
KARIBU AFRICAN WOMEN'S SUPPORT GROUP (KAWSG)

Safeguarding children policy and procedures

July 2024

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SAFEGUARDING CHILDREN POLICY AND PROCEDURE

1. Purpose

Safeguarding and promoting the welfare of children

Karibu AWSG recognises that, under the Children Act 1989 and 2004, it has a duty and responsibility to make arrangements to ensure all its functions are discharged having regard to safeguarding and promoting the welfare of children/young people in their care – this includes all services directly provided and commissioned by the local authority. A child is anyone up until their 18th birthday.

“Safeguarding and promoting the welfare of children” is defined in Working Together 2023 as:

- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment whether that is within or outside the home, including online.
- Preventing impairment of children’s mental or physical health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Promoting the upbringing of children with their birth parents or otherwise their family network through kinship care arrangement, wherever possible and where this is in the best interest of the children.
- Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children’s Social Care National Framework

2. Persons affected

- This policy applies to everyone working/volunteering on behalf of Karibu African Women’s Support Group, including the board of trustees, paid staff, volunteers, seasonal workers, agency staff, and students.

3. Safeguarding policy

Karibu AWSG is committed to the importance of safeguarding and promoting the welfare of children. It has:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for Karibu AWSG’s safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- clear whistleblowing procedures and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;
- arrangements that set out the processes for sharing information procedures with other professionals and with Suffolk Safeguarding Partnership.
- a designated professional lead for safeguarding at Karibu AWSG, Charity’s Manager. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Safeguarding leads should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;

- safe recruitment practices for individuals whom Karibu AWSG will permit to work regularly with children, including policies on when to obtain a DBS check;
- appropriate supervision and support for staff, including undertaking safeguarding training;
- ensuring that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- staff are given a mandatory induction, which includes familiarisation with safeguarding responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare;
- all staff should have regular reviews of their own practice to ensure they improve over time in their work with children, young people and families.
- clear policies in line with the Local Authority Designated Officer (LADO) for dealing with allegations against people who work/volunteer with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works/volunteers with children who has:
 - behaved in a way that has harmed a child, or may have harmed a child;
 - possibly committed a criminal offence against or related to a child; or
 - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Karibu AWSG will ensure that staff understands

- What they need to do and what they can expect of one another, to safeguard children.
- Core legal requirements, making it clear what individuals and Karibu AWSG should do to keep children safe. In doing so, Karibu AWSG seeks to emphasise that effective safeguarding systems are those where:
 - The child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
 - That all staff who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
 - The requirement to share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;
 - The necessity to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
 - The necessity to contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes
- **Key principles will be communicated that;**
 - safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
 - a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

4. Revision history

This policy and related guidance will be monitored by the Chairperson on a regular basis for compliance and will be reviewed at least annually.

Date approved or amended	Amendments	Signed
3 rd April 2023	<p>Following amendments to attached procedure:</p> <ul style="list-style-type: none"> • Updated links to MARF and accompanying Suffolk SUFFOLK SAFEGUARDING PARTNERSHIP guidance • Updated new Karibu AWSG safeguarding Lead and Deputy • Included MASH Professionals Helpline and contact details • Included Information Sharing responsibilities and flowchart • Included PREVENT reporting procedures • Updated EARLY HELP ASSESSMENT guidance • Updated CIN guidance 	
31 st July 2024	Amendments to policy updating to new version.	Sue Ling
19/11/2024	Amendments to policy	Sue Ling

Part I: Safeguarding Procedures (All Staff)

1. RESPONSIBILITIES

The responsibilities for dealing with safeguarding lie with the following:

Safeguarding is everyone's responsibility. All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding. It is important that Staff are also aware of the Government's PREVENT strategy. The aim of this is to stop people becoming terrorists or supporting violent extremism in all its forms. This can also be a safeguarding issue but has different reporting mechanisms.

The Safeguarding Officer(s) will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing the Police or other appropriate external bodies.

The Chairperson is responsible for supervision of these activities.

2. SAFEGUARDING PROCEDURES

- Safeguarding is everybody's responsibility
- Karibu AWSG's commitment to keeping children and young people safe is regularly and consistently referenced in all our key policies, procedures, website and appropriate documents.
- Karibu AWSG communicates its safeguarding policies and procedures to all staff. This is done as part of induction, at supervision for relevant roles and policies and procedures are available on the staff 'shared drive' under policies and procedures: safeguarding
- Karibu AWSG communicates its safeguarding policies and procedures to all staff and relevant stakeholders, including the children and young people we support through its website, staff and documentation. Safeguarding updates on practice or referral routes etc is a standing item on internal team meeting agendas.
- Karibu AWSG communicates its safeguarding policies and procedures to its Board Members as part of a standing agenda item at Board meetings.

3. REPORTING OF SAFEGUARDING CONCERNS

If you are worried about a child, talk to the Karibu AWSG Safeguarding Lead to discuss your concerns at the earliest opportunity.

