




# **Safeguarding and Child protection Policy for the Canaan Project**

*Version: 12*

*Date updated: January 2024*

*Next review due: December 2023*

Signed:   
(Tessa Elbourne, Director)

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## **Introduction**

The Canaan Project works with marginalised, 11-19 year-old girls in Tower Hamlets, with the hope to see them flourish, have broadened horizons and raised aspirations. We do this by providing a varied programme of activities and support through a framework of sessions including drop-in mixed activity sessions. We believe every young person we work with has the right to feel safe and be protected from harm.

### **The Purpose of this Policy:**

To inform both staff and volunteers working for or with the Canaan Project of the charity's policies and guidelines to follow regarding any child protection issue or concern. This policy applies to all staff, including trustees, volunteers, sessional workers, students or anyone working on behalf of Canaan Project. Throughout this Policy Canaan Project will be referred to as CP.

### **The Statement of the Canaan Project on the Protection of Children:**

CP acknowledges the duty of care to safeguard and promote the welfare of children and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice guidelines.

As the CP we recognise the need to provide a safe and caring environment for children, young people and vulnerable adults. We acknowledge that children, young people and vulnerable adults can be the victims of physical, sexual and emotional abuse, and neglect. We accept the UN Universal Declaration of Human Rights and the International Covenant of Human Rights, which states that everyone is entitled to "all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status".

We also concur with the Convention on the Rights of the Child which states that children should be able to develop their full potential, free from hunger and want, neglect and abuse. They have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has care of the child." As Leadership we have therefore adopted the procedures set out in this safeguarding policy in accordance with statutory guidance. We are committed to building constructive links with statutory and voluntary agencies involved in safeguarding.

### **Contact Details of Key Persons at the Canaan Project in terms of Safeguarding**

#### **Designated Safeguarding Officer:**

Tessa Elbourne – 07525 986 708 / [tessaelbourne@canaanproject.co.uk](mailto:tessaelbourne@canaanproject.co.uk)  
Lansbury Lodge, 117 Ricardo Street, Poplar, London, E14 6EQ

#### **Deputy Safeguarding Officers:**

Genesis Diaz – 07513 834 566 [genesisdiaz@canaanproject.co.uk](mailto:genesisdiaz@canaanproject.co.uk)  
Lansbury Lodge, 117 Ricardo Street, Poplar, London, E14 6EQ

#### **Overall Lead – Chair of Trustees:**

Hannah Genn – 07739 963210 [hannahgenntrustee@canaanproject.co.uk](mailto:hannahgenntrustee@canaanproject.co.uk)  
Lansbury Lodge, 117 Ricardo Street, Poplar, London, E14 6EQ

## Legal Framework:

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Data Protection Act 2018
- Adoption and Children Act 2002
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children including 'Working Together to safeguard children' (DFE, 2018)
- Care Act 2014

There are some key features of effective arrangements to safeguard and promote the welfare of children at CP, in accordance with the relevant section in Chapter 2 of the guidance ('Working Together to Safeguard Children'), when undertaking their particular functions. CP arrangements create and maintain an organisational culture and ethos that reflects the importance of safeguarding and promoting the welfare of children. At an organisational or strategic level, these key features are having:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- clear whistleblowing procedures (found [here](#)), which are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;
- arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- a designated practitioner for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively.
- safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training;
- Creating a culture of safety, equality and protection within the services they provide
- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any

- concerns about a child's safety or welfare
- all practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

It is particularly important that in the absence of Senior Staff, the 'worker in charge' follows the policy set out here and the flowchart included in this policy. Additional Risk Assessment is carried out and actioned within CP sessions, in accordance with the Risk Assessment Policy. The 'worker in charge' will have direct contact with the Chair of Trustees, to deal with any arising Child Protection concerns.

### **Dissemination and Review**

All staff, volunteers and young volunteers will be issued with a copy of this policy as part of their induction and following subsequent updates. Young people and parents will be made aware of the organisations commitment to Safeguarding and the process for raising concerns or making complaints through posters within sessions, information letters sent to parents and through the CP website.

The Director will monitor developments in Safeguarding guidance by regularly checking the Tower Hamlets Safeguarding board website. A full-scale review of this policy will be conducted on an annual basis by the Director, and ratified by the board of Trustees.

### **Definitions of Abuse**

The definitions of abuse outlined below are taken from 'Working Together to Safeguard Children' (DFE 2018). Defining child abuse or abuse against an adult is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults in need of protection may be abused within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult.

<b>Abuse</b>	<b>Actions</b>
Physical	A form of abuse which 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.

