



The SPACE
Child Safeguarding Policy
2026-2027

SIGNED OFF BY: The Chair of Trustees (Eman
Yosry)

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Table of Content

Introduction	4
Purpose and aim	4
Scope	4
Context-Legal Framework	5
Policy statement	5
Responsibilities.....	5
Safe Recruitment.....	Error! Bookmark not defined.
Internal communication	7
Supporting Documents	7
The SPACE Child Protection Policy: Annex A	7
Types of Abuse and Signs of Abuse	7
Abuse	7
Physical Abuse.....	7
Emotional Abuse	8
Sexual Abuse.....	8
Neglect	8
Female Genital Mutilation (FGM)	8
Extremism/Radicalisation	8
Signs of abuse.....	9
Physical abuse.....	9
Bruising	9
Breast ironing.....	9
Emotional abuse.....	9
Sexual Abuse.....	10
Neglect	10
Female Genital Mutilation (FGM)	10
The SPACE Child Protection Policy Annex B	12
The SPACE Child Protection Procedures	12
Designated Responsible Persons.....	12
How to respond to signs or suspicions of abuse.....	13
What to do if a child talks about abuse or neglect.....	13
Consulting about Concerns.....	14
Managing allegations against Staff and Volunteers	14
Making a referral.....	15
Record Keeping	15
Confidentiality.....	15
Local Children’s Safeguarding Boards contact	15
Royal Borough of Kensington and Chelsea and Westminster Local Safeguarding Children.....	15
Brent.....	16
Brent Family Front Door: 020 8937 4300 (option 1) to discuss your concern.	16
City of London Multi-Agency Safeguarding Hub	16
Hammersmith and Fulham Safeguarding Children Partnership	16
020 8753 6600 Fax: 020 8753 4209 familyservices@lbhf.gov.uk Out of hours service: 020 8748 8588.....	16
Lambeth Social Services	16
Southwark Multi-Agency Safeguarding Help.....	16
Tower Hamlets Multi- Agency Safeguarding Hub (MASH) Team.....	16

The SPACE Child Protection Policy: Annex C	17
Code of Conduct	17
The SPACE Child Protection Policy: Annex D	18
The SPACE DBS Check Policy	18
Employees:	18
Volunteers:	19
REPORTING A SAFEGUARDING CONCERN (Staff, Volunteers and Trustees Concerning Children and Young People): Annex E	19

The SPACE Child Safeguarding Policy

Introduction

The Safeguarding Child Policy outlines the procedures to be followed to prevent the abuse of children and respond appropriately if it occurs. When and if it occurs

- Safeguarding is everyone's responsibility, and this policy aims to support this by giving guidance on how to prevent and detect the abuse of children.
- The Policy covers children accommodated at the SPACE schemes and all other children staff may encounter.
- The Policy defines the different types of abuse and neglect– physical, sexual, emotional, neglect as well as other types of abuse such as financial, verbal, racial, homophobic and bullying amongst other types of abuse, and guides staff through recognizing abuse, reporting it, taking action to protect the child/ children and sharing Information appropriately.
- Assessing mental capacity may be relevant when supporting older children (16 and 17 year olds), but staff need to be aware that they are still considered children.
- Although consent is important, concerns about actual or potential abuse may need to be reported without consent in certain situations, as safeguarding children is paramount supersedes General data protection regulations (GDPR). Guidance is provided on information sharing and involvement of the child.
- The Policy also gives guidance on information gathering, risk assessment and working with other agencies.
- Extra protocols are in place for allegations against staff and or volunteers
- Similarly, there is additional guidance regarding the photography/filming of children during events and activities.
- The SPACE monitors, reviews and learns from safeguarding cases presented to the charity.
- Copies of the forms to be used when reporting suspected abuse, assessing risk, seeking permission to photograph and film children and providing feedback are included.
- All staff must refer any suspected child abuse to the Designated Safeguarding Lead (DSL) within one day of becoming aware of a concern and the sooner this is reported the better.

Purpose and aim

The aim and purpose of a child safeguarding policy is to protect children from abuse, neglect, and harm by establishing clear procedures and practices to ensure their safety and well-being, while promoting their development and rights within any setting where they interact with adults; essentially, it aims to prevent harm and create a safe environment for children by actively identifying and addressing potential risks or suspected abuse of a child

Key elements of a child safeguarding policy:

- Prevention and acknowledging that it can happen here.
Taking proactive steps to identify and mitigate potential risks of abuse or neglect.
- Early intervention:
Promptly responding to any concerns or potential safeguarding issues.
- Reporting procedures
Clear guidelines for reporting suspected abuse or concerns to appropriate authorities.
- Staff training:
Ensuring all staff working with children are adequately trained in child safeguarding procedures.
- Child-centered approach:
Prioritizing the child's needs and perspective in all safeguarding decisions.

