



Children and Adults At Risk Safeguarding Policy

The Sisterhood for Early Motherloss
London

Introduction

All adults and children have the right to live their lives free from violence, abuse, neglect and exploitation, therefore in order to ensure the safeguarding and protection of all adults and children, this document is reviewed and updated where necessary and annually by the management team and board of trustees.

The Sisterhood for Early Motherloss (hereinafter referred to as 'The Sisterhood') is an early-stage charitable volunteer network which offers a safe community in Camden and the surrounding areas to children, women and families experiencing the early loss of mothering.

It delivers a peer-to-peer networking service and events for women who experienced the loss of mothering when there were under 18. It will further deliver events for motherless families as well as a trauma-informed programme of creative activities for unmothered girls and their siblings who are under 18. It will further deliver a peer-to-peer networking service for fathers, family members and guardians who are raising children in the absence of a mother.

Every child or adult has the right to stay safe. We recognise that many of the families and children we will work with are living in circumstances which may make them more vulnerable to safeguarding and child protection issues.

We take our responsibility for the care of vulnerable children extremely seriously so that they can fully benefit from being with each other and develop their full potential as well benefit from being with lived-experience experts and volunteers experienced in early motherloss or childhood adversity.

This policy seeks to ensure that The Sisterhood undertakes its responsibilities with regard to the protection of both children and adults in line with government and local authority guidelines.

It also follows the advice and guidance provided by Camden Safeguarding Children's Partnership.

This policy underlines our commitment to providing a system for the recognition and referral for all staff and volunteers in Adult and Child Protection and Safeguarding issues and it establishes a framework to support paid and unpaid staff in their practices and it clarifies our expectations of them.

We aim to work collaboratively with other agencies and professionals to ensure that the safety, wellbeing and welfare of all our beneficiaries or service users is paramount.

Think Family Approach

We promote the importance of a whole-family approach and we are aware how safeguarding concerns may become apparent to us concerning both adults and children at risk. A safeguarding concern about a child may lead to concerns about the safety of their adult parent or guardian or a concern about an adult may lead to worries about their child. This policy and procedure relates to all children under the age of 18 years and to adults who are adults at risk.

Equality and Diversity

All adults and children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, identity, or any other difference, have a right to equal protection from all types of harm, abuse and neglect. We work to eradicate discrimination, to promote equality and the life outcomes of our beneficiaries who are both additionally vulnerable and have experienced disadvantage. We will ensure that in all our work we are respectful of their unique identity and background and seek to work in partnership with them.

Working in partnership with parents

We will keep parents, carers and guardians informed about our role in child protection by referring them to this safeguarding policy and its procedures. Should we identify that a child or young adult requires support which falls outside of the scope of child protection and safeguarding matters we will signpost the parent or carer to other external sources of support and guidance or make referrals to external agencies with the consent of the service user's parent or guardian.

Scope

This policy applies to all members of staff and volunteers and everyone working for or with The Sisterhood. It is expected that this policy and procedure will be read, understood and applied by all staff and volunteers. Our beneficiaries or service users will be made aware of the existence of this policy and procedure.

This policy is based on the following principles:

- 1.** The welfare of a child or young person will always be paramount.
- 2.** The welfare of adults and their families will be promoted.
- 3.** The rights, wishes and feelings of children, young people and their families will be respected and listened to.
- 4.** Those people in positions of responsibility within The Sisterhood will work in accordance with the interests of children and young people and their families and follow the policy outlined below.
- 5.** Those people in positions of responsibility within The Sisterhood will ensure that the same opportunities are available to everyone and that all differences between individuals will be treated with respect.

Safeguarding Children at Risk

The Sisterhood for Early Motherloss will come into contact with children and their families through our website when they register their interest in joining our community network.

For information on how we handle their data and privacy please visit:

<https://sisterhoodearlymotherloss.co.uk/privacy/>

The Sisterhood will further come into contact with children through planned events delivering the following creative activities: dancing, singing, writing & poetry, art and cooking.

During these activities where children are present they will always be supervised by the Designated Safeguarding Lead as well as by a trauma-informed therapist, counsellor, childhood adversity or child bereavement practitioner.

What does Child Safeguarding mean?

Safeguarding is about embedding child protective practices throughout an organisation to ensure the protection of children wherever possible and responding to circumstances that arise.

The principal pieces of legislation governing this policy are:

HM Government (2018): 'Working Together to Safeguard Children'

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Department for Education and Skills (2007): 'What To Do If You're Worried A Child Is Being Abused', DfES Publications
www.everychildmatters.gov.uk

London Safeguarding Children Board: 'London Child Protection Procedures' (2019)
<https://www.londoncp.co.uk/>

A child is anyone who has not yet reached their 18th birthday.

The legal definition of 'safeguarding' is:

- Protecting children from abuse and maltreatment
- Preventing harm to children's mental and physical health and development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes.

