**THE QUINN CENTRE SAFEGUARDING AND CHILD PROTECTION POLICY AND PROCEDURES FOR**

**STAFF AND VOLUNTEERS 2018/19**

### THE QUINN CENTRE

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**LONDON**

**N22 7BL**

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| **This policy was approved by the**  **Board of Trustees in** | August 2019 |
| **Signed on behalf of The Quinn Centre** |  |
| **Date disseminated to staff** | August 2019 |
| **Date for review** | July 2020 |

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# INTRODUCTION

**SAFEGUARDING AND CHILD PROTECTION**

Everyone who comes into contact with children and families has a role to play in safeguarding children and protecting them from harm.

**Safeguarding** and promoting the welfare of children is defined as;

* Protecting children from maltreatment
* Preventing impairment of children’s health or development
* Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
* Taking action to enable all children to have the best outcomes.

**Child protection** is defined as the actions that must be taken if the welfare of a child is in danger. The abuse of children and young people - physically, emotionally, sexually and through neglect - is a sad fact of life. Children and young people may be abused regardless of their age, gender, religious belief, race, sexual orientation, culture or ability. They are usually abused by people they know and trust.

Those who work with children and young people in voluntary and community organisations may be able to provide an important link in identifying individuals who have been or are at risk of being harmed in this way.

In 2015 the government produced “Working Together to Safeguard Children” a code of practice for adults working with young people, to give youth organisations a framework on which to base their activities to minimise the chances of abuse taking place. Further statutory guidance was issued by Department of Education in 2016 entitled “Keeping Children Safe in Education”. These guidelines are based on this code of practice (for links to these documents please see at the bottom of this page) and provides a summery of what those who work with children **should do** and **must do** in relation to safeguarding and child protection.

All Quinn Centre staff and volunteers are vetted as part of our responsibility to our members. The vetting includes police checks, interview, references being followed up and a probationary period completed.

Below are links to the following key documents;

*Working Together to Safeguard Children 2015* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachme nt\_data/file/592101/Working\_Together\_to\_Safeguard\_Children\_20170213.pdf

*Keeping Children Safe in Education 2016* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachme nt\_data/file/550511/Keeping\_children\_safe\_in\_education.pdf

# POLICY STATEMENT

The Quinn Centre aims to take all reasonable steps to ensure the health, safety and welfare of children and young people involved in its work.

We have adopted set procedures for the appointment of staff and volunteers who work closely with young people and established guidelines for them to work to.

The Quinn Centre is fully committed to upholding the recommendations in the Rights of the Child 1994, the Children’s Act 2004, and the statutory guidance contained within Working Together to Safeguard Children 2015 and Keeping Children Safe in Education 2016.

Definition of age; Statutory guidance defines ‘children’ to include everyone under the age of 18, and up to the age of 25 if they have Special Educational Needs.

The Quinn Centre Safeguarding and Child Protection Policy covers all participants of The Quinn Centre aged 25 and under.

# SAFEGUARDING INFORMATION FOR ALL STAFF; ESSENTIAL READING

The Keeping Children Safe in Education 2015 statutory guidance for schools and colleges requires that ‘all staff in their school or college read at least Part one of this guidance’.

The Quinn Centre in turn requires all staff to read this guidance, which can be found in Appendix 1.

# POLICY IN PRACTICE

Safeguarding the welfare of children is not an optional activity which can be added to the The Quinn Centre programme – it is an essential requirement. Protection from abuse is an integral part of the policy and practice of all the organisation’s work.

The Quinn Centre recognises that good management requires everyone to be clear about what the organisation is trying to achieve, and agree aims and policy statements for that purpose.

This policy statement will be brought to the attention of all new paid staff and volunteers, who should also be informed of any guidelines or training which will enable them to implement the policy statement. The Quinn Centre agrees to ensure the policy is provided to all team members. The policy is reviewed on an annual basis.

To ensure the welfare of children is regularly monitored, Safeguarding is addressed at all levels of The Quinn Centre, including;

* Session Debriefs; after every The Quinn Centre session, the team meet to discuss and evaluate the session. This must include discussion around the welfare of children and any safeguarding concerns must be reported by the team leader to their Line Manager immediatley. Where a cause for concern arises a Cause for Concern Form (page see page 34) is completed and the Director is contacted as soon possible/by the following morning.
* Core Team Meetings; Safeguarding is a constant agenda item at Core Team Meetings which take place on a regular basis between the The Quinn Centre core staff team. These meetings discuss any concerns about the welfare of a young person, assess any immediate interventions that might have taken place, and establish longer-term plans of action (e.g. raising concerns through the Common Assessment Framework (CAF) system). Core Team Meetings also discuss operational safeguarding issues that may arise e.g. changes to DBS police checks.
* Clinical Supervisions and Reflection Space; The Quinn Centre Staff manager is a qualified clinical supervisor who holds monthly clinical supervisions with therapists, and regular Reflection Spaces with support practitioners and facilitators. These provide a safe space where staff can discuss the help and interventions they offer, including safeguarding, and discuss any issues or concerns.

# WHAT IS ABUSE?

It is essential that both paid staff and volunteers know how to recognise signs of abuse.

This does **NOT** mean that they are responsible for deciding whether or not abuse has occurred but they do have a responsibility to be alert to behaviour by children or workers which suggests something may be wrong.

There are several different categories of abuse officially defined in government guidelines and you should familiarise yourself with these definitions since they are central to the statutory child protection system. Any action taken by statutory child care agency will be based on these definitions.