Scope

This policy applies to all staff, volunteers, and trustees. Staff and volunteers in this organisation accept and recognise their responsibilities to develop awareness of issues which cause children and young people harm.

Context-Legal Framework

The SPACE Child Protection policy has been drawn up in recognition of the:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding¹ children
- Government guidance to prevent extremism and radicalization
- It recognises that: the welfare of the child is paramount, as enshrined in the Children Act 1989 and working Together to Safeguard Children 2023
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, physical or cognitive disability(ies) communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting children's welfare.
- Government policy highlights a number of forms of abuse – physical, emotional, sexual, neglect, female genital mutilation, (Annex A to this policy)

Policy statement

Individuals within The SPACE need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of The SPACE.

There is a responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with this policy and The SPACE child protection procedures (Annex B to this policy).

The SPACE will endeavor to safeguard children and young people by:

- Valuing them, listening to and respecting them.
- adopting child protection² guidelines through a code of behavior for staff, volunteers and trustees
- Sharing information about child protection and good practice with children, parents, staff and volunteers.
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
- Following 'safe recruitment' procedures for recruitment and selection of staff and volunteers, ensuring all necessary checks are made.
- Providing effective management for staff and volunteers through supervision, support and training.

The SPACE will review its policy at regular intervals in the light of new legislation, guidance (statutory and non-statutory) and best practice in safeguarding and child protection.

Responsibilities

The Chief Executive (CEO) and Board of Trustees have overall strategic responsibility for the Safeguarding Policy and Procedure and for ensuring that all children and young people involved in any way with the SPACE are protected. Line Managers have overall responsibility for the implementation of the policy and execution of the procedures. Project Managers should complete the Safeguarding Log. The DSL is the nominated Safeguarding lead within the organisation. All safeguarding concerns or issue must be directed to the DSL. The DSL is Eman Yosry who can be contacted on 07913 752788. All staff members and volunteers have a responsibility to work within the Code of Conduct Procedure detailed within this document.

Safer Recruitment

The SPACE is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, and trustees to share this commitment. Safer recruitment practices are followed in line with statutory guidance and local safeguarding partnership procedures, including Keeping Children Safe in Education (KCSIE) and Working Together to Safeguard Children.

Safer recruitment procedures are applied to all staff, volunteers, and trustees whose roles involve contact with children. These procedures include:

- Clear role descriptions and person specifications that explicitly state safeguarding responsibilities
- Application processes that require a full employment and volunteering history, with explanations for any gaps
- Shortlisting and interviews that assess the applicant's suitability to work with children, including their understanding of safeguarding and child protection
- At least two satisfactory references obtained prior to appointment, one of which must be from the applicant's most recent employer or an organisation working with children, where applicable
- Verification of identity, qualifications, and the right to work in the UK prior to commencement

Disclosure and Barring Service (DBS) Checks

All staff appointed to roles involving regulated activity with children are required to obtain an Enhanced Disclosure and Barring Service (DBS) check, including a check of the barred lists, in accordance with legal requirements.

Volunteers are required to undergo a DBS check appropriate to the role and level of responsibility. The need for a DBS check is risk assessed for each volunteer role.

No individual is permitted to begin unsupervised work with children until satisfactory DBS clearance has been received and reviewed. Records of DBS checks are maintained securely in line with data protection legislation.

Induction and Mandatory Training

All new staff and volunteers receive a comprehensive induction before working independently with children. This includes:

- Familiarisation with The SPACE's safeguarding ethos and procedures
- Access to and understanding of key safeguarding policies, including the Safeguarding and Child Protection Policy and Procedures, Code of Conduct, Behaviour Policy, and Whistleblowing Policy
- Clear guidance on recognising abuse, managing disclosures, and reporting concerns in line with local authority safeguarding procedures
- Identification of the Designated Safeguarding Lead (DSL) and deputy DSLs, including clear reporting pathways

Safeguarding training is mandatory for all staff and volunteers and is updated regularly to ensure compliance with statutory guidance and best practice.