Neglect	<p>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:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>• ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>
Emotional	<p>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 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.</p> <p>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.</p> <p>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.</p>
Sexual	<p>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.</p> <p>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.</p>

Child on Child abuse	<p>Child-on-child abuse is behaviour by an individual or group, intending to physically, sexually or emotionally harm others. It can happen to children of a similar age or stage of development and can be harmful to the children who display it as well as those who experience it. Child-on-child abuse can happen in a wide range of settings, including:</p> <ul style="list-style-type: none"> <li>• at school</li> <li>• at home</li> <li>• in someone else's home</li> <li>• in the community</li> <li>• online</li> </ul>
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A child can receive more than one form of abuse at a time.

### **Other definitions of abuse:**

#### **Children in Whom Illness is Fabricated or Induced (formerly known as Munchausen's Syndrome By Proxy)**

This is a form of child abuse in which the parents or carers give false accounts of symptoms in their children and may fake signs of illness. There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include;

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.

The government guidance on this is found in 'Safeguarding Children in whom Illness is Fabricated or Induced' (2008).

### **Spiritual Abuse**

Linked with emotional abuse, spiritual abuse could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting their right to choose for themselves.

Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.

### **Domestic Violence**

The government defines domestic violence as: 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender and sexuality.' An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily. This includes acts such as forced marriage, FGM and so-called 'honour based violence'. The metropolitan police define honour based violence (HBV) in the following way: 'a violent crime or incident which may have been committed to

protect or defend the honour of the family or community. It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

The law has recently expanded this definition to now include the following; 'Children and Young People can suffer this form of abuse and are considered victims [of it] if they see, hear or experience the effects of abuse and they are related to the victim or the offender'.

### **Child Sexual Exploitation (CSE)**

This is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

### **Organised or Multiple Abuse**

Organised or multiple abuse may be defined as abuse involving one or more abuser and a number of non-related abused children and young people. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

Organised and multiple abuse occur both as part of a framework of abuse cross family or community, and within institutions such as Residential care homes and schools.

The Sexual Offences Act 2003 introduced a number of new offences to deal with those who sexually exploit children and young people. The offences protect children up to the age of 18 and can attract tough penalties. They include:

- paying for the sexual services of a child;
- causing or inciting child prostitution;
- arranging or facilitating child prostitution; and
- controlling a child prostitute.

(Section 12.10)

### **Female Genital Mutilation (FGM)**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non- medical reasons. It has no health benefits and harms girls and women in many ways.

It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long- term health consequences, including difficulties



in childbirth also causing dangers to the child. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. FGM is illegal in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003 (this offence captures mutilation of a female's labia majora, labia minora or clitoris), and in Scotland it is illegal under the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

Other than in the excepted circumstances, it is an offence for any person (regardless of their nationality or residence status) to:

- perform FGM in England, Wales or Northern Ireland (section 1 of the Act); • assist a girl to carry out FGM on herself in England, Wales or Northern Ireland (section 2 of the Act); and
- assist (from England, Wales or Northern Ireland) a non-UK person to carry out FGM outside the UK on a **UK national or permanent UK resident** (section 3 of the Act).
- Provided that the mutilation takes place in England, Wales or Northern Ireland, the nationality or residence status of the victim is irrelevant.

### Radicalisation and Extremism

The UK Government (since the 2011 Prevent review) has defined extremism as: *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. We also include in our definition of extremism calls for the death of members of our armed forces.* Radicalisation is defined by the UK Government within this context as “*the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.*”

CP recognizes that radicalization and extremism are safeguarding issues.

Why might a young person be drawn towards extremist ideology? It appears a decision by a young person to become involved in violent extremism:

- may begin with a search for answers to questions about identity, faith and belonging
- may be driven by the desire for ‘adventure’ and excitement
- may be driven by a desire to enhance the self-esteem of the individual and promote their ‘street cred’
- is likely to involve identification with a charismatic individual and attraction to a group which can offer identity, social network and support
- is likely to be fuelled by a sense of grievance that can be triggered by personal experiences of racism or discrimination

Recognising Extremism - early indicators may include:

- Showing sympathy for extremist causes
- Glorifying violence
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations such as “Muslims Against Crusades” or other non-prescribed extremists groups such as English Defence League
- Out of character changes in dress, behaviour or peer relationships (but there are

also very powerful narratives, programmes and networks that young people can come across online so involved with particular groups may not be apparent)

- Secretive behaviour

### **Self-Harm**

Self-harm is any behaviour, where the intent is to deliberately cause the body harm such as; cutting anywhere on the body, burning, pulling hair, picking skin, purposefully breaking bones, swallowing harmful items or substances, or tying something tight around the body. For further detail on recognising and responding to concerns about Self-Harm please refer to the Self-Harm Policy (found [here](#)).