All staff and volunteers should be aware that, essentially, “child abuse” occurs when the behaviour of someone in a position of greater power than a child causes harm. The common denominator of all forms of child abuse is that it makes children and young people feel bad and worthless. Because children can be abused in a number of ways the harm caused cannot always be easily categorised but we can identify three broad types of abuse

**Physical ....** where children’s bodies are hurt by ill-treatment, failure to protect them, inadequate care or neglect of their basic needs;

**Sexual ....** where children are encouraged or forced to observe or participate in any form of sexual activity;

**Emotional ....** where children are persistently or severely emotionally neglected or rejected, for example, by not being given enough love or attention, by not being taken seriously or being intimidated by threats or taunts.

**Neglect …** is failure by a carer or parent to meet a child’s basic needs (such as love, food, warmth, safety, education, medical attention) in a way that effects their health, development or safety.

A good understanding of the particular nature of child abuse is essential to help staff and volunteers to see and hear.

There is a whole range of reasons why children and young people don’t tell anyone they are being abused:

* they may have been bribed not to tell
* they may be afraid of being blamed or punished for what has happened
* they may have experienced actual or threatened violence from the abuser
* they may be afraid of what will happen to the abuser, who is most often someone they know and care about.

Very often children and young people who are being abused feel they have tried to tell, by hints or clues, or something they have said or done. Children and young people often have different ways of communicating with adults, and this must be remembered. Some special training of your staff and volunteers about the nature of child sexual abuse and the way it affects children will help them to be more sensitive to all these issues.

Our natural defence mechanisms sometimes make it very hard for us to admit that abuse is taking place, especially to children we know and particularly by people we trust. Because we naturally assume that people who work in voluntary organisations are caring individuals, this can lead to blocks in hearing, recognising and dealing with possibility of abuse.

It is important that all workers receive some training to help them to recognise this unconscious defence mechanism and be alert to the possibility that abuse may be taking place.

Workers may also need some training to help them understand and deal with their feelings about children being abused. They will then be better equipped to handle and respond more effectively to situations with which they may be faced.

Youth providers have an important role to play in equipping children and young people to stay safe online, both in school, extra-curricular settings, and outside. Internet safety will usually be integral to any project engaging with the internet, and any IT equipment used should have the necessary levels of protection to ensure safe usage.

###### Critical Safeguarding Issues; i) FGM, ii) Sexual Exploitation, iii) Radicalisation,

**iv) Self-Harm and Suicidal Behaviour**

Interlinking with the above four types of abuse, staff need to be aware of the above safeguarding issues.

Please note that concerns around these issues should be processed

###### Female Gentile Mutilation (FGM)

The age at which girls undergo FGM varies enormously according to the community, however the majority of cases are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. The Government’s Multi Agency Practice Guidelines identify the following indicators that FGM is imminent;

* + A professional may hear reference to FGM in conversation, for example a girl may tell other children about it
  + A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’.
  + A girl may request help from a professional if she is aware or suspects that she is at

immediate risk.

* + Parents state that they or a relative will take the child out of the country for a prolonged period.
  + A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent

The following are indicators that FGM may have taken place;

* + A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
  + A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
  + A girl or woman may have frequent urinary, menstrual or stomach problems.
  + There may be prolonged or repeated absences from school or college.
  + A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl’s return could be an indication that a girl has recently undergone FGM.
  + A girl or woman may be particularly reluctant to undergo normal medical examinations.
  + A girl or woman may confide in a professional.
  + A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
  + A girl may talk about pain or discomfort between her legs

If in the course of their work a staff member discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the staff members must report this to the police.

###### Sexual Exploitation

Often children and young people who are victims of sexual exploitation do not recognise that they are being abused. There are a number of warning signs that can indicate a child may be being groomed for sexual exploitation and behaviours that can indicate that a child is being sexually exploited. To assist in remembering potential signs and behaviours the mnemonic ‘safeguard’ has been created;

***S****exual health and behavior*; Evidence of sexually transmitted infections, pregnancy and termination; inappropriate sexualised behavior

***A****bsent from school or repeatedly running away;* Evidence of truancy or periods of being missing from home or care

***F****amilial abuse and/or problems at home;* Familial sexual abuse, physical abuse, emotional abuse, neglect, as well as risk of forced marriage or honour-based violence; domestic violence; substance misuse; parental mental health concerns; parental criminality; experience of homelessness; living in a care home or temporary accommodation.

***E****motional and physical condition;* Thoughts of, or attempted suicide or self harming; low esteem or self-confidence; problems relating to sexual exploitation; learning difficulties or poor mental health; unexplained injuries or changes in physical appearance

***G****angs, older age groups and involvement in crime;* Involvement in crime; direct involvement with gang members or living in a gang afflicted community; involvement with older individuals or lacking friends from the same group; contact with other individuals who are sexually exploited

***U****se of technology and sexual bullying****;*** Evidence of ‘sexting’, sexualised communication on line or problematic use of the internet and social networking sites

***U****nexplained finances, including phone credit, clothes and money*

***A****lcohol and drug misuse;*

***R****eceipt of unexplained gifts or money*

***R****esistance to communicating with parents, carers, teachers, social services, health, police and others*

***D****istrust of authority figures*

###### Radicalisation

The Government has strategies in place to try and prevent children and young people becoming radicalized to extremist views and organizations. This includes violent Islamist ideology and far-Right groups.

According to the Governments ‘Prevent Duty’ guidelines, ‘there is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. As with managing other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection.

Children at risk of radicalisation may display different signs or seek to hide their views. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately.

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require teachers or childcare providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, they must take action when they observe behaviour of concern’.

‘Youth providers can build young people’s resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making, promoting the spiritual, moral, social and cultural development of young people’.