Ongoing Suitability and Supervision

The SPACE recognises that safeguarding is an ongoing responsibility. To ensure continued suitability:

- Staff and volunteers are required to uphold professional boundaries and adhere to the Code of Conduct at all times
- Regular supervision, performance management, and safeguarding updates are provided
- Staff and volunteers must immediately inform the organisation of any changes in circumstances that may affect their suitability to work with children
- Allegations or concerns about the behaviour of staff or volunteers are managed in line with the Managing Allegations Against Staff and Volunteers procedure and reported to the Local Authority Designated Officer (LADO) where required

Governance and Oversight

The trustees and senior leadership team have responsibility for ensuring that safer recruitment procedures are

implemented effectively and reviewed regularly. Recruitment records are monitored to ensure compliance with safeguarding requirements, and policies are reviewed in line with changes to legislation, statutory guidance, and local authority expectations.

Internal communication

It is the responsibility of the management to ensure that information is available to and exchanged appropriately between all those involved in the organisation and its activities. Where information is confidential it is shared on a strictly need-to-know basis

Supporting Documents

Annexes to this policy

- Annex A: Types of Abuse and Signs of Abuse
- Annex B: Child Protection Procedures
- Annex C: Code of Conduct
- Annex D: Disclosure and Barring Service Check Policy
- Annex E: Reporting a concern

The SPACE Child Protection Policy: Annex A

Types of Abuse and Signs of Abuse

Abuse

The term “abuse” is intended to include any situation where there is grave concern regarding the well-being of a child. Somebody may abuse or neglect a child 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical Abuse

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting; by those known to them, or more rarely by a stranger. 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.

Emotional Abuse

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. 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Both men and women can commit acts of sexual abuse, as can other children.

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. 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 care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Female Genital Mutilation (FGM)

FGM involves cutting, and sometimes sewing the girl's genitalia, normally without anaesthetic, and can take place at any time from birth onwards. It is sometimes referred to as 'female circumcision' but this misnomer belies the invasive and irreversible nature of the procedure. It is now more correctly termed female genital mutilation. The procedure has a cultural, rather than religious, origin and is practiced by disparate ethnic communities in many countries, including Ethiopia, Somalia, Sudan, Egypt, Nigeria, India, Pakistan, Yemen and Iraq. The Female Genital Mutilation Act 2003 makes it a criminal offence not only to carry out FGM in England, Scotland and Wales on a girl who is a UK national or permanent resident, but also to take a girl out of the UK to have FGM performed abroad, even to countries where FGM is legal. The indicators of FGM may initially mirror those of sexual abuse. One may notice, for example, that a girl or young woman shows signs of pain or discomfort, needs to visit the toilet constantly, has vaginal blood loss or is unable to sit comfortably.

Extremism/Radicalisation

The government has defined extremism as follows:

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. We also regard calls for the death of our armed forces as extremist.

The SPACE does not tolerate the expression or promotion of extremist views of any kind from any member of our charity or any external agencies or visitors.

Any concerns about extremist views or radicalisation should be recorded and reported to the designated

Child Protection Officer who will then take appropriate action, consulting with Social Care and if necessary, make a Channel referral.

Signs of abuse

It is important to be aware of signs of abuse. NSPCC offers the following guidance on signs of abuse:

Physical abuse

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern.

Injuries that are more likely to indicate physical abuse include:

Bruising

- On babies who are not yet crawling or walking
- On the cheeks, ears, palms, arms and feet on the back, buttocks, tummy, hips and backs of legs
- Multiple bruises in clusters, usually on the upper arms or outer thighs
- Bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- Bite marks - large oval-shaped marks. Burns or scalds
- Any burns which have a clear shape of an object, for example cigarette burns
- Burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times.

If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated.

Breast ironing

This is a practice observed in some African communities including those in the UK where hot stones are rubbed on girls' developing breasts to stop them developing. This is classed as honour-based violence and can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses.

Emotional abuse

Babies and pre-school children who are being emotionally abused may:

- Be overly-affectionate towards strangers or people they haven't known for very long
- Not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- Lack confidence or become wary or anxious
- Be unable to play
- Be aggressive or nasty towards other children and animals.

Adults' behaviour might involve the child in or might include:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Age or developmentally inappropriate expectations being imposed on children. including 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.
- The child seeing or hearing the ill-treatment of another.
- Serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Sexual Abuse

Signs that a child has suffered sexual abuse include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge

Changes in the child's mood or behavior may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behavior that is inappropriate for their age.

For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- a child might become sexually active at a young age

Neglect

Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem.

