**Safeguarding children and young people policy**

Shantona Women's and Family Services was established in 1998 to help build the confidence and independence of the Bangladeshi women, young people and children and their families living in Harehills and Chapeltown. Shantona is committed to safeguarding children and young people and their families in all activities that they undertake.

 Shantona aims to ensure that:

• Appropriate action is taken in a timely manner to safeguard and promote children’s welfare.

• All staff and volunteers are aware of their statutory responsibilities with respect to safeguarding.

• Staff and volunteers are properly trained in recognising and reporting safeguarding issues.

**SIGNS AND SYMPTOMS OF ABUSE**

**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/carer fabricates the symptoms of, or deliberately induces illness in a child.

**EMOTIONAL ABUSE**: Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so 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 the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, (including cyber- 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, though it may occur alone.

**SEXUAL ABUSE**: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether 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 include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**NEGLECT**: 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. 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.

Possible signs of abuse include:

* Unexplained or suspicious injuries such as bruising cuts or burns, particularly if situated on a part of the body not normally prone to such injuries or the explanation of the cause of the injury is does not seem right.
* The child discloses abuse or describes what appears to be an abusive act.
* Someone else (child or adult) expresses concern about the welfare of another child.
* Unexplained change in behaviour such as withdrawal or sudden outbursts of temper.
* Inappropriate sexual awareness or sexually explicit behaviour.
* Distrust of adults, particularly those with whom a close relationship would normally be expected.
* Difficulty in making friends.
* Eating disorders, depression, self-harm, or suicide attempts.

**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 or young person 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.

**CCE**

Child Criminal Exploitation (CCE) can be understood as the exploitation of children and young people aged under 18 years in the storage, distribution and selling of illegal drugs, under violent coercion or exploited using debt or promise of cash or drugs. Patterns of grooming behaviour by adults can be seen to be like those associated with sexual exploitation. There will be a power imbalance and children and young people should not be viewed as at fault, ‘choosing a lifestyle’ or making an informed choice.

Criminal exploitation is not restricted to drugs; some children are transporters of cash as well as firearms and weapons and are coerced into carrying out theft and burglaries. Many children and young people subject to CCE are exploited by criminal gangs.

**Child on Child Abuse:**

Inappropriate behaviours between children that are abusive in nature including physical, sexual, or emotional abuse, exploitation, sexual harassment, all forms of bullying, coercive control, hazing/initiation ritual between children and young people, both on and offline (including that which is within intimate personal relationships). “Adapted from keeping children safe in Education.

**FGM**

Female Genital Mutilation (FGM) refers to procedures that intentionally alter, mutilate or cause injury to the female genital organs for non-medical reasons. FGM is medically unnecessary and can have serious health consequences, both at the time it is carried out and in later life. A girl or woman who's had female genital mutilation (FGM) may:

* have difficulty walking, standing, or sitting.
* spend longer in the bathroom or toilet.
* appear withdrawn, anxious, or depressed.
* have unusual behaviour after an absence from school or college.
* be particularly reluctant to undergo normal medical examinations.
* ask for help but may not be explicit about the problem due to embarrassment or fear.

**Radicalisation** and the encouragement or coercion to become in involved in terrorist activities. <https://www.gov.uk/guidance/making-a-referral-to-prevent>

* **Forced Marriage.** This is a marriage in which one, or both, people don’t consent to the marriage. It’s a criminal offence and a serious abuse of human rights. Forced marriages could be decided in advance, years before the child is old enough to marry.
* **Domestic Abuse** (either witnessing violence between adult family members, or in the case of older young people being subjected to coercion or violence in an intimate relationship in the same way as an older person.)

**BECOMING AWARE OF A SAFEGUARDING ISSUE**

You can be made aware of any safeguarding issues through various mean such as

* a third party or anonymous allegation is received.
* a child or young person’s appearance, behaviour, play, drawing or statements cause suspicion of abuse and/or neglect.
* a child or young person reports an incident(s) of alleged abuse which occurred some time ago.
* a written report is made regarding the serious misconduct of a worker towards a child or young person.

**WHAT TO DO IF YOU ARE CONCERNED ABOUT A CHILD**

**Stage 1**

* Initially talk to a child/young person about what you are observing. It is okay to ask questions, *for example: “I’ve noticed that you don’t appear yourself today, is everything okay?* But never use leading questions
* Listen carefully to what the young person has to say and take it seriously. Act always towards the child as if you believe what they are saying.
* It is not the responsibility of groups to investigate incidences of suspected child abuse but to gather information and refer only.
* Always explain to children and young people that any information they have given will have to be shared with others, if this indicates they and or other children are at risk of harm.
* Notify the organisation’s Named Person for safeguarding (above) and your line manager.
* Record what was said as soon as possible after any disclosure; the person who receives the allegation or has the concern, should complete pro-forma, and ensure it is signed and dated. The contents of the pro-forma should include:
* Date and time of notification.
* Young person’s name
* What was said?
* Actions to be taken (both internal and external actions - based on the issues raised in the allegation. Eg; Notify Manager/ Duty and Advice/ LADO)
* Respect confidentiality and file documents securely.