In discharging this duty of care, the staff must seek to protect children and young people against the messages of all violent extremism delivered using any means or medium to express views which

* + Encourage, justify or glorify political, religious, sexist or racist violence
  + Belong to rigid and narrow ideologies that are intolerant of diversity and so leave those who hold them vulnerable to future radicalization
  + Seek to provoke others to terrorist acts
  + Encourage other serious criminal activity or seek to provoke others to serious criminal acts
  + Foster hatred which might lead to inter-community violence in the UK.

To address this risk members of the The Quinn Centre Executive have attended Prevent Strategy training provided by Westminster City Council, and in the event of safeguarding concerns or a child protection issue all staff and volunteers must follow the procedures outlined on page 14.

###### Managing Self-harming and Suicidal Behaviour

The guidance listed below has been taken from the London Safeguarding procedure boards’, London Child Protection procedures - 5th edition 2017, <http://www.londoncp.co.uk/chapters/self_harm_suic_behv.html>

**Self-harming and Suicidal Behaviour definitions** from the Mental Health Foundation (2003) are:

* + Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
  + Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
  + Suicide is self-harm, resulting in death.

Deliberate self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident.

Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self- harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

The **signs of the distress** the child may be under can take many forms and can include:

* + Cutting behaviours;
  + Other forms of self-harm, such as burning, scalding, banging, hair pulling, punching walls/doors;
  + Self-poisoning;
  + Not looking after their needs properly emotionally or physically;
  + Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside;
  + Staying in an abusive relationship;
  + Taking risks too easily;
  + Eating distress (anorexia and bulimia);
  + Addiction for example, to alcohol or drugs;
  + Low self-esteem and expressions of hopelessness.

###### The Quinn Centre Disclosure Procedure

Take it seriously using a supportive response

Any practitioner, who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, **should talk with the child or young person without delay**.

A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts.

Practitioners should talk to the child or young person in a private environment and establish the following as part of the **disclosure and assessment procedure**:

1. Listening to the child/young person accounts and informing that your manager will need to be notified in order to provide the most appropriate support;
2. Assessing the level of risk
3. Reporting the disclosure to you line manager
4. Monitoring the young person’s frequency, levels, patterns and actions taken. Some risks may remain static whilst others may be more dynamic such as sudden changes in circumstances within the family or school setting.

**Remain curious and empathic**, the following questions should be asked where possible, from which your Line Manager can make more of an informed assessment:

* + how imminent or likely self-harm might be?
  + level of planning and intent (incl methods, intentions, triggers)?
  + If they have taken any substances or injured themselves?
  + Find out what is troubling them (including, asking about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
  + How do they generally feel (frequent state of sadness, high anxiety, feeling overwhelmed and without any control of their situation, delusional thoughts and behaviours, etc.)
  + How long have they felt like this (frequency of thoughts and actions)?
  + previous history of self harm or suicide in the wider family or peer group
  + What other risk taking behaviour have they been involved in (substance misuse, unhealthy relationships, etc.)
  + Ability to attend to the welfare of a child that they might be looking after or unborn baby if the young person is pregnant?
  + What have they been doing that helps?
  + What are they doing that stops the self-harming behaviour from getting worse?
  + Find out who else may be aware of their feelings.
  + What can be done in school or at home to help them with this?
  + Find out what help or support the child or young person would wish to have;
  + What needs to happen for them to feel better?

###### Try not to:

* + Panic or try quick solutions;
  + Dismiss what the child or young person says;
  + Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future;
  + Disempower the child or young person;
  + Ignore or dismiss the feelings or behaviour;
  + See it as attention seeking or manipulative;
  + Trust appearances, as many children and young people learn to cover up their distress.

###### Issues - information sharing and consent

In order to share and access information from the relevant professionals the child or young person's **consent will be needed**.

Professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information.

**Competency considerations** should include:

* + the child's chronological age,
  + mental and emotional maturity,
  + intelligence,
  + vulnerability
  + comprehension of the issues.

A child at serious risk of self-harm may lack emotional understanding and comprehension and the *Fraser guidelines* should be used.

###### Informed consent to share information should be sought if the child or young person is competent unless:

* + The situation is urgent and there is not time to seek consent;
  + Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.

###### If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

* + There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime, and;
  + The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing, and;
  + There is a pressing need to share the information.

###### Informing Parents

Professionals should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

###### Line/Senior Management responsibilities:

To support the practitioner in assessing the risk and to make the final assessment intervention decision, including undertaking the following actions where appropriate:

* + Inform parents,
  + Make a referral to LA Children's Social Care under child protection services under s47 of the Children Act 1989,
  + Escort the young person to hospital if treatment for physical self-harm, or if the child or young person is at serious risk to themselves or others, as advised in National Institute of Health and Clinical Excellence (NICE) June 2013,
  + Assessment should be undertaken by healthcare practitioners experienced in this field,
  + Liaise with parents advising carers of the need to remove all medications or other means of self-harm available to the child or young person who has self-harmed
  + Update and offer process support to the The Quinn Centre staff member(s) to whom the disclosure was made.

# WHO CAN ABUSE

* You can’t tell by looking at a person whether they are an abuser - they don’t appear different from the rest of the society.
* Abusers come from all classes of society, all professions and all races.
* Abuse of children may sometimes be carried out by strangers but it much more common that the abuser is known to the child and is in a position of trust and/ or authority.
* It is not only adults who abuse children ... children may suffer abuse from other children and young people.

Staff and volunteers need to be aware that colleagues might include:

* some adults who are unable to provide consistent care;
* some adults, including professionals, who manipulate themselves into position of trust where they can exploit children and young people, emotionally and sexually;
* some adults, including professionals, who by consistently behave inappropriately towards children and young people can cause them to suffer physical or emotional harm;
* it is very important to draw the distinction between sexual abuse and the other ways in which children may suffer harm - the reasons for the sexual abuse of children and young people are very different from the reasons why people physically abuse or neglect them.