Some of these signs include:

- children who appear hungry
- children who appear dirty or smelly and whose clothes are unwashed or inadequate for the weather conditions
- children who are left alone or unsupervised
- children who fail to thrive or who have untreated injuries, health or dental problems
- children with poor language, communication or social skills for their stage of development children who live in an unsuitable home environment, for example the house is very dirty and unsafe, perhaps with evidence of substance misuse or violence
- children who have taken on the role of carer for other family members.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) refers to all procedures involving the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. It is internationally recognized as a violation of human rights, a form of child abuse, and an extreme form of gender-based violence. FGM has no health benefits and causes lifelong physical, psychological, and emotional harm.

FGM is illegal in the UK under the Female Genital Mutilation Act 2003, which was further strengthened by the Serious Crime Act 2015. This legislation makes it an offense to:

- Perform FGM on a UK citizen or resident, whether in the UK or abroad.
- Assist, arrange, or encourage FGM.
- Fail to protect a child from the risk of FGM (applicable to parents or guardians).
- Apply for FGM Protection Orders (FGMPOs) to safeguard those at risk.
-

Signs and Indicators of FGM

FGM can have both immediate and long-term physical and psychological consequences. Some physical and behavioural signs that a girl or young woman may have undergone or be at risk of FGM include:

Physical Indicators:

- Difficulty walking, sitting, or standing comfortably.
- Complaints of pain or discomfort in the genital area.
- Frequent or prolonged need to use the toilet (e.g., urinary tract infections, incontinence).
- Unexplained absences from school, especially after trips abroad.
- Increased instances of infection or unexplained bleeding.
- Difficulty in menstruation or unusual menstrual complaints.

Behavioural and Emotional Indicators:

- Withdrawal from social activities or noticeable changes in behavior.
- Reluctance to undergo medical examinations.
- Anxiety, depression, or post-traumatic stress disorder (PTSD) symptoms.
- Talking about 'special ceremonies' or 'becoming a woman' in connection with travel abroad.
- Expressing concern about family expectations regarding cultural or traditional practices.

Risk Factors for FGM

- Family or community members advocating for the practice.
- Parents or guardians expressing strong beliefs in maintaining traditional practices.
- A girl being taken abroad for an extended holiday, especially to countries where FGM is commonly practiced.
- A girl mentioning preparations for a special event, ceremony, or 'rite of passage.'

Support and Intervention

- **Safeguarding responsibilities:** Any professional who suspects or becomes aware of FGM must follow safeguarding procedures, including referrals to social services and law enforcement.
- **Healthcare and psychological support:** Victims of FGM may require medical treatment, trauma-informed therapy, and ongoing support from specialist services.
- **Community engagement and education:** Raising awareness within affected communities can help change perceptions and prevent FGM.

The SPACE Child Protection Policy Annex B

The SPACE Child Protection Procedures

Purpose and aim of the procedures

The purpose and aim of The SPACE child protection procedures is to safeguard the welfare of all children by protecting them from all forms of abuse including physical, emotional and sexual harm. The procedures apply within the organisation to all those in contact with children, even if it is not their main job to look after them – staff, volunteers and trustees.

Good communication is essential in any organisation. At The SPACE every effort is made to ensure that, should individuals have concerns, they are listened to and taken seriously.

It is the personal duty of staff or volunteers who identify FGM, breast ironing, or receive a disclosure to make a crime report to the police, this can be done in consultation with the Designated Safeguarding lead, and this should not cause unnecessary delay in reporting.

If a volunteer has either been told by a child/parent/carer that the child has had FGM s/he should personally report the matter to the police by calling 101.

If you think the girl is at imminent risk or has recently been cut you should take immediate action which may involve calling 999.

Designated Responsible Persons

At The SPACE, the people responsible for child safeguarding at each The SPACE hub are:

- Samia Badani 07775104098
- Eman Yosry 07913752788
- Forouz Rabiei 07894020206

Designated named person's responsibilities are to:

- Coordinate action in The SPACE and liaise with agencies over suspected or actual cases of child abuse
- Identify the signs and symptoms of suspected or actual abuse and when to make a referral
- Ensure that staff observe and implement The SPACE's agreed procedures
- Facilitate training for all staff, volunteers and trustees
- Authorise and support referral to the relevant and appropriate authority
- Keep full and accurate records of concerns, reports and referrals made
- Store, record securely, and maintain confidentiality.