Recognising Child Safeguarding Concerns

Low-level Emotional Neglect	Identifiers
<p>The Sisterhood for Early Motherloss is an organisation which is particularly sensitive to and focused upon addressing the long-term emotional neglect of a child, which may be low-level and unintended and is usually unnoticed.</p> <p>As such our organisation includes the identification of low-level emotional neglect in our work, without any prejudice to the parent or the guardian of the child or young person. We therefore seek to identify low-level emotional neglect as distinct to the legal definition of neglect and as distinct to emotional abuse.</p>	<ul style="list-style-type: none"> • social withdrawal / isolation • sudden changes of friendship groups • changes in appearance (weight gain/loss) and mood • depression / anxiety • disengagement with school / studies • addictions such as smoking /vaping • difficulty in emotional expression • low self-esteem

Neglect	Identifiers
<p>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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failure to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<ul style="list-style-type: none"> • regular/ poor hygiene • persistent tiredness • unkempt appearance or inadequate clothing • excessive appetite or hungry, stealing food, malnutrition and dehydration • infections, illness, failure to thrive e.g. poor weight gain or obesity • not meeting developmental milestones • frequent accidents • poor school attendance • consistently being left alone and unsupervised
Physical abuse	Identifiers
<p>This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child who they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen's syndrome by proxy.</p>	<ul style="list-style-type: none"> • any injuries, bruises, bites, burns, fractures, especially those 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 • self-mutilation or self-harm e.g. cutting, slashing, drug abuse • covering up injuries • injuries which appear to have been caused by a weapon e.g. cuts, welts, etc • Injuries which have not received medical attention or frequent medical visits • instances where children are kept away from the group inappropriately or without explanation • flinching, fear
Sexual abuse	Identifiers
<p>Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They</p>	<ul style="list-style-type: none"> • any direct disclosure made by a child concerning sexual abuse • injuries to things, buttocks, genital area • torn stained or bloody underclothes • child with excessive preoccupation with sexual matters and detailed knowledge

<p>may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.</p>	<p>of adult sexual behaviour, or who regularly engages in age inappropriate sexual play</p> <ul style="list-style-type: none"> • preoccupation with sexual activity through words, play or drawing • inappropriate bed-sharing arrangements at home • self-harming • poor concentration or sleep • excessive fear of relationships or running away • access to money/ items without explanation
<p>Emotional Abuse</p>	<p>Identifiers</p>
<p>This is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child’s emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person.</p> <p>It may involve age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill treatment of a child, though it may occur alone.</p>	<ul style="list-style-type: none"> • changes or regression in mood and behaviour, particularly where a child withdraws or becomes clinging. • depression/aggression or anger, uncooperative behaviour, tearfulness • distress or nervousness/inappropriate fear of particular adults e.g. frozen watchfulness • under-achievement, or lack of concentration and insomnia • inappropriate relationships with peers and/or adults e.g. excessive dependence. • sudden attention-seeking behaviour • self-harm • changes of appetite, weightloss or gain • wetting or soiling of bed or clothes by an older child.
<p>Grooming</p>	<p>Identifiers</p>
<p>Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them.</p> <p>Children and young people who are groomed can be sexually abused, exploited or trafficked and anybody can be a groomer. Children and young people can be groomed online, in person or both – by a stranger or someone</p>	<p>Indicators of child grooming:</p> <ul style="list-style-type: none"> • being very secretive about how they're spending their time, including when online • having an older boyfriend or girlfriend • unexplained money or new items like clothes and mobile phones. • underage drinking or drug taking • spending more or less time online or on their devices

<p>they know. This could be a family member, a friend or someone who has targeted them.</p>	<ul style="list-style-type: none"> • upset, withdrawn or distressed • sexualised behaviour, language or an understanding of sex that's not appropriate for their age. • spending more time away from home or going missing for periods of time. <p>Indicators of a child groomer:</p> <ul style="list-style-type: none"> • sexualised talk, jokes, 'banter', images • uninvited physical contact e.g. hugging, touching, kissing • not respecting privacy or the child's school commitments • spending excessive time with the child, special attention or favouritism
<p>Abuse linked to faith or belief (CALFB)</p>	<p>Identifiers</p>
<p>The concept of belief in witchcraft and spirit possession, demons or the devil acting through children or leading them astray, ritual or multi murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; including the use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or Sexual exploitation.</p>	<ul style="list-style-type: none"> • a child reports that they are or have been accused of being evil, and / or having the devil beaten out of them • is blamed or seen as the scapegoat for a change in family circumstances • children who are labelled as "naughty" or have challenging behaviour • children with disabilities including autism, epilepsy, Down's syndrome, dyslexia • a child with no essential role in the family. • attendance at school becomes irregular, or is taken out of school altogether without another school place having been organised. • is made to wear something unusual that could be of a religious nature. • personal care deteriorates or has body marks, such as bruises or burns

Note: It is accepted that in all forms of abuse there are elements of emotional abuse, some children may be subjected to more than one form of abuse at any time. These definitions do not minimise other forms of maltreatment.

Recent guidance notes other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug and alcohol misuse. These may

have a negative impact on a child's health and development and may be noticed by an organisation caring for a child. If it is felt that a child's well-being is adversely affected by any of these areas, the same procedures should be followed.