**Stage 2**

* Staff should take immediate action if there is a suspicion that a child has been abused or likely to be abused. In this situation the member of staff/ line manager should contact the police and/or the Duty and Advice Team. If a referral is made direct to the Duty and Advice team this should be followed up in writing within 24 hrs.

NB Parents / carers will need to be informed about any referral to Children & Young people’s Social Care unless to do so would place the child at an increased risk of harm.

**Named person for Safeguarding:**

Name of Safeguarding Lead: Ashia Akhtar

Name of Deputy Safeguarding lead: Sabuj Shalam

Telephone number:01132497120.

Emergency Contact No:07950447603

Telephone number of Children’s Social Work Service (including out of hours number):

During Office hours (Monday to Friday, 8am to 6pm) - **0113 376 0336**

Social Care- Emergency Duty team **(out of hours)** - **0113 376 0469** and provide them with as much information as possible. You can also email on **childrensedt@leeds.gov.uk**

**Allegation against a member of staff**

* Any suspicion, allegation or actual abuse of a child/ young person by a member of staff must be reported to the Local Authority Designated Officer, CEO, or the designated Safeguarding officer as soon as possible immediately of the initial concern arising.
* Usual safeguarding procedures apply if it is suspected that the criteria for a LADO notification has been met. If anyone suspects that a child is either experiencing or at risk of harm: Members of the public should contact Children’s Social Work Service on 0113 222 4403 between 8.30am – 5pm.
* Practitioners involved with the child or family should contact the Duty and Advice Team (guide) on 0113 37 60336 between 9.00am to 5pm ( Option 2). Outside of these office hours, please contact the Children’s Emergency Duty team (guide) on 0113 5350600.
* The Local Authority Designated Officers in Leeds can be contacted Monday to Friday on: 0113 3789687
Between them they operate a duty system for LADO Notifications.
* If you think that a practitioner has harmed a child:
* Request a notification form from LADO@leeds.gov.uk
* Email the completed form to LADO@leeds.gov.uk
* If you would like to discuss your concerns or are unclear about the criteria call the Local Authority Designated Officers, Monday to Friday on: 0113 3789687

On being notified of any such matter the CEO or Designated Safeguarding lead shall:

* Prevent the member of staff from working with children until a thorough investigation has been taken place if there is a sufficient ground to do so
* Take steps as s/he considers necessary to ensure the safety of the child/young person in question and any other child who might be at risk
* Report the matter to the police, children social work services in accordance with the process outlined in stage 1
* Ensure that a report of the matter is completed by the person who reported the original concern and that confidentiality of information, or communications is ensured at all times.
* If the CEO or Safeguarding Lead are not available, the member of staff must go directly to the most senior member of staff.
* Where the complaint is made against the CEO then the matter will be reported to the management committee who will inform the LSCB.

**MANAGEMENT AND SUPERVISION OF STAFF/VOLUNTEERS**

Staff and volunteers have 6 weekly supervisions with their line managers. This gives them the opportunity to discuss any concerns that they may have with their workload keeping in line with the 3 Ps Performance Management

• Ensure that safeguarding children, performance, and practice is competent, accountable and soundly based in research and practice knowledge.

 • Ensure that safeguarding children practice is consistent with the Leeds Safeguarding Children Board, West Yorkshire Consortium Procedures, and organisational procedures.

• Ensure that practitioners fully understand their roles, and responsibilities and the scope of their professional discretion and authority.

• To provide reflective space to analyse on-going work and specific incidents, to assess risk and need and to provide an important check and balance on decision making and planning.

2. Professional Development

 • Ensure that professional development needs with respect to safeguarding practice are considered and supported.

3. Personal Support

 • To provide reflective space for the supervisee to discuss and work through the personal impact of their role and responsibilities.

**SAFE RECRUITMENT**

* Shantona makes it clear in every aspect of its recruitment and selection procedure that we have a commitment to safeguarding and protecting children from the onset of our recruitment and selection process.
* All applicants for employment with Shantona Women’s Centre will undergo a disclosure check with the DBS and satisfactory references are received from previous employers. In addition, gaps in employment history are investigated during the recruitment process and proof of relevant qualification is sought. On occasions it may arise that a suitable candidate for paid employment, or a volunteer is from abroad in this instance DBS checks may not be able to be undertaken. Nevertheless a “fit person” check may be available from the country the person is moving from. Also ensuring that additional references are undertaken on any worker from abroad.
* At least one member of the recruitment panel will be safer recruitment trained.