The lead Trustee is: Eman Yosry 07913752788

Staff and volunteers' responsibilities are:

- to be vigilant in order to identify potential incidents of abuse
- to report immediately to a designated named person
- to complete documentation for external agencies as appropriate

It is not the individual staff member, volunteer or trustee's role to investigate suspected abuse, but to recognise it and refer it as appropriate to a designated named person.

How to respond to signs or suspicions of abuse

Any member of staff, volunteer or trustee who believes a child is suffering from, or is at risk of significant harm should discuss with the safeguarding lead at their hub or with the DSL who will then follow the procedures set out below.

However, if one of the named organisational safeguarding leads is implicated in the concerns, the staff member, volunteer or Trustee should discuss their concerns directly with Social Services, using the reporting channels detailed in Annex C.

When reporting directly it is important to give as much of the following information as possible. In emergency situations all of this information may not be available but unavailability of some information should not prevent a referral being made.

- Reporting person's name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family e.g.: GP, health visitor, school.
- The nature of the concerns and the foundation for them including exact wording used by the child or adult, where possible.
- An opinion on whether the child may need urgent action to make them safe.
- Reporting person's view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

In these circumstances

- ensure that an accurate record of concern(s) is made at the time and kept
- put concerns in writing to Social Services following the referral (within 48 hours)
- accurately record the action agreed

What to do if a child talks about abuse or neglect

It is recognised that a child may seek out a staff member or volunteer to share information about abuse or neglect, or talk spontaneously individually or in groups when the staff member/volunteer is present. In these situations the staff member/volunteer must:

- act calmly and listen carefully to the child
- not directly question the child
- give the child time and attention
- allow the child to give a spontaneous account
- 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 and not throw this away as it may later be needed as evidence
- use the child's own words where possible
- explain that s/he (the staff member/volunteer) cannot promise not to speak to others about the

information the child has shared; *never guarantee absolute confidentiality, as child protection will always have precedence over any other issues*

- reassure the child
 - they (the staff member/volunteer) are glad the child has told them
 - that s/he (the child) has not done anything wrong
- tell the child what they are going to do next
- explain that they (the staff member/volunteer) will need to get help to keep the child safe
- not ask the child to repeat his or her account of events to anyone
- immediately report the disclosure to one of the Designated Responsible Person

Consulting about Concerns

The reporting person should consult externally with their local Social Services Department in the following circumstances:

- when they remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when they are unable to consult promptly or at all with their designated internal contact for child protection
- when the concerns relate to any member of the organising committee

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

Managing allegations against Staff and Volunteers

This is situation when someone suspects that a worker may have harmed a child or failed to protect a child, all such concerns need to be shared with the Local Authority Designated Offer (LADO) who will offer guidance/consultation on next steps.

LADO threshold is met when information comes to the attention of anyone which suggests that an adult working with children may have:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children.
- Behaved in their personal life in a way that suggests they may be a risk to children
- Initiated a relationship with a child over the age of consent whilst in a position of trust

Please liaise with your Designated Safeguarding Lead (DSL) who will, support you and report the concern/allegation by. If there is an allegation that a child/ children may have been at risk of harm or actually harmed, then make a referral to the LADO. The organisation will take the following steps:

1. Consultation with the LADO at an early stage.
2. Minimal fact finding to understand what has been alleged. Enough to write the referral.
3. Take any immediate safeguarding actions (for example have another staff member in the classroom)
4. Acknowledge any gaps in the information gathered so far.
5. Keep an open mind that this could have happened.
6. Consider any relevant context
7. Apply procedures fairly and consistently
8. Seek advice from HR and Legal colleagues as needed
9. Where advice from the LADO is not followed, notify the LADO of the decision so it can be recorded.
10. Apply duty of care to their employees (example sign post them to employee assistance, GP, Union)

How to refer to the LADO:

LBHF: LADO@lbhf.gov.uk
Or 0208 753 5125

RBKC: KCLADO.Enquiries@rbkc.gov.uk

Or 0207 361 3013 and request the duty LADO be contacted.

WCC: LADO@westminster.gov.uk

Or 0207 641 7668

Making a referral

A 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.

If your concern is about abuse or risk of abuse from a family member or someone known to the child, you should make a telephone referral to your local social services office (details below). In the area where the child lives, or is currently residing.

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 a volunteer or worker within this organization (allegation against a volunteer or worker within the Space) then the matter is to be shared with the Local authority Designated officer (LADO) after consultation with your safeguarding lead.

