



HARINGEY PLAY ASSOCIATION

SAFEGUARDING AND CHILD PROTECTION

POLICY AND PROCEDURES 2022

Haringey Play Association
Somersford Grove Adventure Playground
Park Lane Close
London
N17 0HL
www.haringey-play.org.uk

Last Review: Jan 2022
Next Review: September 2023

“... Safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play”

Working Together to Safeguard Children, 2015

1. Who this policy applies to

This policy applies to everyone who works or volunteers for Haringey Play Association in any capacity and in any setting – all trustees, staff (employed, self-employed, full time, part time, casual) and volunteers.

This includes all staff and volunteers working at our open access play and youth services: Somerford Grove Adventure Playground & Community Project.

2. Who is a child or young person

This policy applies to all children and young people aged 0 to 19 (or up to 25 for young people with special educational needs or disabilities).

Haringey Play Association’s core age range for open access play and youth services is for children and young people aged 6 to 19 (or up to age 25 for disabled young people). We welcome younger children, but they must be accompanied and supervised by a parent at all times.

Children and parents are informed of this policy by making a display copy available at the premises that we run and it is available to download from Haringey Play Association’s website.

3. Legislative context and supporting guidance

HarPA is committed to supporting the UN Convention on the Rights of the Child, including the child’s right to play and the rights to such protection and care as is necessary for the child’s wellbeing and for protection from all forms of violence, abuse, maltreatment or neglect.

The Children Acts 1989 and 2004 provide the legal framework for the care and protection of children and young people, and also for open access play provision, in England. The Ofsted Early Years Registration Handbook provides guidance for open access play services. HarPA also refers to the National Occupational Standards in Playwork (including The Playwork Principles).

The guidance document *Working Together to Safeguard Children 2015*, provides specific and detailed advice about managing child protection. The London Safeguarding Children Board provides child protection procedures which all London-based agencies should follow, London Child Protection Procedures 2017.

As an organisation that provides services in Haringey, Haringey Play Association also uses the guidance available from Haringey Local Safeguarding Children Board (LSCB Haringey).

We respect confidentiality of the children, families and staff that we work with, but we share information on a need to know basis. Advice on information sharing is set out in *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers*, Department for Education, 2015.

As a registered charity Haringey Play Association also follows guidance on safeguarding specifically for charities from the Charity Commission (Strategies for dealing with Safeguarding issues in Charities, 2017) and the Safe Network (Safeguarding Children and Young People and Everyone's Business: Safeguarding for Trustees).

Other relevant legislation and guidance includes:

- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- SEND Code of practice: 0-25 years, statutory guidance for organisations that work with children and young people with SEN or disabilities 2015

4. Aims

Haringey Play Association's aim is to improve children and young people's health, well-being and quality of life through play. We provide open access play and youth services for children and young people in Haringey.

We believe that the welfare of the child/young person is paramount.

HarPA believes that a child or young person should never experience abuse or neglect of any kind – it is always unacceptable, without exception.

All children and young people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to protection from all types of harm and abuse.

HarPA recognises that some groups of children may be more vulnerable to harm or exploitation because of disability, refugee status, looked after status, poverty and other social factors.

HarPA recognises its responsibilities and also those of its staff and volunteers to promote and safeguard the welfare of all children and young people by a commitment to practice that aims to keep children and young people safe from harm.

HarPA trustees, staff and volunteers aim to support **a culture of listening to children, observing and responding sensitively to their play cues. We aim to deliver play services based on children and young people's needs, wishes and feelings, through our playwork practice and by implementation of our policies and procedures.**

HarPA works closely in partnership with children, young people, parents, carers and our partner agencies to promote children and young people's welfare – respecting confidentiality but sharing information on a need to know basis.