### **Significant Harm**

This relates to the degree of harm that triggers statutory action to protect a child. It is based on the individual child's health or development compared to that which could reasonably be expected of a similar child. e.g. severity of ill treatment, degree and extent of physical harm, duration and frequency of abuse or neglect, the extent of premeditation or the degree of threats and coercion.

Note: Children whose situations do not currently fit the above categories may also be at significant risk of harm. This could include situations where another child in the household has been harmed or the household contains a known child abuser.

**For those aged over 18, there are some additional categories, as below.**

### **Financial or material abuse**

This includes theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

### **Modern Slavery**

- Illegal Exploitation of people for personal/ commercial gain. Victims trapped in servitude they were deceived or coerced into
- Criminal exploitation; pick pocketing, shoplifting, drug trafficking
- Domestic servitude; forced to work in private houses with restricted freedoms, long hours or no pay
- Forced labour; working long hours, no pay, poor conditions, verbal or physical threats
- Sexual exploitation; prostitution or child abuse
- Other forms include; Forced marriage, organ removal and illegal adoption

### **Self-neglect**

This covers a wide range of behaviour including; neglecting to care for one's personal hygiene, health or surrounding and behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern

### **Signs and Symptoms of abuse**

**Warning Signs: They are only a guide, they are not necessarily proof of abuse, but may be an indication.**

- Changes or regression in mood or behaviour – the child may become aggressive,

- challenging, disruptive, withdrawn or clingy
- Nervousness/watchfulness
- Sudden under-achievement or lack of concentration at school
- Poor school attendance and punctuality, or consistently late being picked up
- Changed or inappropriate relationships with peers or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying
- Any injuries not consistent with explanations given for them, or where differing explanations have been received
- Injuries which occur to the body in places which are not normally exposed to falls, rough games etc
- Injuries and illnesses which have not received medical attention
- Instances where children are kept away from the group or school inappropriately
- Reluctance to change for or participate in games or swimming
- Any signs of neglect, under nourishment or inadequate care e.g. ill-fitting or dirty clothes and/or poor personal hygiene.
- An excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or regularly engaging in age inappropriate sexual play
- Inappropriate bed sharing arrangements at home
- Severe sleep disturbance with fear, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotation
- Making strong efforts to avoid specific family members or friends, without an obvious reason
- Talking about being left home alone, with inappropriate carers or with strangers
- Parents who are dismissive and non-responsive to practitioners' concerns
- Parents who collect their children from school when drunk, or under the influence of drugs
- One or more of the above signs may be evident. It is also important that the above signs are not taken as indicating that abuse has taken place, but that the possibility should be considered.

## Procedure for responding to and reporting concerns

We recognize that responding to child or adult safeguarding is everybody's responsibility, whilst the investigation of reports of child or adult abuse is a specialised, professional task, which should only be undertaken by the designated agencies, i.e. the police, children's services, adult services or the NSPCC. **On no account should staff or volunteers pursue child protection investigations on their own.** Such actions can undermine a professional investigation and place the child or young person at further risk. Where a member of staff or volunteer has reasonable cause to suspect that a child or young person under the age of 18 years is suffering, or is at risk of suffering, significant harm they should share their concern with the worker in charge of the session. Staff and volunteers should understand that this could be a vital time in which to alert social workers to underlying factors that could lead to child abuse if not identified early enough.

**Even if you are in doubt, you are advised that it is better to mention your concern to the DSL (or deputy), than to keep silent.**

The worker in charge should subsequently inform the Designated Safeguarding Officer (DSL), making a note of the date and time (on the lamplight database). In the absence of

DSL, one of the Deputy DSLs should be informed. In the case when the DSL and Deputy DSLs are unable to deal with the issue they should inform the Director in the first instance, or the Chair or Vice Chair of the situation.

When the DSL receives information from a staff member or volunteer, then they should consider whether the child or young person is in immediate danger based on the information given. If it is deemed that a child or young person is in immediate danger, the emergency services should be called.

It is advisable that if any advice is needed as to if the child or young person is in immediate danger Tower Hamlets social service MASH team can be called who will give advice as to the next steps to take (contact details in appendices).

If the concern arises during our work within a school setting the DSL, or worker in charge in her absence, must make the referral to the schools DSL. However, if the disclosure is made during the school holiday the referral is to be followed under Canaan and hence be passed to DSL.

If the child or young person is known to have an allocated social worker, the concern should be referred directly to them, or in their absence to the social worker's manager or a local authority duty children's or adult's social worker (this information can be gained through ringing the TH MASH team, contact details are in the appendices) you will need to have the full name DOB and address of the child or young person.

It is important to note that if the young person is 18 or 19 years old, then their consent should be gained before any action is taken (except for calling the emergency services if they are deemed to be in immediate danger). As adults (under the law), they are required to take an active part in their own safeguarding and are deemed to be of an age where they can start to make those decisions for themselves. While Canaan would expect any instance to be reported and logged to our internal DSL and on our systems, no matter the age of the child or young person, if they are aged 18 or 19 years old, they will then need to consent to any further action.

