

Child Protection and Safeguarding Policy and Procedure

Child Protection and Safeguarding Policy and Procedure

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Date of last review: June 2025 at Board meeting

Date of next review: June 2026

Key contacts

Role:	Name / Details:	Contact:
Designated Safeguarding Lead	Jessica Turtle	jess@museumofhomelessness.org
Nominated Trustee for Safeguarding	Jane Cook	janeycook@hotmail.com
Chair of Trustees	Sharon Heal	sharon@museumsassociation.org
Local Authority Designated Officer (LADO)	Haringey: Hackney: Islington:	Local Authority Designated Officer (LADO) Hackney Council (accessed through Hackney website Haringey: lado@haringey.gov.uk Islington Timur Djavit LADO@islington.gov.uk .

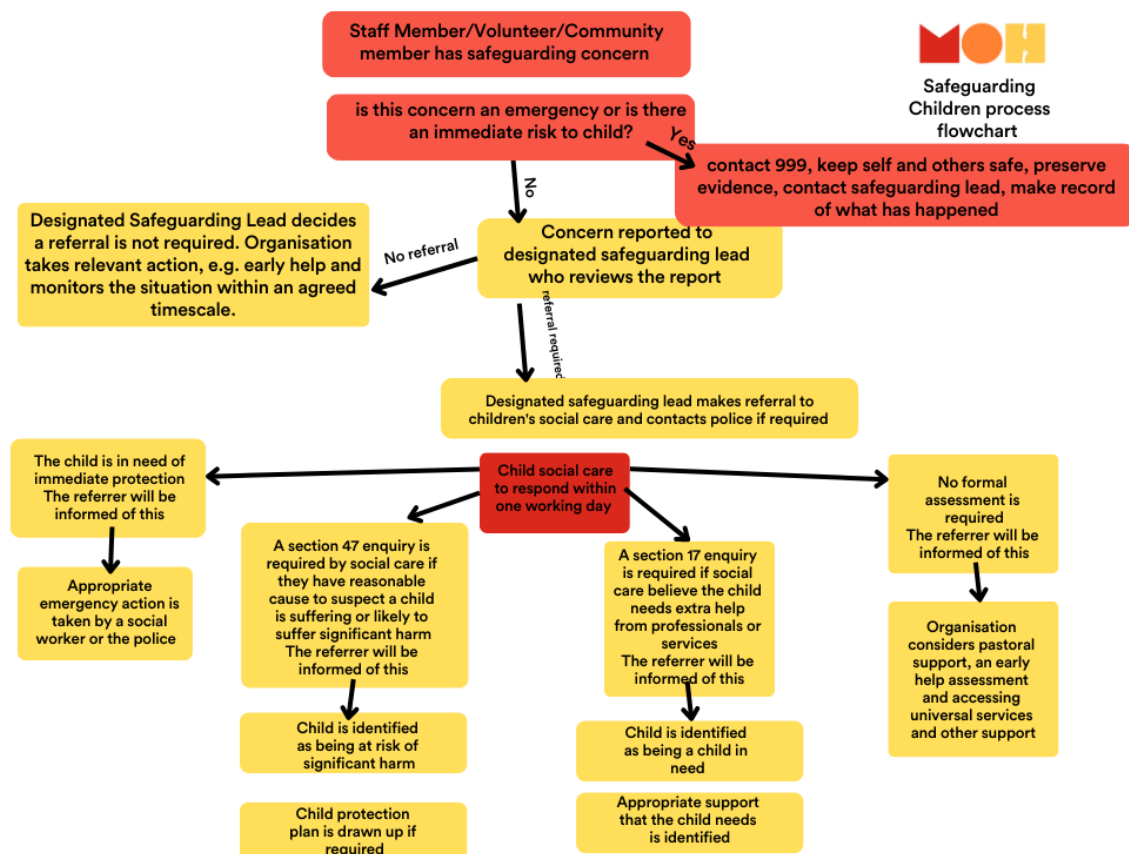
Record of Safeguarding Training:

Type of Training:	Date completed:	Next due date:
Whole org Safeguarding Training (Due every three years)	June 2024	June 2027

Child Protection and Safeguarding Policy and Procedure

Designated Safeguarding Lead (DSL) (Due every 2 years)	July 2025 completed Level 3 Child Protection and Safeguarding Lead training	July 2027
Team and volunteer refreshers (Annual)	This is ongoing	Continually happening

PROCESS FLOWCHART



Please refer to this process chart if you suspect a child is experiencing abuse or if a child makes a disclosure to you.

