

# Safeguarding and Children Protection Policy

Maidstone Islamic Centre

Created and Updated: November 2021, Next Review: November 2022.

<b>Key Contacts</b>	
Designated Safeguarding Lead	Rehan Haq
Designated Prevent Lead	Rehan Haq
Designated Teacher for Child Protection	Reshmi Kalam
Designated Key Adult Safeguarding	Reshmi Kalam
Lead Governor for Safeguarding	Reshmi Kalam

Maidstone Islamic Centre Safeguarding and Child Protection Policy has been developed in accordance with the principles established by The Children Act 1989 and 2004, The Early Years Foundation Stage 2012, Sections 175 and 176 Education Act 2002 and related guidance including The Framework for the Assessment of Children in Need and their Families (1999), Working Together to Safeguard Children (2013) and What to do if you are worried a child is being abused (2006).

The Staff and Members of Maidstone Islamic Centre take seriously our responsibility to promote the welfare and safeguarding of our children, young people and vulnerable adults entrusted to our care, support, or registered to our education system.

## Safeguarding and Child Protection Training for Staffs and Volunteers at MIC

All staff will be trained in basic child protection three yearly. We endeavour to gain access to training courses for all staff through KSCB, in-house and external training plans.

The Centre designated safeguarding lead must complete child protection training every two years.

**This policy is in line with Kent Safeguarding Children Board Child Protection Procedures:**

<http://www.proceduresonline.com/kentandmedway/>

**and the KSCB Eligibility and Threshold criteria:**

<http://www.kscb.org.uk/pdf/KM%20%20Eligibility%20and%20Access%20FINAL%20Electroni%20April%202012%20-%20amended%20CDT%20number%202013.pdf>

Maidstone Islamic Centre (MIC) will ensure the Safeguarding (includes Child Protection) Policy is available publicly via MIC's website and parents, teachers, local bodies or third parties are aware of the fact that referrals about suspected abuse or neglect and vulnerability to radicalisation may be made and the role of Maidstone Islamic Centre in this. Parents, staff Members and third parties will be expected to support MIC's ethos and the Safeguarding Policy by demonstrating mutual respect and tolerance for all, promoting fundamental British values and rejecting all forms of discrimination and extremism.

### 13. Recognising abuse

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. They should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.

Abuse is a form of maltreatment of a child or vulnerable adults. Somebody may be victim of abuse or neglect or by inflicting harm or by failing to act to prevent harm. Children and/or, vulnerable adults may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

Abuse falls into four main categories

(The following definitions are from Working Together to Safeguard Children 2010):

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN-v3.pdf> and available at: [http://www.proceduresonline.com/kent/childcare/user\\_controlled\\_lcms\\_area/uploaded\\_files/Categories\\_of\\_Abuse\\_updated\\_2012.doc](http://www.proceduresonline.com/kent/childcare/user_controlled_lcms_area/uploaded_files/Categories_of_Abuse_updated_2012.doc)

**Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or vulnerable adults. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child or vulnerable adults.

Possible signs of physical abuse include:

- any injuries not consistent with the explanation given for them;
- injuries which occur to the body in places which are not normally exposed to falls or rough games;
- injuries which have not received medical attention;
- reluctance to change for, or participate in, games;
- bruises, bites, burns and fractures, for example, which do not have an accidental explanation;
- the child gives inconsistent accounts for the cause of injuries.

**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 insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond 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 alone.

Possible signs of emotional abuse include:

- depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy;
- obsessions or phobias;
- sudden underachievement or lack of concentration;
- seeking adult attention and not mixing well with other children;
- sleep or speech disorders;
- negative statements about self;
- highly aggressive or cruel to others;
- extreme shyness or passivity;
- running away, stealing and lying.

Sexual abuse: involves forcing or enticing a child or young person or vulnerable adult 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. Possible signs of sexual abuse include:

- the child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age;
- sexual activity through words, play or drawing;
- repeated urinary infections or unexplained stomach pains;
- the child is sexually provocative or seductive with adults;
- inappropriate bed-sharing arrangements at home;
- severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations;
- eating disorders such as anorexia or bulimia.

