk of exposure to abusive behaviour due to their dependency on parents/carers for practical and personal care in daily life. Their capacity to resist or avoid abuse may be limited for example speech, language and communication needs which may make it difficult to tell others what is happening. Children with SEND can be especially vulnerable to bullying and intimidation.

SEND Indicators of abuse

- Bruising on a site which might be of concern on a non-ambulant child. Some conditions cause spontaneous bruising/fragile bones
- Insufficient help with feeding/toileting
- Deprivation of liquids, medication, food or clothing as extreme form of behaviour

modification

- Ill-fitting equipment i.e. sleep boards, callipers, splinting, inappropriate of child's finances
- Lack of stimulation and communication
- Invasive procedures against the child's will
- Denial of child's sexuality
- Child's sexuality is harmful and/or self-harming behaviour may indicative of abuse.

If a child exhibits one of the signs above this does not automatically mean that the child has suffered abuse. However, the presence of one or more signs, or their repeated presence, should raise concerns and prompt further discussion with the Designated Safeguarding Lead.

SAFEGUARDING POLICY 3

ADULTS AT RISK OF HARM

POLICY & PROCEDURES

FEBRUARY 2023



Supporting Camden Residents since 2002

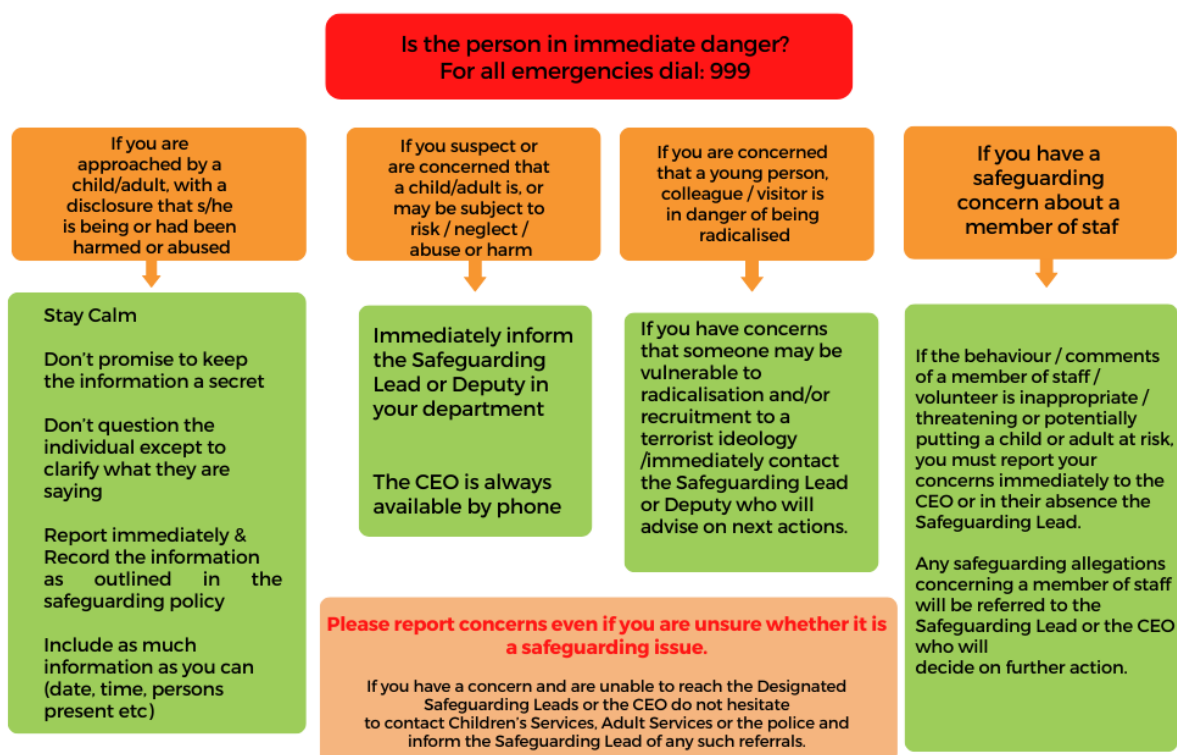
Policy 3: Adults at risk of harm Safeguarding Policy & Procedures

Policy 3: Part A

Referral Diagram: Part A



What to do if you are concerned about a child/adult at risk or colleague?



How to report a concern about a child / adult at risk

- You receive a direct report of current or historical abuse / harm / potential risk / concerns of radicalisation etc;
- You observe / hear something, but you are not sure it is a safeguarding issue;
- You receive third party information indicating potential safeguarding risk / harm

Report immediately to a Safeguarding Lead or the CEO on the same day the concern was received.

Immediate danger or emergencies: Ring Police / Emergency Services

Staff member or Safeguarding Lead to alert the CEO on the same day of receiving information of a safeguarding nature. Please do not delay reporting, as this may increase risk.

Safeguarding Incident Form to be completed by the Safeguarding Lead or staff member and emailed to the Manager and CEO within 24 hours of the date the concern was identified.

Feedback & support from the CEO to DSL and staff member to agree next actions / potential referrals to other partner agencies / support to the child, adult or staff member closure of the notification (if safeguarding remit was not met). DSL and CEO to keep a robust record of all notifications received (regardless of remit).

See referral diagram Part B under appendix for how to respond and act

3.A.1 Introduction

An adult at risk is any person aged 18 years or over who:

- *'has needs for care and or support (regardless of the level of need and whether or not the local authority is meeting any of those needs)*
- *is experiencing, or is at risk of abuse or neglect, and*
- *as a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it.'*

Definition from Care Act of adult at risk

This section of QCCA's safeguarding policy covers Adults at risk of harm/ s 18+ years who access QCCA's services through

- Older people's Services (Forever Young)
- Children & Young People's Services 18-25yrs

- Healthy Families Service
- Foodbank
- Trips Offsite
- Drop-in creche (Peggy Jay Centre) adults 18+

The application of QCCA's 'Adults at risk of harm Safeguarding Policy' is consistent through each setting.

- Reporting is as shown in the Appendices 'Adult at risk of harm 18+'
- Safeguarding at QCCA's older people's services is outlined in this section. It follows the guidelines set out in
 - *'Care and support statutory guidance' 2021 based on 'The Care Act' (replaces 'No Secrets')*
 - *'Safeguarding Vulnerable Groups Act' 2006ⁱ 2*
 - *'Mental Capacity Act'³ 2005*

- *'Making Safeguarding Personal Guide' 42014*
- *Sexual Offences Act⁵ 2003*

Setting 1: Older People's Services (Forever Young)

The Forever Young Programme supports our members 55+ with popular fitness classes, mindfulness sessions, health and wellness support, and leisure activities mostly held at QCCA. There is a minibus collection service for members who need it and the programme organises monthly trips.

- Older adults 55+ attend this service alone (although carers are welcome)

Setting 2 you are a: Children and Young people's Service 18-21years

GOAL led by QCCA's experienced and motivational youth workers supported over 600 young people in 2019/20, through daily youth clubs and holiday programmes. We host a wide variety of different sessions, activities and workshops, including sports, fitness, sexual health, team-building and conflict resolution. We also host trips offsite for young people

- Adults at risk of harm 18-21years attend this service alone
- Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team.

Setting 3: Drop-in services at QCCA

The Healthy Families Service focuses on exercise, healthy eating and parenting with activities that parents, and children of any age can often do together. They occasionally provide trips offsite.

- Adults 18yrs+ attend this service, sometimes with their children

Foodbank is a weekly food top up service for individuals and families, with a limited delivery service. The staff team meet members and their children when they visit the Foodbank or when they do doorstep deliveries to their homes.

- Adults 18yrs+ access this service

The Peggy Jay Centre (10 O'Clock Club) is a drop-in creche run for children under 5 with

their parents providing indoor arts and crafts, education and play facilities and outdoor play area.

- Adults: Parents/ carers 18yrs+ access this service with their children 0-8yrs

3.A.2 Purpose

'An adult at risk of abuse can be anyone over the age of eighteen, including service users, staff or volunteers (see the 'terminology' section below). Whilst personal characteristics may make an individual more vulnerable i.e. disability and communication difficulties, it is the situation around an individual which may increase risk or place them at potential risk of harm. It is therefore vital to be open to the possibility that any adult may be at risk and that this can be temporary or on-going depending on the support and protective factors around them'

'Safeguarding Adults Policy and Procedure' NSPCC 2019

At QCCA we understand

- we all have a responsibility to prevent, and report concerns about the abuse, neglect and ill- treatment of adults who are at risk of being harmed,
- we all have a duty of care to everyone within our organisation to act quickly and responsibly in any instance of concern about safeguarding and welfare that comes to our attention.
- we operate a zero-tolerance policy concerning abuse whether as a result of deliberate intent, negligence or ignorance.
- we all must be able to rely on the same standard of legal protection as every other member of society

The purpose of this policy is to ensure that all staff

- are aware of their legal, personal and moral responsibilities to ensure the safeguarding and welfare of every adult at risk of harm.
- recognise the significance of what they observe around them, and the signs and symptoms of possible abuse

- know what to do should they have a concern.
- are part of a culture of 'openness' where all employees speak out against abuse, promoting protection of vulnerable people and raising awareness of the kinds of abuse that might occur.

QCCA strives to create a culture in which all are valued, heard and that their right to be safe is upheld. We are committed to ensuring people's individual rights and freedoms are protected and promoted through eliminating: neglect, abuse, exploitation, harassment, and discrimination.

This policy aims to support all QCCA staff to achieve this.

We aim to train all staff to support their development and ensure we have a knowledgeable team able to respond appropriately in adult safeguarding and protection situations.

3.A.3 Guiding Principles

QCCA's adult welfare and protection policies and procedures are consistent with the aims of the Camden Safeguarding Adults Partnership Board (Camden SAPB)

'Everyone should be aware of the role they can play in helping to prevent abuse. We should all know how to spot the signs of abuse, and the actions we should take if we suspect and adult is being abused.' Camden SPB

Best practice in safeguarding means committing to both a legal and moral responsibility to all paid staff, volunteers and visitors.

It is every adult's right to live in safety and to be free from abuse or fear of abuse from others.

QCCA follow the principles of 'Make Safeguarding Personal' with a safeguarding process for adults that aims to achieve satisfactory outcomes that take into account the individual choices and requirements of everyone involved, to ensure that adults should be more involved in the safeguarding process, and their views, wishes, feelings and beliefs are taken into account when decisions are made. It is every adult's right to live an independent life based on 'self-determination' and personal choice.

As a service we are committed to promoting equality of opportunity to all members of our community. All adults have the right to be protected from abuse and poor practice. This is regardless of their:

- Age.
- Ability or disability.
- Gender.
- Race.
- Religion.
- Ethnic origin.
- Sexual orientation.
- Marital status.
- Transgender status.

3.A.4 Scope

This policy applies to the Board of Trustees, all staff (full time, part time, temporary, interns, apprentices and freelance) and volunteers working on behalf of QCCA.

QCCA understand that safeguarding is everyone's responsibility and priority.

This policy concerns all adult at risk of abuse (as defined by the Care Act 2014) who are accessing QCCA services or who QCCA staff and volunteers come into contact with.

Regarding abuse

(Further details are available In Section 3.B 'Recognising Abuse')

The Care Act recognises 10 categories of abuse that may be experienced by adults:

- Self-neglect
 - This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.
- Modern Slavery
 - This encompasses slavery, human trafficking, forced labour, and domestic servitude.
- Domestic Abuse
 - This includes psychological, physical, sexual, financial, and emotional abuse perpetrated by anyone within a person's family. It also includes so-called

“honour” based violence.

- Discriminatory
 - Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.
- Organisational
 - This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one’s own home. Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Physical
 - This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It can also include inappropriate sanctions.
- Sexual
 - This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented, or was pressured into consenting.
- Financial or Material
 - This includes theft, fraud, internet scamming, and coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.
- Neglect and Acts of Omission
 - This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.
- Emotional or Psychological
 - This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

Four Additional Types of Harm

- There are four additional types of harm that are not included in The Care Act, but they are also relevant to safeguarding adults.
 - Cyber Bullying
 - Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through

emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to special education needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

- Forced Marriage
 - This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

- Mate Crime
 - A “mate crime” is when “vulnerable people are befriending by members of the community who go on to exploit and take advantage of them” (Safety Network Project, ARC). It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have been a number of Serious Care Reviews relating to people with a learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

- Radicalisation
 - The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

3.A.5 Terms of Reference and Legal Framework

The following legislation and statutory guidance are used as guidelines for best practice across all QCCA services.

3.A. i The Care Act (2014)

QCCA follow the six principles of Adult Safeguarding that should underpin the safeguarding of adults as set out in The Care Act

- People are supported and encouraged to make their own decisions and informed consent.
 - *“I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”*

- Prevention
 - It is better to take action before harm occurs.
 - *“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help.”*

- Proportionality
 - The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest and they will only get involved as much as is necessary.”

- Protection
 - Support and representation for those in greatest need.
 - *“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

- Partnership
 - Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

- Accountability
 - Accountability and transparency in delivering safeguarding.
 - *“I understand the role of everyone involved in my life and so do they.”*

3.A. ii . 'Care and support statutory guidance 2021' ⁶

based on 'The Care Act' (replaces 'No Secrets')

The change of practice in relation to safeguarding, with a focus on the person not the process, putting people and their carer's in control of their care and support.

3.A.5iii Mental Capacity Act

QCCA follow the five principles of the mental capacity act when assessing whether to make a referral to CamdenSAPB

- Presumption of capacity.
 - *The first and most important principle is the presumption of capacity. This means it is assumed that everyone has capacity to make a choice or decision until proved otherwise.*
- Support to make a decision.
 - *The supported decision principle requires that all practical steps should be taken, to help the person make the decision themselves before treating them as unable to make the decision.*
- Ability to make unwise decisions.
 - *The third principle states a person is not to be treated as unable to make a decision, merely because they make an unwise decision.*
- Best interest.
 - *The fourth principle requires that if a decision is made (or an act done) on behalf of a person who does not have mental capacity, then it must be made (done) in their best interest.*
- Least restrictive
 - *if a decision is made (or an act done) on behalf of a person who does not have mental capacity, it should ideally be the least restrictive option of the person's rights and freedoms.*

3.A.5iv Safeguarding Vulnerable Groups Act (2006)

To prevent people who are deemed unsuitable to work with at risk adults from gaining access to them through their work.