5. Purpose

This policy and procedures cover a wide scope of roles and activities and is intended to ensure that children will be:

- Safeguarded whilst participating in our services. This includes the vetting and management of staff and volunteers, providing effective supervision of children and settings, responding to inappropriate behaviour and monitoring visitors.
- Supported to be safe from harm in all areas of their lives. This includes being alert to potential harm, referring concerns to Social Care or Police and working within multi-agency practices to support best outcomes for children.
- Supported to develop the skills, understanding and strategies to keep themselves safe. This includes providing inclusive environments that foster independence, assertiveness and access to diverse experiences to develop their skills and qualities.

HarPA will do this by providing:

- Training in child protection and safeguarding for staff, volunteers and trustees
- Induction and supervision to ensure awareness of roles and responsibilities
- Clear lines of reporting and procedures
- A good working relationship with agencies charged with investigative responsibilities
- Procedures to ensure safe recruitment of staff
- Procedures to cover allegations against staff
- Clear complaints procedures
- Health & Safety Policy and Procedures
- Behaviour Policy and Procedures (including anti-bullying)
- Staff code of conduct
- Confidentiality Policy
- Risk assessments and consent forms for trips and outings
- Guidance on Data Protection

6. What constitutes safeguarding and child protection?

Safeguarding concerns relate both to children at risk of abuse or neglect and to children who are at risk of not being able to thrive and meet positive outcomes in their lives. Safeguarding is defined for the purposes of this policy as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;

- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.
(Source: Working Together, 2015)

Child protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. Child protection relates mainly to the four categories of abuse identified:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

7. Definitions of abuse and neglect

The definitions of abuse and neglect that follow are taken from Working Together 2015.

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

Emotional Abuse is 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 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. Women can also commit acts of sexual abuse, as can other children.

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.

Other forms of abuse include:

Domestic Abuse: Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

Online Abuse: any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones.

Child sexual exploitation: is a type of sexual abuse in which children are sexually exploited for money, power or status.

Female genital mutilation (FGM): is the partial or total removal of external female genitalia for non-medical reasons.

Bullying and cyberbullying: Bullying can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Child trafficking: is a type of abuse where children are recruited, moved or transported and then exploited, forced to work or sold.

Grooming: Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional.

Harmful sexual behaviour: Children and young people who develop harmful sexual behaviour harm themselves and others.

Further information about forms of abuse and neglect are available from the NSPCC website.

7. Recognising signs of abuse in children at different stages of child development

All HarPA staff, trustees and volunteers need to be vigilant to possible indicators of abuse and neglect. If you're worried that a child is being abused, watch out for any unusual behaviour.

Our experience as Playwork Practitioners is that sometimes the first indicators that a child or young person is experiencing abuse or neglect can be seen in their play.

Indicators of abuse include, but are not limited to, those listed below.

Signs that a child or young person is at risk that are sometimes seen in Play and Youth settings:

- Extremely challenging behaviour where the child replicates abusive or violent behaviour through their play, eg in role play, fantasy play or socio-dramatic play. This can be an indicator that the child has experienced this behaviour themselves.
- Difficulties interacting with other children/staff or responding to play cues, where the child persistently misreads or responds in a negative way to other children, eg persistently destroying or disrupting other children's play. This can be indicative of low resilience and low self-esteem linked with emotional abuse.
- Excessive risk taking behaviours in play. eg we would have concerns where the child is either unable to make reasonable judgements about risk for themselves or engages in extreme levels of risk taking that could be a cry for help or an attempt at self-harm
- Play behaviours that are inconsistent with the age range of the child, eg younger children exhibiting adolescent behaviours
- Attempting to bring drugs, alcohol or weapons onsite (please remove these from the child and report immediately)
- Aggressive, evasive or inappropriate behaviour by parents when they are dropping off or collecting, either towards children or towards our staff, eg shouting, humiliating, violence, threats, being under the influence of drugs or alcohol, very sexualised clothing, failing to respond or engage about concerns about the child's welfare
- Disclosures from parents, eg that they are experiencing domestic violence, mental health problems, drug or alcohol problems, that they have concerns about their child or that our staff are unable to contact parents or get them to respond to concerns in a timely way
- Unexplained disappearance or absences.