POLICY

Museum of Homelessness abides by the duty of care to safeguard and promote the welfare of children and is committed to safeguarding practice that reflects statutory responsibilities, government guidance and complies with best practice requirements. This policy has been drawn up with the support of the Social Care Institute for Excellence.

- We recognise the welfare of children is paramount in all the work we do and in all the decisions we take
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation has an equal right to protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

Purpose

Child Protection and Safeguarding Policy and Procedure

Museum of Homelessness staff and volunteers come into contact with children and young people who are attending activities at our site. We offer creative activities and workshops for children and young people.

Museum of Homelessness will:

- Protect children and young people who receive Museum of Homelessness services or attend activity at our site from harm. This includes the children of adults who use our services.
- Provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of Museum of Homelessness including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and students. Failure to comply with the policy and related procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.

Definitions

Child:

In line with the law, this policy defines a child as anyone under the age of 18 years.

Child Abuse: Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their daily lives. There are 4 main categories of abuse, which are:

Sexual abuse, physical abuse, emotional abuse, and neglect.

Please see appendix 2 for more information on these types of abuse and signs of abuse.

Child Protection and Safeguarding Policy and Procedure

Safeguarding children: Safeguarding children is defined in Working Together to Safeguard Children 2018 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.
- taking action to enable all children to have the best outcomes.

Legal Framework:

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England and Wales. This includes:

- UN Convention on the Rights of the Child (1989)
- Children Act (1989) and amendments (2004)
- Working Together to Safeguarding Children (2018)
- Safeguarding Vulnerable Groups Act (2006)
- Sexual Offences Act (2003)

Other policies

This policy should be read in conjunction with Adult Safeguarding Policy, Code of Conduct, Data Protection, Whistleblowing policy.

Responsibilities:

Child Protection and Safeguarding Policy and Procedure

All staff and volunteers have responsibility to follow the guidance laid out in this policy and related policies, and to pass on any safeguarding concerns using the required procedures.

We expect all staff (paid or unpaid) to promote good practice by being an excellent role model, contribute to discussions about safeguarding and to positively involve people in developing safe practices.

Additional specific responsibilities

Trustees have responsibility to ensure:

- The policy is in place and appropriate
- Sufficient and proportionate resources (time and money) are allocated to ensure that the policy can be effectively implemented

The Directors have responsibility to ensure:

- The policy is accessible
- The policy is implemented
- The policy is monitored and reviewed annually
- Ensure staff and volunteers have access to appropriate training and information
- Receive staff concerns about safeguarding and respond to all seriously, swiftly and appropriately
- Keep up to date with local arrangements for safeguarding and DBS checks
- Take forward concerns about responses

Management of safeguarding concerns

We take concerns raised by staff, volunteers or community members seriously. In the first instance all concerns and disclosure should be reported to the Designated Safeguarding Lead using the form attached to this policy in Appendix 1, except when

Child Protection and Safeguarding Policy and Procedure

there is an emergency or the child is at immediate risk of harm. Please refer to the information on pages one and two for further information on the Safeguarding process and the correct contact for the Designated Safeguarding Lead.

Reporting suspected abuse or a disclosure:

Please use the form in Appendix 1 to report suspected abuse or disclosures to the Designated Safeguarding Lead.

Responding to a disclosure:

- listen and be supportive, avoid questioning the child
- don't stop a child who is freely recalling events, but don't push the child to tell you more than he or she wishes
- tell the child or young person that you will need to pass this on
- Report the disclosure to the Designated Safeguarding Lead
- write an account of the conversation as soon as possible

Management of allegations

We take concerns raised about staff or volunteers seriously, regardless of who the person is, how long they've been involved with the organisation, or whether they are directly employed by Museum of Homelessness.