# EARLY HELP

All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child’s life and may include issues such as anxiety, a reluctance to engage with their peers, difficulties in controlling their emotions.

In the first instance, staff should discuss early help requirements at a session debrief. This discussion should then be brought to the regular Core Team Meetings (see page 4 for an overview of these meetings) where further measures and potential support may be suggested.

Staff may be required to support other agencies and professionals in assessing the needs of a child and support the child to access the help they may need.

Early help interventions and potential support plans will continue to be monitored at debriefs.

# CAUSES FOR CONCERN

If staff have any concerns about a child (as opposed to a child being in immediate danger) they will need to complete a Cause for Concern Form and be part of deciding on what action to take. Where possible there should be a discussion at a session debrief involving the designated safeguarding lead (the director) to agree a course of action, although any staff member can make a referral to children’s social care (see the Children’s Services Access Team number below).

The Cause of Concern form must be communicated to the director as soon as possible/by the following morning to confirm and where necessary add to the course of action. This must also be discussed at the regular Core Team Meeting (see page 4 for an overview of these meetings) at which further measures and potential support may be suggested.

**Thomas Herreboudt** (male)- The Quinn Centre director

**Ann Herreboudt** (Female)- The Quinn Centre staff manager

**Ines Vigario Nunes** (Female)- The Quinn Centre Head of Support

# DISCLOSURE

# The Quinn Centre currently serves in three London Boroughs; Hackney, Haringey and Lambeth. It is important that staff familiarize themselves with the relevant government bodies for safeguarding in these areas.

**LAMBETH SAFEGUARDING CHILDREN BOARD**

**Telephone:** 0207 962 5555 (24 HOURS)

**Email:** [helpandprotection@lambeth.gov.uk](mailto:helpandprotection@lambeth.gov.uk)

[help.protection@lambeth.cjsm.net](mailto:help.protection@lambeth.cjsm.net) (secure email)

**HACKNEY CHILDREN AND FAMILY SERVICE**

**Telephone:** 0208 356 5500

0208 356 2710 (out of hours)

**Email:** [FAST@hackney.gov.uk](mailto:FAST@hackney.gov.uk)

[cscreferrals@gackney.gcsx.gov.uk](mailto:cscreferrals@gackney.gcsx.gov.uk) (secure email)

**HARINGEY MULTI-SAFEGUARDING HUB**

**Telephone:** 0208 489 4470

0208 489 0000

**Email:** [mashrefferal@haringey.gov.uk](mailto:mashrefferal@haringey.gov.uk)

### HOW TO DEAL WITH THE DISCLOSURE OR DISCOVERY OF ABUSE

Most children live healthy and happy lives but in the event that disclosure of abuse takes place within your work setting, the following guidelines apply.

### IF A CHILD DISCLOSES ABUSE TO A WORKER

If a child who is suffering abuse is attending your activities regularly they may see the workers as people they can trust, these are adults who are providing activities that the child enjoys and that may take them away from the abuser. Should a child disclose abuse to a worker, they should:

* Never make any promises of confidentiality to a young person (you have a duty to pass on the accusation to the authorities and if you promise not to tell you will abuse the trust of the child). Do tell them you will help and that it is OK to tell.
* Don’t interrogate them about the allegations. If questions do need to be asked, for instance to enable you to be sure that the child really is disclosing abuse, they should be open ended; “tell me about ...”, or a repeat of what the child has told them as a means of confirming the information; “what you are telling me is ”
* Make verbatim notes of conversations and actions; do not make additions or judgements.
* Tell your line manager and/The Quinn Centre Director (see page 14).

### IF A CHILD REFUSES TO GO HOME BECAUSE OF ABUSE

There is a remote possibility that a child may suddenly announce that they do not want to go home after a meeting because they are afraid of abuse. A child should be encouraged to go home unless the worker feels they are in real danger in doing so. A worker cannot legally keep a child from going home with its parents, however they can insist on calling the police and staying with the child until they arrive. If the child does go home the leader should contact the local Child Protection Team and tell them of their fears, do not disclose to the parents what the child has said.

### IF A CHILD IS IN IMMEDIATE DANGER OR RISK FROM HARM

If the child is in immediate danger or is at risk of harm, a referral should be made to the relevant government safeguarding body and/or the police immediately. In the event a staff member has not been able to contact a member of the Executive Team they should be informed as soon as possible that a referral has been made.

### ONE OF THE STAFF MEMBERS IS ACCUSED OF ABUSE OR INAPPROPRIATE BEHAVIOUR

If the procedures and guidelines for running activities are followed this should not happen, but it may.

If the accusation refers to activities outside of the work of the organisation then she/ he should be talked to by a member of the Executive to explain the situation.

They must not attend activities until the matter has been resolved following an investigation carried out by the core staff team.

All accusations or complaints against staff must be registered with;

**Local Authority designated officer (LADO):**

[LADO@hackney.gov.uk](mailto:LADO@hackney.gov.uk)

[LADO@haringey.gov.uk](mailto:LADO@haringey.gov.uk)

[LADO@Lambeth.gov.uk](mailto:LADO@Lambeth.gov.uk)

### CONCERNS ABOUT ANOTHER STAFF MEMBER

If staff members have concerns about another staff member, then this should be referred to the Director

Where there are concerns about the Director this should be referred to the support manager Ines Vigario Nunes. [Tel: 07871](Tel:07871) 525 276

All accusations or complaints against staff must be registered with; **Local Authority designated officer (LADO):**

[LADO@hackney.gov.uk](mailto:LADO@hackney.gov.uk)

[LADO@haringey.gov.uk](mailto:LADO@haringey.gov.uk)

[LADO@lambeth.gov.uk](mailto:LADO@lambeth.gov.uk)

Please see page 28 for details of The Quinn Centre Whistleblowing Policy.