Please be aware that in some cases we may be the only professionals who are in regular contact with a child or family, eg particularly in the case where a child is being home schooled or is out of school due to moving home or exclusion. In these cases it is even more important to be alert and to report any concerns about the child's safety and wellbeing.

Signs and Symptoms of Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym

- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

Signs and Symptoms of Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

Signs and Symptoms of Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

Signs and Symptoms of Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging

- Destructive tendencies

Whilst these signs do not necessarily mean that a child is being abused, they probably indicate that the child or family is having some problems which should be investigated.

Further information about signs and symptoms of abuse and neglect are available on the NSPCC website [<https://www.nspcc.org.uk>]

8. Roles and Responsibilities

HarPA's policy and procedures are available to all staff, students, volunteers and the public.

All HarPA staff, trustees and volunteers have a duty to safeguard and promote the welfare of children and adults.

HarPA does not have statutory duties or powers under the Children's Act to carry out investigations into suspicions or allegations of abuse – our role is to identify and report any concerns about the children and young people that we work with.

All staff and volunteers at HarPA have a duty to report concerns so that the agencies powered with investigative responsibility can do so.

All staff, trustees and volunteers should:

- Be familiar with and follow their organisation's policy and procedures for safeguarding the welfare of children
- Know who to contact to express concerns about a child's or adult's welfare
- Remember that an allegation of child abuse or neglect may lead to a criminal investigation and therefore practitioners should not do anything that may jeopardise a police investigation, such as asking leading questions or attempting to investigate the allegations of abuse
- Attend training that raises awareness of safeguarding issues and equips them with the skills and knowledge needed

HarPA's Director Sereena Keymatlian is the designated person with overall responsibility for safeguarding and child protection. The role of the designated person is to:

- Make sure all staff are trained and aware of how to raise safeguarding concerns
- Ensure all staff understand the symptoms of child abuse and neglect
- Oversee referrals of any concerns to social care (or the appropriate agency, eg CAHMS or the police)
- Oversee monitoring of children who are the subject of child protection plans
- Maintain accurate and secure child protection records

HarPA's Chair of Trustees, Nick Jackson, is the senior board level lead for safeguarding. The role of the board level lead for safeguarding is to provide challenge and support on safeguarding matters to the senior management team.

The Board of Trustees is responsible for regularly reviewing and approving the Safeguarding Policy and procedures in response to changes in legislation, guidance and best practice. Trustees also play a role in safe recruitment of senior staff, dealing with allegations against staff or volunteers, disciplinary proceedings, complaints, whistleblowing, safeguarding audits and risk management, as set out in the relevant policies and procedures.

9. What to do if you have a safeguarding concern about a child

If you think that a child is at risk of immediate harm, please contact the police immediately on 999.

If you have an urgent safeguarding concern about a child or young person please contact the Single Point of Access service on: 020 8489 4470.

If you are calling between 5pm and 9am weekdays or at the weekend, call the Emergency Out-of-Hours Duty Team on 020 8489 0000.

Haringey Local Safeguarding Children Board offers further advice on their website [<http://www.haringeylscb.org/node/54>] or can be contacted on 020 8489 3145.

If you are concerned that a **member of staff or any other person** is harming or abusing a child or vulnerable adult, you must report your concerns immediately to the Designated Person, Sereena Keymatlian.

If your concern is about the HarPA Director, Sereena Keymatlian, it should be reported to HarPA's Chair of Trustees, Nick Jackson.

If you have urgent concerns about the safety of a child and are unable to contact the Designated Officer, do not hesitate to contact Children's Services or the police. These external agencies will be in a position to determine an appropriate course of action.

In all situations, you may be asked to provide an outline of your concerns in writing. If the matter is referred to Children's Service or the police, you may be asked to provide a formal statement of your concerns for subsequent external investigations.