3.A. 5v 'The Data Protection Act' 2018

Specifying how data held about a person can be stored and shared and their right to see it,

3.A.6 Accountability and Designated Person

Final accountability for ensuring QCCA fulfils its protection and safeguarding responsibilities towards adults falls to the Chief Executive, however responsibility is delegated to each service's Designated Person and Safeguarding Lead. *SEE Appendix for Contact details*

The Designated Person is key to ensuring that proper procedures and policies are in place, and are followed with regard to adult safeguarding issues. They are the primary person to whom members of staff and volunteers report concerns, and are able to provide advice and guidance for staff on safeguarding and adult at risk issues and making referrals.

The Designated Person is required to have undertaken a recognised course on Adult Safeguarding and keep up to date with appropriate refreshers every **two years**.

Our designated leads have completed the appropriate training.

3.A.7 Responsibilities of the Designated Person(s)

3.A.7i Managing Referrals

Responsibilities of the Designated Person(s) include responding to all suspected concerns promptly and ensuring the appropriate parties are kept informed

- **Police on 999**
 - Always call 999 if it is suspected that an adult is at risk of immediate harm or danger
- **Police on 101**
 - Call 101 where a crime may have been committed, or the risk of harm is. Not immediate
- **Camden Safeguarding Adults Partnership Board (CamdenSAPB)-**
 - Ensure a referral is always be made to the CamdenSAPB where there are concerns relating to an adult at risk.
- **Camden Adult Social Care**
 - Encourage adults who need support to access Camden Adult Social Care when they need help.
- **Local Authority Designated Officer (LADO)**
 - Inform the LADO immediately (or within 24 hours), and in serious cases the

police if an allegation is made against any member of staff, volunteer or trustee. The CEO should always be informed

- If the allegation is against the CEO, inform the LADO immediately (or within 24 hours), and in serious cases the police and also the Board of the Trustees.

- **Disclosure and Barring Service (DBS)**

- Always inform the DBS where a person has been dismissed due to actual or suspected risk/harm to an adult at risk, or if you were planning to sack them for these reasons, but they resigned first.
- Are aware they/QCCA are breaking the law If they do not refer someone to the DBS when they should.

- **Camden Age UK ⁷**

OLDER PEOPLE ONLY

- Understand how to make a referral to Camden Age UK services

- **QCCA CEO and designated trustees**

- **The CEO should always be immediately informed in all of the above instances unless** there is an allegation against them -or any member of the senior management team (SMT) in which case the Chair should be informed.
- **The CEO and Board of Trustees must be kept informed of all new and on-going safeguarding and adult at risk protection issues and enquiries**

Responsibilities **do not** include investigating the suspected abuse.

3.A.7ii Training

The Designated Person(s)

- Undertaken a recognised course on Adult Safeguarding and keep up to date with appropriate refreshers every **two years**.
- Ensure that all staff and trustees have appropriate safeguarding training which is refreshed at least every three (3) years.
- Designated Leads in Youth Service and Healthy Families Services attend the meetings hosted by Community Sports Foundation (CSF)
- Designated Leads in Youth Service and Healthy Families Services Sign up for monthly 'Safeguarding Adults in Sport and Activity ' email from the 'Ann Craft Trust'⁸

- Provide a link with Camden’s Safeguarding Adults Partnership Board (CamdenSAPB) to make sure QCCA is making the most of Camden’s Safeguarding Adults training and awareness sessions.
- Sign up for quarterly adult safeguarding updates from the ‘Ann Craft Trust’⁹
- Subscribe to the VAC (Voluntary Action Camden) newsletter which provides News and policy – local and national coverage of relevant stories or policies affecting voluntary organisations
- Obtain access to any relevant resources and attend any training that may be beneficial to their role, especially those provided by the Ann Craft Trust

3.A.7iii Expertise

The Designated Person(s)

- Ensure the QCCA’s adults at risk of harm safeguarding policy is reviewed annually (or as required) and is consistent with Camden’s Safeguarding Adults Partnership Board’s policies
- Understand the assessment process for providing intervention
- Have a working knowledge of how the Local Authority should conduct themselves when investigating cases of adult abuse
- Have an understanding of how to report and contribute to adult protection case conferences and adult protection review conferences and to be able to attend and contribute effectively
- Ensure all members of staff and volunteers, **including** new and part time staff, have an understanding of the organisation’s safeguarding policies and procedures and are able to implement them.
- Oversee adult protection systems within QCCA, including the management of records, standards of recording concerns and referral processes ensure detailed, accurate and secure records relating to concerns and referrals for adults are kept
- Encourage a culture which ensures the vulnerable adult’s thoughts and feelings are being taken into account before taking any action
-

3.A.7.iv Raising awareness

The CEO in partnership with the Designated Person are responsible for ensuring that QCCA’s policies and procedures are known and used appropriately by ensuring

- that all QCCA staff:
 - Understand how to access safeguarding support
 - Are alert to identify possible signs of abuse, and understand what is meant by protection for adults at risk of harm
 - Are made aware of, and understand how to implement their responsibilities

within the QCCA Safeguarding Policy, Whistle Blowing Policy, and Staff Conduct Policy in relation to the safety of adults at risk of harm

- Have an awareness of those adults who may be particularly vulnerable eg due to age, SEN, drug or alcohol problems
 - That QCCA share any relevant information possessed on a vulnerable adult with relevant agencies, so long as this does not impact ongoing investigations
-
- that all adults who attend services at QCCA
 - Understand that QCCA has a responsibility to report and refer any suspected cases of an adult at risk of harm
 - Are aware that QCCA's Safeguarding Policy is available publicly, and that a printed copy is available in the office, and at all sites
 - In cases where a referral is made are aware of QCCA's policies and procedures and are kept informed and involved in the process

Any allegation or concern involving the Designated Lead must be referred to Local Authority Designated Officer (LADO) and the CEO at QCCA

3.A.8 Reporting concerns/incidents

"Safeguarding is everyone's business, and it is important that organisations work together to protect people who need help and support."

Care Act 2014

All staff need to be alert and 'professionally curious'; questioning behaviours and consulting with the DSL as necessary to enable information to be evaluated

'should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered.'

Statutory guidance

3.A.9 What to do if you suspect abuse

Once you have a concern that an adult is at risk of abuse it is your duty to gather as much information as possible (SEE 'Recording' below) and discuss it with the relevant Designated Safeguarding Lead ¹⁰to decide what action needs to be taken.

It is not the duty of staff to investigate the issue themselves.

In the unlikely event that you have been unable to contact a Safeguarding Lead or the CEO and the matter is urgent **DO NOT WAIT always call 999**

3.A.10 What to do if you are not sure.

If you are not sure about your concerns, always speak to the DSL or deputies, their role is to deal with any concerns and offer advice and support.

If the matter is urgent and none of the relevant Leads are available, you can contact any other DSL on the list. You should always report it to the CEO, and can go to them for advice at any time.

If the QCCA safeguarding Lead has concerns about an adult at risk of abuse but are not sure whether you should make a formal referral, you/QCCA can contact CamdenSAPB and seek advice. This means that you can talk the case through with a social worker who will advise you about whether you need to make a referral.

If they ask for the person's name you must give it.

Age UK Advice and Mencap's Learning Disability Helpline can also give advice. See Appendix for details.

3.A.11 What to do if a disclosure is made

If a person makes a disclosure about abuse, or you suspect they may be about to, it is essential they understand you cannot promise to keep this 'secret' if this is ongoing abuse you have a duty to report it to other professionals who will help keep them safe. If it is historical abuse they may need support. Be honest and open about who you will speak to and why, even if they don't want to report the abuse, you will need to speak to your DSL or the CEO.

Ensure you give them the time they need to talk but be aware they will need to give a full account to Camdens' Safeguarding Adult's Partnership Board so avoid subjecting them to lengthy or multiple 'interviews' as it can confuse and jeopardise evidence.

Staff must:

- Find a quiet place to talk where they feel comfortable
- Try to keep eye level equal or lower than theirs.
- Believe what you are being told
- Listen to the person, if you are shocked by what is being said, try not to show it. A reaction of shock or disbelief may cause them to shut down, retract or stop talking,
- Listen, but do not press for information
- Do not call others over to witness what is being said
- Stay calm and be reassuring
- Tell them it is not their fault. Abuse is never the adult at risk's fault and they need to know this.
- It is acceptable to observe injuries such as; bruises,
- It is not acceptable to ask anyone to remove or adjust their clothing to observe them; or to photograph them (injuries must be recorded on a Cause for Concern Form, Appendix 1)

- Do not question them in a way that will introduce new words, phrases or concepts into their minds (leading questions)
- Use open questions TED
 - Tell me
 - Explain
 - Describe
- Do not challenge, confront or criticise their information, even if it seems unlikely or if there are obvious errors. They may be unable to give accurate timescales or dates.
- If a disclosure is made the pace should be dictated by the adult at risk without their being pressed for detail by being asked such questions as ‘what did they do next?’ or ‘where were you when this happened?’
- **Your role is to listen not to investigate.**
- Acknowledge how hard it was for them to tell you this, let them know they have done the right thing. Reassurance can have a big impact on someone who may have been keeping abuse secret for a long time.
- Say you will take them seriously. An adult could keep abuse secret in fear that they won’t be believed, feel ashamed or fear repercussions. They’ve told you because they want help and you are the person, they trust to support them.
- Do not criticise the perpetrator, this may be someone they love
- Do not promise confidentiality, reassure the person that they have done the right thing, explain that you will have to tell people who can help. It is important that you don’t make promises that you cannot keep (please see the Confidentiality Policy, Appendix 2 for more details)
- In some cases, they may not want to officially report abuse, eg because they are frightened or because they are worried it will damage an important relationship.
- Explain you will have to tell the DSL, and if possible, obtain their agreement, before you make an official referral.
- If possible and safe to do so inform family/ carer of the referral

Remember it is a huge step for anyone to make a disclosure.

Inform the safeguarding lead or deputies immediately who will decide with you best next steps.

If the situation is an emergency, but neither DSL or deputies available you should telephone CamdenSAP and/or the Police directly.

Do not speak to the alleged abuser. Confronting the alleged abuser about what the adult at risk has told you could make the abuse worse.

3.A.12 Recording Information

3.A.12i After a disclosure

Make some notes immediately afterwards (being aware that note taking during a disclosure may inhibit that disclosure making it harder for the person to be open and honest)

record the date, time, place and context of the disclosure or concern,
Record the facts only, and not assumption and interpretation.

Note any non-verbal behaviour

Ensure that that the language used by the person making the disclosure is recorded (do not translate into correct terminology)

Any notes must be added to a completed 'Cause for Concern Form' with a body map if used and discussed with the DSL or CEO **within 48hrs** (not left on a desk marked for their attention)

Do not be afraid to interrupt meetings if you need to speak to someone.

It's vital that people at risk are able to speak out and that whoever they tell acts on what they've been told.

3.A.12ii If you see/ hear something that makes you suspect abuse

- If you are confident to do so, start by talking to the person (ideally in private)
 - Tell them gently that you've noticed a change and ask them if they are ok.
 - Listen. They might really need someone to talk to. Let them talk as much as they want and be calm, even if what you hear upsets you.
 - Be patient. They may not want to talk at all. Many people who are abused are scared to talk in case it makes things worse.

- If they confide abuse to you follow guidelines in 311
- If they do not reveal abuse but you feel that there are still safeguarding concerns after your conversation, you should still make notes after the conversation and take your concerns to the DSL.

Make some notes as soon as possible, and no later than the end of the day, so that you can discuss with the DSL

record the date, time, place and context of the disclosure or concern,
record facts only, and not assumption or interpretation.

Note any non-verbal behaviour

Record any marks observed on a body map

3.A.13 Referring cases of abuse

Any notes should then be discussed with the DSL so you can decide on the correct course of action.

If it is agreed a referral is necessary

Your original session notes should be attached to a completed 'Cause for Concern Form' (with a body map if used) and given to the DSL to send to the CamdenSAPD and uploaded onto 'Time to Spare'

You should always obtain the agreement of the person at risk before you report abuse.

If the person has mental capacity, but does not want you to tell anyone what is going on or take matters further, you and the DSL will have to discuss this

- If you feel that the person has mental capacity, but is unable to make

a decision because they are being coerced by the abuser or subject to undue influence or duress, for example in a domestic situation, with the DSL you should think about what is really in their best interests

- In some cases the person at risk may not want to report abuse, because they are afraid it will damage an important relationship.
- If possible and safe to do so inform family/ carer of the referral

If it is agreed that a referral is not necessary

A 'Cause for Concern' form should be completed and entered into the QCCA Safeguarding file, and uploaded onto 'Time to Spare'

If the adult at risk has more than one 'Cause for Concern' form an individual safeguarding case file should be opened, and the case reviewed, especially if the referral was not made because permission was not given by the adult at risk

If it is agreed no further action is required nothing more needs to be done.

3.A.14 Timescales

The timescale for

- making notes is **immediately** after you become aware of something
- speaking with the DSL and deciding what action to take is **within the same working day**
- completing a 'Cause for Concern' form for referral to the CamdenSAPD is **within 24hrs**
- completing a 'Cause for Concern' form and adding it to the QCCA Safeguarding file is **within 48hrs**
- in urgent cases call the police on 999 and make an **immediate** telephone referral to the Camden SAPD followed up with a written referral as advised by them but within **48hrs** is good practice
- All referrals from practitioners (QCCA) should be confirmed in writing, by the Camden SAPD **within 48 hours**. If the referrer has not received an acknowledgement within three working days, they should contact the Camden SAPD again

3.A.15 How to make a Referral

To make a referral the DSL or Deputy will contact CamdenSAPD and/or the Police. They will need your support in referring it to ensure the details are recorded correctly.

When reporting ALWAYS report to Camden Safeguarding Adults Partnership Board. All referrals should be in writing to the CamdenSAPD and sent using the 'Camden SAPB Multi Agency Safeguarding Adults Referral Form' which is on their website

Urgent telephone referrals can be made but must be followed up by a written referral

If the danger is IMMEDIATE, or medical attention is required call 999

If a crime has been committed, it MUST be reported to the police, but if there is no immediate danger report using 101

In the unlikely event that you have been unable to contact a Safeguarding Lead or the CEO and the matter is urgent DO NOT WAIT always call 999.

3.A.16 Key Information to include in a referral

When making a referral to CamdenSAPB staff must establish as much of the following information as possible to include in the referral:

Adult at risk:

Full name (including aliases and spelling variations)

Date of birth (or age if DOB unknown)

Gender

Address

Tel no.