# ORGANISATIONAL PLANNING

The Quinn Centre aims to plan its work so as to reduce to the minimum situations where it may be possible for children and young people to be abused.

The Quinn Centre aims to do this by planning how they use premises to ensure the maximum safety of children and young people using them. This would include:

* Assessing access to the building/ venue.
* Arranging for activities where a single child or young person working with an adult can be observed by others in nearby areas.
* Reducing to a minimum occasions when a single adult is in the company of a lone child.
* Ensuring that children and young people have access to both male and female adults at any one time.
* Following a rigorous staff selection, appointment and supervision procedure.
* Ensuring young people’s details are kept in secure storage only accessible to authorised staff

# DATA PROTECTION

Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm.

Fears about sharing information **cannot** be allowed to stand the way of the need to promote the welfare and protect the safety of children.

As part of a child’s needs, The Quinn Centre recognises the importance of sharing between professionals and local agencies in line with the government’s Working Together to Safeguard Children 2015.

The Quinn Centre is registered with the Information Commissioner’s Office (ICO) and is committed to ensuring that all data is compliant with GDPR regulations. This includes ensuring that personal information is stored in a secure place and is password protected, and that anyone receiving information from The Quinn Centre has opted into such communications.

# ACTIVITY PROCEDURES

The Quinn Centre staff should ensure the following procedures are followed whether an activity is indoor or outdoor.

* Ensure a staff ratio of adults to young people, which is appropriate to the activity being undertaken.
* Ensure that the roles and responsibilities of staff and volunteers are clear and understood by adults and young people.
* A register of attendees is kept by staff.
* Risk assessments are carried out on venue/ equipment etc. prior to each activity.
* Accidents and/ or incidents should be recorded on relevant forms and reported to appropriate individuals.
* Safety procedures for the meeting place must be fully understood e.g. where nearest phone is, who should take charge in an emergency, who is qualified First Aider, where first aid kit is and so on.
* A safety check and fully equipped First Aid kit is available for each activity.
* All staff and volunteers must be made aware of safety and welfare policies and are expected to abide by them.
* Ensure that all adults and children know what to do in an emergency.
* Ensure that details of participants, contact numbers, venues, timetables and schedules are recorded by at least one colleague not involved in the activity.
* Parental/ Guardian consent forms must be completed by all participants.
* All relevant medical and dietary needs noted and confidentially monitored.
* Ensure both male and female workers accompany mixed gender groups where appropriate.
* Ensure same gender adults accompany single sex groups where appropriate.
* Ensure start and finish times are clear and met for all activities.
* At least one adult to hold current First Aid qualifications on all activities.
* Staff and volunteers should avoid being left alone with a child or young person in private.

# ROLES AND RELATIONSHIPS

### CODE OF CONDUCT ON HOW TO BEHAVE WITH YOUNG PEOPLE

The Quinn Centre recognises the importance of trust and positive relationships between staff and children. To achieve this it is essential for all staff and volunteers to maintain professional boundaries in their relationship with children and their families, and all staff and volunteers must observe the following code of conduct:

* Observe the correct ratio of adults to young people.
* Check out any hazards on the site and record your observations.
* While respecting the need for privacy and confidentiality try never to be alone with a child or young person. When it is appropriate to work one-to-one make sure that others are within earshot and preferably within vision (see p23 for procedures around One to One Sessions).
* Always contact a member of management if there are any issues (e.g.: alleged child abuse)
* Never touch a young person in a way that could be misunderstood.
* Make sure young people stay in sight of workers.
* Think carefully about your site. Avoid sites where children can get lost easily.
* Remember you are a role model for young people, take care about what is said and also the way in which it is said.
* If a young person intentionally removes themselves from the group and seeks solace in a private space then you should alert a second staff member and monitor that young persons’ welfare from outside the space. If for example this is a toilet cubicle a staff member should only remain inside the toilet area if a second staff member is in sight (e.g. by the main toilet entrance), otherwise they should remain outside the toilet.

**Language:** No abusive or intrusive Verbal and non verbal communication / actions.

**Appearance:** Always present yourself in a manner that reflects The Quinn Centre’ professional standards.

**Time- keeping:** Staff must be present and ready for the session at least 15 minutes before the start.

**Record keeping:** All staff must fill out log sheets and other documentation (including session plans and debriefs) promptly

###### No consumption of any legal or illegal substances (e.g. alcohol and drugs)

**Online:** Staff and volunteers must not communicate with children via social media unless it is via designated The Quinn Centre platforms e.g. The Quinn Centre Facebook page.

**Mobile Phones:** Staff should never use their personal mobile phones to contact a child or to film or photograph a child.

**GIVE ALL PAID STAFF AND VOLUNTEERS CLEAR ROLES**

Abuse of children and young people is most easily concealed where there is confusion amongst adults about roles and responsibilities. Paid workers have job descriptions which spell out clearly their responsibilities for the protection of children and young people.

Volunteers should also have a clear idea of what is expected of them. One way is to give them a description, in writing, of the task they are expected to do. This should be done for both new and existing workers.

# TOUCH POLICY

It is important that staff and volunteers are not frightened of any physical contact with children – this is not an effective way of reducing abuse or promoting a safe space. Physical contact of a comforting and calming nature is a valid way of expressing your concern of and care for children and young people.