Safeguarding Officers

Safeguarding Lead: Omolara Uzokwe tel: 07751660833 email: Lara@karibuawsg.com
Safeguarding Deputy: Sue Ling tel. 07301295547 email: community@karibuawsg.com
Safeguarding Trustee: Belinda Maskell tel. 07599837840. email: belinda.maskell23@gmail.com

The MASH consultation line is for you to discuss the most appropriate and effective way of providing or obtaining help and support for a child (or adult) you feel is at risk of abuse. This will include advice and guidance about making a referral where necessary, including how to involve parents.

In CYP Family Support Services cases no Multi Agency Referral Form should be sent to the MASH without prior discussion with the Practice Lead or Team manager of the relevant CYP Family Support Services Where a child and family have an allocated Social Worker you will need to contact the named Social Worker Directly to discuss any concerns.

As a professional if you have a safeguarding concern you should contact customer first on: 03456 066 167

The number for members of the public to contact Customer First is 0808 800 4005(24 hours)

All referrals should be followed up by completion of a [Multi Agency Referral Form \(MARF\)](#) (with accompanying [guidance notes](#)) within 24 hours sent to Customer First via [secure e-mail](#).

4 RECOGNISING CHILD ABUSE

Abuse can take many forms and the examples in the definitions below are not exhaustive. There may be other situations not covered in the examples below that give you concern for a child's safety and wellbeing. If you have a concern, follow the reporting flowchart.

4.1 DEFINITIONS OF ABUSE

PHYSICAL ABUSE

Physical abuse is deliberately hurting a child causing injuries such as burns, cuts, bruises and broken bones by:

- Hitting
- Kicking
- Slapping
- Throwing things at them

Fabricated or Induced Illness (FII) is also physical abuse and occurs when parents or carers make up or cause the symptoms of illness in their child. They may also give them medicine they don't need.

EMOTIONAL ABUSE

This type of abuse can seriously damage a child's emotional health and development, damage self-esteem and severely affect friendships, school and home life.

Children who are emotionally abused are often suffering another type of abuse or neglect at the same time, but this isn't always the case.

Examples of emotional abuse include:

- Being made to feel worthless, wrong or unhappy
- Being unfairly blamed
- Being bullied
- Being made to feel scared or in danger
- Being humiliated
- Being isolated or ignored
- Seeing or hearing domestic violence within the home

SEXUAL ABUSE

This is when a child or young person is told, asked, or forced to take part in sexual activity. This doesn't have to be physical contact and can also happen online. Sometimes the child may not understand that it is wrong and that what is happening to them is abuse.

The ways in which a young person can be sexually abused include:

- Making them do sexual things either to themselves or with other people
- Taking photos of them or making them take part in the making of films that involve sexual activity
- Making them watch sexual behaviour

NEGLECT

Neglect is when parents or carers can't or won't meet a child's needs. Sometimes this is because they don't have the skills or support needed, and sometimes it's due to other problems such as mental health issues, drug and alcohol problems or poverty.

A neglected child may be left hungry or dirty, with no adequate shelter or supervision and may also be suffering from other abuse as well. They may be put in danger or not protected from physical or emotional harm.

Neglect is dangerous and can cause serious, long-lasting effects. It can affect physical, cognitive and emotional development, behaviour and opportunities.

Neglect can be anything from leaving a child home alone to the worst case scenario where a child dies from malnutrition or being denied the care they need.

Definitions from *Working together to safeguard children, 2023*

STAFF MUST ALSO BE AWARE OF THE FOLLOWING SAFEGUARDING ISSUES

4.2 DOMESTIC ABUSE

Be aware that a referral must be made direct to Children's Social Care, following the reporting flowchart below, if it seems reasonable to suspect that:

- a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and
- the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

(Refer to Domestic Abuse policy on SUFFOLK SAFEGUARDING PARTNERSHIP website for further guidance and accompanying Karibu AWSG procedure for more information).

Recognising signs and symptoms of possible and actual abuse can be found at Appendix B of this document.

4.3 ALLEGATIONS OF ABUSE OR MALPRACTICE AGAINST A MEMBER OF STAFF INCLUDING VOLUNTEERS

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. **It also includes allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children.**

It must be used in respect of all allegations that are consistent with the guidance in Working Together i.e. cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child; or
- behaved in a way that indicates s/he is unsuitable to work with children.

If the allegation is against a Karibu AWSG member of staff or volunteer the allegation must be reported immediately, at least within one working day, to the Karibu AWSG Safeguarding Lead.

If the allegation is against the Safeguarding Lead then the allegation must be reported to the Karibu AWSG Deputy Safeguarding Lead. The Karibu AWSG Safeguarding Lead/or Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

Contact details for LADO's 0300 123 2044

Email: lado@suffolk.gov.uk

4.4 PREVENT: VULNERABLE TO RADICALISATION (VTR) OR INFLUENCED BY EXTREMISM

Staff may notice a change in a child or adults behaviour that may suggest they are vulnerable to violent extremism.