Details of next of kin/ other contact

Ethnicity, first language

NHS number if known

Are there any children involved? Y/N

If YES you need to refer the to Camden's Safeguarding Childrens Partnership

Cause for concern details:

Brief factual outline of concern

Date of concern

Location of incident

Type(s) of abuse

Person/ organisation alleged to have caused harm (PACH)

Full name (including aliases and spelling variations)

Date of birth (or age if DOB unknown)

Gender

Address

Tel no.

If professional/ volunteer please specify

Was the alleged PACH living with the adult at the time of the abuse? Y/N

Still living with adult?

If organisational abuse please name the provider.

Please give details of immediate action to try and reduce risks

Organisations involved:

- Have the police been notified?
- Crime ref number
- Details if medical attention given:

- Name of hospital/ doctor
- Name and contact details of any other organisations involved

Capacity:

Do you think the adult at risk has mental capacity in relation to making decisions about their safety?

Is there a suitable person who could represent them? (eg family member, friend, advocate)

Do you think the adult at risk would have substantial difficulty in participating in the safeguarding enquiry?

Has a mental capacity assessment been undertaken? Y/N

Background

Known involvement of other agencies / professionals (e.g. GP)

Who is making the report?

Full name and role of the person making the report.

Making Safeguarding Personal

Has the adult at risk given consent for the referral? Y/N (If No, give details)

Desired outcomes of Adult at risk

Desired outcomes of Referrer

3.A.17 When the case of abuse involves a member of staff

Any allegation made against a member of staff will be treated very seriously. If an allegation of abuse against a staff member or volunteer, you should record the information as usual and report this immediately to their line manager (or Volunteer Coordinator) the DSL and the CEO. If the volunteer or member of staff against which the allegation is made is onsite and you cannot contact the above speak immediately to the manager in charge.

The DSL will make a referral once the allegation has been made

- Directly to the Local Authority Designated Officer (LADO) who will advise on the most appropriate course of action regarding investigation.
 - Reporting to LADO -usually made immediately, but **must** be made within 24 hours.

Staff may in extreme circumstances report any serious incident directly to the LADO.

If the allegation has been made by an adult at risk reassure them that this is a serious

matter and you will follow it up with the DSL, and update them of what action has been taken.

If appropriate, in accordance with company procedures for staff conduct, the member of staff will be suspended pending the final outcome of the investigation. All investigations will take place in accordance with the LADO and company procedures and with the safety of children as being paramount.

- If there is evidence to substantiate allegations, disciplinary action will be taken, and the individual will be referred to the Disclosure and Barring Service (DBS)
 - DBS referral: a referral SHOULD ONLY be made once an investigation has been made and the evidence points to the allegation being true, not before. A referral to the DBS must be made as soon as possible following the outcome of the investigation, and no later than 14days.

- If the allegations made are found to be unsubstantiated, all relevant parties will be informed, and it shall be made clear that the member of staff is exonerated.

We take safeguarding issues very seriously. It should therefore be noted that action will be taken against any persons making allegations that are found to be malicious, mischievous or spurious.

3.A.18 When a safeguarding concern becomes an incident

There may be times when a safeguarding concern is deemed to be an incident or a serious untoward incident, as defined below:

- An Incident

An incident is defined as an event that caused harm or had the potential to cause harm to children, parents, adults at risk of harm, volunteers or staff. This could include verbal or physical aggression by a member of staff or service user or a breach of policy or procedure (such as confidentiality or data protection) whether by accident or intentionally.

- A Serious Untoward Incident

Serious Untoward Incident is 'something out of the ordinary or unexpected', with the potential to cause serious harm, and or likely to attract public and media interest'. This may

be because it involves a large number of service users, it involves poor professional or managerial judgement, a service has failed, a child or any service user has been seriously injured or has died under unusual circumstance or there is a perception that any of these has occurred.'

Under such circumstances the reporting processes must be followed and adhered to. The CEO and Chair of Trustees must be informed.

3.A.19 Staff Concern That Action is Not Being Taken

Although extremely unlikely, it is possible that staff may feel that the Designated Safety Lead is not taking appropriate action, which consequently is exposing an adult at risk to potential harm.

If a member of staff believes this to be the case, despite having made the DSL aware of their concerns for the adult at risk, then they should regard themselves as having responsibility to raise the issues directly with the CEO, if they are still concerned that the necessary action is not being taken, they should raise the issue with the CamdenSAPB and immediately advise the Board that they have done so.

3.A.20 Confidentiality and information sharing and storing

Personal information is regarded by QCCA as confidential.

QCCA adheres to the Government's Seven Golden Rules of Data Sharing:

1. GDPR is not a barrier to sharing information
 - o but provides a framework to ensure that personal information is shared appropriately.
2. Be open and honest
 - o with the adult at risk from the outset and explain why, what, how and with whom information will, or could be shared. Seek their agreement unless it is unsafe or inappropriate to do so.
3. Seek advice if there is any doubt
 - o without disclosing the identity of the person where possible.
4. Share with consent where appropriate
 - o and, where possible, respect the wishes of those who do not consent to share confidential information.
 - o Professionals may still share information without consent if, in their

- judgement, that lack of consent can be overridden in the public interest.
 - o Judgment will need to be made on the facts of the case.
- 5. Consider safety and wellbeing
 - o Base information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure
 - o Ensure that the information shared is necessary for the purpose for which it is being shared, it is shared only with those people who need to have it, is accurate and up to date, it is shared in a timely fashion, and is shared effectively.
- 7. Keep a record
 - o of the decision and the reasons for it – whether it is to share information or not. If it is decided to share, then record what has been shared, with whom and for what purpose.

3.A.20i Consent to information sharing

- All information obtained by QCCA staff about an adult at risk will be kept confidential and will only be shared with other professionals and agencies, ideally with the person's consent.
- Consent to making an adult safeguarding referral should be sought from the adult but if withheld, the referral must can be made and the adult made aware of this.
 - o Before taking this step, QCCA should consider the proportionality of disclosure against non--disclosure; is the duty of confidentiality overridden by the need to safeguard the adult?

Consent to referral can be dispensed with if
 seeking consent is likely to cause further harm to the adult at risk
 interfere with a criminal investigation
 cause undue delay in taking action to protect the adult
 However, QCCA should discuss this with the CamdenSAPB on a "no names" basis to gain advice on whether this course of action should be taken.

- Adults at risk with compromised mental capacity may give their own consent to information sharing if they have sufficient understanding of the issues
 - o It is important to be aware that mental capacity is decision-specific, meaning someone may be able to make straightforward decisions and not more complex others, also that it may fluctuate over a period of time

3.A.20ii QCCA information sharing:

All records relating to adult safeguarding incidents will be maintained by the DSL and the CEO and only shared as is consistent with the protection of an adult at risk. Where an adult at risk is at risk of suffering significant harm, QCCA has a legal duty to share this information with CamdenSAPB

Where an adult at risk subject to a safeguarding investigation, QCCA must share any information about the adult requested by CamdenSAPB

Only relevant information should be disclosed, and only to those professionals who need to know. Staff should consider the purpose of the disclosure and remind recipients that the information is confidential and only to be used for the stated purpose.

If an adult at risk makes a disclosure of neglect or abuse, staff cannot guarantee them confidentiality, but must explain sensitively why they must pass the information on- to whom and what will happen as a result.

Staff should discuss any concerns or difficulties around confidentiality or information sharing with the DSL, the CEO or seek advice from the CamdenSAPB.

Part B: Recognising abuse in Adults at Risk

Abuse and neglect might be carried out by anyone in contact with adults, even by people employed to provide care.

There may be indicators that adults are experiencing harm from people within your organisation, such as volunteers, members of staff, or other members of the public. Or they may be experiencing harm from those connected with their life outside your organisation, such as a carer or a spouse.

This may include:

- Spouses, friends, family and neighbours
- People employed to provide care
- Paid staff or professionals
- Volunteers
- Strangers

The Care Act Recognises 10 categories of abuse that may be experienced by adults

3.B.1 Self Neglect

The term “self-neglect” covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings.

Examples of self-neglect include:

- A refusal or inability to cater for basic needs, including personal hygiene and appropriate clothing.

- Neglecting to seek assistance for medical issues.
- Not attending to living conditions – letting rubbish accumulate in the garden, or dirt to accumulate in the house.
- Hoarding items or animals.

What Causes Self-Neglect?

Self-neglect can result from any mental or physical illness that has an effect on the person's physical abilities, energy levels, attention, organisational skills, or motivation.

There are two types of self-neglect:

Intentional, or Active Self-Neglect: When a person makes a conscious choice to engage in self-neglect. For example, they may actively refuse to visit a doctor when they're feeling unwell.

Non-Intentional, or Passive Self-Neglect: When health-related conditions contribute to a risk of developing self-neglect. For example, a person with a learning disability may have lapses in concentration that may make them forget to attend to their personal hygiene.

Spotting the signs of self-neglect are:

- Poor personal hygiene
- Poor state of clothing
- Untreated medical problems
- Unwillingness to open door or let people into home
- Living in a chaotic or dysfunctional household
- Recent bereavement or loss

3.B.2 Modern Slavery

Modern slavery is a complex crime that operates on a huge scale across multiple countries.

Modern slavery encompasses:

Slavery.

- Human trafficking.
- Forced labour and domestic servitude.
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment.

Who is at Risk of Modern Slavery?

The Home Office has a document entitled *“Modern Slavery: How the UK is Leading the Fight.”* In this document, they list several factors that might make a person at risk of becoming a victim of modern slavery. Factors include poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances, and war.

[People with learning disabilities are also at risk of getting coerced into modern slavery.](#) They could be isolated in their communities. They may be ineligible for support services. Or they may simply get overlooked if they are not viewed as a high-profile concern.

Spotting the Signs of Modern Slavery

The problem is that victims of modern slavery are hard to spot. Modern slave masters go to great lengths to keep their activities secret. They also isolate their victims while restricting their movements. This makes it exceedingly difficult for them to get help.

But there are some signs you can look out for. Some of them are obvious, and some are a little more subtle:

- The person looks uneasy, unkempt, or malnourished. They may also have untreated injuries.
- The person does not speak for themselves, and someone else pays for all their travel and food.
- Have you noticed someone picked up and dropped off from work or another location at odd times?
- Is the person able to tell you their own address?

Not all of these signs indicate that the person is a victim of modern slavery. But any one sign indicates that an investigation may be in order.

ACTION

The Salvation Army has a 24/7 confidential helpline where you can share your concerns and get the help you need. It's **0300 303 8151**.

Modern slavery is a serious crime.

If you think someone is in immediate danger, or if the individual is under 18, call the police on **999**. They'll treat the case as a matter of urgency.

3.B.3 Domestic Abuse

Women's Aid defines domestic abuse as:

An incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer.

Domestic abuse can be:

- **Emotional** – e.g. belittling you, isolating you from friends and family, controlling where you go and who you talk to.
- **Threats and Intimidation** – e.g. threatening to hurt/kill you, harassing or following you.
- **Physical** – e.g. hitting you, shoving you, throwing things at you, choking you.
- **Sexual** – e.g. pressures you into having sex, touches you in a way that you don't want to be touched.
- **Financial** – e.g. controlling your use of money, not giving you enough money to survive.

Disabilities and domestic abuse

A review by Public Health England in 2015 confirmed that people with disabilities are more vulnerable to domestic violence, experience domestic abuse for longer periods of time, and experience more severe and frequent abuse than non-disabled people.

People with disabilities also encounter differing dynamics of domestic abuse, which may include more severe coercion, control or abuse from carers.

Abuse can also happen when someone withholds, destroys or manipulates medical equipment, access to communication, medication, personal care, meals and transportation.

People with disabilities have also reported abuse through the form of intrusion and lack of privacy.

What makes people with disabilities more at risk of domestic abuse?

People with disabilities are often in particularly vulnerable circumstances. Certain disabilities, particularly physical disabilities, may decrease their ability to physically defend themselves and escape from abuse. Other disabilities can limit a person's ability to understand and recognise potential signs of abuse.

Spotting the Signs of Domestic abuse

- Unexplained recurrent injuries or burns
- Improbable explanations or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Very low self-esteem
- Withdrawn / socially isolated
- Reluctant to go home / fear of being late home

- Destructive criticism/ verbal abuse from partner
- Persistent disrespect from partner
- Name-calling, put-downs, aggressive behaviour and threats from partner
- Restricted movements (for instance, the abuser may prevent them from attending work or school)
- Restricted access to money
- An attitude of overt jealousy or possessiveness from partner
- A delay between the time of injury and the seeking of treatment

ACTION

Report to CamdenSAPB

Contact specialist agencies

- Women's aid
 - Email for advice helpline@womensaid.org.uk.
 - Or visit website for live chat
 - https://chat.womensaid.org.uk/?_gl=1*1tdpbis*_ga*MTk00Dk3NTgzLjE2NzYyM2MTQyMjg.*_ga_C8H9JGBD77*MTY3MzYxNDIyOC4xLjEuMTY3MzYxNDI0My4wLjAuMA..
-
- Victim support 0808 16 89 111
 - Website for more info
 - <https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/recognising-signs-domestic-abuse/>

3.B.4 Discriminatory

Discrimination is abuse that focuses on a difference or perceived difference.

This may involve race, gender, disability, or any of the protected characteristics of the Equality Act.

Examples of discriminatory abuse might involve harassment, slurs, or similar treatment based on the difference or perceived difference.

Discrimination and UK Law

In UK law, it's illegal to discriminate against anyone based on these protected characteristics:

- Age
- Gender reassignment

- Marriage status (including civil partnerships)
- Being pregnant or on parental leave
- Disability
- Race (including skin colour, nationality, or a person's ethnic or national origin)
- Religious belief
- Sex, and sexual orientation

People are legally protected from discrimination in the following settings:

- At work and in education
- As a consumer (i.e. while shopping)
- When using public services
- When buying or renting property
- As a member or guest of a private club or organisation.

You are also protected from discrimination if you are associated with someone who has a protected characteristic, for example a family member or friend. The law is also on your side if you have complained about discrimination or supported someone else's claim.

What Does Discriminatory Abuse Look Like?

Discrimination may take on several forms. Here are some examples:

- Direct Discrimination. Treating someone with a protected characteristic less favourably than others.
- Indirect Discrimination. Putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage.
- Harassment. Unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates a hostile environment for them.

Victimisation. Treating someone unfairly because they've complained about discrimination or harassment.

Discrimination can happen at work, on the streets, or even in an environment that's supposed to be "safe", such as a school or a care home.