In all other cases the DSL, or deputy in their absence, should seek advice from the Thirtyone:eight safeguarding helpline (contact details in appendices) or MASH team and follow instructions given.

Some referral pathways to be considered in discussion with Thirtyone:eight include: Mental Health - CAMHS Extremism or Radicalisation - Tower Hamlets Social Inclusion Panel (SIP) Sexual Exploitation - CEOP

If it is decided that a referral is necessary, the young person should be informed unless for some good reason it is considered inappropriate. The young person is to stay with a member of Canaan staff team and not allowed to return home until permission is given from MASH team if suspected to be in immediate danger.

Parents should not be involved unless specifically advised by Thirtyone:eight or MASH to do so. The referrer should confirm verbal and telephone referrals in writing, within 48 hours. All files shared by email should be password protected and the password sent to the

recipient in a separate email. The referrer should keep a formal record on Lamplight of:

- Discussions with the child;
- Discussions with the parent;
- Discussions with their managers;
- Information provided to external agencies;
- Decisions and actions taken (with time and date clearly noted). The referrer should keep a copy of the written referral, confirming the verbal and telephone referral.

The Local Authority social care should within one working day of receiving the referral make a decision about the type of response that will be required to meet the needs of the child and confirm this decision via email (to allow for a paper trail). If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

After a referral has been made by CP, it is recognised that Social Services have a duty to investigate the report and that we may be asked, along with other agencies, for cooperation during the investigation. Complete cooperation will be given in all circumstances. If Social Services decide to call a case conference, the most appropriate member of CP staff team will attend if we are asked to be present.

## How to respond to a disclosure

A child or young person who is the victim of a form of abuse may feel they need to talk to a member of staff because they feel they can trust that person - thereby 'making a disclosure'. Almost invariably by the time this stage is reached, the CP Confidentiality Policy, and particularly the limits of confidentiality, should have been appropriately explained to them.

In such cases staff are advised that it is important to:

- **Explain that you cannot promise to keep what you have been told a secret, you will have to tell someone else if you believe the young person or others to be in danger**
- Show respect for the child or young person and do not brush their words or feelings aside.
- Stay calm and reassuring and avoid expressions of shock or surprise
- Listen to and believe what the child or young person tells you
- Avoid asking leading questions, e.g. "What did they do next?" or "Was it Fred who did this?"
- Give open responses if the child or young person is looking for a response, It can be helpful to use the TED format here; Can you **Tell** me what happened?, Can you **Explain** to me how that made you feel?, Can you **Describe** to me what life feels like now?
- Explain that whatever the circumstances they are not to blame.
- Let the child or young person set the pace. Stop the conversation as soon as the child/young person wishes.
- Tell the child or young person what you are going to do next. Tell them about the people with whom you will share the information.
- Reassure the child or young person that you are pleased that they have decided to tell someone and they have done the right thing in telling you.
- Reassure the child or young person that they were right to tell e.g. "You are not to blame" or "There are people to help you."

- At the end of the conversation, if they have not already done so, the member of staff should write down everything told to them during the disclosure in a factual manner, as they may be asked for a report at a later date. Notes should include:
  - The date and time of the disclosure
  - The name and age of the child or young person making the disclosure
  - The content of the conversation, if possible using the exact words used by the child or young person
  - Follow up action e.g. time and date that details of the disclosure were shared with the DSL, or in her absence, the DSO or Chair or Vice Chair of CP (following the procedures previously set out)

Staff should be reminded that dealing with a disclosure of abuse is an emotionally upsetting experience. When a member of staff or volunteer receives a disclosure or suspects abuse then they will be reassured that they have done the right thing by passing the information on to the DSL; and be offered reasonable support afterwards (this will be tailored to the individual). It is good practice to record on the session evaluation sheet and on lamplight any areas for concern around Child Protection or adult safeguarding.

Note – Volunteer leaders will often experience difficulty in making appropriate judgements and are likely to need more support in this than staff members. It is also important to offer volunteers reasonable internal support after they have received a disclosure.

### **Third party/anonymous referrals**

In cases where allegations are made by a third party, the role of the worker is to elicit as much information as possible from the referrer including referrer's details (name, address, telephone number) and as much detail as possible about the child or young person (ethnic origin, etc). Information as to the cause of concern/nature of injuries/observations should be included. The worker must inform the referrer that information relating to any child or young person at risk will be shared with their line-manager and may result in referral to Social Services who may wish to interview the referrer (if known) as part of the investigation. The worker will then report the above information to the Director (DSO) and later will then seek advice from Thirtyone:eight. If there are sufficient concerns a referral to Social Care will be made.