After having discussed concerns with appropriate colleagues, being mindful of confidentiality, where the staff member still has concerns that the individual may be vulnerable to violent extremism, a [Vulnerable To Radicalisation \(VTR\) referral form](#) is to be completed and sent to MASH and relevant CYPS team if under 18. The MASH will notify Special Branch to carry out de-confliction checks and an initial assessment of the VTR prior to any further information gathering on the individual.

For urgent safeguarding concerns call Customer First 03456 066 167

UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL

THE CHANNEL PROGRAMME

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- identifying individuals at risk
- assessing the nature and extent of that risk
- developing the most appropriate support plan for the individuals concerned

Channel **may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism.** Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist activity.

For urgent safeguarding concerns call Customer First 03456 066 167

UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL

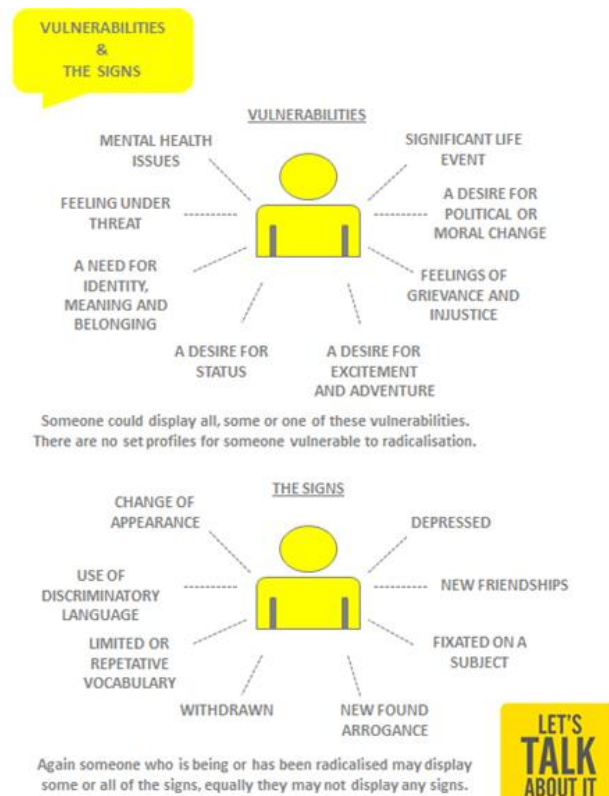
GUIDANCE NOTES FOR RECOGNISING VTR

Who is Vulnerable to Radicalisation?

People who are vulnerable to radicalisation come from all walks of life, genders, ages and social groups, income levels, professions etc.

[There is no profile for someone who could be drawn into terrorism.](#)

Extremism is any form of extremism; this includes extreme right wing's views, animal rights issues as well as religious views. It is unhelpful to have a narrow view of who can be VTR. It is important to keep an open mind. Looking at the factors associated with a person who becomes vulnerable to it can be helpful to look at. They include;



This guide is to help you refer concerns about an individual who may be vulnerable to being drawn into terrorism. Below are questions which may help you to quantify and structure your concerns. The list is not exhaustive and other factors may be present but they are intended as a guide to help communicate your professional judgement about what has led you to make a referral.

Faith / ideology

- Are they new to a particular faith / faith strand?
- Do they seem to have naïve or narrow religious or political views?
- Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?
- Have there been specific examples or is there an undertone of “Them and Us” Language or violent rhetoric being used or behaviour occurring?
- Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?
- Are there particular grievances either personal or global that appear to be unresolved / festering?
- Has there been an increase in unusual travel abroad without satisfactory explanation?

Personal / emotional / social issues

- Is there conflict with their families regarding religious beliefs / lifestyle choices?
- Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration? Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?
- Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?
- Have they got / had extremist propaganda materials (DVD's, CD's, leaflets etc.) in their possession?
- Do they associate with negative / criminal peers or known groups of concern?
- Are there concerns regarding their emotional stability and or mental health?
- Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

Risk / Protective Factors

- What are the specific factors which are contributing towards making the individual more vulnerable to radicalisation? E.g; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance, transitional period in life etc.
- Is there any evidence of others targeting or exploiting these vulnerabilities or risks?
- What factors are already in place or could be developed to firm up support for the individual or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

4.5 REFERRALS FORMS

Referral to children's social care services should be made using the [Multi-Agency Referral Form](#).