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. 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 neglect include:

- dirty skin, body smells, unwashed, uncombed hair and untreated lice;
- clothing that is dirty, too big or small, or inappropriate for weather conditions;
- frequently left unsupervised or alone;
- frequent diarrhoea;
- frequent tiredness;

- untreated illnesses, infected cuts or physical complaints which the carer does not respond to;
- frequently hungry;
- overeating junk food.

Staff working with children/ vulnerable adults are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child or adults, staff should always act in the best interests of the child or the adult. Knowing what to look for is vital to the early identification of abuse and neglect. If staff are unsure, they should speak to the Designated Safeguarding Lead (or deputy). Departmental advice 'What to do if you are worried a child is being abused-.Advice for practitioners' (March 2015) provides more information on understanding an identifying abuse and neglect.

This is not an exhaustive list; further information is available on the KSCB website; [http://proceduresonline.com/kentandmedway/chapters/p\\_recognise\\_ab.html](http://proceduresonline.com/kentandmedway/chapters/p_recognise_ab.html)

For further information:

The NSPCC website (<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>) also provides useful additional information on types of abuse and what to look out for.

#### 14. Recognising extremism and radicalisation

Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on schools and education centre to have "due regard to the need to prevent people from being drawn into terrorism". 'Having due regard' means that educational organisations should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.

The following guidance provides examples of potential indicators for assessing an individual's vulnerability to being drawn in terrorism. The examples are not exhaustive and vulnerability may manifest itself in other ways; there is not simple profile. The guidance is written with regard to the Home Office guidance "Channel: Protecting Vulnerable People from Being Drawn into Terrorism" (2015) and "Channel: Vulnerability Assessment Framework" (2012).

Engagement: Example needs, susceptibilities, motivations and contextual influences that make individuals vulnerable to engagement with an extremist group, cause or ideology include:

- feelings of grievance and injustice
- feeling under threat
- a need for identity, meaning and belonging
- a desire for status
- a desire for excitement and adventure
- a need to dominate and control other
- susceptibility to indoctrination
- a desire for political or moral change
- opportunistic involvement
- family or friend's involvement in extremism
- being at a transitional time of life

- being influenced or controlled by a group
- relevant mental health issues

Example indicators that an individual is engaged with an extremist group, cause or ideology include:

- spending increasing time in the company of other suspected extremists
- changing their style of dress or personal appearance to accord with the group
- their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause
- loss of interest in other friends and activities not associated with the extremist ideology, group or cause
- possession of material or symbols associated with an extremist cause (e.g. the swastika for far- right groups)
- attempts to recruit others to the group/cause/ideology
- communications with others that suggest identification with a group/cause/ideology.

Intent to cause harm: Not all those who become engaged by a group, cause or ideology go on to develop an intention to cause harm, so this dimension is considered separately. Intent factors describe the mind-set that is associated with a readiness to use violence and address what the individual would do and to what end. They can include:

- over-identification with a group or ideology
- 'Them and Us' thinking
- dehumanisation of the enemy
- attitudes that justify offending
- harmful means to an end
- harmful objectives.

Example indicators that an individual has an intention to use violence or other illegal means include:

- clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills
- using insulting or derogatory names or labels for another group
- speaking about the imminence of harm from the other group and the importance of action now
- expressing attitudes that justify offending on behalf of the group, cause or ideology
- condoning or supporting violence or harm towards others
- plotting or conspiring with others.

Capability to cause harm: Not all those who have a wish to cause harm on behalf of a group, cause or ideology are capable of doing so, and plots to cause widespread damage take a high level of personal capability, resources and networking to be successful. What the individual is capable of is therefore a key consideration when assessing risk of harm to the public. Example indicators that an individual is capable of directly or indirectly causing harm include:

- having a history of violence
- being criminally versatile and using criminal networks to support extremist goals
- having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction)

- having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills)

## Preventing radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is a part of the schools/ education centre' safeguarding approach.

- Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.
- Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause (KCSIE 2021)

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media or the internet) and settings (such as within the home).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include a Prevent referral.

## 15. Guidance on specific types of abuse

### Child sexual exploitation (CSE)

Child sexual exploitation (CSE) 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 in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator, and/or through violence or the threat of violence. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. 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 (DfE, 2017).

Child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;

- can take place in person or via technology, or a combination of both;
- may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing.
- may include non- contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can occur with the child may not realising they are being exploited e.g. they believe they are in a genuine romantic relationship.
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse;
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources; and
- involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming.