### **Procedure for responding to allegations made against staff or volunteers**

Allegations made about a member of staff or a volunteer should be passed directly on to the (DSL) who should pass it on to the Chair of Trustees who is the overall Safeguarding Lead. The organisation's disciplinary procedure should be followed. If the allegation involves the (DSL) the Chair of Trustees or Director should be contacted instead.

If the situation is serious, the local children's services, local safeguarding board, or LADO should be contacted and any further action discussed with them, e.g. suspension of member of staff, contacting the police, contacting the family, etc. and agree ongoing support for the child or young person. When considering and taking any action, the child or young person's welfare must be paramount.

The Director or Chair of Trustees will speak with the person against whom the allegation has been made, as soon as possible.

- They will be treated with respect, as the allegations may not be justified.
- They will be told that an allegation has been made against them, but not given details of the allegation or the child or young person concerned, as this may cause problems for official investigations and put the child or young person in further

- danger.
- They may be immediately suspended, pending investigation, and it will be explained to them that this is in the best interests of the children and young people (advice will be taken from statutory services in this situation).
- They will be offered the support of an external person such as a counsellor and a link worker within the organisation to speak with.

## **Safer Recruitment**

CP will ensure all workers will be appointed, trained, supported and supervised in accordance with government guidance on safer recruitment.

This includes ensuring that:

- There is a written job description / person specification for the post
- Those applying have completed an application form
- Those short listed have been interviewed
- Safeguarding has been discussed at interview
- Written references have been obtained, and followed up where appropriate
- A self-declaration form and disclosure and barring check (DBS) has been completed where necessary (we will comply with Code of Practice requirements concerning the fair treatment of applicants and the handling of information)
- Qualifications where relevant have been verified
- A suitable training programme is provided for the successful applicant
- The applicant has completed a probationary period
- The applicant has been given a copy of the organisation's safeguarding policy and code of conduct and knows the expectations on them as a staff member and how to report concerns.

Further details on safer recruitment and code of conduct can be found in the appendices.

## **Practice Guidelines**

As an organisation working with children, young people and adults with care and support needs we wish to operate and promote good working practice. This will enable workers to run activities safely, develop good relationships and minimise the risk of false or unfounded accusation. We have specific good practice guidelines for every activity we are involved in and these are attached or in the appendices. For some activities you will need specific forms, e.g. consent forms, risk assessments etc. The relevant forms can be found on the drive and will be shared with relevant staff members during their induction.

## **Reporting a 'Serious Incident' to the Charity Commission**

Under Charity Commission regulations a Serious Incident occurs where a result has, or could, entail '...a significant loss of funds or a significant risk to the charity's property, work, beneficiaries or reputation'. If CP felt an incident would lead to this then we would report this as soon as possible.

As far as allegations of abuse are concerned Charity Commission guidance states:

'You should report this if any one or more of the following occur:

- There has been an incident where the beneficiaries of your charity have been or are

being abused or mistreated while under the care of your charity or by someone connected with your charity such as a trustee, member of staff or volunteer

- There has been an incident where someone has been abused or mistreated and this is connected with the activities of the charity.
- Allegations have been made that such an incident may have happened regardless of when the alleged abuse or mistreatment took place
- You have grounds to suspect that such an incident may have occurred.'

The Charity Commission states that these are 'zero tolerance' issues which would always be investigated by them. Serious incidents also include not having adequate safeguarding policies in place and failure to carry out criminal records checks on workers and trustees (where legally possible); in summary, anything that could affect the good reputation of the charity. Those charities whose incomes exceed £25,000 must declare all Serious Incidents as part of their Annual Returns. Failure in the latter respect also signifies failure regarding the charity's legal obligations.

## **Social Media**

CP recognises that children may expose themselves to danger, knowingly or unknowingly, when using the Internet or other technologies i.e. mobile phones. Social networking sites, chat rooms and instant messaging systems are increasingly being used by online predators to "sexually groom" a child, young person or vulnerable adult. In addition, electronic communication is being used more and more by young people as a means of bullying their peers and distributing inappropriate images.

In order to safeguard CP employees and the people we work with, the good practice outlined in the Social Media Policy (found [here](#)) must be followed.

## **Residential Trips away**

CP staff organising residential trips for young people must follow the procedures outlined in the Residential and Trips Guidance (found [here](#)).

By following basic safeguarding best practices we can protect young people participating in our programmes.