Vulnerable to Radicalisation ([VTR](#)) [referral form](#)

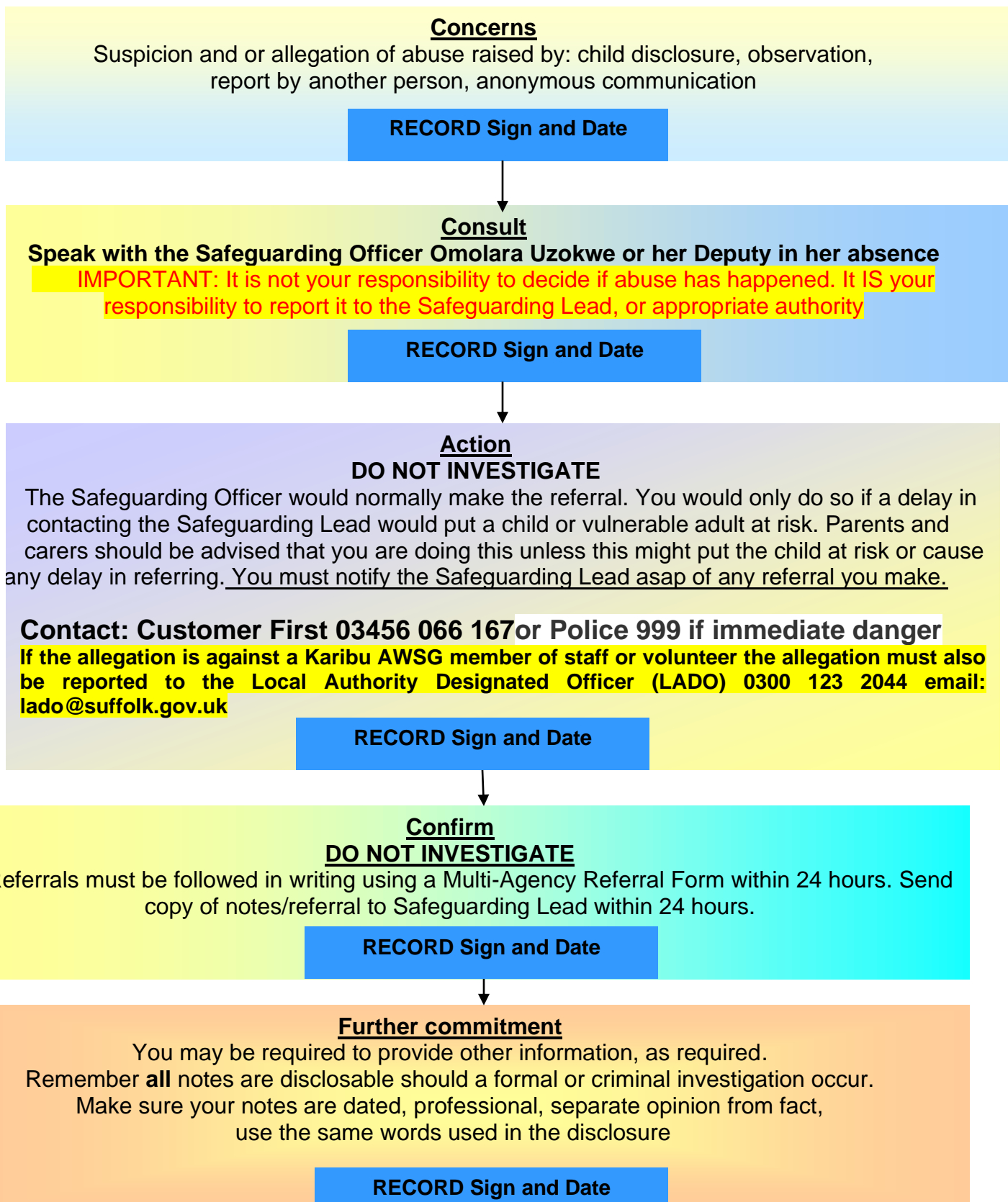
All professionals making telephone referrals to Suffolk's children's social services (including via Customer First) **MUST** confirm this in writing **within 24 hours**. If you are worried about the **immediate** safety of a child/young person and cannot contact a Safeguarding Officer, call the police on 999. You can also contact the local authority.

Your report must be accurate and where possible use the child's exact words if they disclosed the information to you, not your own.

The report must be signed and dated, including the year. Ensure the form is emailed safely following the directions on the form and ensure a copy is sent to Karibu AWSG's Safeguarding Lead in the same manner marked "Confidential SG".

4.6 FLOWCHART FOR REFERRAL FOR ACTUAL OR SUSPECTED ABUSE – FOR STAFF WHO ARE NOT SAFEGUARDING LEADS

We are all responsible for reporting concerns about a child's welfare. Legislation and guidance for each of the UK's 4 nations clearly sets out expectations with regard to professionals reporting their suspicions that a child or vulnerable adult is at risk of harm to the authorities (NSPCC)



4.7 INFORMATION SHARING

SAFEGUARDING CHILDREN

To be read in conjunction with the Karibu AWSG Information Sharing policy and procedure

Through the safe and effective sharing of information it aims to ensure that vulnerable adults and or children get the support they require from external services and that the people it works with are protected from harm, abuse or neglect. It also seeks to prevent them from offending.

In many reviews into deaths of children and or vulnerable adults the lack of information sharing between agencies and organisations is often highlighted as a contributory, if not causal, factor in the death. **It is imperative that Karibu AWSG's staff understand the requirement to share safeguarding information in order to protect vulnerable children from harm.**

Confidentiality and information sharing must be integrated across all aspects of Karibu AWSG services and management as its users have the right to privacy and confidentiality and to understand when "secrets" cannot be protected for their best interests.