Some of the following signs may be indicators of child sexual exploitation:

- acquisition of money, clothes, mobile phones etc without plausible explanation;
- gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school/ education centre;
- leaving home/care without explanation and persistently going missing or returning late;
- excessive receipt of texts/phone calls;
- returning home under the influence of drugs/alcohol;
- inappropriate sexualised behaviour for age/sexually transmitted infections;
- evidence of/suspicions of physical or sexual assault;
- relationships with controlling or significantly older individuals or groups
- multiple callers (unknown adults or peers);
- frequenting areas known for sex work;
- concerning use of internet or other social media;
- increasing secretiveness around behaviours; and
- self-harm or significant changes in emotional well-being.

Some additional specific indicators that may be present in CSE are children who:

- have older boyfriends or girlfriends; and
- suffer from sexually transmitted infections, display sexual behaviours beyond expected sexual development or become pregnant.

Appropriate action, recording, referring and support will be put in place in line with the usual safeguarding procedures.

All responses will pay regard to the DfE advice 'Child sexual exploitation - Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation'.

## Child criminal exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity

- in exchange for something the victim needs or wants, and/or
- for the financial or other advantage of the perpetrator or facilitator and/or
- through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however staff should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation. Children who have been exploited will need additional support to help maintain them in education.

## Child abuse linked to faith or belief



Faith abuse is the belief in concepts of witchcraft and spirit possession, demons or the devil acting through children.

In working to identify to identify such child abuse it is important to remember every child is different. Some children may display a combination of indicators of abuse whilst others will attempt to conceal them. There are a range of common features across identified cases. These indicators of abuse, which may also be common features in other kinds of abuse, include:

- a child's body showing signs or marks, such as bruises or burns, from physical abuse;
- a child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
- a child's personal care deteriorating, for example through a loss of weight, being hungry, turning up to lesson without food or lunch money, or being unkempt with dirty clothes and even faeces smeared on to them;
- it may be directly evident that the child's parent or carer does not show concern for or have a close bond with the child;
- a child's attendance becoming irregular or the child being taken out of centre altogether without another centre place having been organised, or a deterioration in a child's performance at education;
- a child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'.

All staff should be alert to the indicators above and should be able to identify children at risk of this type of abuse and intervene to prevent it.

### Overnight Stays

MIC follow thorough procedure for events or activities which involves overnight stays of children, young people or adults. The designated safeguarding lead ensures to meet with parents or carer in advance to discuss the arrangements for the trip and answer any queries they may have.

The itineraries, such as travel dates, time, places to visit etc are shared with the families which also includes the address where kids are arranged to stay and an emergency phone number for parents to contact.

Kids or young people who are registered by their consent of their parents or carers are informed about the safeguarding methods, any risk assessment is to be done in advance, to sign post them to important helplines, and contact person who they can get in touch if they need to.

For all overnight stays the Lead safeguarding officer make sure there are segregated sleeping, washing and toilet areas for the male and female includes;

- Adults and children
- Older and Younger children
- Boys and girls

The groups are accompanied with one male and female supervising adults, and their accommodation to be arranged in advance and close to the place of kids' accommodation.

The arrangement to be prioritised in advance for kids to stay on the same floor with rooms close to their supervising designated adults. If the kids are staying on different floors, adults should be available on each floor. Children and supervising adults should be assessed and informed prior about fire safety measures in the building.

## Transport

MIC ensures the transport facilities are provided to the children or young people to and from the event or activity. The bus, coach or taxi company we hire, must submit their insurance and their drivers vetting document, to confirm that their drivers are fully compliant.

The kids are supervised with the designated adults on the journey in compliance with all the necessary safety precautions, depending on what kind of transport we are using, adhering to the rules, such as the driver isn't under the influence of drug, alcohol or any substance abuse, the passengers are wearing seat belts etc.

We strictly avoid using any private cars to transport our children and young people, unless this involves their own parents, families, guardian or carers. This arrangement is made clear in advance, such as the parents or carers are communicated where to pick from or drop off their children. The onus lies on parents to communicate in advance if they make arrangement for their kids to be picked by someone else, if not themselves. Without any further instruction the safeguarding officer is liable to make sure the kids remain within the premise of MIC, until heard from the parents or carer.