- Adults should not share a bedroom with a young person
- Bedrooms of only two young people should be avoided if possible
- Bedrooms must not be mixed male and female
- Adults and young people must use private shower facilities



## Appendix 1: Useful Contacts

**Thirtyone:Eight:** 0303 003 1111 option 2

**Canary Wharf College School Safeguarding Team:**

Jadene Stewart-McNeshie

[JStewart-McNeshie@canarywharfcollege.co.uk](mailto:JStewart-McNeshie@canarywharfcollege.co.uk)

020 3383 6100

**George Greens School Safeguarding Team:**

Kate Garcia

0207 987 6032

**St Pauls Way Trust School Safeguarding Team:**

020 7987 1883

**Children's Social Care:**

020 7364 5006

**Out of Hours Service:**

020 7364 7070

**Multi-Agency Safeguarding Hub (MASH) (Referral Point)**

020 7364 3444 [MASH@towerhamlets.gov.uk](mailto:MASH@towerhamlets.gov.uk)

**Advice and Assessment Team East:**

020 7364 5606/5716

**Advice and Assessment Team West:**

020 7364 3859

**Independent LSCB Chair:**

Sarah Baker - [sarah.baker@towerhamlets.gov.uk](mailto:sarah.baker@towerhamlets.gov.uk)

**Local Authority Designated Officer (LADO):**

020 7364 0677 / 07903 238827 [LADO@towerhamlets.gov.uk](mailto:LADO@towerhamlets.gov.uk)

Melanie Benzie for allegations against professionals, staff or volunteers.

**Social Inclusion Panel (SIP) Chair:**

Liz Vickerie - [liz.vickerie@towerhamlets.gov.uk](mailto:liz.vickerie@towerhamlets.gov.uk)

020 7364 6448.

**Police:**

Ask for a Child Protection Officer: 020 7515 1212

**NSPCC 24-Hour Child Protection Helpline:**

0808 800 5000

**CAMHS Duty Line:**

020 7426 2375

**Tower Hamlets 24 Hour Mental Health Crisis Helpline:**

0800 073 0003

**Samaritans 24-hour phone support**

116 123

## **Appendix 2: The ten key policy principles**

### **1. A child or young person is not an adult**

Approaches to young people need to reflect the fact that there are intrinsic differences between adults and children, and between children of different ages. In all interactions and interventions with young people under the age of 18, consideration will need to be given to: differences in legal competence, age appropriateness, parental responsibility, confidentiality and exposure to, as well as protection from, risk and 'significant harm'.

### **2. The overall welfare of the individual child or young person is of paramount importance**

The overarching principle of this document, in accordance with the Children Act 1989 and the UN Convention on the Rights of the Child, is that of the welfare of the child. All professionals and agencies offering services to young people should have the best interests of the individual child or young person as their paramount concern. Each is unique, and should be worked with on an individual basis. Putting the welfare of the child first and meeting the needs of an individual child may require some flexibility in the responses of professionals, parents, services or other adults. Sector loyalties or service rivalries should not be allowed to dictate the development of services where the best interests of the young person are best met by joint working.

### **3. The views of the child or young person are of central importance, and should always be sought and considered**

Article 12 of the UN Convention on the Rights of the Child and the Children Act 1989 place emphasis on the need for those taking decisions in relation to a child to ascertain the child's views and wishes. The child's views should be listened to and given weight according to the child's age and maturity. The expressed views or opinions of the child may, in some cases, not be the same as the professional assessment of their best interests. In such instances the child's views and the child's best interests must both be taken into account and balanced in reaching a decision. Where a decision is made to act against the child's declared wish, this should normally be discussed with the child and an explanation given.

### **4. Services need to respect parental responsibility when working with a child or young person**

Providers of services should remember that there will be an adult with parental responsibility for virtually every young person. The education, involvement and support of parents or carers may be beneficial to successful work with young people, and parental consent may be required before intervening.

### **5. Services should recognise the role of, and co-operate with, the local authority in carrying out its responsibilities towards children and young people**

Local authorities have a responsibility to ensure that appropriate services are provided for children in their area who are 'In need', and to investigate and protect children who are 'suffering, or at risk of suffering, significant harm'. Protocols for liaison and joint working will need to be established between the local authority and the CP. Where a young person is not yet known to the local authority as 'In need' or 'suffering, or at risk of suffering, significant harm', providers should intervene appropriately and quickly to protect the present and future safety of the child, but should not intervene unnecessarily in the lives of the young person and their family.

### **6. A holistic approach is vital at all levels, as children's young people's problems**

### **tend to cross professional boundaries**

Multi-agency coordination, and consistent policies, need to be achieved at commissioning, planning and contracting levels, linking Drug Action Teams, Area Child Protection Committees, youth offending teams and Integrated Children's Services Planning structures as key strategic and policy-making bodies. Service provision should also be made through a multi-disciplinary approach within a team or as part of a wider professional network within the children and family services infrastructure. Professional disciplines that may need to be involved include: drug and alcohol services, education and youth services, health and social services, child and adolescent mental health, voluntary sector agencies and criminal justice agencies.