INFORMATION SHARING DEFINITIONS

Confidentiality: Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

Karibu AWSG understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party which is external to the Staff, without that service user's prior expressed consent to disclose such information.

Breach of confidentiality: Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

Even where sharing of confidential information is not authorised, Karibu AWSG may lawfully share it if this can be justified in the public interest.

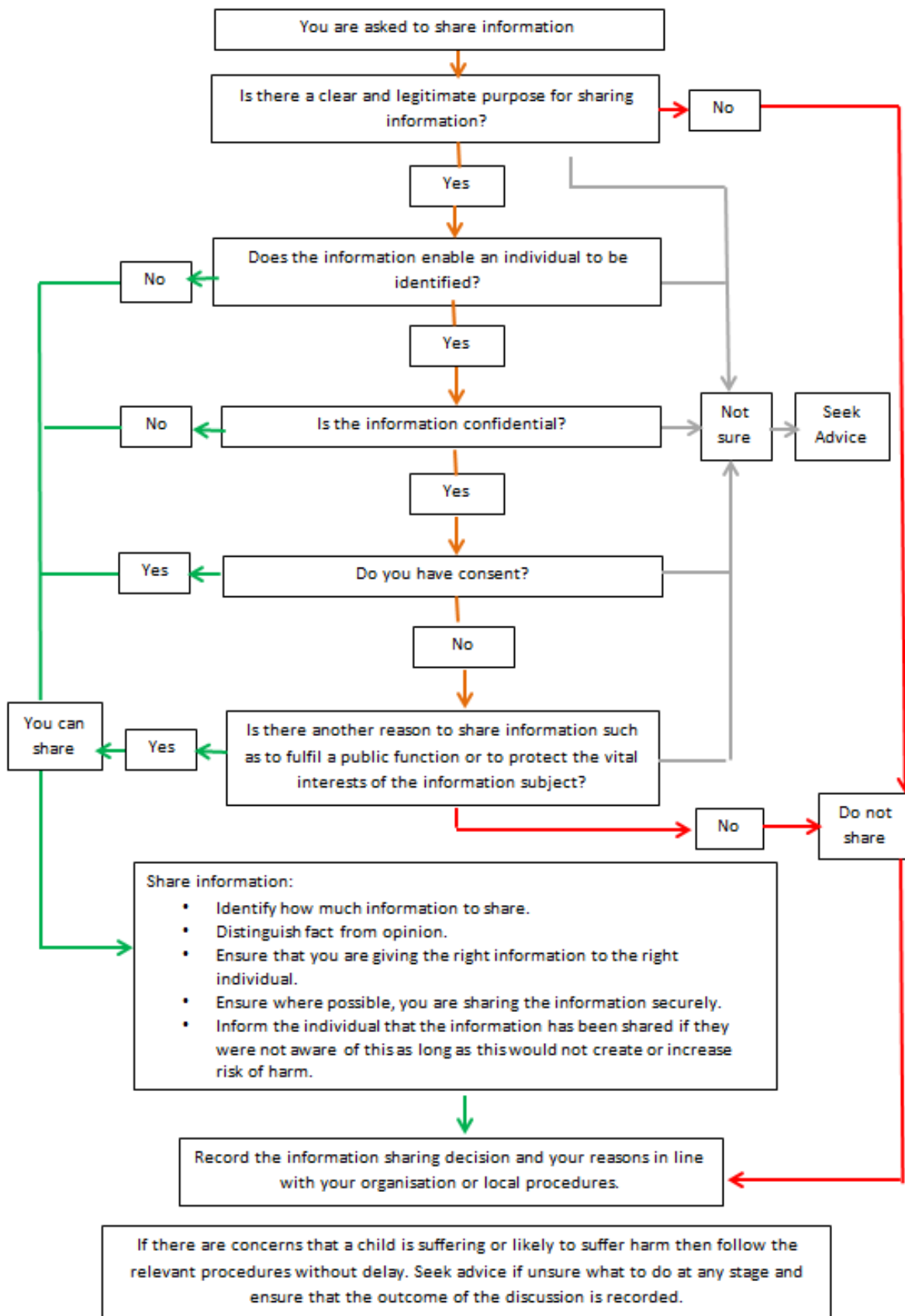
Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the Manager with the CP on the facts of each case.

Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information

Public interest: A public interest can arise in a wide range of circumstances, for example, to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question.

Serious crime: This means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

4.8 INFORMATION SHARING FLOWCHART



PART II: Responsibilities of Karibu AWSG Safeguarding Officer(s)

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1. RESPONSIBILITIES OF **KARIBU AWSG** SAFEGUARDING OFFICER

This role will work closely with the senior board level lead. The Lead Safeguarding Officer's role is to support other staff to recognise the needs of children, including identifying and responding to possible abuse. The role will be given sufficient resource and, supervision and support them to fulfil their child welfare and safeguarding responsibilities effectively

They will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare.