## Further information on specific safeguarding issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. NSPCC offers information for schools/ education centre on its website [www.nspcc.org.uk](http://www.nspcc.org.uk). Broad government guidance on the issues listed below can also be accessed via the [www.gov.uk](http://www.gov.uk) website:

- child missing from home or care
- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence

- gender-based violence/violence against women and girls (VAWG)
- hate
- mental health
- missing children and adults' strategy
- private fostering
- preventing radicalisation
- PREVENT for schools/education centre
- sexting (CEOP)
- sexting in Schools/College/ Education centre
- teenage relationship abuse
- trafficking
- use of social media for online radicalisation

## 20. Emergency contacts for children

Wherever possible, MIC will hold more than one emergency contact number for their students. This goes beyond the legal minimum and is good practice to give MIC additional options to make contact with a responsible adult when a child missing education is also identified as a welfare and/or safeguarding concern (Keeping Children Safe in Education, DfE, 2021).

## 21. Dealing with safeguarding concerns and incidents

### Responding to a disclosure

It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault.

If a student talks to a member of staff about any risks to their safety or wellbeing, the staff member will need to let the student know that they must pass the information on – staff are not allowed to keep secrets. The point at which they tell the student this is a matter for professional judgement. If they jump in immediately the student may think that they do not want to listen, if left until the very end of the conversation, the student may feel that they have been misled into revealing more than they would have otherwise.

During their conversations with the students, staff will:

- allow them to speak freely, listening carefully and uncritically;
- endeavour to utilise a neutral translator if necessary;
- remain calm and collected – the student may stop talking if they feel they are upsetting their listener;
- give reassuring nods or words of comfort – ‘I’m sorry this has happened’, ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’;
- not be afraid of silences – staff must remember how hard this must be for the student;
- consider their own body language and the messages it may send a child regarding the nature of the disclosure;
- under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what does the student’s mother think about all this;
- tell the student that in order to help them, the member of staff must pass the information on;
- do not automatically offer any physical touch as comfort - it may be anything but comfort to a child who has been abused;
- avoid admonishing the child for not disclosing earlier. Saying things such as ‘I do wish you had told me about this when it started’ or ‘I can’t believe what I’m hearing’ may be interpreted by the child to mean that they have done something wrong;
- tell the student what will happen next - the student may agree to go to see the designated senior person otherwise it is the duty of the member of staff to inform the Designated Senior Lead of what has been discussed (if the student does agree to go and see the Designated Senior Lead, the staff member should inform the Designated Senior Lead that the child will be coming to see them at some point).

Following the conversation, the staff will:

- report verbally to the Designated Senior Lead even if the child has promised to do it by themselves
- write up their conversation as soon as possible on the Cause for Concern Form and hand it to the Designated Senior Lead
- seek support if they feel distressed.

### Responding to a concern that a child is at risk

There will be occasions when, in the absence of a disclosure, staff may suspect that a student may be at risk but have no ‘real’ evidence. The student’s behaviour may have changed, their artwork could be bizarre or concerning, students might write stories or poetry that reveal confusion, distress or extreme beliefs, or physical but inconclusive signs may have been noticed. In these circumstances, staff will give the student the opportunity to talk.

The signs they have noticed may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill.

It is fine for staff to ask the student if they are OK or if they can help in any way. If the member of staff remains concerned, they should record early concerns of any nature – suspected abuse or concerns relating to extremism – and hand it to the Designated Senior Lead.

### Reporting safeguarding concerns

All concerns, suspicions and disclosures should be immediately reported to MIC's Designated Senior Lead for Safeguarding and Child Protection. In the absence of this person, the deputy should be approached.

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers supports staff who have to make decisions about sharing information. If in any doubt about sharing information, staff should speak to the Designated Safeguarding Lead or a deputy. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. If in doubt about recording requirements, staff should discuss with the Designated Safeguarding Lead (or deputy).