If you have an allegation against a staff member or volunteer, please contact the Designated Safeguarding Lead with details of your concern. If you have an allegation against the Designated Safeguarding Lead please contact the Designated Safeguarding Trustee. Both these individuals contact details are on the first page of this policy.

If an allegation is made against a staff member or volunteer, we will not attempt to investigate the matter, but we will gather the facts of the case and keep written records.

If an allegation is made that a staff member or volunteer has:

Child Protection and Safeguarding Policy and Procedure

- behaved in a way that has harmed, or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved in a way that indicates they may not be suitable to work with children.

We will immediately report this to children's services and if necessary the police.

If someone resigns from their post or refuses to cooperate with the process, this must not prevent an allegation being followed up.

We will not allow settlement agreements where there is a case of alleged abuse.

We will make every effort to maintain the confidentiality of all parties while an allegation or concern is being investigated.

We will consider how best to support the children involved, their parents or carers, and individuals who have had an allegation made against them. This includes:

- telling parents or carers and the employee or volunteer concerned about the allegation as soon as possible (as long as this does not place any children at further risk of harm)
- telling them how we are going to manage the allegation
- keeping everyone informed about the progress and outcomes of the case.
-

Safe working practices

Safer recruitment

Museum of Homelessness ensures safer recruitment through the following processes:

- Providing relevant safeguarding statements in recruitment adverts or application details – 'recruitment is done in line with safe recruitment practices.'
- Job or role descriptions for all roles involving contact with children will contain reference to safeguarding responsibilities.
- There are person specifications for roles which contain a statement on core competency with regard to child safeguarding

Child Protection and Safeguarding Policy and Procedure

- Interviews are conducted according to equal opportunity principles and interview questions are based on the relevant job description and person specification.

Confidentiality and consent

Information will be gathered, recorded and stored in accordance with the following policies : Data Protection policy

All staff must be aware that they have a professional duty to share information with other relevant organisations in order to safeguard children. The public interest in safeguarding children may override confidentiality interests. However, information will be shared on a need to know basis only, as judged by MoH trustees or Designated Safeguarding Lead

All staff and volunteers must be aware that they cannot promise children and young people that they can keep secrets on their behalf as information may need to be shared with relevant agencies if the child or young person is at risk of or experiencing harm.

It's good practice to obtain consent from, or inform parents/carers of a child of a concern being raised, however if it's suspected that this would delay the safeguarding response or increase risk to the child consent should not be sought.

However, information should be shared with the Local Authority if a child is deemed to be at risk of harm or **contact the police if they are in immediate danger, or a crime has been committed**. For further guidance on information sharing and safeguarding see Museum of Homelessness Data Protection Policy.

Sharing of information held by MoH:

This section refers to requests from agencies for us to share information in situations not related to safeguarding. With specific reference to the government's 2018 guidelines 'Working together to safeguard children' MoH abides by best practice in relation to data sharing.

We take the issue of consent extremely seriously and our first responsibility is always to the people we are working with. We will never share data, for example, with government departments except at the request of the individual.

If another agency or organisation requests MoH to share information the following process will be followed:

Child Protection and Safeguarding Policy and Procedure

WHEN

- Is there a clear and legitimate purpose for sharing information?
- Do you have consent to share?
- Does the information enable an individual to be identified?
- Have you identified a lawful reason for the information to be shared without consent?

IF/HOW

- Identify how much information to share
- Distinguish fact from opinion
- Ensure you are giving the right information to the right person
- Ensure you are sharing the information securely
- Where possible, be transparent with the individual so long as the knowledge that the information has been shared will not cause harm or distress to the individual
- Record all information sharing decisions and activities. Seek advice if unsure.

Lone working

Our policy ensures that staff and volunteers will not carry out lone working.

PROCEDURES

Training and Awareness:

Museum of Homelessness will ensure an appropriate level of safeguarding training is available to its Trustees, Employees, Volunteers and any relevant persons linked to the organisation who requires it (e.g. contractors).