Discrimination and Disability

People with disabilities have the same rights as everyone else. UK employers are legally required to make "reasonable adjustments" to help any workers or applicants with disabilities.

These reasonable adjustments may include:

- Application forms (for example, providing forms in Braille or audio formats)
- Aptitude tests (for example giving extra time to complete the tests)
- Interview arrangements (such as providing wheelchair access or communicator support)
- Making sure the workplace has the right facilities and equipment for workers with disabilities
- Terms of employment, including pay
- Work-related benefits, such as access to recreation or refreshment facilities

How to Deal with Discriminatory Abuse

If you or someone you know faces discrimination at work based on their disability, your first port of call should be to sort out the issue informally. Talk to the employer directly. And if you can't reach a resolution this way, contact a third party such as Citizens Advice.

3.B.5 Organisational Abuse

Institutional Abuse Definition

In the Care Act defines institutional abuse (or "organisational abuse") as one of the 10 types of harm.

It includes neglect and poor care practice within a specific care setting. This could be a hospital or a care home, but also the care you receive in your own home.

Here are some forms the abuse might take:

- Inappropriate use of power or control.
- Inappropriate confinement, restraint, or restriction.
- Lack of choice – in food, in decoration, in lighting and heating, and in other environmental aspects.
- Lack of personal clothing or possessions.
- No flexibility of schedule, particularly with bedtimes.
- Financial abuse.
- Physical or verbal abuse.

Remember that this list is by no means exhaustive.

It's important to be aware of the signs of institutional abuse, especially for people with carers in their own homes.

3.B.6 Physical Abuse

Physical abuse includes hitting, slapping, pushing, kicking, restraint, and misuse of

medication.

It might also involve improper use of sanctions, particularly those that involve physical restraint.

Instances of physical abuse can be isolated incidents. Or they could be ongoing. Both cases are serious, and both warrant investigation and action.

Spotting the Signs of Physical abuse

- Cuts
- Bruises
- Burns
- Restraint or grip markings
- Black eyes
- Unusual behaviour, such as repeated trips to the hospital
- More make up than usual -to cover injuries
- Wearing long sleeve tops even in warm weather to cover injuries

Many victims of physical abuse feel responsible for their abuse. Or they may fear the shame of discovery, or further attacks from their abuser. As such, they may attempt to cover up the marks left by the abuse. So you should also be on the lookout for signs that the person has something they're trying to hide.

The behaviour of others can be a sign

- Name-calling, put-downs, aggressive behaviour and threats
- Restricted movements (for instance, the abuser may prevent them from attending work or school)
- Restricted access to money
- An attitude of overt jealousy or possessiveness
- A delay between the time of injury and the seeking of treatment

ACTION

Report to CamdenSAPB

3.B.7 Sexual Abuse

Where the person does not consent, or they felt pressured into consenting.

Examples of sexual abuse include:

- Rape.
- Indecent exposure.
- Sexual harassment.
- Inappropriate looking or touching.
- Sexual teasing or innuendo.
- Sexual photography
- Subjecting someone to pornography
- Forcing the witnessing of sexual acts, indecent exposure, or sexual assault.

There are several physical signs to look out for:

- Cuts, bruises, and marks – particularly to the thighs, buttocks, upper arms, and neck.
- Irritation, pain, or bleeding in the genital area.
- Torn, stained, or bloodied underclothing.
- Unprecedented difficulty walking or sitting.
- Infections, STDs, or unexplained genital discharges.
- Pregnancy (if the woman is unable to consent to sexual intercourse).
- Incontinence that's not related to any medical diagnosis.

Subtle signs to look out for.

- Start using explicit sexual language.
- changes in their behaviour
- Changes in attitude towards sex.
- Become distant and listless.
- Develop sleeping problems.
- Refuse help with personal care.
- Reluctance to be alone with certain people.
- Self-harm.

In the long-term, a victim of sexual abuse may develop an aversion to forming any intimate relationships.

ACTION

Report to CamdenSAPB

Contact specialist agencies:

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, as well as training and support to those working with them. You can call their helpline on 0808 808 0700.

3.B.8 Financial or material

When defining financial abuse, we know there are many elements at play. It is true that financial abuse often involves or is associated with:

- Someone taking or misusing someone else's money or belongings for their own gain
- Harming, depriving or disadvantaging the victim
- Controlling someone's purchases or access to money
- Often associated with other forms of abuse
- Doesn't always involve a crime like theft or fraud

Types of financial abuse

What financial abuse looks like can vary which can make it difficult to detect and identify. As the Care Act 2014 definition shows, financial abuse can be concerning money, property or belongings.

Financial abuse might look like:

- Borrowing money and not giving it back
- Stealing money or belongings
- Taking pension payments or other benefit away from someone
- Taking money as payment for coming to visit or spending time together
- Forcing someone to sell their home or assets without consent
- Tricking someone into bad investments
- Forcing someone to make changes in wills, property or inheritance

Signs of financial abuse

Unexplained money loss

- Lack of money to pay for essentials such as rent, bills and food
- Inability to access or check bank accounts and bank balance
- Changes or deterioration in standards of living e.g. not having items or things they would usually have
- Unusual or inappropriate purchases in bank statements
- Isolation and withdrawal from friends and family
- Lack of things you'd expect someone to be able to afford e.g. TV, grooming items, clothing

Who commits financial abuse?

Financial abuse can be committed by anyone anywhere,

- Spouses, friends, family and neighbours
- People employed to provide care
- Volunteers

- Strangers

Who is at risk of financial abuse?

Financial abuse can affect anyone.

It often takes place where there is an unequal balance of power. This can happen when:

- Someone is a victim of another form of abuse such as domestic abuse or violence
- Someone has a learning disability
- Someone has a medical condition
- Someone takes medication

ACTION

Report to CAmdenSAPB

Financial abuse advice and information

If you want to report or get advice about financial abuse, there are several options open to you.

3.B.9 Neglect and acts of omission

Examples of neglect include:

- Ignoring medical or physical care needs.
- Ignoring a person's cultural, religious or ethnic needs.
- Failing to provide access to appropriate health, social care, or educational services.
- Withdrawing the necessities of life, such as medication, glasses, hearing aids, dentures, adequate nutrition, and heating.
- Refusing access to visitors.
- Ignoring or isolating a person.
- Preventing a person from making their own decisions.

Spot the Signs of Neglect and Acts of Omission

There are several warning signs may suggest that an adult risk is suffering from neglect.

Some of these are physical, and some are environmental.

Here are some things to look out for:

- Unexplained weight loss, or other signs of malnutrition/ appearing hungry
- A dirty, cluttered or unhygienic environment.
- Pressure sores or ulcers, as well as other untreated injuries and medical problems.
- An accumulation of untaken medication.
- A generally poor physical condition, or poor personal hygiene.

- Inappropriate or inadequate clothing.
- Changes in behaviour/interaction with staff and other service users.
- Loss of interest in activities

ACTION

Report to CAMdenSAPB

3.B.10 Emotional or Psychological Abuse

Emotional or psychological abuse may not include any physical or sexual assault. But its impact can be just as devastating.

Examples of emotional and psychological abuse include:

- Threats of harm or abandonment.
- Deprivation of contact or refusal of visitors.
- Humiliation.
- Restricting personal choice and refusing to respect privacy.
- Blaming, controlling, or intimidating behaviour.
- Coercion and harassment.
- Verbal abuse, or the use of infantilising language.
- Removing mobility or communication aids, or intentionally leaving someone unattended when they need assistance.
- Forced isolation, or withdrawal from services or support networks.
- Learn to Spot the Signs of Emotional Abuse
- Any of these could indicate that emotional and psychological abuse is taking place:
- An air of silence or discomfort when a particular person is present.
- Withdrawal, or a change in the psychological state of the person.
- A change of appetite, or unexplained weight loss or gain.
- Signs of distress, like tears and anger, are obvious.
- Low self-esteem and insomnia.

Looking for signs that a person might be an abuser.

- Uncooperative or aggressive behaviour from a carer
- Carer making false claims about an individual's behaviour or condition. in order to attract unnecessary treatment.

ACTION

Report to CAMdenSAPB

3.B.11 Cyber bullying

Cyber bullying can be defined as the use of internet and/or mobile technology to harass, intimidate, or cause harm to another.

The intentions and results of cyber bullying is not a new problem. However, it has migrated from the workplace and playground to social networking sites, over email and via text.

Cyber bullying can be much more pervasive than traditional bullying and therefore increasingly traumatising. In addition, the public nature of it can mean that anyone can view the victim being cyber bullied, adding shame and embarrassment on top of the already painful experience.

What does cyber bullying look like?

Cyber bullying can take many forms. Often it looks like calling people names, cursing them, spreading lies about them, or any other behaviour that can be construed as trying to hurt or bully them.

There are seven typical ways a victim may be bullied online:

- **Harassment**– repeatedly sending offensive, rude, and insulting messages.
- **Denigration** – sharing information about another person that is fake, damaging and untrue with the purpose to ridicule them.
- **Flaming**– purposely using extreme and offensive language to cause reactions of distress in the victim.
- **Impersonation**– hacking into someone’s email or social networking account to use their online identity to post vicious or embarrassing material.
- **Outing and Trickery**– sharing personal information about another or tricking them into revealing secrets and forwarding it to others.
- **Cyber Stalking** – repeatedly sending messages that include threats of harm, harassment or intimidating messages. This may be illegal.
- **Exclusion** – intentionally leaving someone out of group messages, online apps, gaming sites and other online engagement.

Why might an adult with learning disabilities be more at risk?

Adults with learning disabilities may be more at risk of cyber bullying.

This could be because they are more trusting, unaware to the fact that they are being bullied, or simply because seen as easy targets to torment.

There is a risk of cyber bullying for all who use the internet, but those with learning disabilities are particularly vulnerable due to their social naivety and tendency to misjudge harmful behaviour. They may lack the confidence to report the bullying which prolongs the problem.

Cyber bullying and grooming

A particular issue related to cyber bullying is grooming online.

One of the most sinister aspects of grooming is that it mimics genuinely positive relationships and makes it harder for the victim to reject or report seriously abusive behaviour. It often occurs where there is a power differential in a relationship, such as between an adult who has a learning disability and someone who doesn't.

3.B.12 Forced Marriage

is defined by the UK Government Forced Marriage Unit as

‘a marriage without the consent of one or both parties and where duress is a factor.’

In a forced marriage one or both spouses either do not, or cannot, consent to the marriage.

Forced marriage is regarded as:

- An abuse of human rights
- A form of domestic violence
- A form of violence against men and women
- Against the law

Forced marriage and learning disabilities

Forced marriage of people with learning disabilities often concerns the ability (or capacity) to consent to marriage, as well as the willingness to consent.

Research indicates that forced marriage of people with learning disabilities is likely to be vastly under reported. The motivators and consequences are also likely to be different from how forced marriage would usually present itself.

Why are people with learning disabilities forced to marry?

There are several reasons why a family might aim to find a spouse for someone with learning disabilities, including:

- Protecting their child or the family member in question
- Getting a carer for the person with a learning disability
- Giving the person with a learning disability financial security
- Building a stronger family as a support network
- Preserving tradition

It is often the case that they do not see anything wrong with their actions – and that it is the

right thing to do or the only option.

Forced marriages and arranged marriages have clear differences.

- **Arranged marriage**
 - In an arranged marriage, the families of both spouses take a leading role in arranging the marriage but the decision to accept the arrangement or not comes down to the individuals getting married.
- **Forced marriage**

In a forced marriage, the families will also usually take a leading role but crucially, the individuals getting married do not or cannot consent to the marriage.

ACTION

Report to CAmdenSAPB

3.B.13 Mate Crime

People with learning disabilities are at high risk of 'mate crime'. This is a form of disability hate crime in which the victim is abused and manipulated by someone they believed to be their friend.

In a study conducted by the National Autistic Society (NAS) in 2014, 49% of adults with autism reported that they had been abused by someone they thought of as a friend. The Wirral Autistic Society's survey of Merseyside the following year found that 80% of those over 16 felt like they had been bullied or taken advantage of by someone they considered a friend.

What does disability 'mate'/hate crime look like?

Forms of disability mate crime may include:

- Verbal and physical abuse
- Threatening behaviour
- Damage to property
- Online abuse
- Stalking and harassment

How should disability 'mate'/hate crime be reported?

If you believe it to be a hate incident, then it should be recorded in such a way. Under the Criminal Justice Act 2003, if the crime has been classed as a disability hate crime, the judge can impose an 'uplifted' sentence. Therefore, it is important to state when reporting a crime that you feel it was motivated by a hostility or prejudice based on a disability.

When you are reporting a crime, you should report all incidents if there has been more than one.

Action

Report incidents directly to the police

Report through 'Stop Hate UK' website (www.stophateuk.org)

Call Stop Learning Disability Hate Crime Line (0808 802 1155).

You can report disability hate crime even if it wasn't targeted at you.

3.B.14 Radicalisation

i What is Terrorism?

Terrorism involves committing violent acts for political, religious or ideological reasons.

The acts can be committed as part of an organised group or alone, however it is usually categorised as a group phenomenon.

In the build-up to committing these violent acts, people are usually radicalised.

Radicalisation is the action or process of causing someone to adopt radical positions on political or social issues.

The most prevailing forms of radicalisation currently in the UK are from Islamic Extremists and Right-Wing Extremists.

"The biggest threat is from Islamist terrorism particularly from Daesh, but extreme right-wing terrorism is also an increasing threat. Both exploit grievances, distort the truth, and undermine the values that hold us together".

Home Secretary Sajid Javid's key note speech in June 2018:

ii What is the Prevent Agenda?

The Prevent Agenda was set up in 2006 by the Labour government as part of the wider counter-terrorism strategy called CONTEST.

It is a UK-wide strategy that aims to stop people becoming terrorists or supporting terrorism.

The strategy's three objectives are:

- To challenge the ideology that supports terrorism.
- To protect vulnerable people.
- To support sectors and institutions where there are risks of radicalisation.

Organisations such as councils and schools develop projects to reduce the risk of people

becoming involved in terrorist activity. According to government figures, around 42,000 people participated in 142 projects in 2015/16.

The strategy also provides advice, support and social media training to civil society groups to help them deliver counter-narrative campaigns and remove any extremist material from the internet.

Training and learning materials are provided to staff in organisations such as the NHS in order to help them recognise radicalisation.

iii CONTEST 3.0 – The UK’s Strategy for Countering Terrorism, June 2018

The Home Office’s updated counter-terrorism strategy states that through Prevent, the government, local authorities, police, and communities will continue to safeguard and support vulnerable people from the risk of being drawn into terrorism.