All concerns, suspicions and disclosures should be recorded using MIC's Safeguarding Concern Form. Blank copies of the Cause for Concern form should be kept in the staffroom for all to access when necessary. Staff should immediately report:

- any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play;
- any explanation given which appears inconsistent or suspicious
- any behaviours which give rise to suspicions that a child may have suffered harm (e.g. significant changes in behaviour, worrying drawings or play);
- any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- any concerns that a child is presenting signs or symptoms of abuse or neglect;
- any significant changes in a child's presentation, including nonattendance
- any hint or disclosure of abuse or neglect received from the child, or from any other person, including disclosures of abuse or neglect perpetrated by adults outside of the family or by other children or young people;
- any concerns regarding person(s) who may pose a risk to children (e.g. staff in the centre or a person living in a household with children present) including inappropriate

behaviour e.g. inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images;

- any discovery that FGM appears to have taken place on a girl under 18 year;
- any expressions of extremist ideologies that suggest vulnerability to radicalisation.

Where no disclosure has been made, but a member of staff has concerns regarding the welfare or well-being of a student, staff should speak to the Designated Safeguarding Lead. Supply staff, volunteers and visitors should make a written account of such concerns using Cause for Concern form.

When completing the Cause for Concern form, professional opinion may be expressed, but should be supported by stating the facts with observations upon which the opinion is based

(e.g., Adam appeared angry as he was kicking the table and swearing). All notes should differentiate clearly between fact, opinion, interpretation, observation, and/or allegation.

All recorded concerns should be passed to the Designated Safeguarding Lead as soon as is possible, and in any case within 24 hours. In some cases, it may be necessary to pass on concerns verbally and follow them up in writing soon after. In the absence of this person, the Deputy Designated Safeguarding Lead should be approached.

Any records should be dated and signed with the name of the signatory clearly printed. Any handwritten notes made immediately after the event can act as evidence of them being written at the time in any future court case. Therefore, these should not be destroyed if the details are recorded more formally, but instead kept securely attached to the Cause for Concern form. A copy will also be kept in the child's Child Protection File.

If it is necessary for the child to be taken to hospital, then hand the child over to the direct care of medical staff informing them that non-accidental injury is suspected. It is important that staff make detailed written records of all their reports and actions. Before forwarding reports on for further action to take place, it is recommended that staff make and securely retain copies of any notes or reports. Notes should be made of the relevant parts of conversations and phone calls, e.g. their general content and 'Who does what?' - the notes should be included in reports.

All staff, but especially the Designated Safeguarding Lead (and deputy) will consider the context within which incidents and/or behaviours occur (contextual safeguarding: assessments of children should consider whether wider environmental factors outside the home are present in a child's life that are a threat to their safety and/or welfare). MIC will provide as much information as possible as part of the referral process to help Children's social care assessments.

Staff will follow the reporting procedures outlined in this policy. However, they may also share information directly with Children's Social Care, police or the NSPCC if:

- the situation is an emergency and the Designated Senior Lead, their deputy, the Principal, the Headteacher and the Chair of Governors are all unavailable
- they are convinced that a direct report is the only way to ensure the student's safety.

Key points for staff to remember for taking action are:

- in an emergency take the action necessary to help and protect the child, for example, call 999;
- report your concern to the Designated Senior Lead as soon as it is practically possible, within 24 hours at the latest;
- share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family;
- complete a Cause for Concern form;
- seek support for yourself if you are distressed.

### Responding to safeguarding concerns

A concern raised may not progress any further than a discussion with the Designated Safeguarding Lead. A record of the discussion and any initial action taken will be documented in the child's safeguarding file.

The Designated Senior Lead will make a referral to children's social care if it is believed that a student is suffering or is at risk of suffering significant harm. The student (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

In making this decision, the Designated Senior Lead will consider the Safeguarding Partners' threshold document and framework for action that includes:

- the process for the early help assessment and the type and level of early help services to be provided;
- the criteria, including the level of need, for when a case should be referred to Local Authority Children's Social Care for assessment and for statutory services.

Where a Designated Senior Lead or Deputy Designated Senior Lead considers that a referral to children's social care may be required, they must consider:

- Is this a Child in Need? – Under section 17 (s.17 (10)) of the Children Act 1989, a child is 'in need' if:
  - the child is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain,
  - a reasonable standard of health or development, without the provision of services by a local authority
  - the child's health or development is likely to be impaired, or further impaired, without the provision of such services
  - the child is disabled.
- Is this a Child Protection Matter? - Under section 47(1) of the Children Act 1989, a local authority has a duty to make enquiries where they are informed that a child who lives or is found in their area:
  - is the subject of an Emergency Protection Order
  - is in Police Protection

- or where they have reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.