However, The Quinn Centre is committed to provide guidance and training to help staff and volunteers be clear about what is appropriate physical contact with children, an indication of what physical contacts are inappropriate, and be made aware of actions which might be misunderstood and situations which might render them vulnerable.

###### PHYSICAL CONTACT FOR THE PURPOSES OF MAINTAINING SAFETY

The Quinn Centre recognise that occasionally, for reasons of safety, non-procedural contact may occur e.g. if a child/young person steps off a pavement into the path of oncoming traffic. In such circumstances staff should

* + Explain following any non-procedural contact why this has taken place to reassure him/her
  + All incidents will be recorded on an Incident Form and a copy given to their Line Manager

If a young person is behaving dangerously and verbal requests are not being ‘heard’, The Quinn Centre personnel should not intervene physically unless that personal member and one other staff member has had physical disengagement training. However, personnel should never put themselves in danger. Where possible

* + Personnel should contact their on-site manager immediately before any intervention takes place (do not leave other children/young people unsupervised, but call or send two of the group to get the manger)
  + Personnel must elicit the support of another personnel member (it is not appropriate to ask another young person to help)
  + If a staff member is going to intervene physically they will need to warn the child and explain to them what they are about to do or are doing and why
  + Children/young people who have been sexually or physically abused may react with great upset and rage to any physical contact which has resulted in their behaviour being controlled. The Quinn Centre personnel will always endeavour to then talk to the child/young person through the incident to explain that their intervention was for the child/young person’s safety and not in order to harm them.
  + All incidents will be recorded on an Incident Form and a copy given to their Line Manager

###### PHYSICAL CONTACT FOR THE PURPOSE OF SESSION DELIVERY

In practical terms, a certain amount of physical contact may be essential given the nature of our work with children and young people e.g. in demonstrating a dance move, or applying make-up for a performance. In these circumstances personnel will ensure the following;

* The Quinn Centre personnel will explain that, as a ground rule, neither the child/young person nor the personnel members will touch each other in any part of the body which would normally be covered by a swimming costume e.g. breasts, genital areas and bottom. This should be explained at the start of every project/term.
* Physical contact as a means of delivering a session should only take place in a group setting
* The Quinn Centre personnel will keep physical contact as a means of delivering sessions to the level appropriate for the task
* Where physical contact takes place, personnel will explain what is going to happen to the child/young person before proceeding.
* If a child/young person expresses verbal or non-verbal discomfort or anxiety then physical contact should not proceed. In this event the personnel member should complete an Incident Report form and discuss the incident with their Line Manager at the earliest possible opportunity.
* The Quinn Centre personnel will always endeavour to be sensitive to children/young people who might find any form of touching frightening

###### PHYSICAL CONTACT AS A COMMUNICATION OF COMFORT AND CALMING

Children/young people will often seek or need physical contact in order to be comforted or to help them calm down. The Quinn Centre personnel will where possible wait until the child initiates contact and respond only if the child/young person feels it to be appropriate.

The aim is not to be cruel or rejecting but to be disciplined and ensure that any physical contact is not about fulfilling your need but meeting the child/young person’s need in the context of a professional intervention.

* The Quinn Centre personnel will not try and hug children/young people unless they initiate it
* The Quinn Centre personnel will be economical about physical contact without appearing cold to the child/young person
* If a child/young person is consistently initiating physical contact with a personnel member then your Line Manager should be immediately informed.

# LONE WORKING POLICY

The Quinn Centre recognise that it has a duty to monitor and risk assess lone working that takes place under the Health and Safety at work Act (1974) and the Management of Health and Safety at Work Regulations (1999).

The Quinn Centre recognise that one to one work takes place as a central part of the work that we do, in particular with vulnerable children and young people. We also recognise that it is unrealistic to state that one to one situations should never take place.

The Quinn Centre recognise that one to one situations have the potential to make children and young people more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one to one settings with children and young people may also be more vulnerable to unjust or unfounded allegations being made against them.

The Quinn Centre recognise that lone working has risks attached to it and takes care to minimise the levels of risk posed to children, young people and personnel through its policy and procedures and through maintaining good practice in lone working.

###### ONE TO ONE SESSIONS

One to one work is done where there is a need; agreed with a senior manager and where appropriate parents/carers; and that procedures and safeguards are in place to protect all individuals involved. These must include;

* + A risk assessment including an evaluation of any known factors regarding the child/young person. Risk factors such as hostility, possible violence, child protection concerns, complaints or grievances can make adults more vulnerable to allegation and need to be considered in undertaking the assessment.
  + A risk assessment should include an assessment of the space where the one to one work is to take place to ensure it is appropriate for use and can offer safety and confidentiality.
  + At least one member of staff on site should be aware that one-on-one work is taking place, and the time the session should begin and end
  + That a record must always be made of what happened in the one on one session and the outcome.
  + Any safety or safeguarding concerns should be immediately recorded and passed onto your Line Manager

###### HOME VISITS

Although not an integral part of The Quinn Centre’ work, if home visiting is undertaken then personnel should ensure the following;

* + A risk assessment including an evaluation of any known factors regarding the child/young person family/parents/carers, and others living in the household. Risk factors such as hostility, possible violence, child protection concerns, complaints or grievances can make adults more vulnerable to allegation and need to be considered in undertaking the assessment.
  + Risk assessments must be completed in advance of a visit with your Line Manager
  + Home visits with unknown children/young people/families/parents/carers or where there is little or no information should be undertaken in pairs to ensure safety
  + All home visits and their findings should be recorded in a visit report
  + At least ONE MEMBER OF THE QUINN CENTRE STAFF NEEDS TO BE NOTIFIED YOU ARE GOING ON A VISIT AND AT WHAT TIME YOU ARE EXPECTED BACK even outside office hours
  + In the case of an emergency home visit where a risk assessment has not been possible then a record must always be made of the circumstances and the outcome of the home visit to be passed immediately onto your Line Manager
  + Under no circumstances should a member of The Quinn Centre personnel visit a child/young person in their home outside of the context of work being done with the child/young person.
  + Under no circumstance should The Quinn Centre personnel invite a child/young person to their own home without discussion and consent from a Senior Manager. In these instances a clear record of the circumstances, decisions and justification for such a visit must be recorded.