The focus of the updated Prevent strategy is to:

- Focus activity and resources in locations where the threat level of terrorism and radicalisation are highest.
- Expand the Desistance and Disengagement Programme which aims to double the number of individuals receiving rehabilitative interventions in the next 12 months.
- Develop a series of multi-agency pilots to trial methods to improve understanding of those at risk of involvement in terrorism and enable earlier intervention.
- Focus online activity on preventing the distribution of terrorist material and build strong counter-terrorist narratives in order to ensure there are no safe places for terrorists online.
- Build stronger partnerships with communities, civil society groups, public sector institutions and industry to improve Prevent delivery.
- Re-enforce safeguarding at the heart of Prevent to ensure communities and families are not exploited or groomed into following a path of violent extremism.

iv What is Channel?

Channel is a key part of the Prevent strategy.

Police work with public bodies such as local councils, social workers, NHS staff, schools and the justice system to identify those at risk of being drawn into terrorism.

They assess what the risk might be and then develop tailored support. This support can include mentoring, anger management and drug and alcohol programmes.

In 2016/17 there were a total of 6,093 individuals referred. The referrals were mostly made by the education sector and the police.

The following is an example of a real-life case:

Yusuf was at university and was aged 24 when a university staff member saw him handing out leaflets which, it turned out, were promoting a website containing extremist, homophobic and violent material. She got in touch with the university Prevent coordinator who contacted the police. Yusuf was spoken to by student services and police, who felt that he was at risk of being drawn into terrorism. Yusuf had become befriended by older radicalised men through late night discussions and weekend meetings and started to identify with extremist ideology, but he was confused. Yusuf began to move away from extremism after receiving chaplaincy and psychological support through Channel. He has now successfully completed his studies.

v What makes someone at risk of radicalisation?

The following factors have been identified as increasing an individual's risk of radicalisation:

- Struggling with a sense of identity.
- Questioning their place in society.
- Family issues.
- Experiencing a traumatic event.
- Experiencing discrimination.
- Difficulty in interacting socially and lacking empathy.
- Difficulty in understanding the consequences of their actions.
- Low self-esteem.

vi How to Spot the Signs of Radicalisation

There is no single pathway towards radicalisation – it is usually a combination of behaviours that are different to each person, according to their personal vulnerabilities.

The following behaviours could be an indication that an individual is becoming radicalised:

- Ignoring or demonising viewpoints that contradict their own.
- Expressing themselves in an 'us vs. them' manner about others who have alternative beliefs,
- Increasingly secretive or unwilling to discuss views.
- Using derogatory language.
- Changing their circle of friends.
- Losing interest in activities they once enjoyed.
- Becoming socially withdrawn or spending a lot of time online.
- Belief in conspiracy theories and distrust of mainstream media.
- Justifying the use of violence or expressing a desire for revenge.
- Secretive about who they talk to online and which websites they visit.

vii Reporting Terrorism and Suspected Radicalisation

You can report online material that promotes terrorism or extremism on the GOV.UK website (<https://www.gov.uk/report-terrorism>).

If you suspect someone is involved in terrorism in any way or that someone has been radicalised, you can call the police or report your suspicions to them online.

You can remain anonymous throughout this process.

or call the Anti-Terrorist Hotline anonymously on 0800 789 321.

SAFEGUARDING POLICY 4

QCCA RENTED SPACES

SAFEGUARDING POLICY & PROCEDURES

February 2023



Supporting Camden residents since 2002

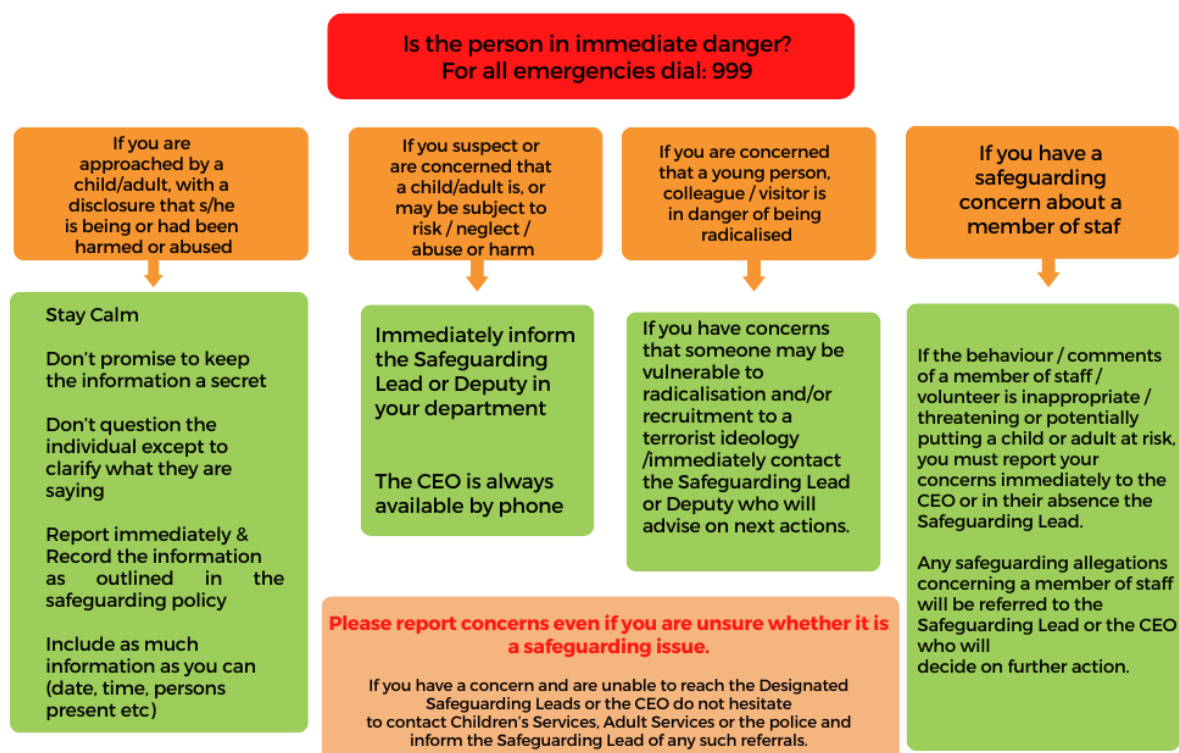
Policy 4:

Safeguarding those at risk of harm in our rented spaces.

Referral Diagram: Part A



What to do if you are concerned about a child/adult at risk or colleague?



How to report a concern about a child / adult at risk

- You receive a direct report of current or historical abuse / harm / potential risk / concerns of radicalisation etc;
- You observe / hear something, but you are not sure it is a safeguarding issue;
- You receive third party information indicating potential safeguarding risk / harm

Report immediately to a Safeguarding Lead or the CEO on the same day the concern was received.

Immediate danger or emergencies: Ring Police / Emergency Services

Staff member or Safeguarding Lead to alert the CEO on the same day of receiving information of a safeguarding nature. Please do not delay reporting, as this may increase risk.

Safeguarding Incident Form to be completed by the Safeguarding Lead or staff member and emailed to the Manager and CEO within 24 hours of the date the concern was identified.

Feedback & support from the CEO to DSL and staff member to agree next actions / potential referrals to other partner agencies / support to the child, adult or staff member closure of the notification (if safeguarding remit was not met). DSL and CEO to keep a robust record of all notifications received (regardless of remit).

See referral diagram Part B under appendix for how to respond and act

4.1 Introduction

At QCCA, we recognise our responsibility for protecting and safeguarding the welfare and wellbeing of all those who use our venues, and to take all reasonable steps to promote safe practice and to protect our community from harm, abuse, or exploitation.

We understand that safeguarding is everyone's responsibility.

We maintain an attitude of “it could happen here” where safeguarding is concerned

QCCA premises for hire are:

- QCCA Main Hall
- QCCA Meeting Rooms

- Dome Sports Facility
- Upstairs at the Dome
- Peggy Jay Centre
- Nursery Space at QCCA

Our premises are rented for a variety of events including:

- Weekly private lessons
- Weekly acts of worship
- Weekly fitness, sports activities
- One-off sports activities
- One-off community events
- One-off private parties

Mostly hire of QCCA premises takes place outside QCCA working hours²⁹ so there is negligible cross over of QCCA staff and the hire event.

In order to safeguard those using our venues³⁰ as part of our Terms & Conditions of hire all those renting our premises are required to submit their own up to date:

- Safeguarding Policy
 - Liability Insurance
 - Health and safety policy statement
 - DBS checks where relevant.
-
- If a concern about the conduct of anyone renting our venues is brought to our attention it would be reported to QCCA's CEO in the first instance who would then approach the event organiser.
 - If the matter could not be resolved or the concern was about the event organiser, the relevant QCCA policy for Safeguarding would be implemented depending on the age of the individual at risk of harm.
 - Depending on the circumstances of the concern the continuation of the rental agreement would be reviewed by the CEO and Board of Trustees

EXCEPTIONAL RENTAL CASE

- **Le Jardin des Dyverande Bilingual Nursery** is an independent micro nursery run for up to seventeen children ages 6months up to 5yrs on premises rented from QCCA. Run during QCCA working hours. Staff at QCCA have no contact with the nursery children however, the nursery staff do sometimes meet QCCA members as they use our kitchen and adult bathroom facilities.

²⁹ **Le Jardin des Dyverande Bilingual Nursery** is active during QCCA opening hours see below

³⁰ with the EXCEPTION of one-off private parties

- Staff at Le Jardin des Dyverande all undergo an enhanced DBS check so QCCA are comfortable for them to continue to have limited access to spaces where QCCA members and staff are present, as they have no direct contact with our services.
- Safeguarding at Le Jardin des Dyverande is covered by their own Safeguarding Policy Document, a copy of which is held at QCCA. OFSTED rated the nursery arrangements for safeguarding as 'effective' (2020)

- If we have a concern about a member of Le Jardin des Dyverande staff and interaction with anyone (staff or user) at QCCA it would be reported to QCCA's CEO in the first instance who would then approach the nursery owner/manager.
- If the matter could not be resolved or the concern was about the nursery owner, the relevant QCCA policy for Safeguarding would be implemented depending on the age of the individual at risk of harm.
- Depending on the circumstances of the concern the continuation of the rental agreement would be reviewed by the CEO and Board of Trustees