Child Protection and Safeguarding Policy and Procedure

For all employees who are working or volunteering with children, this requires them as a minimum to have awareness training that enables them to:

- Understand what safeguarding is and their role in safeguarding children.
- Recognise a child potentially in need of safeguarding and take action.
- Understand how to report a safeguarding Alert.
- Understand dignity and respect when working with children.
- Have knowledge of the Safeguarding Children Policy.

Similarly, employees and volunteers may encounter concerns about the safety and wellbeing of an adult at risk of abuse. For more information about adults safeguarding, refer to Museum of Homelessness Adults Safeguarding Policy.

Recording and Record Keeping:

A written record must be kept about any concern regarding safeguarding of children. This must include details of the person involved, the nature of the concern and the actions taken, decision made and why they were made.

All records must be signed and dated. All records must be securely and confidentially stored in line with General Data Protection Regulations (GDPR) and Museum of Homelessness Data Protection Policy.

Referral duty

We follow our legal duty to refer an individual to the DBS if any of the following occurs:

Child Protection and Safeguarding Policy and Procedure

- we have withdrawn permission for a person to engage in regulated activity with children or moved them to an area of work that isn't regulated activity (or both)
- we think at least one of the following statements apply to the person:
 - their action or inaction has harmed a child or put them at risk or harm, or if repeated against or in relation to a child would endanger the child
 - they have satisfied the harm test regarding children; for example, there has been no relevant conduct but a risk of harm to a child still exists
 - they have been cautioned or convicted of a relevant offence

Social Media:

All employees and volunteers should be aware of Museum of Homelessness social media policy and procedures and the code of conduct for behaviour towards the children we support.

Use of Mobile Phones and other Digital Technology:

All employees, trustees and volunteers should be aware of Museum of Homelessness policy and procedures regarding the use of mobile phones and any digital technology and understand that it is unlawful to photograph children and young people without the explicit consent of the person with parental responsibilities.

Whistleblowing:

It is important that people within Museum of Homelessness have the confidence to come forward to speak or act if they are unhappy with anything. Whistle blowing occurs when a person raises a concern about dangerous or illegal activity, or any wrong- doing within their organisation. This includes concerns about another employee or volunteer. There is also a requirement by Museum of Homelessness to protect whistleblowers.

END

APPENDIX 1

Form for reporting Safeguarding concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to Jessica Turtle if they have a safeguarding concern about a child in our museum or community.

Information Required	Enter Information Here
Full name of child	
Date of birth	
Your name and position in the charity	
Nature of concern/disclosure <i>Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.</i> <i>[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]</i> <i>[Make it clear if you have a raised a concern about a similar issue previously]</i>	
Time & date of incident:	