# SUPERVISION AND TRAINING

Regular opportunities will be made for workers to meet together to review and plan their work, to share their experiences, to receive training and to talk about their relationships with the children, young people and adults with whom they work.

One to one supervision is an ideal tool for managers to monitor and evaluate their staff’s knowledge and practical application of child protection issues and procedures. Regular supervision will be available to all paid staff and volunteers.

In addition to line-managerial supervisions, The Quinn Centre staff can access Clinical Supervisions and Reflection Space. The Quinn Centre staff manager is a qualified clinical supervisor who holds monthly clinical supervisions with therapists, and regular Reflection Spaces with support practitioners and facilitators. These provide a safe space where staff can discuss the help and interventions they offer, including safeguarding, and discuss any issues or concerns.

The Quinn Centre will continue to monitor and evaluate its training, policies and procedures around Child Protection issues by:

* planning their work of the organisation to prevent abuse;
* using supervision as a means of protecting children and young people;
* interviewing applicants for positions involving children and young people;
* dealing with abuse which has been disclosed or discovered;
* keep a record of legal and statutory legislation as it relates to children and young people.

Regular training and refresher courses will be offered.

# SELECTION AND RECRUITMENT

### APPLICATIONS

All applicants will be asked to supply information which includes their full name, current and recent addresses and date of birth. Details of previous experiences, (voluntary or paid) of working with children and young people, if any will be required. Contact should be provided for at least one person who has experience of their previous work with children and young people and preferably at least one other referee who knows their character.

Details of any convictions for criminal offences, including any ‘spent’ (those which are not longer in effect) convictions must be provided under the Rehabilitation of Offenders Act 1974.

Permission must also be provided to check for any police criminal record.

### REFERENCES

The Quinn Centre will follow up references provided, preferably prior to appointment.

When writing to referees, it will be stated explicitly that the applicant is being considered for a position which involves work with children and/ or young people, and asked for their views on their suitability.

Referees will be asked if there is any reason why the applicant should not work with children or young people, including any concerns around safeguarding.

### INTERVIEWS

Those applying for paid or voluntary posts within The Quinn Centre will undergo an interview procedure.

Interviews will be conducted with at least two experienced individuals who through appropriate questioning will be able to establish the candidates experiences, skills and appropriateness to the post.

Candidates will be asked to produce evidence of their identity and status.

If at any time The Quinn Centre remains uncertain about an applicants ability or credibility this will be a prime factor in the decision to appoint or not.

# POLICE CHECKS

### CRIMINAL RECORD CHECKS ON THOSE WORKING WITH YOUNG PEOPLE

The Police Act 1997 Police Act established a Central Criminal Records Agency, which will carry out police checks and issue certificates recording the presence or absence of convictions through its Disclosure and Baring Service (DBS).

Registration is only open to organisations likely to ask questions exempt under the 1974 Rehabilitation of Offenders Act, or to do so on behalf of other exempted organisations and registered bodies will have to comply with a code of practice.

The Quinn Centre sees the request for criminal record checks as essential for everyone involved in regulated activity, and will ensure that all paid staff and volunteers who have unsupervised access to children complete a DBS. A key benefit of the centralised system is that police checks for individual workers will be valid nation-wide, as opposed to the old system whereby workers had to undergo police checks for different boroughs.

Any conviction which is identified on an individual police check will automatically lead to dismissal of the staff member should this not have been disclosed to a senior staff member previously.

Please see page 21 for guidance on completing police check forms.

# WHISTLE BLOWING POLICY

Whilst we expect all our colleagues, both internal and external, to be professional at all times and hold the welfare and safety of every child as their paramount objective, there may be occasions where this may not be happening.

It is vital that all team members talk through any concerns they may have with their line manager at the earliest opportunity to enable any problems to be ironed out as soon as they arise.

###### Disclosure of information

If, in the course of your employment, you become aware of information which you reasonably believe tends to show one or more of the following, you **MUST** use The Quinn Centre’ disclosure procedure set out below:

1. That a criminal offence has been committed or is being committed or is likely to be committed
2. That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject (e.g. EYFS, National Minimum Standards, National Care Standards)
3. That a miscarriage of justice that has occurred, is occurring, or is likely to occur
4. That the health or safety of any individual has been, is being, or is likely to be, endangered
5. That the environment, has been, is being, or is likely to be, damaged
6. That information tending to show any of the above, is being, or is likely to be, deliberately concealed.

###### Whistleblowing procedure

* + If this information relates to safeguarding and child protection then The Quinn Centre child protection and safeguarding policy should be followed (see page 15). All accusations or complaints against staff must be registered with; Local Authority designated officer (LADO): [LADO@hackney.gov.uk](mailto:LADO@hackney.gov.uk)

[LADO@haringey.gov.uk](mailto:LADO@haringey.gov.uk)

[LADO@lambeth.gov.uk](mailto:LADO@lambeth.gov.uk)

* + Where you reasonably believe one or more of the six circumstances listed above has occurred you should promptly disclose this to the Director so that any appropriate action can be taken. If it is inappropriate to make such a disclosure to The Director (i.e. because it relates to the Director) you should speak to our head of support Ines Vigario Nunes 07871 525 276
  + Employees will suffer no detriment of any sort for taking such an action in accordance with this procedure.
  + Any concerns raised will be treated seriously and dealt with in a consistent and confidential manner, followed through in a detailed and thorough manner
  + Any employee who is involved in victimising employees who raise concerns, takes any action to deter employees from disclosing information or makes malicious allegations or disclosures in bad faith will be subject to potential disciplinary action which may result in dismissal
  + Failure to report serious matters can also be investigated and potentially lead to disciplinary action which may result in dismissal
  + Any management employee who inappropriately deals with a whistleblowing issue (e.g. failing to react appropriately by not taking action in a timely manner or disclosing confidential information) may be deemed to have engaged in gross misconduct which could lead to dismissal.