QCCA

SAFEGUARDING

POLICY

APPENDIX

February 2023

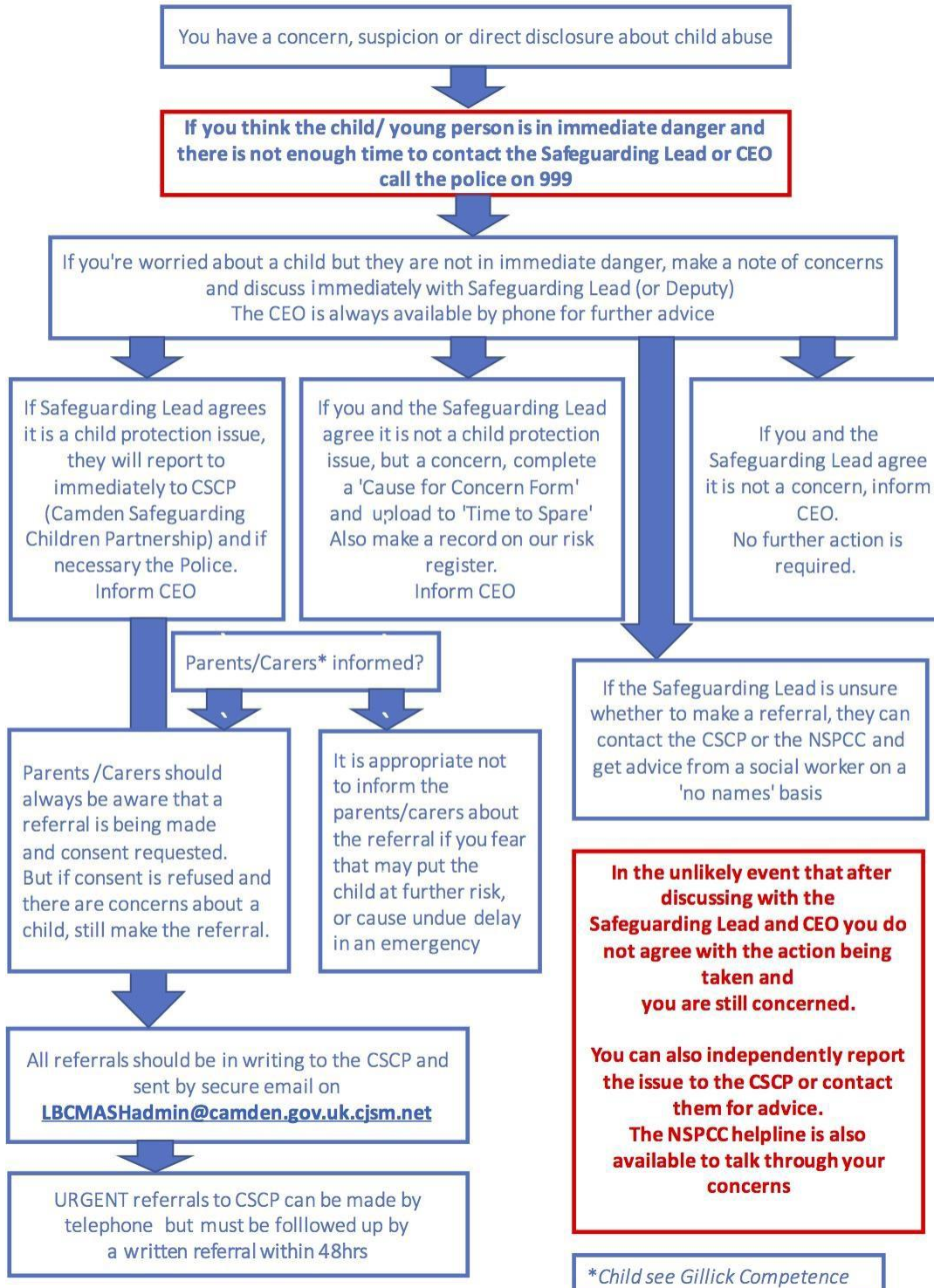


Supporting Camden Residents since 2002

Referral Diagram: Part B

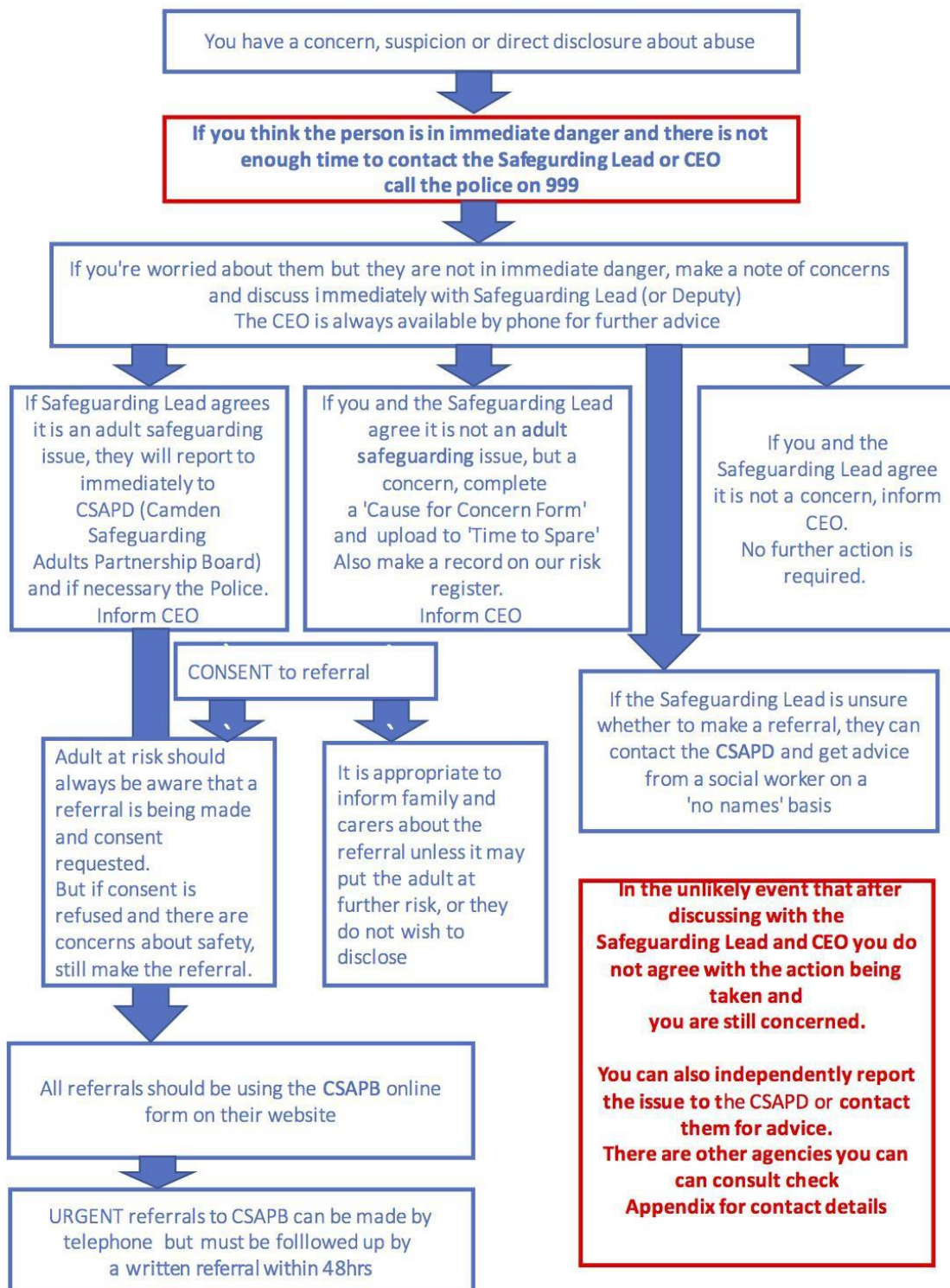
How to respond and act responsibly when you suspect abuse: children and young people?

What to do if you suspect abuse: Children & Young People 0-18yrs



How to respond and act responsibly when you suspect abuse: adult at risk or harm?

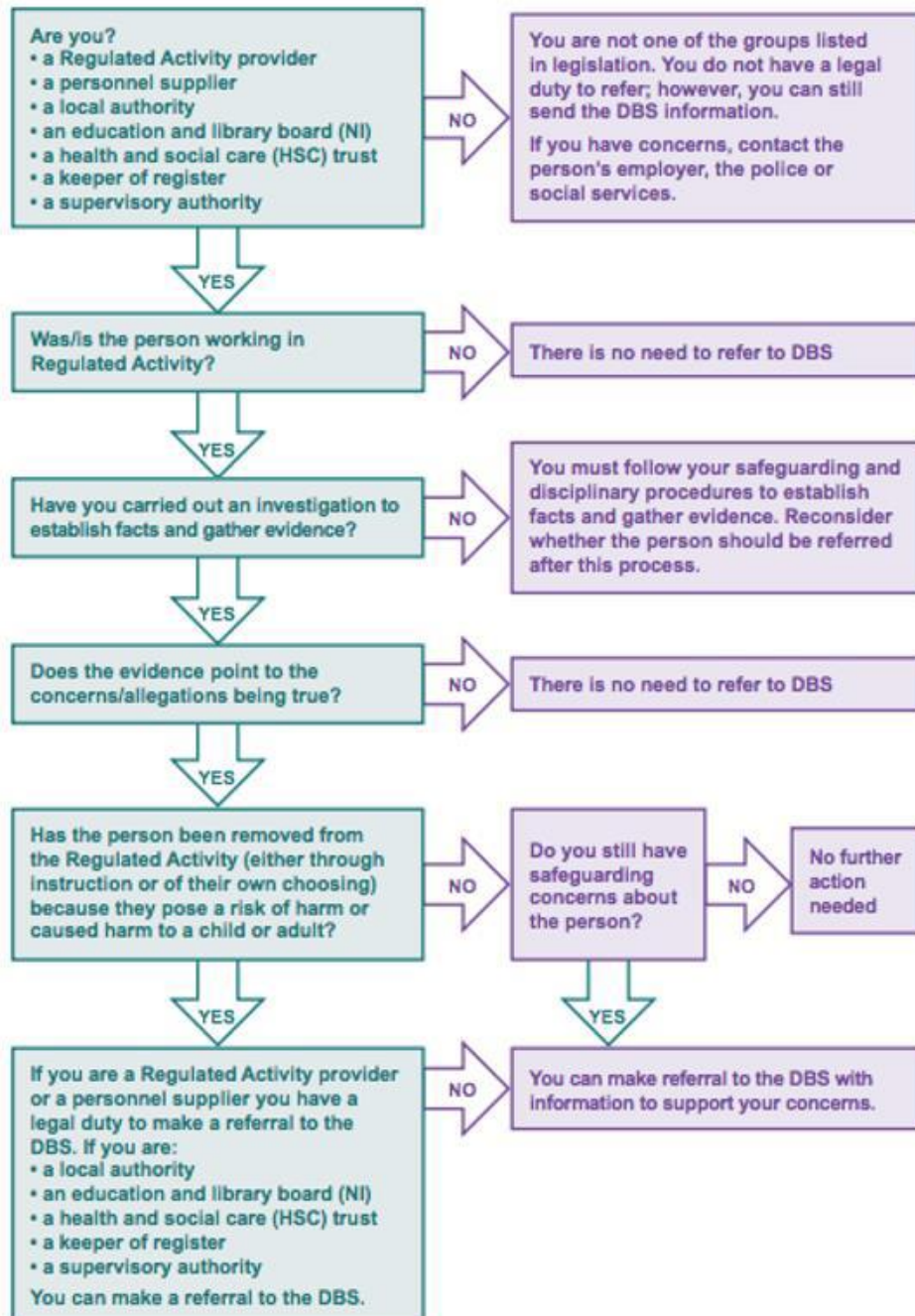
What to do if you suspect abuse Adult at Risk of Harm



DBS Referral Chart

Referral flow chart.

We have put together the following flow chart to help you decide if it is appropriate to refer someone to us.



Section 1 Safeguarding Children 0-18yrs

Who to speak to when you have a safeguarding concern or query: Children 0-18yrs

QCCA safeguarding leads	See tables overleaf for safeguarding contact details for each age group and each service		
QCCA CEO	Foyezur Miah	0207 267 6635 ext. 406 07939 333581	Foyezur@qcca.org.uk
QCCA Youth Services Manager	Naomi Gelinias	020 7267 6635 ext. 407 07362458403	Naomi@qcca.org.uk
QCCA Chairman Board of Trustees	Lucian Randall		Lucian.Randall@gmail.com
London Borough of Camden Safeguarding advice for when to report concerns CSCP	To make a general enquiry and speak with a social worker in confidence on a 'no name basis'	020 7974 3317 (9am to 5pm) 020 7974 4444 (Out of Hours)	adultsocialcare@camden.gov.uk LBCMASHadmin@camden.gov.uk.cjism.net
NSPCC Help for adults concerned about a child: 8am – 10pm weekdays/ 9am – 6pm weekends	trained professionals will talk through your concerns with you and give you expert advice.	0808 800 5000	help@nspcc.org.uk
	Text phone	0800 056 0566	
	NSPCC helpline offering advice, information and support to anyone concerned that a child's welfare is at risk because of female genital mutilation.	0800 028 3550	fgmhelp@nspcc.org.uk
	NSPCC Asian Child Protection Helpline Bengali	0800 096 7714	
	NSPCC Asian Child Protection Helpline Gujarati	0800 096 7715	
	NSPCC Asian Child Protection Helpline Hindi	0800 096 7716	
	NSPCC Asian Child Protection Helpline Punjabi	0800 096 7717	
	NSPCC Asian Child Protection Helpline Urdu	0800 096 7718	
	NSPCC Asian Child Protection Helpline Asian/English	0800 096 7719	
	NSPCC Support Hub – CAMDEN 7-8 Greenland Place, Camden, NW1 0AP Various services to support children who have been sexually abused	020 3772 9905	

NSPCC Help for children & young people 18 or under (Childline) 24 hrs		0800 1111	
Sexual Abuse 'Stop it now'	helpline supports any adult with concerns including those worried about the sexual behaviour of another adult towards children, and those	0808 1000 900	
	concerned about the worrying sexual behaviour of a child or young person.		
NSPCC Helpline Sexual Abuse in Schools To report or discuss an issue	dedicated helpline for children and young people who have experienced sexual harassment or abuse at school, and for worried adults and professionals that need support and guidance.	0800 136 663	
Radicalisation & Extremism To report or discuss an issue	If you have a concern that a child is at risk of being radicalised or would like to discuss an issue, please contact: CSCP or Prevent (details below)	020 7974 3317 (9am to 5pm) 020 7974 4444 (Out of Hours)	
Radicalisation & Extremism Prevent To report or discuss an issue	Prevent Prevent: to stop people becoming terrorists or supporting terrorism.	020 7974 2010	prevent@camden.gov.uk
External agencies who can offer support	Save The Children Child Exploitation Online & Protection Centre (CEOP) UK Safer Internet Centre	Tel: 020 7012 6400 Freephone: 0800 814 8148 0344 381 4772	

Safeguarding Leads: QCCA Nursery Settings

QCCA EARLY YEARS NURSERY SERVICES	In all cases contact Foyezur Miah CEO QCCA	0207 267 6635 ext. 406 07939 333581	Foyezur@gcca.org.uk
Caversham Nursery Designated Person & Safeguarding Lead	Noorjahan Hussain Caversham nursery manager	020 7485 0511	Noorjahan@gcca.org.uk
Caversham Nursery Deputy Safeguarding	Alketa H. Malaj Holly Lodge nursery manager	020 8347 9500	Alketa@gcca.org.uk
Holly Lodge Nursery Designated Person & Safeguarding Lead	Alketa H. Malaj Holly Lodge nursery manager	020 8347 9500	Alketa@gcca.org.uk
Holly Lodge Nursery Deputy Safeguarding	Noorjahan Hussain Caversham nursery manager	020 7485 0511	Noorjahan@gcca.org.uk
QCCA DROP IN SERVICES	In all cases contact Foyezur Miah CEO QCCA	0207 267 6635 ext. 406 07939 333581	Foyezur@gcca.org.uk
The Peggy Jay Centre Safeguarding Lead	Abdul Ahmed Office Manager	020 7267 6635 Ext.401	Abdul@gcca.org.uk
The Peggy Jay Centre Deputy Safeguarding	Vacant		
Healthy Families Safeguarding Lead	Naomi Gelinis Youth Services Manager	020 7267 6635 ext. 407 07362458403	Naomi@gcca.org.uk
Healthy Families Deputy Safeguarding	Vacant		
Foodbank Safeguarding Lead	Alketa H. Malaj Holly Lodge nursery manager	020 8347 9500	Alketa@gcca.org.uk
Foodbank Deputy Safeguarding	Vacant		

Safeguarding Leads: Children & Young People 0-18yrs

QCCA YOUTH SERVICES 0-18ys	In all cases contact Foyezur Miah CEO QCCA	0207 267 6635 ext. 406 07939 333581	Foyezur@qcca.org.uk
Youth Services Designated Person & Safeguarding Lead	Naomi Gelinas Youth Services Manager	020 7267 6635 ext. 407 07362458403	Naomi@qcca.org.uk
Youth Services Deputy Safeguarding	Mary Pierce Manager Older Peoples Service	020 7267 6635 Ext. 403 07771 338749	Mary@qcca.org.uk
QCCA DROP-IN SERVICES 0-18yrs	In all cases contact Foyezur Miah CEO QCCA	0207 267 6635 ext. 406 07939 333581	Foyezur@qcca.org.uk
The Peggy Jay Centre Safeguarding Lead	Abdul Ahmed Office Manager	020 7267 6635 Ext.401	Abdul@qcca.org.uk
The Peggy Jay Centre Deputy Safeguarding	Vacant		
Healthy Families Safeguarding Lead	Naomi Gelinas Youth Services Manager	020 7267 6635 ext. 407 07362458403	Naomi@qcca.org.uk
Healthy Families Deputy Safeguarding	Vacant		
Foodbank Safeguarding Lead	Naomi Gelinas Youth Services Manager	020 7267 6635 ext. 407 07362458403	Naomi@qcca.org.uk
Foodbank Deputy Safeguarding	Vacant		

Reporting Abuse: contact numbers: Children 0-18yrs

<p>If there is an immediate risk of harm ALWAYS dial</p>	<p>Police</p>	<p>999</p>	
<p>CSCP Camden Safeguarding Children Partnership</p> <p>Children & Families Contact Service* 9th Floor 5 Pancras Square London N1C 4AG</p>	<p>If you are worried about a child or young person call</p>	<p>020 7974 3317 (9-5pm)</p> <p>020 7974 4444 (Out of Hours)</p>	<p>LBCMASHadmin@camden.gov.uk</p> <p>Secure email LBCMASHadmin@camden.gov.uk en.gov.uk.cjism.net</p>
<p>*CSCP refers to itself as 'Children and Families Contact Service' at points in its literature</p>			
<p>LADO</p> <p>Service Manager for Child Protection is Sonia Forbes and Local Authority Designated Officer (LADO) is Jacqueline Fearon, who will respond to all day-to-day LADO referrals and requests for advice. Sonia is her boss.</p> <p>How to refer</p> <p>The responsible officer should complete the LADO Agency reporting form and email this to the LADO mailbox LADO@camden.gov.uk</p> <p>The mailbox is regularly checked by the LADO and who will contact the referrer as soon as possible to discuss the case and decide what action to take.</p> <p>In cases where it is necessary to speak directly to the LADO, responsible officers can call 020 7974 4556 and ask to speak to the LADO.</p> <p>Referrers may reach a voicemail message and be asked to leave a message, but this will be returned as soon as possible.</p> <p>It is strongly recommended that a referral is sent to the LADO mailbox in the first instance.</p>			
<p>Radicalisation & Extremism</p> <p>To report or discuss an issue CSCP</p>	<p>If you have a concern that a child is at risk of being radicalised, please contact: CSCP or Prevent (details below)</p>	<p>020 7974 3317 (9am to 5pm)</p> <p>020 7974 4444 (Out of Hours)</p>	

<p>Radicalisation & Extremism</p> <p>Prevent</p> <p>To report or discuss an issue</p>	<p>Prevent</p> <p>Prevent: to stop people becoming terrorists or supporting terrorism.</p>	<p>020 7974 2010</p>	<p>prevent@camden.gov.uk</p>

What is the Camden Safeguarding Children's Partnership?