If you are approached by a child or young person, with a disclosure that s/he is being, or has been harmed or abused, or you are informed of such a disclosure by a staff member or member of the public,

Do:

- Stay calm
- Listen to what is said, allowing the child to proceed at his or her own pace
- Explain to the child that this information will probably need to be shared with others and never promise to “keep a secret”
- Ask questions for clarification only, and not to elicit a particular answer.
- At the earliest opportunity, and within a maximum of 24 hours of the incident taking place, write a report of exactly what was said, not an interpretation (e.g. “Then X said “P touched my bum” NOT “Then X told me his friend had touched him inappropriately”) and ensure this report is signed and dated. (Use incident report form Appendix 3)

Don't:

- Promise to keep the information secret. Make it clear that you have a duty to refer the matter on.
- Stop the individual who is freely recalling significant events.
- Make the individual tell anyone else. S/he may have to be formally interviewed later and it is important to minimise the number of times information is repeated.
- Make any suggestions to the individual about how the incident may have happened.
- Question the individual, except to clarify what they are saying.
- Discuss the information with anyone other than your line manager, a Safeguarding Officer or an appropriate external agency.

If child protection concerns have arisen over a period of time from observations of a child's behaviour or through observation of someone's behaviour towards the child, the HarPA worker should write a detailed report with dates, about what has caused him/her to suspect a child protection concern. As with a verbal disclosure this report must be objective, with descriptions of specific and observable incidences and should distinguish fact from opinion. (Use incident report form Appendix 3).

Where there is a concern about the welfare of a child, but no immediate risk, it should be discussed as soon as possible with the Director of HarPA. This person should support the worker to write their concerns, discuss a course of action and refer to the Haringey First Response Team as appropriate (see Appendix 1 for contact details).

The Designated Person will respond as quickly as possible and will assess the concerns to determine whether an external referral to Children's Services or the police should take place, or can be addressed via HarPA's internal procedures, based on the guidance set out by Haringey Safeguarding Children Board, including the Haringey Child Wellbeing Framework. HarPA aims to make external referrals within a maximum of 24 hours of initial report.

In an emergency, where a child or young person makes a serious allegation, or if there has been an assault or a worker witnesses an incident which causes him/her to consider the child is in **immediate** risk of significant harm, then HarPA will need to take action immediately to ensure the

protection of the child. If it is not possible to discuss the situation immediately with the Director, the worker will need to contact the police or the Haringey First Response Team directly (see Appendix 1 for contact details).

The HarPA Director is responsible for ensuring that incident reports, referrals and all information regarding safeguarding individual children is securely stored a locked filing cabinet in the Director's office.

If possible and appropriate HarPA will inform the child's parents of the need to make a referral and why it is being made - it is important that HarPA staff work in partnership with families as far as possible in the best interests of the child(ren).

Any parent or child who has a concern about safeguarding should raise their concerns with the Designated Person.

10. Allegations against staff members

If you share a concern that a person may have behaved inappropriately or you have received information that may constitute an allegation

You should:

- report it to the HarPA Director as soon as possible, however trivial it may seem;
- make a signed and dated written record of your concerns, observations or the information you have received to pass on to the Director;
- maintain confidentiality and guard against publicity while an allegation is being considered or investigated and follow local information sharing protocols

If the allegation concerns a member of staff or a volunteer, the Director must inform the Chair of HarPA Trustees immediately and this also confirmed in writing. If the allegation concerns the Director of HarPA, the chair of HarPA Trustees, Nick Jackson, should be informed directly.

The Director should pass on all concerns relating to staff to the Local Authority Designated Officer (LADO, see Appendix 1 for contact details). In the first instance this can be verbal, but should be followed up by a written Childcare Concern.

HarPA will also follow its own Disciplinary Procedures, particularly if the threshold of significant harm is not met (e.g. the allegation is of a minor physical restraint, or something similar which does not merit a Section 47 investigation but nevertheless may be inappropriate behaviour or professional misconduct). Failure to comply with Safeguarding procedures is identified as potential grounds for misconduct and gross misconduct under HarPA's Disciplinary Policy.

Further information about responding to allegations is available from Haringey Local Safeguarding Board [<http://www.haringeylscb.org/guidance/allegations-against-staff>].