Therefore, it is the 'significant harm' threshold that justifies statutory intervention into family life. A professional making a child protection referral under s.47 must therefore provide information which clearly outlines that a child is suffering or is likely to suffer significant harm. The Designated Senior Lead will make judgements around 'significant harm', levels of 'need and risk' and when to refer.

Once a referral has been made, Children's Social Care should respond within one working day indicating what further action they have decided to take. This may include further assessment of the child either through an early help assessment, through a Child in Need Assessment (section 17 Children Act 1989) or a Child Protection Enquiry (section 47 Children Act 1989). MIC will participate in Strategy Discussions and Child Protection Conferences as required.

If, after a referral, the child's situation does not appear to be improving, the DSL (or the person who made the referral) should press for reconsideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

Referrals regarding extremism will be made to children's social care. In line with government advice, a Channel Co-ordinator/Police Practitioner will be fully embedded in the safeguarding arrangements of children's social care if required. Where assessment does not indicate a genuine vulnerability to being drawn into terrorism, a case will be signposted to other more appropriate support services following consultation with the LADO. (Appendix 2)

### **The referral process**

This section should be read in conjunction with the KSCB Eligibility and Threshold criteria: <http://www.kscb.org.uk/pdf/KM%20%20Eligibility%20and%20Access%20FINAL%20Electronic%20April%202012%20-%20amended%20CDT%20number%202013.pdf>

When making a referral, you will need to complete an interagency referral form, available at:

<http://www.kscb.org.uk/Docs/IAR%20Form%20April%202013.doc>

Ensure information is full, accurate and detailed and that all sections of the form are completed. Parents must sign the form to evidence parental consent unless discussing the issue with the parent/s may put the child at further risk of significant harm or you think a criminal offence has been committed and discussion would interfere with a potential criminal investigation.

Where there are concerns of a child protection nature under section 47(9) all staff have a duty to co-operate with enquires, this may mean providing information whether or not parental consent has been given.

In some cases you may need to take immediate action and refer to County Duty Team via a telephone call, e.g. a child discloses abuse or you witness a child being abused in the centre. In these circumstances a written referral must be completed and sent as soon as possible (at least within 24 hours).

Professionals who have made a referral and who are not in agreement with the decision that has been made should refer to the Kent and Medway Safeguarding Procedures – Resolution



of Professional Disagreements relating to the Safeguarding of Children and the escalation of professional concerns at [http://www.proceduresonline.com/kentandmedway/chapters/p\\_resolution.html](http://www.proceduresonline.com/kentandmedway/chapters/p_resolution.html).

All dissatisfaction with decisions taken should in the first instance go through line management channels and key safeguarding professionals within the agency accountable for the decision being made. If a resolution is not achieved, contact the Customer Care Team on 01233 652165 or by e-mail at [cscomplaints@kent.gov.uk](mailto:cscomplaints@kent.gov.uk) (Kent County Council).

### Record keeping

A Child Protection File will be started for an individual child as soon as MIC is aware of any child protection concerns about them. This may arise in a number of ways:

- if a member of staff raises a concern about the welfare or well-being of a student (this should be recorded in writing using the Cause for Concern form;
- if a child makes a disclosure;
- if information is passed to MIC by a previous school/ educational body attended by the student;
- if MIC is alerted by another agency (e.g. police, health or social care) of child protection concerns about that child.

The Child Protection File will have a front sheet on the file which records the child's full name, date of birth, address and information about family members.

Separate files will be kept for individual siblings, cross referencing to other children in the family. Relevant, and as necessary, redacted information will be copied and placed on each individual sibling's file.

If more than one file exists in relation to an individual child, this will be indicated on each file. Each file will be numbered and dated (e.g. January 2015, Vol. 1 of 3).

If information is removed from the file for any reason, a record should be made indicating the reason for such removal, where the information has gone, when it was removed and who removed it. The Designated Safeguarding Lead will be notified of the removal of any information from a file.

The Child Protection File will contain:

- a Child Protection File front sheet;
- a detailed chronology, updated on a regular basis, at the front of the file;
- any concerns raised by staff;
- all safeguarding/concern reports, notes and correspondence referring to the child;
- copies of any referrals;

- any child protection information received from previous schools/education centre or other agencies;
- notes/minutes of any Child Protection Conferences etc; and
- record of any instances where information has been removed from the file.