**9. RECORDING AND MANAGING CONFIDENTIAL INFORMATION**

* All suspicions and investigations will be kept confidential, shared only with those who need to know.
* Any records relating to child protection issues will be stored securely in line with Shantona data protection and GDPR rules and regulations.
* All employees of the center have a duty to ensure the confidentiality of information relating to both service users and employees. In the case of young children, the parent will be consulted or involved unless doing so would put a child at further risk.

The organisation has a Safeguarding Policy which is reviewed every year. Updates are done to the policy as and when by the LSCP. This is done by Ashia Akhtar Who is the designated Safeguarding officer.

The Safeguarding policy is displayed in the main office notice board, classroom, and nursery. Staff and volunteers are also provided with a copy upon induction in their employee handbooks. Staff can also access any further information on the LSCP website. Parent/Carers children and young people can access the policy on Shantona website, and it is displayed in the office and classroom it is easily accessible and if requested a hard copy is available. The policy provides clear, straightforward guidance on how to recognise and respond to possible abuse or neglect.

**Responsibility of Shantona Board of Trustees**

Shantona understands Protecting people and safeguarding responsibilities should be a governance priority.

Our Board of trustees understand that as part of fulfilling their duty, reasonable steps must be taken to protect people from harm.

This includes:

* service users.
* staff
* volunteers
* Funders
* Partners

Trustees must ensure Shantona has safeguarding policies and procedures which are:

* put into practice.
* reviewed at least once a year.
* available to the public
* All staff, volunteers, board of trustees are DBS checked.
* Safer recruitment procedures are carried out in line with the LSCP protocol.

**Mobile Phone, Camera and Other Electronic Devices**

The welfare, protection, and safety of every child and young person in our care is of paramount importance, and we take our responsibility to safeguard children and young people seriously. We have procedures in place which we ask everyone to respect, to help promote the safety of the children and young people in our care. We believe our staff should be completely attentive during their hours of work to ensure all children and young people in Shantona receive good quality care and education. Staff Mobile phones and watches/wearable internet enabled devices must not be used when sessions are running.

▪ Personal mobile phones are not used by our staff on the premises during working hours. They will be stored securely, away from children and locked away from any access during sessions.

 ▪ Personal mobile phones are switched off and stored in a locker in the office.

 ▪ If a member of staff/volunteer has a wearable device such as a watch that requires Bluetooth, we require them to disconnect the Bluetooth when they are putting away their phones in the lockable cupboard to ensure that they are safe to wear. Or the watch can be put into do not disturb mode.

 ▪ In line with safer working practices, staff must not use their personal mobile phone to contact parents.

▪ In line with safer working practices, staff must not give their personal contact details to parents.

 • It is the responsibility of all members of staff to be vigilant and report any concerns to the designated Safeguarding lead. Concerns will be taken seriously, logged and investigated appropriately.

Our setting uses digital images and video as a tool to record and inform parents/carers of the progress of their children. It may be used to support multi agency working with professionals. The devices we use for recording images of children are provided by the setting for staff/volunteers to use professionally.

No images are to be taken on staff personal electronic devices and consent must be taken from Parents/Guardians before any pictures/videos are taken.

More information can be found on shantona Online Safeguarding policy.

The management team reserves the right to check the image contents of a member of staffs’ mobile phone should there be any cause for concern over the appropriate use of it. Should inappropriate material be found then our Local Authority Designated Officer (LADO) will be contacted immediately. We will follow the guidance of the LADO as to the appropriate measures for the staff member’s dismissal.

**Contact Forms**

**Any forms in relation to safeguarding issues can be found in another document named safeguarding contact forms. This will be available on file where the safeguarding policy is kept and in the Safeguarding folder. Within this form you will find**

* **Safeguarding incident record form**
* **Useful services and helplines contact number list**
* **CSE risk assessment Matrix**
* **CSE risk identification form**
* **CSE Police intelligence form**
* **CCE – Risk identification tool link** [**https://www.leedsscp.org.uk/practitioners/safeguarding-topics/risk-identification-tool**](https://www.leedsscp.org.uk/practitioners/safeguarding-topics/risk-identification-tool)
* **Front door Flow Chart**
* **LADO Contact form**
* **Female Genital Mutilation - Mandatory Reporting Form**
* **NSPCC**
* **Link to make a referral to the prevent team** [**https://www.gov.uk/guidance/making-a-referral-to-prevent**](https://www.gov.uk/guidance/making-a-referral-to-prevent)