11. Inter Agency Working

The agencies with statutory duties of child protection under the Children Act 1989 and 2004 are Children's Social Care (social services), the NSPCC and the police.

Effective child protection depends on cooperative interdisciplinary and interagency working relationships. To this end HarPA is committed to establishing links with the Local Safeguarding Children's Board (Haringey LSCB).

The Director of HarPA or a trustee delegated by the Director should, where possible, establish a close working relationship with a named representative from Haringey Children's Social Care, with whom all child protection matters can be discussed or referred.

In the case of an agency with statutory powers investigating a possible incidence of child abuse, HarPA will share all information relevant to the case. The investigating agency should keep HarPA informed.

Once HarPA has made a child protection referral, the agency with statutory powers takes the lead role. There are number of responses this agency can make. Carrying out a Child protection investigation under Section 47 of the Children Act is one, but not the only, option.

If the agency with statutory powers carries out a Section 47 investigation, all HarPA staff, students and workers will be expected to cooperate fully and share all relevant information. This may involve witness statements, or participation in a Child Protection conference or other roles.

Children or young people who have made allegations must be supported to understand why a referral has been made and, if possible, what will happen. HarPA staff must not make any false promises or assurances.

12. Confidentiality

HarPA will respect the privacy of the child and family, by recognising that all information regarding possible or actual abuse within a setting should be kept confidential to the Designated Person and the staff immediately involved with the child. The Designated Person will disclose any information about an abused child on a need to know basis only. All staff, volunteers and trustees must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children, eg the police and social care.

HarPA will also respect the privacy of staff members, by following the procedures set out in our Disciplinary and Grievance procedures and by keeping HR information confidential and secure. Information is shared on a need to know basis and the Haringey LADO will be informed of allegations against staff and we will follow any advice given by the LADO.

HarPA will take a balanced approach to confidentiality, set out in more detail in HarPA's Confidentiality Policy, based on the seven golden rules for information sharing set out in *Information Sharing Advice for Practitioners Providing Safeguarding Services to children, young people, parents and carers*, published by the Government in 2015 and the principles that

information sharing must be: necessary and proportionate, relevant, adequate, accurate, timely, secure and recorded.

13. Safer Recruitment

HarPA uses Safer Recruitment set out in our Safer Recruitment Policy to recruit all staff and volunteers, along with our Equal Opportunities policy.

All staff, volunteers and trustees:

- Are required to complete the HarPA Application Form, which includes a self-disclosure declaration of any criminal offences, cautions or pending cases.
- Must attend a face-to-face interview with a minimum of 2 senior staff or trustees of HarPA.
- Are required to provide 2 referees including their current or most recent line manager.
- Must undertake an enhanced DBS check, prior to starting work/volunteering and once every three years thereafter, and provide 2 forms of photo id.
- Are required to undertake induction, including induction in Safeguarding Policy and Procedures, prior to starting work or volunteering.

Are required to attend supervision with their line manager, including supervision on safeguarding issues. This includes volunteers.

HarPA will:

- Make clear its commitment to safer recruitment in all Job Packs.
- Ensure that all staff, volunteers and trustees have a clear job description and person specification for their post, including a description of the post holder's safeguarding responsibilities.
- Ensure that 2 references are provided for all new staff, volunteers and trustees, using HarPA's reference request form.
- Pay for all staff, volunteer and trustee DBS checks.
- Provide induction, training and supervision for all staff, volunteers and trustees, including training in safeguarding.
- Ensure that a senior manager receives safer recruitment training and that this is refreshed whenever the law is updated.

14. Induction, Supervision and Training

HarPA's approach to staff development and training is set out in our Staff Development and Training Policy.

All HarPA staff, volunteers and trustees undertake induction, prior to starting in their roles that includes information and a briefing on Safeguarding policy and procedures. The Play Development & Training Manager keeps a record of who has undertaken internal induction and training.

Staff, volunteers and trustees are all given a copy of HarPA's Safeguarding Policy.