Child Protection and Safeguarding Policy and Procedure

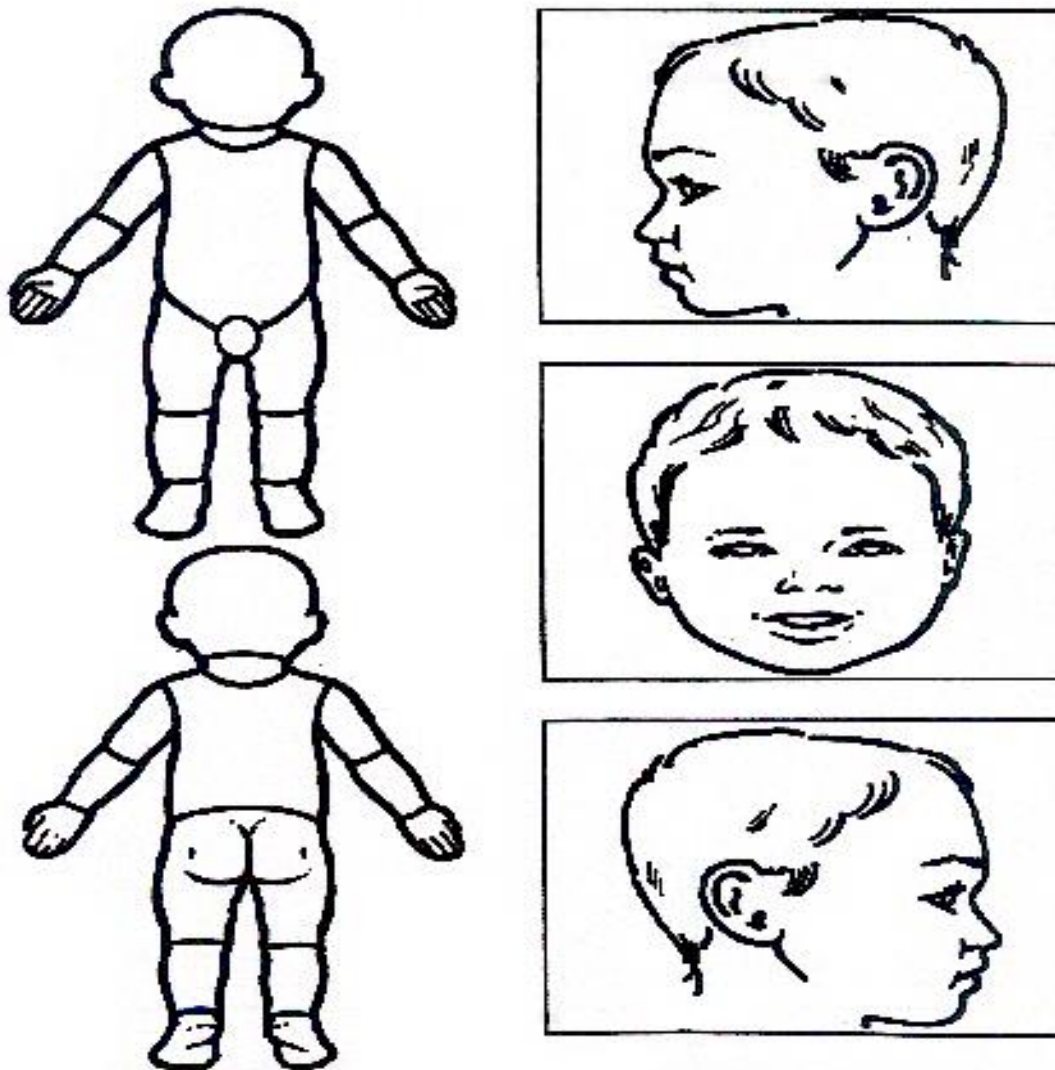
Information Required	Enter Information Here
Name and position of the person you passing this information to?	
Your Signature	
Time and date form completed	
Time form received by DSL	
Action Taken by DSL	
Referral made to Child Services [yes/no, date and time]	
Referral made to police [yes/no, date and time]	
Referral Made to Other Agency [yes/no, date and time, name of organisation]	
Parents Informed [yes/no, date and time]	
If parents not informed, why?	
Feedback given to child [yes/no, date and time]	

Child Protection and Safeguarding Policy and Procedure

Information Required	Enter Information Here
Feedback given to person who recorded disclosure [yes/no, date and time]	
Further Action Agreed	
Full Name of DSL	
Signature of DSL	
Date of Signature	