In the case of allegations made against Karibu AWSG Staff (including volunteers) the Safeguarding Lead will work with the LADO and must follow local Suffolk County Council/Suffolk Safeguarding Partnership procedures. In cases of actual or suspected abuse by a member of Karibu AWSG staff the Safeguarding Lead in consultation with the LADO will ensure the Police and/or other statutory bodies like Social Services are informed as appropriate. The victim must be protected from further abuse while the Police/ external agencies conduct their own investigation.

If not already aware any allegation must be reported to the Safeguarding Lead unless the Safeguarding Lead is the alleged perpetrator, in that situation the report will be made to the Karibu AWSG Deputy Safeguarding Lead.

Any information held either electronically or in hard copy will be held securely in a password protected document or sealed envelope in a secure, locked cabinet/drawer. Any electronic database used for recording and reporting abuse internally will protect the identity of the child and use an identifying code rather than the name so as to ensure confidentiality.

2. Responsibilities of the Karibu AWSG Safeguarding Trustee

In its publication Strategy for dealing with safeguarding vulnerable groups including children's issues in charities, the Charity Commission is clear that Trustees have primary responsibility for safeguarding in Karibu AWSG while some responsibilities can be delegated over all responsibility lies with the Board.

To enable the Board not only to support the management and staff team in Karibu AWSG, including the Safeguarding Lead Officer, but also to provide an important mechanism for critically evaluating the information presented to the Board by the management team, and, where necessary, challenging and checking it out.

To ensure that Karibu AWSG is taking steps to safeguard and take responsibility for the children with whom it works and is acting in their best interests, taking all reasonable steps to prevent any harm to them, assessing and managing risk, ensuring safeguarding policies and procedures are in place, undertaking ongoing monitoring and reviewing of policies and procedures including complaints and recruitment, to ensure that safeguards are being implemented and are effective, that Karibu AWSG is responding appropriately to allegations of abuse

SECTION 2: DETAILED PROCEDURES FOR KARIBU AWSG SAFEGUARDING OFFICERS OR STAFF REPORTING IN THEIR ABSENCE

ADDITIONAL PROCEDURES

The following procedures must be followed and referred to as necessary: -

- Family Support Team Assessment (FSTA)
- Child In Need (CIN)
- Domestic abuse

1 ALLEGATIONS' MANAGEMENT: ALLEGATIONS OF ABUSE OR MALPRACTICE AGAINST A MEMBER OF STAFF (INCLUDING VOLUNTEERS).

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation. The framework for managing allegations is set out in *Working Together to Safeguard Children: 2023* and *Safeguarding Children and Safer Recruitment in Education 2021*.

The framework for managing cases set out in this procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. It also caters for cases of allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children. It should be used in respect of all allegations that are consistent with the guidance in *Working Together* i.e. cases in which it is alleged that a person who works with children has:

**Behaved in a way that has harmed, or may have harmed, a child
Possibly committed a criminal offence against, or related to, a child; or
Behaved in a way that indicates s/he is unsuitable to work with children.**

In compliance with Suffolk's Safeguarding Partnership Allegations Management guidance, the following procedures will be followed;

Reporting procedure for Allegations

If the allegation is against a Karibu AWSG member of staff the allegation must be reported immediately, at least within one working day, to the Karibu AWSG Safeguarding Lead. If the allegation is against the Safeguarding Lead then the allegation must be reported to the Karibu AWSG Deputy Safeguarding Lead. The Karibu AWSG Safeguarding Lead/or Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

Contact details for LADO's 0300 123 2044

Email: LADO@suffolk.gov.uk

Please see [embedded guidance](#) from the Suffolk Safeguarding Board regarding Managing allegations for full details.

Initial consideration

The LA Designated Officer (LADO) will discuss the matter with the Karibu AWSG Safeguarding Officer and, where necessary, obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that a child or young person is suffering, or is likely to suffer, significant harm, the LA Designated Officer should immediately inform the police and convene a similar discussion to decide whether a police investigation is needed. That discussion should also involve the employer.

Action following initial consideration

Where the initial evaluation decides that the allegation does not involve a possible criminal offence, it is dealt with by the Karibu AWSG Safeguarding Officer or Chair. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

Where further investigation is required to inform consideration of disciplinary action, the Safeguarding Officer or Chair will discuss who will undertake that investigation with the LA Designated Officer. In some settings and circumstances, it may be appropriate for the disciplinary investigation to be conducted by a person who is independent of Karibu AWSG or the person's line manager to ensure objectivity. In any case, the investigating officer should aim to provide a report to the employer within 10 working days.

On receipt of the report of the disciplinary investigation, the Safeguarding Officer or Chair should decide whether a disciplinary hearing is needed **within two working days**, and if a hearing is needed it should be held **within 15 working days**.