HarPA organises regular in-house training sessions on Safeguarding at least once per year for all staff and regular volunteers. HarPA also works with Haringey LSCB to organise safeguarding training for trustees.

HarPA staff are also encouraged and supported through paid time off to attend external training in safeguarding.

15. Other considerations

HarPA is committed to supporting the wellbeing of the children and young people that we work with. We work closely with partner agencies to provide support to children and young people, not just on child protection issues. This includes: Public Health, Short Breaks for Disabled Children and Child & Adolescent Mental Health Services (CAMHS). Please talk to your line manager if you have suggestions for additional support we could help a child or family to access.

HarPA is committed to providing all its employees, students, sessional workers and volunteers with entry level child protection training, as part of HarPA's induction programme, which will ensure they understand the primary types of abuse, the main potential indicators, the serious impact on children and the duty to report all concerns.

HarPA recognises that the Internet is a significant tool in the distribution of indecent photographs of children. Adults are now using the Internet to try to establish contact with children to 'groom' them for inappropriate or abusive relationships. Children also have increased access to inappropriate content through the use of smart phones and technology. HarPA staff will treat all inappropriate use of the internet as a potential safeguarding issue. See also HarPA Confidentiality Policy.

HarPA does not allow any unauthorised use of photography of its play projects. All registration forms include parental consent for use of photography by authorised personnel only.

When it is alleged that a child has been abused by another child, this must be referred to Haringey Children's Social Care. This may result in investigation of each child's needs separately or a identifying an alternative or more local strategy.

Appendix 1 Useful Information and Contacts

If you think a child is at risk of immediate harm, please contact the police immediately on 999.

If you have an urgent safeguarding concern about a child or young person call: 0208 356 5500

Haringey Play Association

HarPA Designated Safeguarding Person: Sereena Keymatlian, Director:

Tel: 020 8808 0533/ 07807 100 189 Email: sereena@haringey-play.org.uk

Referrals – concerns about children and young people

Haringey's Multi-Agency Safeguarding Hub (MASH)

Monday to Thursday 8.45am to 5pm; Friday 8.45am to 4.45pm

Tel: 020 8489 4470

Out of office hours, including weekends the Emergency Duty Team

Tel: 020 8489 0000 / 020 8348 3148 – out of office hours (including weekends)

Address: 3rd Floor, River Park House, 225 High Road, London N22 8HQ

Secure email: mashreferral@haringey.gcsx.gov.uk

Allegations about staff members

Haringey LADO – LADO@Haringey.gov.uk, Tel: 020 8489 2968/1186

NSPCC Helpline now on 0808 800 5000

ChildLine on 0800 1111

Key Documents and Guidance

- City & Haringey Safeguarding Children Board, www.chscb.org.uk
- Working Together to Safeguard Children, 2015, www.dfe.gov.uk
- London Child Protection Procedures, www.londonscb.gov.uk/procedures
- Safe Network, www.childrenengland.org.uk/safe-network/
- Charity Commission, www.gov.uk

Relevant Legislation

- Children Act 2004, <http://www.legislation.gov.uk/ukpga/2004/31>

- UN Convention on the Rights of the Child, <http://www.unicef.org/crc/>
- Data Protection Act 1998, <http://www.legislation.gov.uk/ukpga/1998/29/contents>
- Sexual Offences Act 2003, <http://www.legislation.gov.uk/ukpga/2003/42/contents>
- Protection of Freedoms Act 2012, <http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>

APPENDIX 2

LONDON BOROUGH OF HARINGEY CHILDREN'S SOCIAL CARE SERVICE

DEFINING OUR ROLE: THE HARINGEY CHILD WELLBEING MODEL

The Haringey Child Wellbeing Model has been developed and endorsed by the Haringey Children and Young People's Partnership. It provides professionals with a way of describing the presenting needs of children and families and links that to the type of services that will need to be involved with that family.