The CSCP is the 'front door' to all children's social care services for children living in Camden.

The CSCP is comprised of screening officers, social workers and early help workers led by a Social Work manager and an Early Help manager and includes:

- **The First Stop Early Help team** which deals with referrals for early help, preventative services where problems are first emerging and there are no safeguarding concerns.
- **The Multi-agency Safeguarding Hub (MASH) team** which deals with referrals where there are concerns that the child is at risk of harm and requires a statutory social work service from Children's Safeguarding and Social Care (CSSW).
- The MASH team is a multi-agency team with representatives from the following agencies:
 - CSSW (Children's Safeguarding and Social Work division)
 - Camden Police
 - Health services
 - Probation Youth services
 - Substance misuse services
 - Domestic abuse services
 - Education Housing

Once contact is made with the case will be allocated a RAG (red/amber/green) rating by the team manager and senior practitioner based on level of concern



How does the RAG Rating work?

BLUE - Universal Services These are cases where children’s social care **do not** have a role in providing the services needed. These cases will be referred on to the relevant agency or universal services such as health and education.

GREEN - Early Help These are cases that do not meet the threshold for a statutory social work service but where the child and family would benefit from an early intervention, preventative service. These cases will be referred to the First Stop Early Help team to identify a **suitable early help service within three working days**.

AMBER - Child in Need These are cases where the child is in need and requires a statutory social work service. These cases will be passed to the relevant social work team in CSSW **within three working days**. If the child is at risk of significant harm but not in imminent danger the case will be passed to the MASH team to be **dealt with within 24 hours**.

RED - Child Protection These are urgent child protection cases where the child is in imminent danger requiring immediate action to protect them. These cases will be passed to the MASH team to be **dealt with within four (4) hours**.

CSCP Statutory Partners:

- **DCS. Executive Director of Supporting People and Deputy Chief Executive, Camden Council:** Martin Pratt
- Borough Commander, Central North (Camden and Islington) Basic Command Unit (BCU): Chief Supt. Andy Carter
- Director of safeguarding, chief nurse’s directorate, NHS North Central London Integrated care board, David Pennington.
- Independent Scrutineer: Dominic Clout (Chief Superintendent of Camden’s Police)
- CSCP development officer, Aysha Sparks, aysha.sparks@camden.gov.uk (maternity cover 2023)
- Business Manager: Dinishia Mitford, dinishia.mitford@camden.gov.uk

Camden Safeguarding Children Partnership	London Borough of Camden, 5 Pancras Square, London N1C 4AG	
Camden Safeguarding Children Partnership (CSCP) general enquiries	020 7974 6658/1276	cscp@camden.gov.uk
CSCP if you are worried about a child or young person (9am-5pm)	0207 974 3317	lbcdashadmin@camden.gov.uk
CSCP SECURE email		cscp@camden.gov.uk

Support Helplines: Children 0-18yrs

NSPCC Helpline Sexual Abuse in Schools	Helpline for children and young people who have experienced sexual harassment or abuse at school, and for worried adults and professionals that need support and guidance.	0800 136 663	
NSPCC Help for Children and young people	Childline	0800 1111	
Kidscape Advice about dealing with bullying	Workshops for Community leaders FREE ZAP workshops each comes as a pair one for the child & one for the parents		http://kidscape.org.uk/kidscape-programmes/
The Lighthouse Support for young people who have been sexually abused	The Lighthouse 7-9 Greenland Place London NW1 0AP Professionals Phone: 020 3049 0010	0808 169 8112 Mon-Saturday: 10am – 8pm Sunday: 10am – 1pm	thelighthouse.ask@nhs.net
Camden Early Help 'Early intervention' can stop things getting worse CSCP		020 7974 3317 (9am to 5pm, ask for Early Help)	LBCMASHadmin@camden.gov.uk
For more info on Early Help visit			https://www.camden.gov.uk/early-help-for-children-and-families
<p>Police Child Protection Team Police Community Safety Unit 020 8733 6443, 020 8733 6550, 020 8733 5946, 020 8733 5665, 020 8733 5565 Mon-Sun 8am-10pm. csu.camden@met.police.uk</p> <p>Kentish Town Children's Centre Services. Harmood Children's Centre, 1 Forge Place, Ferdinand Street, London NW1 8DQ 020 7974 8961, 0800 389 5789 (Freephone) Mon-Fri 9am-5pm. Children 0-5 years and their families, including childminders Self-referrals and agency referrals accepted; families are encouraged to complete a registration form. Children's workers wanting to make a referral to this service should use the eCAF form.</p>			

Reference and Guidance Documents: Children 0-18yrs

<p>CHILDREN'S SERVICES Camden Children & Families Contact Service 'Important information for professionals'</p>	<p>https://cscp.org.uk/professionals/children-and-families-contact-service/</p>
<p>CHILDREN'S SERVICES CSCP 'Threshold criteria for Children's services in Camden'</p>	<p>https://cscp.org.uk/wp-content/uploads/2022/02/Thresholds-for-childrens-services.pdf</p>
<p>ABUSE HM Gov 'What to do if you're worried a child is being abused Advice for practitioners' 2015</p>	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf</p>
<p>RADICALISTION & EXTREMISM CSCP 'Safeguarding children and young people from radicalisation and extremism: guidance for the children's workforce' 2021</p>	<p>https://cscp.org.uk/resources/radicalisation-and-extremism-resources/</p>
<p>RADICALISTION & EXTREMISM CSCP has parent guides to Radicalisation & Extremism in English, Somali, Bengali, and Arabic</p>	<p>https://cscp.org.uk/resources/radicalisation-and-extremism-resources/</p>
<p>SEXUAL ABUSE CSCP Sexual Abuse 'Think the Unthinkable' 2021</p>	<p>https://cscp.org.uk/wp-content/uploads/2021/09/CSCP-Think-the-Unthinkable-Child-sexual-abuse-strategy-2021.pdf</p>
<p>CHILD SEXUAL EXPLOITATION Dept of Ed 'Child sexual exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation' 2017</p>	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf</p>
<p>Guidance Keeping children safe during community activities, after-school clubs and tuition: non-statutory guidance for providers running out-of-school settings Updated 4 December 2020</p>	<p>https://www.gov.uk/government/publications/keeping-children-safe-in-out-of-school-settings-code-of-practice/keeping-children-safe-during-community-activities-after-school-clubs-and-tuition-non-statutory-guidance-for-providers-running-out-of-school-settings#fn:4</p>

Training, information, and updates: Children 0-18yrs

CSCP Camden Safeguarding Children Partnership	General enquiries	020 7974 6658 or 020 7974 1276	CSCP@camden.gov.uk
NSPCC. UK's leading child protection charity, they understand the child protection issues that organisations & people working with children can face.	Child protection courses safeguarding training, resources and consultancy 0116 234 7246	https://learning.nspcc.org.uk/training	
NSPCC's safeguarding self- assessment tool	Is our safeguarding policy up to date?	https://learning.nspcc.org.uk/safeguarding-self-assessment-tool	
NSPCC child protection updates:	CASPAR weekly email to keep you up-to-date with all the latest safeguarding and child protection news, policy, practice and research across the UK	https://learning.nspcc.org.uk/newsletter/caspar	
NSPCC introduction to safeguarding		https://learning.nspcc.org.uk/media/1464/introductory-guide-to-safeguarding-and-child-protection-voluntary-and-community-sector.pdf	
UK Youth	Information. They also run a quality mark scheme for safeguarding practice	https://www.ukyouth.org/what-we-do/quality-marks/	
The National Youth Safeguarding Forum: to support / promote best practice to safeguard the young people aged 10-25	Members meet 3x pa, for support, share info learn from each other & improve standards of safeguarding in the youth sector.	Isabelle King ymazik07@gmail.com 07939 289 492	
NCVO safeguarding: Safer Social Sector Partnership lead by NCVO	A range of resources to improve safeguarding across the sector.	https://knowhow.ncvo.org.uk/safeguarding	Visit NCVO Knowhow hub for a range of new online safeguarding resources and links to updated content on partners' websites.

Statutory Guidance Children 0-18yrs

HM Gov 'Working Together to Safeguard Children' 2018		https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf
HM Gov 'Safeguarding vulnerable. Groups Act' 2006		https://www.legislation.gov.uk/ukpga/2006/47/contents
Children and Social Work Act 2017 This act amends the Children Acts of 1989 & 2004		https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted
'Keeping Children safe in Education' 2015 updated 2021		https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
HO Mandatory Reporting of Female Genital Mutilation – procedural information		https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf

Section 2: Safeguarding Adults at Risk of Harm

Who to speak to when you have a safeguarding concern:

QCCA safeguarding lead	See tables overleaf for safeguarding contact details for each service		
QCCA CEO	Foyezur Miah	0207 267 6635 ext. 406 07939 333581	Foyezur@qcca.org.uk
QCCA Chairman Board of Trustees	Lucian Randall		Lucian.Randall@gmail.com
All			
Camden SAPB Safeguarding Adults Partnership Board	If you have any questions about safeguarding or are worried about someone but are unsure what to do, you can call	020 7974 4000 select option 1	adultsocialcare@camden.gov.uk
Radicalisation & Extremism PREVENT To report or discuss an issue	Prevent Prevent: to stop people becoming terrorists or supporting terrorism.	020 7974 2010	prevent@camden.gov.uk
Older People			
Safeguarding advice about whether to report concerns	AGE UK Advice Line For Older People	0800 678 1602	
Safeguarding advice and support about how to help	Safer Ageing Stopping Abuse HOURGLASS	0808 808 8141 (9am to 5pm)	trained professionals will talk through your concerns with you and give you expert advice helpline@wearehourglass.org
Safeguarding advice about when to report concerns AGE UK CAMDEN		020 7837 3777	Safeguarding@ageukcamden.org.uk
People with a learning disability			
MENCAP Learning Disability Helpline	If you have any questions about safeguarding or are worried about someone but are unsure what to do, you can call	0808 808 1111	https://www.mencap.org.uk/advice-and-support/safeguarding/safeguarding-adults

Safeguarding Leads: Adults at risk of Harm

QCCA FOREVER YOUNG SERVICES 55+yrs	In all cases contact Foyezur Miah CEO QCCA	0207 267 6635 ext. 406 07939 333581	Foyezur@qcca.org.uk
Older People's Service Designated Person & Safeguarding Lead	Mary Pierce Older Peoples Service Manager	020 7267 6635 Ext.403 07771 338749	Mary@qcca.org.uk
Older People's Service Deputy Safeguarding	Naomi Gelinas Youth Services Manager	020 7267 6635 ext. 407 07362458403	Naomi@qcca.org.uk
QCCA YOUTH SERVICE ADULTS AT RISK OF HARM 18-21ys	In all cases contact Foyezur Miah CEO QCCA	0207 267 6635 ext. 409 07939 333581	Foyezur@qcca.org.uk
Youth Services Safeguarding Lead	Naomi Gelinas Youth Services Manager	020 7267 6635 ext. 407 07362458403	Naomi@qcca.org.uk
Youth Services Deputy Safeguarding	Mary Pierce Older Peoples Service Manager	020 7267 6635 Ext.403 07771 338749	Mary@qcca.org.uk
QCCA DROP-IN SERVICES Adults at risk of harm	In all cases contact Foyezur Miah CEO QCCA	0207 267 6635 ext. 409 07939 333581	Foyezur@qcca.org.uk
The Peggy Jay Centre Safeguarding Lead	Abdul Ahmed Office Manager	020 7267 6635 Ext.401	Abdul@qcca.org.uk
The Peggy Jay Centre Deputy Safeguarding			
Healthy Families Safeguarding Lead	Mary Pierce Manager Older Peoples Service	020 7267 6635 Ext.	Mary@qcca.org.uk
Healthy Families Deputy Safeguarding			
Foodbank Safeguarding Lead	Mary Pierce Manager Older Peoples Service	020 7267 6635 Ext.	Mary@qcca.org.uk
Foodbank Deputy Safeguarding			

Reporting Abuse: contact numbers Adults at risk of harm

If there is an immediate risk of harm ALWAYS dial	Police	999	If a criminal act has been committed police must be notified
Non urgent	Police	101	If a criminal act has been committed police must be notified
Camden SAPB Safeguarding Adults Partnership Board Access and response team London Borough of Camden 7th Floor, 5 Pancras Square London WC1H 9JE	to report an adult you feel is at risk of harm	020 7974 4000 (select option 1) Out of hours emergency duty team 020 7974 4444	adultsocialcare@camden.gov.uk

LADO

Service Manager for Child Protection is Sonia Forbes and **Local Authority Designated Officer (LADO)** is Jacqueline Fearon, who will respond to all day-to-day LADO referrals and requests for advice. Sonia is her boss.