Body Map

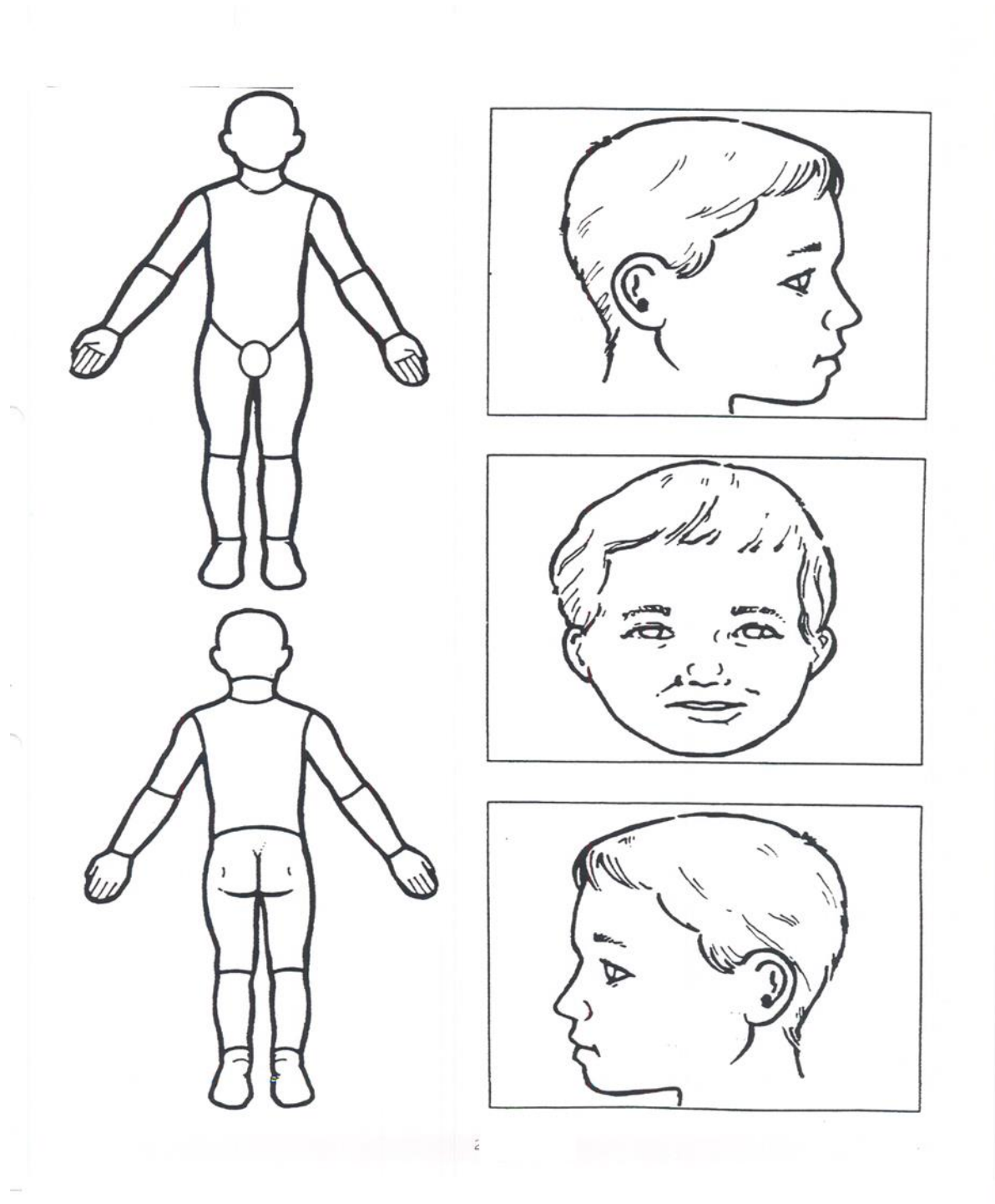
Young Child



Indicate clearly where the injury was seen and attach this to the referral form

Body Map

Older Child



The form contains five line drawings for a body map. On the left, there are two full-body outlines: the top one is a front view and the bottom one is a back view. On the right, there are three head-and-shoulders outlines: the top one is a left profile view, the middle one is a front view, and the bottom one is a right profile view. Each drawing is intended for recording injuries or marks on the child's body.

Indicate clearly where the injury was seen and attach this to the referral form.

Appendix 2 Types and indicators of abuse**Source: Social Care Institute for Excellence****Physical abuse**

Types of physical abuse

- Hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Physical harm caused by a parent or carer fabricating the symptoms of, or inducing, illness

Possible indicators of physical abuse

Injuries caused by accidents are not uncommon in children, becoming less common as the child develops and grows. This means that recognising the signs of physical abuse in children can be especially difficult and leave practitioners unsure of what may be abusive.