Haringey Children's Social Care Service is a tier 3 service. Whether a child or family's needs are such that they require a tier 3 service should be a question that social work staff reflect upon throughout the social work intervention. It is particularly important to consider whether or not the child/family's needs warrant a tier 3 service at the following key points:

- When the First Response Team screen a contact and identify whether to accept it as a referral for either initial or core assessment, or for a Section 47 Enquiry
- When an initial assessment is being completed, and a decision needs to be taken about whether to proceed to further (core) assessment, or whether to refer to an external agency, or take no further action
- When a core assessment is being completed, and a decision needs to be taken about whether longer-term social work intervention is necessary, or whether to refer to an external agency, or take no further action
- When a Child Protection Plan is being reviewed at a Child Protection Review Conference
- When a Child in Need Plan is being reviewed at a Child in Need Review

It is important to remember when deciding about whether or not a family needs a new or continued service that we should always be seeking ways to build on families strengths, and assess the risk to children within that context, so that the least intrusive and most effective interventions are applied.

The following tables set out the Child Well Being Model in detail.

Agreed Definitions of Tiers of Need For Haringey Child Wellbeing Model

Universal Safeguarding

Tier 1 - Child uses universal services and may at times require some general support.

This is the earliest level of prevention and intervention. In general, the child's emerging needs are isolated and less entrenched. They will often yield positive outcomes with minimal intervention and usually do not require an integrated response.

Targeted Safeguarding

Tier 2 A - A child has additional needs that would benefit from additional specific support to keep the problem from escalating.

At this level, a child's needs may be more complicated and require an integrated response from a variety of practitioners within the universal setting. These practitioners may come from a range of disciplines.

Any concerns associated with family and environmental issues will generally be low level and able to be addressed by signposting (e.g. debt advice) or extended services within schools or children's centres (e.g. parenting courses).

Tier 2B - There are multiple concerns about the child/young person and family and the family is not engaging with/responding to Tier 1 and Tier 2a services.

At this level, parenting and/or environmental factors may have a major negative impact on the child's ability to achieve the five outcomes.

Providing effective integrated support requires the significant coordinated involvement of adult support services such as housing, substance abuse teams and adult mental health teams.

Child Protection (Responsive Safeguarding)

Tier 3 - The child and/or family has difficulties that have already caused significant adverse effects.

Children with Tier 3 needs require specialist services and may be in a family environment that is harmful. They are already experiencing poor outcomes and need specialist and statutory support to address their needs and those of their families. There is an increasingly likelihood of many more poor outcomes, often passed through the generations, the more problems that are present in the wider family.

APPENDIX 3

HarPA Record of Initial Concern form

This form is to provide guidance to HarPA staff on what information to record if you have a concern about a child. Please complete the form and send a copy to your line manager as soon as possible after any incident.

Please familiarise yourself with the signs and symptoms of abuse in Appendix 3. If you have any concerns about a child, please raise these with your line manager as soon as possible.

GENERAL DETAILS OF INCIDENT

Name of Child:

Date and time of incident:

Place of incident (address and specific site/address)

Who was there?

What happened? Please give exact details. If a child has told you something that caused you concern, please try to use the child's exact words.

What action did you take?

Who have you told about the incident?

HarPA? Who and When?

Child's Parents? Yes/no

Date.....time.....

Who did you speak to?.....

What was their response?

Other person? (eg police, Haringey Children’s Social Care, Staff at other play site?)
yes/no

Date.....time.....

Who did you speak to?

What was their response?

Any other details (use separate sheet if needed):

Your Name:

Your role:

APPENDIX 4 – CONFIDENTIAL



Multi Agency Safeguarding Hub (MASH) e-form

MASH Referral Form

Referral Guidelines

Notes for use: If you are completing form electronically, text boxes will expand to fit your text. Where check boxes appear, click to insert an 'X' in those that apply

This form should be completed by practitioners wishing to refer an infant, child or young person

If you have concerns that an infant, child or young person may be or is at risk of significant harm or has been harmed or abused then you must make immediate telephone contact with the MASH Team, and then confirm your referral by submitting this e-form within 48 hours

