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**Nottingham Muslim Women’s Network  
Children and Young People’s Safeguarding Policy**

1. Immediate Action to Ensure Safety

Immediate action may be necessary at any stage in involvement with children and families.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD/REN i.e.:

1. If emergency medical attention is required, this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
2. If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.
3. **Pre-employment Checks**

The committee will assess the suitability of prospective employees by:

1. Verifying the candidate’s identity, preferably from the most current photographic ID and proof of address.

1. Obtaining an enhanced DBS certificate from candidates before appointment.
2. Obtaining a certificate for an enhanced DBS check with barred list information where the person will be engaged in regulated activity.
3. Checking the person’s right to work in the UK.
4. Recognition of Abuse or Neglect

Abuse or neglect of a child is caused by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or more rarely by a stranger. Types of abuse can include:

1. Physical Abuse: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms, of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.
2. Emotional Abuse: Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill treatment of a child though it may occur alone.
3. Sexual Abuse: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. This may include non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
4. Neglect: Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.
5. **Awareness of Abuse**

Individuals within the organisation need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of associated organisation. All staff also have a responsibility to provide a safe environment in which young people can learn by:

1. Being aware of the signs of abuse and neglect so that they can identify cases of young people who may need help and protection.
2. Identifying young people who may need extra help or who are suffering or are likely to suffer significant harm.
3. Taking appropriate action, working with other services as needed.
4. Attending appropriate safeguarding training, including regular refreshers.
5. Being aware of the systems within NMWN that support safeguarding,

All staff members will be aware of the indicators of abuse and the appropriate action to take following a young person being identified as at potential risk of abuse or neglect. When identifying young people at risk of potential harm, staff members will look out for several indicators including, but not limited to, the following:

1. Injuries in unusual places, such as bite marks on the neck that are also inconsistent with their age.
2. Lack of concentration and acting withdrawn.
3. Knowledge ahead of their age, e.g. sexual knowledge.
4. Use of explicit language.
5. Fear of abandonment.
6. Depression and low self-esteem.

Staff members will also be aware of the effects of a young person witnessing an incident of abuse, such as witnessing domestic violence at home.

1. **Managing Disclosures**

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you must not discuss your concerns with parents/carers in the following circumstances:

1. Where sexual abuse is suspected
2. Where organised or multiple abuse is suspected
3. Where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected
4. Where contacting parents/carers would place a child, yourself or others at immediate risk.

Victims will always be taken seriously, reassured, supported and kept safe. Victims will never be made to feel like they are causing a problem or made to feel ashamed. If a friend of a victim makes a report or a member of staff overhears a conversation, staff will take action they will never assume that someone else will deal with it. The basic principles remain the same as when a victim reports an incident; however, staff will consider why the victim has not chosen to make a report themselves and the discussion will be handled sensitively. All staff will then speak to the Designated Safeguard Lead (DSL).

All staff will be trained to handle disclosures. Effective safeguarding practice includes never promising confidentiality at the initial stage. It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations, you must:

* Listen carefully to the child. DO NOT directly question the child.
* Give the child time and attention.
* Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
* Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child’s presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
* Use the child’s own words where possible.
* Explain that you cannot promise not to speak to others about the information they have shared.
* Reassure the child that:

-you are glad they have told you;

-they have not done anything wrong;

-what you are going to do next.

* Explain that you will need to get help to keep the child safe.
* Do NOT ask the child to repeat his or her account of events to anyone.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

1. **Taking Action Following Disclosure and Consultation**

All disclosures must immediately be reported to the DSL for consultation who will decide the NMWN initial response.

The allocated DSL for NMWN is: Zaynab Asghar 07847452023. In their absence this role is undertaken by Marsha Brown.

If both of the appointed DSLs are implicated in the concerns, staff should discuss their concerns directly with Social Services. You should always consult externally with the local Social Services Department in the following circumstances:

\* When you remain unsure after internal consultation as to whether child protection concerns exist

\* When there is disagreement as to whether child protection concerns exist

\* When you are unable to consult promptly or at all with the Designated Safeguarding Lead

\* When the concerns relate to any member of the organising committee.

1. **Consultation**

Please note, consultation is not the same as making a referral but should enable a decision to be made by the DSL as to whether a referral to Social Services or the Police should progress. The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary. You may become concerned about a child who has not spoken to you, because of your observations of, or, information about that child. If in doubt, consult.

1. Making a DSL referral

A DSL referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases, the level of concern will lead straight to a referral without external consultation being necessary. Parents/carers should be informed if a referral is being made.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the parents should be approached and by whom.

IF YOUR CONCERN IS ABOUT ABUSE OR RISK OF ABUSE FROM SOMEONE NOT KNOWN TO THE CHILD OR CHILD’S FAMILY, YOU SHOULD MAKE A TELEPHONE REFERRAL DIRECTLY TO THE POLICE AND CONSULT WITH THE PARENTS.

If your concern is about abuse or risk of abuse from a family member or someone known to the children, you should make a telephone referral to your local Social Services Office.

1. Information required

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral:

1. Your name, telephone number, position and request the same of the person to whom you are speaking.
2. Full name and address, telephone number of family, date of birth of child and siblings.
3. Gender, ethnicity, first language, any special needs.
4. Names, dates of birth and relationship of household members and any significant others.
5. The names of professionals’ known to be involved with the child/family eg: GP, Health Visitor, School.
6. The nature of the concern; and foundation for them.
7. An opinion on whether the child may need urgent action to make them safe.
8. Your view of what appears to be the needs of the child and family.
9. Whether the consent of a parent with parental responsibility has been given to the referral being made.
10. Action to be taken following the referral

* Ensure that you keep an accurate record of your concern(s) made at the time.
* Put your concerns in writing to Social Services following the referral (within 48 hours).
* Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

1. Confidentiality

The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place. Information in relation to child protection concerns should be shared on a “need to know” basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child’s need for protection.

Signed:

Position: Marsha Brown / Co-Chair

Date –12th December 2022

Review Date: December 2023