The Child Protection File will also cross-reference other relevant records held in school/education centre (e.g. relating to the Common Assessment Framework (CAF)/Early Help Assessment (EHA), early support, Special Educational Need).

All records of child protection concerns, disclosures or allegations will be treated as sensitive information and kept together. Child protection information will be stored separately from the student's file and the file will be 'tagged' to indicate that separate information is held. All staff who may need to consult a child's file will be made aware of what the symbol means, and who to consult if they see this symbol. The information will be shared on a need to know basis.

All Child Protection Files will be kept together in a secure place. The filing system will be accessed via the Designated Safeguarding Lead. Any electronic information will be password protected and only made available to relevant individuals.

Child protection information will be stored and handled in line with Data Protection Act 2018 principles such that information is:

- processed for limited purposes;
- adequate, relevant and not excessive;
- accurate; kept no longer than necessary;
- processed in accordance with the data subject's rights
- secure.

Every effort will be made to prevent unauthorised access, and sensitive information will not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen. If it is necessary to store child protection information on portable media, such as a CD or flash drive, these items will also be kept in locked storage.

In relation to Safeguarding, data protection laws do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Information can be shared without consent if not doing so would place a child at risk.

All concerns, discussions and decisions made, and the reasons for those decisions, will be recorded in writing. Information will be kept confidential and stored securely. Concerns and referrals will be stored in a separate child protection file for each child.

Records will include:

- a clear and comprehensive summary of the concern;
- details of how the concern was followed up and resolved;

- a note of any action taken, decisions reached and the outcome.

### Record transfers

Relevant child protection information will be forwarded to the new/receiving establishment by MIC and will happen as quickly as possible.

Information sharing will take place between Designated Safeguarding Leads and/or Principal as soon as possible and, in any event, within 5 days of the child's departure.

When a file is to be transferred, a 'Record of Child Protection File Transfer' will be completed and attached to the Child Protection File.

MIC will not simply forward all relevant documentation as this leaves the former centre with no record. Rather:

- where feasible, the Designated Safeguarding Leads from MIC and receiving schools/centre should arrange to meet and share relevant information, with copies of relevant and appropriate documentation being provided; or
- alternatively, telephone discussions should take place followed-up with appropriate summaries / chronologies and copies of key records.

The new school/college/centre will be provided with the ORIGINAL documentation. Where a parent elects for Home Education, the child is from a traveller, migrant or Roman family, and/or where the receiving school's identity is not known, the Designated Safeguarding Lead will contact Children's Social Care for advice.

***In an event of emergency, the staff member should immediately contact the police/ ambulance (999) the centre designated lead needs to be updated immediately.***

### Reporting Allegation of abuse made against a member of staff/volunteer (Appendix 1)

- If anyone makes an allegation of abuse against a member of our staff (whether it be in or out of working hours), the Centre Manager should be informed immediately and will immediately contact the Local Authority Designated Officer, or if unavailable an alternative member of KCC's Children's Safeguarding Unit
- They will assess whether the allegation reaches the threshold for referral to Police/Social Services and advise accordingly regarding further action to be taken in respect of the child and the member of staff
- The Centre Manager will complete the attached form for recording allegations or complaints made against staff
- The Centre Manager will not discuss the allegation with the member of staff concerned, unless advised to do so by Children's Social Services
- If the allegation is made against the Centre Manager, this should be made to/or reported to their line manager – the District Children's Centre Manager
- All staff need to be aware that it is a disciplinary offence not to report concerns about the conduct of a colleague that could place a child at risk. When in doubt – consult

- If Children's Social Services and/or the police decide to carry out an investigation, advice and consultation will be offered with regard to managing the potential risk and whether the member of staff can continue to work at the centre. The children's centre could also invoke their disciplinary procedure
- We will not carry out an investigation ourselves **unless** Children's Social Services and the Police decide it is not appropriate for them to do so. We understand that Ofsted may wish to undertake further investigations
- Where the allegation is against a member of staff within a crèche registered with Ofsted, Ofsted will be informed. Ofsted should be contacted at the following:
  - Ofsted
  - Piccadilly Gate
  - Store Street
  - Manchester
  - M1 2WD
  - Tel No: 0300 123 1231