Record Keeping

In the event of a safeguarding concern being raised within The SPACE, a written report will be stored in a secure safeguarding log. This report will form the basis of any external reporting if deemed necessary. Individual safeguarding reports will be kept for 5 years in line with our data protection policy; anonymised data will be kept indefinitely. Records about allegations may be kept for longer and will be stored securely.

Confidentiality

The legal principle is that *the 'welfare of the child is paramount'* which means that taking action to safeguard the child is most important. Privacy and confidentiality should be respected, but if doing this leaves a child at risk of harm, the child's safety must come first.

When a concern or worry is raised, not everyone needs to know about it. This respects the child's family's and/or staff's rights to privacy. Only people who need to know should be told about it, however, the welfare of other children who may also be at risk of harm should be considered and appropriate action taken to ensure all children are kept safe.

Local Children's Safeguarding Boards contact

Royal Borough of Kensington and Chelsea and Westminster Local Safeguarding Children

Kensington and Chelsea - socialservices@rbkc.gov.uk or tel: 020 7361 3013

Westminster - accesstochildrensservices@westminster.gov.uk or tel: 020 7641 4000

LSCP Emma Biskupski
Emma.Biskupski@rbkc.gov.uk
07779 348 094
Victoria Harris
Victoria.harris@rbkc.gov.uk
07739315388

Brent

Brent Family Front Door: 020 8937 4300 (option 1) to discuss your concern.

Outside normal office hours (9am - 5pm) call emergency duty team on: 020 8863 5250.

City of London Multi-Agency Safeguarding Hub

Call 020 7332 3621 (9am-5pm)

Outside office hours: 020 8356 2710 or [*Children.Duty@cityoflondon.gov.uk*](mailto:Children.Duty@cityoflondon.gov.uk)

Hammersmith and Fulham Safeguarding Children Partnership

020 8753 6600

Fax: 020 8753 4209

[*familyservices@lbhf.gov.uk*](mailto:familyservices@lbhf.gov.uk)

Out of hours service: 020 8748 8588

Lambeth Social Services

Call 020 7926 5555 (24 hours) or [*helpandprotection@lambeth.gov.uk*](mailto:helpandprotection@lambeth.gov.uk)

Southwark Multi-Agency Safeguarding Help

Call 020 7525 1921 (9am to 5pm)

Out of hours: 020 7525 5000 or [*mash@southwark.gov.uk*](mailto:mash@southwark.gov.uk)

Tower Hamlets Multi- Agency Safeguarding Hub (MASH) Team

Call 020 7364 5006 (9am-5pm)

Out of office hours: 020 7364 4079

The SPACE Child Protection Policy: Annex C

Code of Conduct

- 1.1 The SPACE acknowledges that it is not practicable to provide definitive instructions that would apply to all situations at all times where staff come into contact with children and young people. However, below are standards of conduct that staff is required to meet in fulfilling their roles and duty of care within the organisation.
- 1.2 This Code aims to assist in the safeguarding and promotion of the welfare of children and young people and in the protection of children, adults at risk and members of staff.
- 1.3 All staff, volunteers and others working for THE SPACE are required to implement both Safeguarding Policy and Procedures (for Children and Adults) at all times and should routinely act to promote the welfare of children and young people at risk, prevent harm; and report any harm that is discovered or suspected.
- 1.4 Staff are expected to consistently display high standards of personal behaviour and appearance in line with their professional role being undertaken at the SPACE. This high standard includes:
 - Ensuring that language used is never inappropriate, offensive or abusive.
 - Carry out their role in a manner that respects diversity and promotes and ensures equality, in line with the 2010 Equality Act.
 - Wherever possible, avoid situations where they will be completely unobserved with individual young people, for example, during interviews. An attempt should always be made to arrange for individual contact to take place where the young people and staff member can be clearly observed by others e.g. in a room with a glass door or in a room with the door open, if appropriate.
 - Ensure that any overly enthusiastic personal feelings that are expressed to a member of staff by a young person is immediately reported to the staff member's Line Manager, the Director of their Service and/or the DSL.
 - Report immediately to their line-manager and/or the DSL an incident in which they accidentally hurt a young person, or cause distress in any manner, or a young person appears to be upset by their actions, or misunderstands, or misinterprets something they have done.
 - Obtain prior permission from the young person to use cameras or video recording equipment to record images of the Young Person. Gain consent of the child's parents or legal guardian before taking a pictures, videos or recordings of the young person or child.
- 1.5 Everyone should also be aware that staff shall not:
 - Spend time alone with a young person away from others and outside the normal professional situation. This includes spending time alone with someone in a virtual or on-line environment.
 - Become friends with a young person within social networking environments unless the interaction is within a professional capacity.
 - Develop friendships with young people outside of their professional remit.
 - Overtly criticise young people or use sarcasm where it may cause a young person to lose self-esteem or confidence. **Be cautious with humour.** Do not excuse offensive or rude comments with the excuse that you were joking.
 - Physically restrain a young person unless the restraint is to prevent physical injury of the individual or another person. In all circumstances, physical restraint must be appropriate and reasonable.
 - Take a young person to their own (staff member's) home.
- 1.6 Further, staff shall never:

- Engage in rough physical or sexually provocative games, including horseplay with young people and or children.
 - Allow or engage in any form of inappropriate touching.
 - Permit a Young Person to use inappropriate language unchallenged.
 - Make sexually suggestive comments to, or within earshot of a young person, even in fun.
 - Allow allegations made by a young person to go unchallenged, unrecorded or not acted upon.
 - Make Sexist, homophobic or Racist comments in the presence of children or young people.
 - Do things of a personal nature that a young person can do for themselves.
 - Agree to meet a young person on their own outside of work.
- 1.7 Staff should be aware that colleagues may be impacted or triggered by a disclosure of abuse by a young person and may disclose that they themselves have been abused or are currently being abused. In this situation, reference should be made, objectively and professionally, to the required actions outlined in the Safeguarding Adults Policy and Procedure.
- 1.8 In addition, where a member of staff describes a situation to colleagues that they do not appear to appreciate meets the definition of coercive control or risk of abuse, this should be discussed by their colleague with the appropriate line manager.

The SPACE Child Protection Policy: Annex D

The SPACE DBS Check Policy

This policy sets out our approach to using the Disclosure and Barring Service checks for key roles across the organisation.

Employees:

1. All employees working with children and young people are required to have enhanced DBS Checks and will be asked to join the DBS Update Service for the duration of their employment.
2. The level of this check will be determined by the role undertaken, as advised by the DBS service used to process checks based on job description.
3. New employees must not work unsupervised with families on site, or over the phone until we have received a clear DBS result.
4. We are able to accept an existing DBS certificate if:
 - a. the employee is on the Update Service, allowing us to make an updated check;
 - b. the roles and organisations are comparable;
 - c. the level of check enhanced is equal.

Decisions relating to whether an existing DBS is acceptable will be made at the discretion of the CEO of the SPACE.

In this instance, we will require the DBS certificate number which will be held on our records and will need to see a copy of the DBS certificate as part of the onboarding process.
5. If a new employee has an existing DBS but is not on the Update Service they will be requested to undertake a new check through The SPACE.
6. In the event of a DBS check showing a conviction, a risk assessment will be carried out under the terms of the Recruitment of Employees and Volunteers with a Criminal Record Policy.
7. For existing staff not yet on the Update Service, DBS will be renewed in the month before their existing certificate turns 3 years old, and they will be requested to sign up for the Update Service and provide their Update Service number which will be held on their Employ/Volunteers record.
8. All costs relating to DBS checks will be covered by The SPACE.