### **7. Services must be child-centred**

Interactions and interventions must be appropriate to the age, maturity and level of development of the individual child or young person. Their drug taking should be looked at within their wider personal, social and cultural background or circumstances. Services should be attractive to young people, respecting their individual needs, lifestyle, gender, ethnicity, culture and beliefs. Consideration must be given to the accessibility of services to young people, particularly: opening times (whether during or after school hours), location (separate from adult services and in safe areas); age appropriate publicity and information and ensuring contact with hard to reach young people.

### **8. A comprehensive range of services should be provided**

Service provision in any local area must be able to respond to different young people, by providing access to a wide range of interventions, as appropriate to each young person.

### **9. Services must be competent to respond to the needs of the child or young person**

Staff in CP should be competent to work with children, adolescents and families, and with substance misuse. The competence of the service will also depend on its use of a multi-disciplinary approach to meet complex needs, whether through a range of professional skills within the staff team, or by utilising expertise through joint working with other services.

### **10. Services should aim to operate, in all cases, according to the principles of good Practice**

Services must operate within the current legal framework, respecting the underlying philosophy of the Children Act 1989 and the UN Convention on the Rights of the Child. They should also reflect accepted, evidence-based effectiveness. Services are responsible for being aware of the latest locally and/or nationally established policy and guidance on working with young people who take drugs.

### **Appendix 3 Summary from the UN Convention on the Rights of the Child and the Canaan response:**

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights. The UK signed the Convention on 19 April 1990, ratified it on 16 December 1991 and it came into force on 15 January 1992.

The UNCRC is presently the most widely ratified international human rights treaty. It is the only international human rights treaty to include civil, political, economic, social and cultural rights. It sets out in detail what every child needs to have a safe, happy and fulfilled childhood regardless of their sex, religion, social origin, and where and to whom they were born. All United Nations member states, except for the United States and Somalia, have ratified the Convention.

The Convention gives children and young people over 40 substantive rights, including the right to:

- special protection measures and assistance
- access to services such as education and healthcare
- develop their personalities, abilities and talents to the fullest potential
- grow up in an environment of happiness, love and understanding
- be informed about and participate in achieving their rights in an accessible and active manner.

CP is committed to the UNCRC and to its implementation. The Department for Education is the lead Government department with responsibility for implementing the UNCRC in England and for coordinating UK-wide reports, although each of the Devolved Administrations implements the UNCRC and addresses the Committee's recommendations as appropriate to their own local requirements.

## Appendix 4 Working Safely

Because of the concerns of the problem of child abuse, and in particular child sexual abuse, it is important that individual members of staff develop day-to-day safer working practises in order to minimise the risk of false allegations being made against them. This can be discussed in Management Supervision sessions in the CP. Although it is rare that someone is falsely accused, **IT CAN HAPPEN**, and therefore steps to minimise the possibility need to be established. The following is a list of suggested guidelines, developed by The National Playbus Association, which are considered good practice:

- Be proactive - if at all possible try to ensure that no staff member or volunteer has to be on their own with individual children or young people. Ensuring that there are enough people for each session is a key issue for the management committee.
- In the event of any injury to a child or young person, accidental or otherwise, ensure that it is recorded and witnessed by another adult in the Accident Book and the session evaluation sheet.
- Keep written records of any false allegations a child or young person makes against you. This should include everything from 'you hit me' to "You're always picking on me". Inform another member of the team if you are aware that a child appears to have a dislike of you.
- Get another adult to witness the allegation if possible.
- If a child or young person touches you in an inappropriate place or manner record what happened immediately and ensure that you inform another team member immediately. Also arrange to meet with the Child or young person with the Safeguarding Lead to explain the inappropriate behaviour.
- Never do something of a personal nature for children or young people that they can do themselves i.e dressing, undressing and taking themselves to the toilet.
- Do not go into a toilet alone with children or young people, leave a door ajar and always tell another member of staff where you are going and why.
- Be careful how and where you touch children or young people. For instance, never pat a child or young person on the bottom.
- Be aware of age appropriate behaviour and reinforce it with young people. For example is it appropriate for a 13-year-old girl to drape her arm around your neck?
- Staff team members should be aware of each other's approaches towards children and young people and should feel able to point out anything that might be misunderstood.
- If you feel that a child may have a 'crush' on you, talk to you line manager for advice and guidance.
- Further Points:
- It is accepted that anyone seeing another worker acting in a way which could be misinterpreted should be able to speak to the individual or line manager about the concern.
- Regular workers review procedures to ensure common approach, sharing concerns and identifying other matters which may need clarification and guidance.
- Encourage report back to such a meeting when departure from guidelines becomes necessary - this provides protection to the individual and draws the leadership's attention to shortcomings and problem areas.
- Keeping records of conversations/issues/decisions of workers

## **Appendix 5 Staff and Volunteers Code of Conduct**

We're here to create environments and relationships within which girls can gain the opportunities and support they need to thrive. The following guidance outlines the behaviour expected of staff and volunteers in order to help create the safe and protective culture needed to make that possible for girls, as well as to protect staff and volunteers.