**Please find Kent Scheme 2010, Terms of Employment/Managing Performance and Conduct at link below for guidance:**

[http://knet/ourcouncil/Policies/The%20Blue%20Book%20\(Kent%20Scheme\).pdf](http://knet/ourcouncil/Policies/The%20Blue%20Book%20(Kent%20Scheme).pdf)

Appendix 1: Recording allegation of abuse made against any staff/volunteer

Name and position of staff who is the subject of allegations/complaint:	
Is the complaint: Written or verbal?	
Complaint made by:	Relationship to child:
Name of child:	Age and date of birth of child:
Parent's/carer's name(s) and address:	
Date of alleged incident/s:	
Did the child attend/seen on this/these date/s:	
Nature of complaint (if received in writing see guidance):	
Other relevant information (continue on a separate sheet if needed):	
Social Services (LADO) contacted at (date and time):	
Ofsted contacted at (date and time):	
Further actions advised by Specialist Children's Services and Ofsted:	
Your name:	Your position:
Signature:	Date & time of completing:

## Appendix 2: LADO Contacts from September 2013

Following restructure of the Kent County Council Safeguarding Unit, children's workforce services and settings need to be aware of the significant changes to contact details regarding the Local Authority Designated Officers (LADO), who manage and oversee allegations against adults working with children. The statutory duty, as detailed in Working Together 2013 (DfE), will remain in the Safeguarding Unit under the Families and Social Care Directorate but contact details have changed. The team will also be responsible for carrying out the monthly Regulation 33 monitoring visits to Kent County Council Children's Homes and these services have been contacted separately. Any allegation or concern about staff conduct should be discussed with the Area LADO who will provide the necessary advice on threshold decisions for a referral to police, social services and subsequent follow up in all cases. If you need to contact a LADO the contact details are listed below:

<b>Acting Manager for LADO, Care Standards and the Customer Experience Team Sessions House</b>		
Room 2.64	<b>Kate Davis</b>	<b>Office:</b> 01622 696 366 <b>Mobile:</b> 07740183797 kate.davis@kent.gov.uk
Room 2.67	PA Helen Elliott	<b>Office:</b> 01622 696 366

<b>North Kent – Sessions House (Dartford, Gravesham, Sevenoaks)</b> Sessions House, County Hall, Maidstone ME14 1XQ		
Room 2.64	<b>Sue Urwin</b> Area Designated Officer	<b>Office:</b> 01622 696 366 <b>Mobile:</b> 07717 716 861 susan.urwin@kent.gov.uk
Room 2.67	Central Admin Support Safeguarding Unit	<b>Office:</b> 01622 696 366

<b>West Kent – Sessions House (Tonbridge &amp; Malling, Tunbridge Wells &amp; Maidstone)</b> Sessions House, County Hall, Maidstone ME14 1XQ		
Room 2.64	<b>Jinder Pal Kaur</b> Area Designated Officer	<b>Office:</b> 01622 696 366 <b>Mobile:</b> 07545 423450 jinderpal.kaur@kent.gov.uk
Room 2.67	Central Admin Support Safeguarding Unit	<b>Office:</b> 01622 696 366

<b>East Kent – Brook House (Swale, Canterbury, Thanet)</b> Brook House, Reeves Way, Whitstable CT5 3SS		
	Elaine Coutts (not Fri) Area Designated Officer	<b>Office:</b> 01227 284556 <b>Mobile:</b> 07786 191601 elaine.coutts@kent.gov.uk
	Admin Support (P/T) - Vacant	<b>Office:</b> 01227 284556

<b>South Kent – Kroner House (Ashford, Shepway &amp; Dover)</b> Kroner House, Eurogate Business Park, Ashford TN24 8XU	
Angela Chapman Area Designated Officer (part-time: Monday, Tuesday & Wednesday)	Office: 01233 652149 Mobile: 07717 895731 angela.chapman@kent.gov.uk
Sue Herbert Area Designated Officer (part-time: Thursday & Friday)	Office: 01233 898644 Mobile: 07717 716897 sue.herbert@kent.gov.uk
Jane Francis (Tuesday/Wednesday/Thursday) Admin Support (P//T)	Office: 01233 898696 jane.francis@kent.gov.uk

Urgent child protection issue outside of office hours, Call the **Central Duty Out of Hours** Number: **03000419191**