Suspension

The possible risk of harm to children posed by an accused person needs to be managed and evaluated. The evaluation will be in respect of the child/children involved in the allegation and any other children in the individual's home, work or community life. In some cases, it will require consideration to be given to the use of suspension for the person involved in the allegation. This may be until the matter is resolved.

A Karibu AWSG member of staff must not be automatically suspended without careful thought and consideration of the circumstances of the allegation. In making the decision, the Safeguarding Officer must consider whether the person should be suspended from contact with children for the duration of the investigation, or until resolution has been reached. In any case, alternatives to suspension should be explored and advice sought from the LA Designated Officer.

If the allegation has been referred and a strategy meeting is to be convened, it will be a task of the strategy meeting to consider the facts of the allegation, and although a senior manager of Karibu AWSG cannot be directed to suspend, they will be supported in making the decision. This should be done after the views of the designated senior named officer from the police and Area Safeguarding Manager have been canvassed.

If the allegation is reported to a Karibu AWSG staff member against a member of staff (including a volunteer) of another organisation or agency then the member of Karibu AWSG staff should consult with the Karibu AWSG Safeguarding Officer and agree who should contact the LADO. However, if any delay in this procedure is likely to put a young person at risk of significant harm then the Karibu AWSG member of staff should contact the LADO directly.

2 FAMILY SUPPORT TEAM ASSESSMENT (FSTA) PROCEDURE

The Family Support Team Assessment (FSTA) is used by people working for organisations across Suffolk. Schools, Family Hubs, families, and young people work together to agree on steps and support to resolve difficulties. If existing help is not enough, families can request more support through an FSTA referral.

The FSTA is a way of working with families who are struggling and puts their needs at the heart of decisions made about how they get help.

Consent from family/young person is required FSTA can only be used when the child or young person and family are happy to work alongside professionals to meet the child's needs.

Read SUFFOLK SAFEGUARDING PARTNERSHIP FSTA reporting guidance and practitioner guide
<https://www.suffolk.gov.uk/children-families-and-learning/eha>

3 CHILDREN IN NEED (CIN) PROCEDURES

These procedures set out the requirements for agencies in Suffolk to work together to work to achieve good outcomes with children who are 'in need' under the Children Act 1989 and their families. It (has been) agreed by the Suffolk Local Safeguarding Children Board and is mandatory for all agencies.

In accordance with the SUFFOLK SAFEGUARDING PARTNERSHIP's Interagency policy and procedure for children in need under the Children Act 1989 Karibu AWSG is cognisant that it must:

- build and maintain effective partnerships at a strategic and local level to support good outcomes for children in need.
- promote child centred practice where the focus is on the child's safety and welfare
- designate a senior person within each agency to take the lead role for children in need
- give sufficient priority and resources are given to work with children in need to promote good outcomes
- ensure that staff have appropriate knowledge and skills to work effectively with children in need
- ensure they have quality assurance processes in place and participate in multi-agency audits of practice with children in need

In these procedures:

- 'Child' means those 0 -18 years (19 years if disabled) and includes unborn babies.
- 'Parent or carer' includes birth parents, whether or not they live with the child, adoptive and step parents, partners of parents and those with a significant caring role for the child
- CIN means child in need under Children Act 1989 (Section 17)

Who are children 'in need' under this policy?

- Children with multiple and complex needs who, unless services are provided may be at risk of significant harm and poor outcomes. (Defined in Children Act 1989 Section 17)
- Children in need have needs at Level 3 as defined in Meeting the needs of children and families in Suffolk 2010
- For more information visit [policies, procedures and practice guidance](#)

Principles for work with children in need

- 1) The safety and welfare of the child is central at all times.
- 2) All work with children in need is focussed on achieving the best possible outcomes.
- 3) Help will be given to children in need and their families as early as possible to prevent difficulties escalating.
- 4) Establishing rapport and a constructive working relationship with the child (as appropriate to age and understanding) and their parents and carers will be a cornerstone of the work.

- 5) All relevant agencies have a responsibility to work together to achieve good outcomes for children in need, led by children's social care
- 6) Parents and carers are, as consistent with the child's safety and welfare, supported to parent effectively and the ACCORD Protocol is used to facilitate support for parents who have a disability or additional support need. [policies ad procedure guidance](#)

4 DOMESTIC INCIDENTS/ABUSE PROCEDURE

Refer to Domestic Abuse policy on SUFFOLK SAFEGUARDING PARTNERSHIP website for further guidance [Domestic Abuse](#)

A referral must be made direct to Children's Social Care if it seems reasonable to suspect that:

- a) a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and
- b) the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

Referrals should be made with the agreement of a parent unless the child's best interests are not served by seeking or obtaining consent. Non-consent should not be a barrier to referral if there is on the face of it reasonable cause to suspect that the child may suffer significant harm of otherwise not have significant needs met.

A disclosure or allegation by a victim is not a pre-requisite for referral of concerns regarding a child. Concern about the effects of domestic abuse on a child may be triggered in other ways – for example, by hidden or inadequately explained injuries to a parent or carer, or damage to the home or personal property, or by the behaviour of parents, or concerns expressed by the child, or concerns about the child's wellbeing.