# DECLARATION FORMS

## CHILD PROTECTION POLICY & PROCEDURES

#### I confirm that I have read the policy and procedures on this subject.

I understand the contents and I agree to follow these procedures when I am working or volunteering for The Quinn Centre.

Signed

Name

Date

Current Address

Please return to:

Tom Herreboudt

54 Palace Gates Road, London

N22 7BL

Tom.herreboudt@outlook.com

**THE QUINN CENTRE DECLARATION FORM**

**DECLARATION TO BE SIGNED BY NEW STAFF AND VOLUNTARY WORKERS WORKING WITH CHILDREN AND YOUNG PEOPLE**

I hereby declare and represent that, save as disclosed below, I have not at any time, either within the United Kingdom or abroad, been found guilty by a court of any offence concerning children or young people under the age or majority, nor bound over, placed on probation or discharged either conditionally or absolutely in relation to such offences.

I understand that because my voluntary work with The Quinn Centre will involve contact with persons under the age of 16 years, any convictions involving minors which are ‘spent’ under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed. I also understand that failure to disclose in full the maters required to be disclosed by this Declaration will result in immediate suspension of my duties, with the likelihood of its termination.

I hereby consent to any reference being called up by London Youth for the purposes of verifying the replies given in this Declaration, including enquiries of the Police, or any other relevant authority.

I understand that no application for duties involving young people will be considered if I withhold my consent.

Details of all my previous convictions, cautions or bind over orders are as follows:

|  |  |  |
| --- | --- | --- |
| **DATE** | **OFFENCE** | **PENALTY** |
|  |  |  |
|  |  |  |
|  |  |  |

Signed

Date

I wish to withdraw my application without prejudice.

Signed

Name

Date

# USEFUL CONTACTS

**CHILDLINE**

Freepost 1111, London N1 0BR 0800 1111

**NSPCC - CHILD PROTECTION HELPLINE**

0800 800 500

*(The helpline is a nation-wide counselling & referral service available 24 hours a day for child protection).*

##### KIDSCAPE

152 Buckingham Palace Road, London SW1W 9TR 020 7730 3300

**GUIDANCE NOTES FOR COMPLETING DISCLOSURE APPLICATION FORMS**

1. Please complete the form in **BLOCK CAPITALS**; it is important that you use **BLACK INK**
2. Please complete all sections highlighted in **YELLOW**
3. There are boxes marked on the form to show you where to write. Please use only **ONE LETTER** or **NUMBER** per box and made sure not to write over the edges of the box. Where relevant, please leave an **EMPTY BOX** between **WORDS** but **NOT** between **NUMBERS** or **POSTCODES**. Entering the information in this way allow the Criminal Records Bureau computer to read it easily.
4. Always mark a cross (x) within the relevant boxes. Do **NOT** put ticks or any other symbol in these boxes.
5. Completion of section E is **OPTIONAL**. It would be useful if you would complete this section through, as the information will help the Criminal Records Bureau to process your application more quickly.

###### IF YOU ARE UNSURE OF HOW TO COMPLETE ANY PART OF THIS FORM, PLEASE ASK FOR GUIDANCE FROM YOUR LINE MANAGER

CAUSE FOR CONCERN FORM

Case

Number:

Cause for the Concern N.B. Causes for concern must be

* Disclosure □ Sexual

Abuse

* Physical Abuse □ Neglect

□ Emotional A buse □ Other Protection Co-ordinator. A ll

personnel must not discuss cause for

concern forms or any disclosure and must adhere to DreamA rts Confidentiality Policy

recorded no matter how small or great they may seem. Causes for concern may range from poor personal hygiene to a disclosure of abuse. All causes for concern should be noted and passed to the Child

Name(s) and Position(s) of the person(s) completing this form:

Date: / /

Name of the child(ren)/ young person(s):

**Please use the words of the young person (verbatim) or your own words and give a summary of your concern (Facts):**

Signature of person(s) completing this form:

Action Taken:

Date witnessed:

Name of C.P co-ordinator witnessing the form:

**For Office use only**

|  |  |
| --- | --- |
| INCIDENT FORM | Case  Number: |
| Type of Incident | |
| ***Non Accidental***  ***□***Physical ie: fight/ harassment/ bullying/ inappropriate contact  □Verbal ie: bullying/ inappropriate language/ harassment  ***Accidental***  □ Physical ie: Non-procedural contact | |
| NB: Incidents can be recorded for Children and Young People, Staff, Volunteers, Members of the Public etc. | |
| Name(s) and Position(s) of the person(s) completing this form:  Name of the children/ young people/ staff members/ volunteers/ members of the public/ any others involved in the incident:  Location of the incident:  Date of the incident: / / | |

**Please use the words of the young person/ people involved in the incident (verbatim)**

**or your own words and give a summary of your concern (Facts):**

Signature of person(s) completing this form:

A ction Taken:

Date witnessed:

Name of C.P co-ordinator witnessing the form:

**For Office use only**