How to refer

The responsible officer should complete the LADO Agency reporting form and email this to the LADO mailbox LADO@camden.gov.uk

The mailbox is regularly checked by the LADO and who will contact the referrer as soon as possible to discuss the case and decide what action to take.

In cases where it is necessary to speak directly to the LADO, responsible officers can call 020 7974 4556 and ask to speak to the LADO.

Referrers may reach a voicemail message and be asked to leave a message but this will be returned as soon as possible.

It is strongly recommended that a referral is sent to the LADO mailbox in the first instance.

Radicalisation & Extremism Prevent To report or discuss an issue	Prevent Prevent: to stop people becoming terrorists or supporting terrorism.	020 7974 2010	prevent@camden.gov.uk
Quality Care Commission	Complain about an adult social care service	03000 616161	https://www.cqc.org.uk/contact-us/how-complain/complain-about-adult-social-care-service enquiries@ccq.org.uk

Support Helplines: Adults at risk of harm

Older People			
<p>Safeguarding advice and support about getting help</p> <p>From Hourglass</p> <p>Safer Ageing Stopping Abuse</p>	<p>trained professionals will listen to your concerns and provide suggestions and advice. Our helpline is free to call and entirely confidential.</p>	<p>0808 808 8141 Mon- Fri (9am to 5pm)</p> <p>FREE TEXT service 078 6005 2906</p>	<p>helpline@elderabuse.org.uk</p>
<p>SILVER LINE confidential, free helpline for older people across the UK open every day and night of the year</p>	<p>specialy trained helpline team can: offer immediate friendship and comfort to lonely and isolated older callers and support older callers who may be suffering from abuse or neglect.</p>	<p>0800 4 70 80 90</p> <p>24hrs a day, 365 days a year</p>	
<p>Safeguarding advice for you or someone you know</p> <p>AGE UK CAMDEN</p>		<p>020 7837 3777</p> <p>10-4pm Mon- Friday</p>	<p>Safeguarding@ageukcamden.org.uk</p>
People with a learning disability			
<p>MENCAP Learning Disability Helpline</p>	<p>If you have any questions about safeguarding or are worried about someone but are unsure what to do, you can call</p>	<p>0808 808 1111</p>	<p>https://www.mencap.org.uk/advice-and-support/safeguarding/safeguarding-adults</p>
All			
<p>National Domestic Abuse Helpline REFUGE</p> <p>Women's Advice Line</p> <p>Free Helpline for all women and concerned friends, family and professionals</p>	<p>Advice and can also help you to access refuge accommodation, or other specialist domestic violence services, if needed & other specialist services.</p> <p>Also covers abuse in teenage relationships</p>	<p>0808 2000 247</p> <p>24 hr National Domestic Abuse Helpline</p>	<p>Uses the services of Language Line to provide access to interpreters for non-English-speaking callers. The Helpline can also access the BT Type Talk Service for deaf or hard-of-hearing callers.</p>

National Domestic Abuse REFUGE Men's Advice Line	staff are highly trained to work with everyone experiencing domestic abuse, including heterosexual, gay, bisexual and transgender men.	0808 801 0327	

Reference and Guidance Documents: Adults at Risk of Harm

A Guide to Safeguarding Adults		https://www.anncrafttrust.org/resources/a-guide-to-safeguarding-adults/
DBS Barring referrals, your guide to how and where to make one.		https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/782483/CCS0119367774-001_Barring_Referrals_Document_Flowchart_A5_Booklet_V3_DG-2.pdf

Training, information, and updates: Adults at Risk of Harm

Ann Craft Trust Safeguarding bulletins	Safeguarding Updates Receive our quarterly e-bulletin full of the latest safeguarding articles as well as details of our upcoming seminars and training events.	https://www.anncrafttrust.org/subscribe/
Ann Craft Trust	Safeguarding policy checklist	https://www.anncrafttrust.org/checklist-overview/

Statutory Guidance: Adults at Risk of Harm

Care Act 2014 (with all amends up to Nov 2021)	https://www.legislation.gov.uk/ukpga/2014/23/part/1/enacted
Mental Capacity Act Code of Practice 2007 (Mental Capacity Act 2005)	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdf

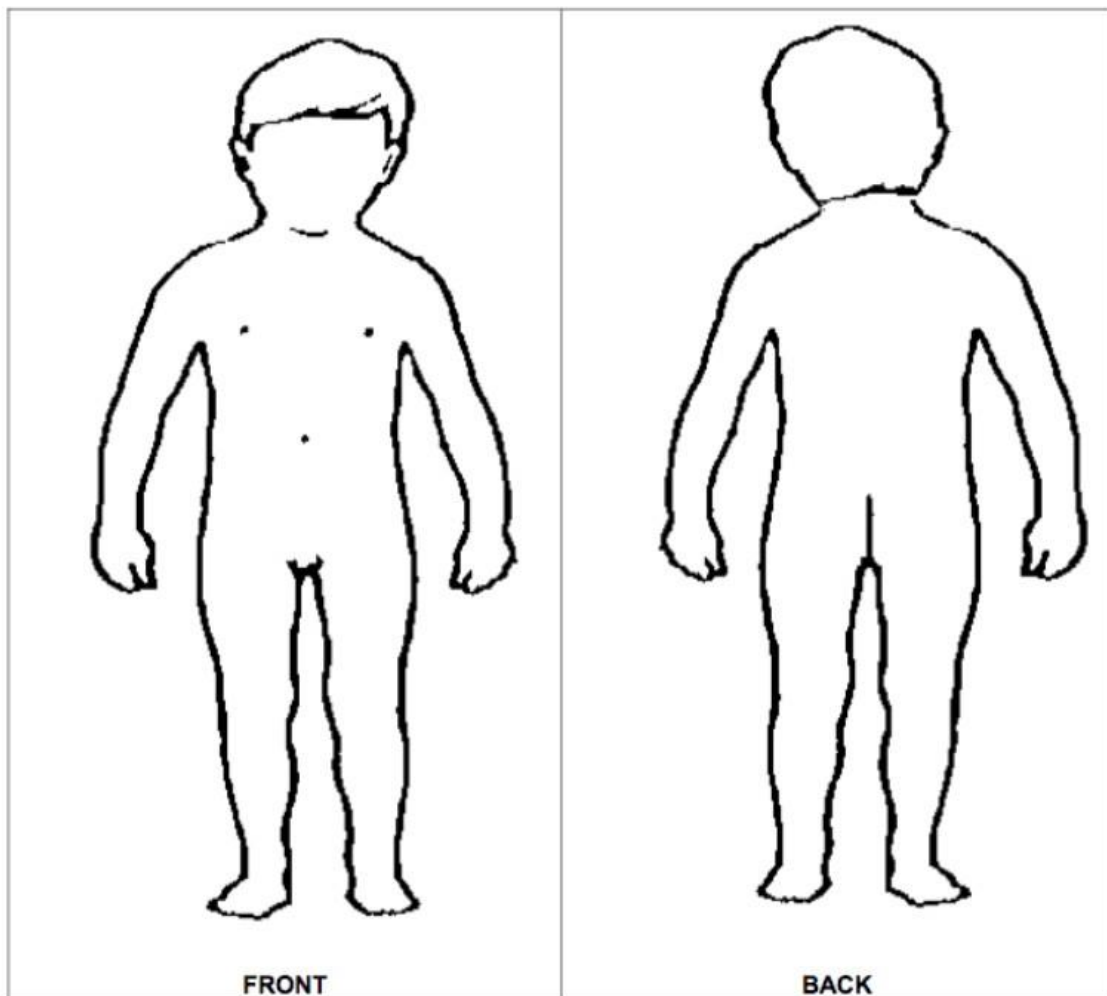
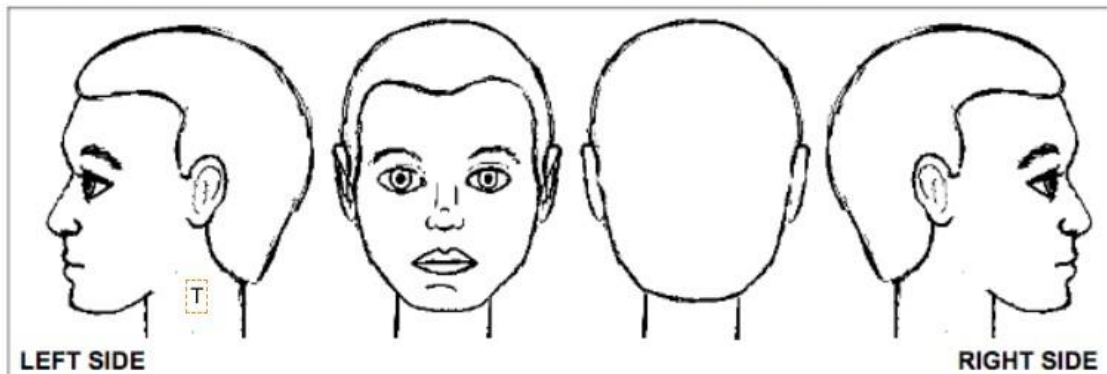
Safeguarding Guidance: Trustees

Safeguarding and protecting people for charities and trustees	https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees
Bond 'Good governance for safeguarding' A guide for UK NGO boards	https://www.bond.org.uk/sites/default/files/resource-documents/good_governance_for_safeguarding.pdf
White paper 'Policy paper Strategy for dealing with safeguarding issues in charities' Updated 6 December 2017	https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/strategy-for-dealing-with-safeguarding-issues-in-charities
Gov guidance 'The essential trustee: what you need to know, what you need to do (CC3)'	https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3

Body Map 1 of 3

GROWING SAFETY – INJURY BODY MAP

NAME OF CHILD _____ **DATE OF BIRTH** _____

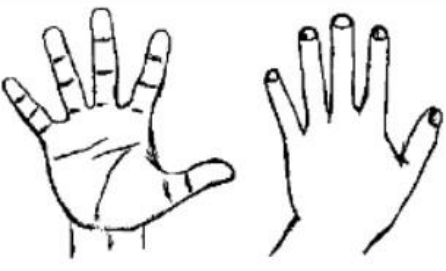
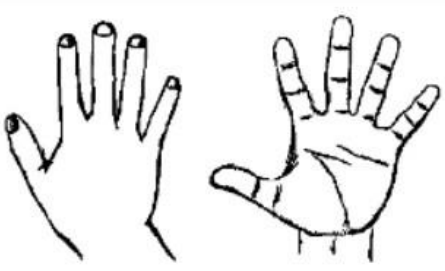




NAME OF WORKER _____ **DATE RECORDED** _____

NOTE THIS IS A SOCIAL WORK RECORD AND DOES NOT REPLACE A MEDICAL RECORD OR PAEDIATRIC REPORT

GROWING SAFETY – INJURY BODY MAP

NAME OF CHILD		DATE OF BIRTH	
----------------------	--	----------------------	--

	
LEFT HAND	RIGHT HAND

	
LEFT FOOT	RIGHT FOOT

FULL DESCRIPTION OF INJURY

ANY EXPLANATION GIVEN?

REPORTED BY?	
REPORTED WHEN?	

NAME OF WORKER		DATE RECORDED	
WORKER'S ROLE			

NOTE THIS IS A SOCIAL WORK RECORD AND DOES NOT REPLACE A MEDICAL RECORD OR PAEDIATRIC REPORT

GROWING SAFETY – INJURY DETAILS

NAME OF CHILD		DATE OF BIRTH	
----------------------	--	----------------------	--

REPORTED BY?	
ROLE OF PERSON REPORTING INJURY	
REPORTED WHEN?	

CHILD'S VOICE – WHAT DOES THE CHILD SAY ABOUT THE INJURY?

PARENT'S VOICE – WHAT DOES THE PARENT OR CARER SAY ABOUT THE INJURY?

WHAT ARE WE WORRIED ABOUT/ WHAT IS WORKING WELL? (In connection with this injury)

WHAT NEEDS TO HAPPEN? (In connection with this injury)
DOES THERE NEED TO BE A CHILD PROTECTION MEDICAL?

NAME OF WORKER		DATE RECORDED	
ROLE OF WORKER			

NOTE: THIS IS A SOCIAL WORK RECORD AND DOES NOT REPLACE A MEDICAL RECORD OR PAEDIATRIC REPORT

Other QCCA policies

Recruitment and Training Policy for Staff and Volunteers	C:\Users\AbdulAhmed\Queen's Crescent Community Association\Queen's Crescent Community Association Team Site - Queen's Crescent Community Association Shared Drive\Organisational Policy\Recruitment and Training Policy for Staff and Volunteers (1).doc
QCCA staff handbook	C:\Users\AbdulAhmed\Queen's Crescent Community Association\Queen's Crescent Community Association Team Site - Queen's Crescent Community Association Shared Drive\Employee staff files\QUE065 - Employee Handbook Aug 2024.pdf
Volunteers Policy	C:\Users\AbdulAhmed\Queen's Crescent Community Association\Queen's Crescent Community Association Team Site - Queen's Crescent Community Association Shared Drive\Organisational Policy\QCCA Volunteers Policy.doc
GDPR policy	C:\Users\AbdulAhmed\Queen's Crescent Community Association\Queen's Crescent Community Association Team Site - Queen's Crescent Community Association Shared Drive\Organisational Policy\GDPR Policy updated 2024.pdf
Lone Working Policy	C:\Users\AbdulAhmed\Queen's Crescent Community Association\Queen's Crescent Community Association Team Site - Queen's Crescent Community Association Shared Drive\Organisational Policy\lone working policy Sep 2024.pdf
All policies can be found on our website www.qcca.org.uk	

REVISION SUMMARY

Oct 2024

- Inserted location of all other policies

Jan 2023 -

- All contact details and external links checked and updated
- Introduction to children and young people added
- Additional referral diagrams added.

Jan 2022 –

- Safeguarding Policy and Procedures split into four safeguarding policies,
 - new section created for Nursery/Early Years policy,
 - all references to nursery policies removed from Children Section
 - Creation of policy for Safeguarding in our rental spaces
- Policy sections renamed
 - Policy 1: Nursery Policy.
 - Policy 2: Children & Young People 0-18yrs
 - Policy 3: Adults at Risk of Harm
 - Policy 4: Safeguarding for those at risk of harm in our rental spaces
- Document numbers adjusted throughout