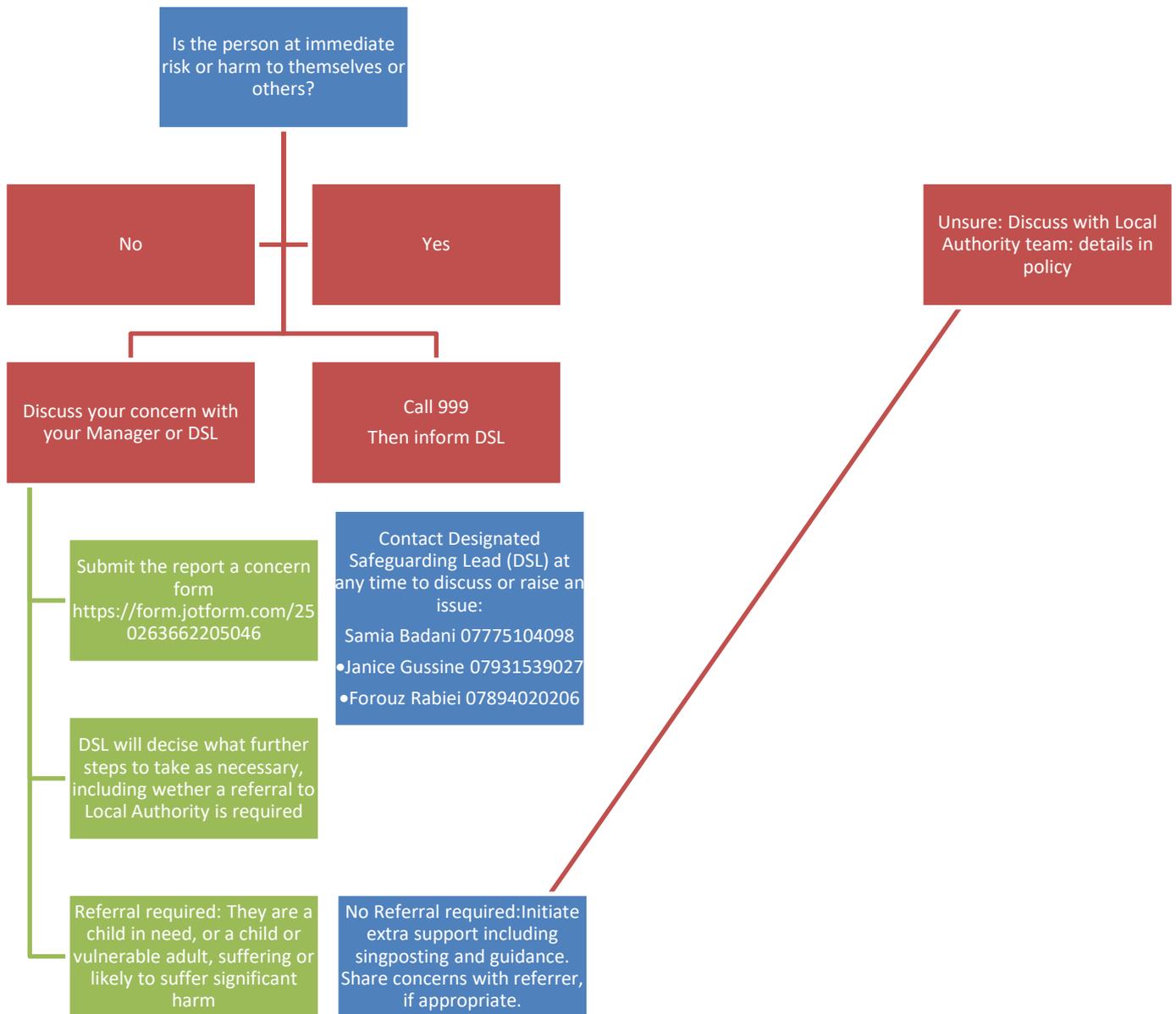
9. As the Update Service request has to be actioned by the employee, we request that either the costs are claimed back on expenses, or a time arranged with to finance@214space.org.uk to arrange payment via The SPACE.

Volunteers:

10. Volunteers will be asked to have an Enhanced DBS check carried out for key roles only. These roles are:
 - a. Project worker (on site or over the phone)
 - b. Driving
 - c. Trustee
 - d. Outreach workers
 - e. Supervisors and manager
 - f. Any further roles as created which are determined to offer unsupervised access to families and other volunteers
11. New volunteers must not volunteer unsupervised on site or over the phone until we have received a clear DBS result. Volunteers can start volunteering but should shadow existing, DBS-checked staff or volunteers until their result is returned. Alternatively, volunteers can start in a different role not subject to DBS check and transition once the check is made.
12. In the event of a DBS check showing a conviction, volunteers will be asked to not attend volunteering sessions until a risk assessment has been carried out under the terms of the Recruitment of Employees and Volunteers with a Criminal Record Policy. This should be done as quickly as is reasonably possible. Volunteers should be informed that a risk assessment is being carried out in a sensitive manner (phone-call or personal conversation, confirmed in writing) by the Volunteer Manager, so as to preserve the volunteer-Site Manager relationship.
13. DBS will be renewed in the month before their existing certificate turns 3 years old.
14. We are able to accept an existing DBS certificate if:
 - a. the volunteer is on the Update Service, allowing us to make a new check
 - b. the roles and organisations are comparable
 - c. the level of check (enhanced or standard) is equal

REPORTING A SAFEGUARDING CONCERN (Staff, Volunteers and Trustees Concerning Children and Young People): Annex E

If you are a paid employee or a volunteer inform your manager or team leader. Record details of the incident/concern, including what time and information about anybody else that was present. Complete the online form to record details where possible.



End of Annex