The Government defines domestic abuse as;

“Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality”

The legal definition of “significant harm” to children was extended in January 2005 to include harm suffered from seeing or knowing of the abuse of another, particularly in the home. This was reinforced by the Adoption and Children Act 2002.

Child protection referrals where the primary concern relates to a domestic abuse incident may include:

Verbal Altercation

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present
- Children present and victim of abusive behaviour

Damage to Property

- Children not present but usually in the household
- Children present but not witness to the incident
- Children present

Physical Assault

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present and witness the incident
- Children present and a victim of assault

Sexual Assault

- Children not present but usually part of the household
- Children in house but not witness to the incident
- Children present and witness to the incident
- Children present and a victim of sexual abuse

Agreed by the Management Committee

Signed: *O.O. Uzorwe*

Date Reviewed: July 2024

APPENDIX A: GOOD PRACTICE

1. HOW TO REACT WHEN A CHILD/YOUNG PERSON WANTS TO TALK ABOUT ABUSE

- **General points**

- Take seriously what the child/young person says (however unlikely the story may sound)
- Keep calm
- Look at the child/young person directly
- Be honest
- Let them know you will need to tell someone else – don't promise confidentiality
- Reassure them they are not to blame for the abuse
- Be aware that the child/young person may have been threatened
- Never push for information
- Ask questions for clarification only; avoid asking questions that suggest a particular answer.

- **Helpful things to say or show**

- Show acceptance of what the child/young person says
- "I am glad you have told me"
- "It's not your fault"
- "I will help you"

- **Avoid saying**

- "Why didn't you tell anyone before?"
- "I can't believe it"
- "Are you sure this is true?"
- Never make false promises
- Never make statements such as "I am shocked!", or "don't tell anyone else"

- **Concluding**

- Reassure the young person that they were right to tell you and that you take them seriously
- Let the young person know what you are going to do next and that you will let them know what might happen Immediately report the matter, as per procedures

2. STAFF RATIOS

Plan the work of the group so as to minimise situations where the abuse of children and/or young people may occur

Arrange that an adult is not left alone with a child or young person where there is little or no opportunity of the activity being observed by others. This may mean groups working within the same large room or working in an adjoining room with the door left open. This good practice can be as much benefit to the adult as to the child or young person.

Ensure that all staff, paid and unpaid, who work with children and young people do not meet one of the children or young people outside designated Karibu AWSG premises without a parent or other adult being present.

Always have at least two adults present with a group, particularly when it is the only activity taking place on Karibu AWSG premises. OFSTED recommends that the following number of adults should be present when working with children. If there are not enough leaders, the event should not take place.

- Age 13 - 18: 1 adult to 10 children.

However, these are just general recommendations in addition we must always ensure appropriate ratios of leadership to children and young people are observed according to age and gender and reflect the needs identified in the risk assessment for the activity and the group of children and young people involved.

Other good practice

Consent forms including medical details should always be used for children and young people attending the activity and should be readily available during the activity.

Never take a group off the premises with fewer than two adults. Consent forms including medical details should always be used for specific outings or activities outside the Karibu AWSG premises.

As it is good practice to keep a **record of each activity**/session these will be used. This record should include a register of children and staff and details of any significant incidents.

Always keep a register with the address and contact phone number of every child. These records are to be kept securely, in line with the Data Protection policy.

All staff working with children or young people will be subject to a **DBS enhanced check**. While waiting for a DBS check to arrive the person will never be left alone with children unsupervised.

Any photography or filming of children and young people at Karibu AWSG activities will be subject to the **Photography and filming policy**.

APPENDIX B: RECOGNISING POSSIBLE CHILD/YOUNG PERSON ABUSE

The following behavioural signs *may* be indicators of child/young person abuse, but care should be taken in interpreting them in isolation.

Physical signs

- Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.

- Injuries which have not received medical attention.
- Instances where children/young people are kept away from the group inappropriately or without explanation.
- Self-mutilation or self-harming e.g cutting, slashing, drug abuse.

Emotional signs

Changes or regression in mood and behaviour, particularly where a child/young person withdraws or becomes clinging. Also, depression/aggression.

- Nervousness or inappropriate fear of particular adults.
- Changes in behaviour e.g., under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g. excessive dependence attention-seeking behaviour.
- Persistent tiredness, wetting or soiling of bed or clothes by an older child.

Signs of neglect

- Regular poor hygiene
- Persistent tiredness
- Inadequate clothing
- Excessive appetite
- Failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

Indicators of possible sexual abuse

- Any direct disclosure made by a child/young person concerning sexual abuse.
- Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of.
- Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- Preoccupation with sexual activity through words, play or drawing.
- Child/Young person who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
- Other emotional signs (see above) may be indicative of sexual or some other form of abuse.

Agreed by the Management Committee

Signed: O.O.Uzokwe

Date: 25/7/2024

Reviewed

Date: 25/7/2025