### **Do...**

- Do make all girls feel welcome and accepted whatever their age, ethnic origin, culture, religious belief, language, disability or sexuality. If you become aware of any behaviour that contradicts this, do challenge it or notify the session leader.
- Do seek to build relationships with the girls. We are not just here to babysit or entertain them. Listening, making an effort to remember names, getting involved in activities, initiating conversations and referring back to past conversations all contribute to this.
- Do involve girls, as far as possible, in decisions that affect them. Do model the behaviour you expect to see and be consistent with boundaries.
- Do dress appropriately. We are working with girls from a variety of cultures some of which have very conservative dress codes so we ask you to dress modestly e.g. no revealing, strapless or stringy vest tops, nothing see-through, wear short skirts with leggings or tights.
- Do keep your eyes open for potential dangers and notify the session leader of any potential hazards. Do report any signs of possible abuse (physical, emotional, sexual or neglect), disclosures of abuse, concerns or allegations to the person in charge of the session.

### **Avoid...**

- Avoid initiating physical contact with girls. Touch can be easily misunderstood especially when working with young people of a variety of social and cultural backgrounds therefore only use it when you consider it necessary such as when providing reassurance for a distressed person, giving direct assistance when fitting outdoor activity equipment, administering first aid
- Avoid sharing personal information with girls unless it will be helpful or beneficial to them in some way and if the issue or situation is resolved in your own life.
- Avoid situations where you are alone with a girl. Where a private meeting with a girl is unavoidable it should be held in an open place in view of others or in a room visible to those outside and where a colleague has agreed to visually monitor the meeting.

### **Don't...**

- Don't promise confidentiality. If any young person at CP, discloses anything to you about them or someone else being at risk of harm, past, present or future, tell them that for their safety you will have to tell the person in charge of the session. This applies whether you are inside or outside of a CP activity.
- Don't share any information about the young people outside of the team.
- Don't use your mobile phone or leave an area you've been assigned to without asking the person in charge of the session. For safety we rely on all staff and volunteers to be fully alert and engaged in activities at all times.
- Don't communicate with young people through social networking sites unless through CP profiles and in accordance with the Social Media Policy.

- Don't give young people your personal contact details such as phone number or address. Use CP phones only to contact girls.
- Don't spend time with young people outside of sessions unless as part of a CP organised activity or have young people in your home.
- Don't give lifts to young people in a car on your own or travel with young people without the permission of the session leader and their guardian.
- Don't take photos or videos of young people with personal devices, only with CP devices and with young person's consent.
- Don't arrive at sessions under the influence of alcohol or drugs.
- Don't have any kind of sexual contact of any kind with any young people
- Don't use inappropriate or discriminatory language.



## Appendix 6 DBS Procedures

We adhere to the DBS Code of Conduct:

This Code of Practice is under section 122 of the Police Act 1997 (“the Act”) in connection with the use of information provided to registered persons (“Disclosure information”) under Part V of that Act.

Disclosure information is information:

- contained in criminal record certificates under section 113 of the Act (which are referred to in this Code as “Standard Disclosures”); or
- contained in enhanced criminal record certificates under section 115 of the Act (referred to in this Code as “Enhanced Disclosures”); or
- provided by the police under section 115(8) of the Act.
  - Except where indicated otherwise, the Code of Practice applies to all recipients of Disclosure information – that is to say:
    - registered persons;
    - those countersigning Disclosure applications on behalf of registered persons; and
    - others receiving such information.
- Where reference is made to “employers”, this should be read as including any person at whose request a registered person has countersigned an application, including:
  - voluntary organisations and others engaging, or using the services of, volunteers; and
  - regulatory and licensing bodies.

All staff will be checked by the Enhanced DBS Check and no one who has convictions of sexual or violent nature against children and young people will be employed in working with Young People.

In the case of DBS checks holding information relating to any other kind of offence, Thirtyone:eight should be consulted for advice on how to proceed. All posts will have DBS checks as part of advertising the posts and potential staff/volunteers will be required to complete self-declaration forms.

Differentiation between people involved in the work of CP and DBS Requirements:

Type	DBS Notes
Trustee	Yes
Staff	Yes
Volunteer	Yes
Young Volunteer	Sometimes Under the age of 16 not required
Visitor or Guest	No unsupervised access to Young people