The following is a guide to injuries that are more likely to be accidental or abusive. However, it is not absolute and it is important that those working with children consider the child's stage of development, any pattern of injuries and the account given by the child, parents, carers or others of how the injury was sustained.

Typically accidental injuries

Accidental injuries typically involve bony prominences – the bones that are close to the surface and so more likely to become injured through falls, slips and trips. This can include:

- forehead
- knees
- elbows
- palms of hands
- nose

The injuries will match the account given by the child and parent/carers and be in-keeping with the child's level of development and activity.

Typically abusive injuries

Abusive injuries, however, tend to involve softer tissue and be in areas that are harder to damage through slips, trips, falls and other accidents. This may include:

Child Protection and Safeguarding Policy and Procedure

- upper arm
- forearm (defensive injuries)
- chest and abdomen
- thighs or genitals
- facial injuries (cheeks, black eyes, mouth)
- ears, side of face or neck and top of shoulders ('triangle of safety')
- back and side of trunk.

Abusive injuries may be seen on both sides of the body and match other patterns of activity. They may not match the explanation given by the child or parent/carer and there may also be signs that injuries are being untreated, or at least a delay in seeking treatment.

Sexual abuse

Types of sexual abuse

Sexual abuse may take place either in person or online or offline. It may be perpetrated by family or non-family members, males or females, older adults or by other young people.

- Forcing or enticing a child or young person to take part in sexual activities, which may or may not involve violence
- Penetrative acts
- Non-penetrative acts (kissing, masturbation, rubbing or inappropriate touching)
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Non-contact (looking at or producing pornography or sexual images, watching sexual activities, grooming in preparation for abuse)

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Bleeding, pain or itching in the genital area
- Difficulty in walking or sitting
- Sudden change in behaviour or school performance
- Displays of affection that are sexual or not age-appropriate
- Use of sexually explicit language that is not age-appropriate
- Alluding to having a secret that cannot be revealed
- Bedwetting or incontinence
- Reluctance to undress around others (e.g. for PE lessons)
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Unexplained gifts or money
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Reluctance to be alone with a particular person

Psychological or emotional abuse

Types of emotional abuse

Some level of emotional abuse is present in all types of abuse or neglect, though it may also appear alone. It is the persistent mistreatment of a child that has a severe and negative impact on their emotional development. Emotional abuse may also be perpetrated by other young people through serious bullying and cyber-bullying.

- Overprotection – preventing someone accessing educational and social opportunities and seeing friends
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Conveying feeling of worthlessness, inadequacy or that a child is unloved
- Threats of harm or abandonment
- Placing inappropriate expectations on children
- Witnessing or hearing the abuse or ill-treatment of others (including domestic violence)

Possible indicators of emotional abuse

- Concerning interactions between parents or carers and the child (e.g. overly critical or lack of affection)
- Lack of self-confidence or self-esteem
- Sudden speech disorders
- Self-harm or eating disorders
- Lack of empathy shown to others (including cruelty to animals)
- Drug, alcohol or other substance misuse
- Change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

Neglect

Types of neglect

Neglect is found to be a factor in 60 per cent of child deaths that are investigated through Serious Case Reviews. However, even though it is often suspected by those who work with children, it is under-reported. Neglect is a persistent failure to meet basic needs (physical or emotional) and it leads to serious harm to the health or development of a child.

- Failing to provide adequate shelter, clothing or food
- Failing to protect a child from harm or danger
- Failing to ensure that a child is supervised appropriately
- Failing to access medical care or treatment for a child when it is needed.

Possible indicators of neglect

- Excessive hunger
- Inadequate or insufficient clothing

Child Protection and Safeguarding Policy and Procedure

- Poor personal or dental hygiene
- Untreated medical issues
- Changes in weight or being excessively under or overweight
- Low self-esteem, attachment issues, depression or self-harm
- Poor relationships with peers
- Self-soothing behaviours that may not be age-appropriate (e.g. rocking, hair-twisting, thumb-sucking)
- Changes to school performance or attendance

This policy will be reviewed by the Board of Trustees annually