Contact details for the MASH can be found at the end of this form

Identifying Details

Record details of unborn baby, infant, child or young person being referred. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

Given Name(s):	_____	Family Name:	_____
Address:	_____	Gender:	_____
Postcode:	_____	DOB or EDD:	_____
Contact tel. no.	_____	Unique ref. no.	_____
AKA/Previous names:	_____	Version no.	_____

Ethnicity

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

White British White Irish Traveler of Irish Heritage Gypsy/Roma Any other
White background

Mixed/multiple ethnic groups

White & Black Caribbean White & Black African White & Asian Any other Mixed background

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Any other Asian background

Black/ African/ Caribbean/ Black British

African Caribbean Any other Black background

Not known

If other, please specify: _____

Immigration status: _____

Child's first language: _____

Parent's first language: _____

Is an interpreter required for parent? Yes No

Is the child or young person disabled? Yes No

If 'yes' give details: _____

Details of any specific requirements (for child and/or their parent) e.g. signing or access needs etc. _____

Reason for Referral

Reason for referral: Click or tap here to enter text.

Current family and home situation

Example: family structure including siblings (with date of birth), other significant adults etc; who lives with child and who does not live with child

Current family and home situation: Click or tap here to enter text.

Conclusions

What are your conclusions?

What is working well? Click or tap here to enter text.

What are you worried about? Click or tap here to enter text.

What needs to change? Click or tap here to enter text.

Danger Statement

On a scale of 1 – 10, how likely is this to happen? (1 being least likely, 10 being most likely): Click or tap here to enter text.

For a child over 10 years please complete

Sexual Health and Behaviour? Click or tap here to enter text.

Absent from school or repeatedly running away? Click or tap here to enter text.

Familial absent and/or problems at home? Click or tap here to enter text.

Emotional and physical conditions? Click or tap here to enter text.

Gangs, older age groups and involvement in crime? Click or tap here to enter text.

Use of technology and sexual bullying? Click or tap here to enter text.

Alcohol and drug misuse? Click or tap here to enter text.

Receipt of unexplained gifts or money? Click or tap here to enter text.

Distrust of authority figures? Click or tap here to enter text.

Details of parents / carers

Name: _____ Contact number: _____

Address: _____ Relationship: _____

Postcode: _____ DOB: _____

Parental responsibility? Yes No

Name: _____ Contact number: _____

Address: _____ Relationship: _____

Postcode: _____ DOB: _____

Parental responsibility? Yes No

Detail of person(s) making referral

Name: _____ Contact number: _____

Address: _____ Role: _____

Postcode: _____ Organisation: _____

Name of lead professional (where applicable) _____

Lead professional's number _____

Lead professional's email address _____

Services working with infant, child or young person

GP

Details: _____ Contact number: _____

Early years/education/FE training provision

Details: _____ Contact number: _____

Other services

Details: _____ Contact number: _____

Child or young person's comment on the referral and current circumstances: Click or tap here to enter text.

Parent and carer's comment on the referral and current circumstances: Click or tap here to enter text.

Consent for Information Sharing

Is the parent/carer/young person aware that you are making this referral? Yes No

Does the parent/carer/young person consent to information sharing with the Children and Young People's Service and its partner agencies? Yes No

If the parent/carer is not aware, please advise them that a referral has been made, except where to do so would place a child or young person at increased risk of significant harm, or place an adult at risk of serious harm.

Signature: _____

Name: _____

Date: _____

Where to send this form

Please send your completed form to the MASH Team (contact details below). **If you have any concerns that an infant, child or young person may be or is at risk of significant harm or has been harmed or abused then you must make immediate telephone contact with the MASH Team, and then confirm your referral by submitting this e-form within 48 hours.**

MASH Team

Address: 3rd Floor, River Park House, 225 High Road, London N22 8HQ

Tel: 020 8489 4470 – office hours (Monday to Thursday 8:45 to 5pm; Friday 8:45 to 4:45pm)
020 8348 3148 – out of office hours (including weekends)