Safeguarding Adults at Risk

Safeguarding adults applies to people who are 'adults at risk,' defined as someone who is aged 18 years and over and who:

- has care or support needs (whether these needs are being met by the local authority)
- Is experiencing, or at risk of, abuse or neglect.
- Because of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult may need care and support and unable to protect themselves from harm for a variety of reasons such as physical or learning disability, mental health difficulties, addiction, age, and infirmity.

The Sisterhood recognises that many of the lived-experience volunteers in our network who are making their time available to help younger children and families may themselves be particularly vulnerable to safeguarding concerns. Our organisation is therefore alert to their own safeguarding needs as well as to the children and families they seek to support. The Care Act (2014) sets out the legal framework about how we should work to protect adults who may be at risk of abuse and neglect. The principles set out in the Act are:

Empowerment - We empower adults to make their own decisions by providing them with support, advice, and guidance to make informed choices.

Prevention - Guidance is in place to ensure people know how to recognise abuse and how to seek help and to act before harm occurs.

Proportionality - Our response is based on balancing risk to provide the least intrusive response necessary whilst ensuring all risks are addressed.

Protection - We provide guidance about keeping safe and signpost or refer to relevant agencies.

Partnership - We work together with other agencies to provide holistic oversight and effective support whilst ensuring confidentiality is maintained.

Accountability - We are clear about the roles and responsibility of all those involved in safeguarding. We deliver a transparent service that provides a robust and effective safeguarding policy and procedure.

Recognising Adult Safeguarding Concerns

The Care and Support Statutory Guidance 2020 sets out the categories of abuse and neglect that adults may experience.

Physical Abuse	Indicators
<ul style="list-style-type: none"> • assaults: e.g. hitting, slapping, pushing • inappropriate restraint • inappropriate physical sanctions • misuse of medication 	<ul style="list-style-type: none"> • bruising, cuts, burns, marks on the body, clumps of hair loss • frequent injuries, unexplained falls • inconsistent or no explanation for injury • subdued / noticeable change in behaviour • signs of malnutrition • failure to seek medical treatment
Sexual Abuse	Indicators
<ul style="list-style-type: none"> • rape • indecent exposure • sexual harassment • sexual teasing or innuendo • sexual photography • subjection to pornography or witnessing sexual acts • sexual assault • sexual acts to which the adult has not consented or was pressured to consent 	<ul style="list-style-type: none"> • bruising or injuries, particularly to areas such as thighs, buttocks, genital area • torn, stained or bloody underclothes • difficulty walking or sitting • sexually transmitted diseases • changes in sexual behaviour • self-harming • poor concentration, withdrawal, sleep disturbance • excessive fear of certain relationships

Neglect	Indicators
<ul style="list-style-type: none"> • ignoring emotional or physical needs such as food, water, shelter, guidance • failure to provide access to medical care or other services • withholding life necessities such as medications, adequate nutrition or heating 	<ul style="list-style-type: none"> • unkempt appearance • poor personal hygiene • malnutrition and dehydration • infections • illness

<p style="text-align: center;">Psychological Abuse</p>	<p style="text-align: center;">Indicators</p>
<ul style="list-style-type: none"> • emotional abuse • threats of harm or abandonment • deprivation of contact, isolation • humiliation, blaming, controlling • coercion, harassment, intimidation • cyber bullying • unreasonable withdrawal of services or support networks 	<ul style="list-style-type: none"> • air of silence when an individual is present • withdrawal or change of behaviour • signs of distress: tearfulness, anger • low self-esteem • insomnia • change of appetite, weight loss or gain
<p>Domestic Abuse covers the following:</p>	<p style="text-align: center;">Indicators</p>
<ul style="list-style-type: none"> • physical abuse; psychological abuse; sexual abuse; financial abuse; emotional abuse; as well as so called 'honour' based violence – a crime or incident which may have been committed to protect or defend the honour of the family or community. Coercion and control often underpin domestic abuse. 	<ul style="list-style-type: none"> • low-self esteem • self-blame for events outside of their control • injuries • hearing derogatory or intimidating comments about self • fear of an individual • isolation • limited access to money without reason
<p style="text-align: center;">Financial Abuse</p>	<p style="text-align: center;">Indicators</p>
<ul style="list-style-type: none"> • theft, fraud, internet scamming • coercion about finances, including wills • misuse or theft of property, possessions or benefits • move into a persons home without consent 	<ul style="list-style-type: none"> • fear of particular people • unable to make reasonable purchases • in debt (without reason) • unable to pay bills • unkempt looking • hungry
<p style="text-align: center;">Modern Slavery</p>	<p style="text-align: center;">Indicators</p>
<ul style="list-style-type: none"> • Slavery • human trafficking • forced labour and domestic servitude, sexual exploitation, debt bondage 	<ul style="list-style-type: none"> • physical, emotional or sexual abuse – signs as above • malnourishment • withdrawn or fearful of others • poor living or work conditions • lack of identification documents • fear of police or authorities
<p style="text-align: center;">Discriminatory Abuse</p>	<p style="text-align: center;">Indicators</p>
<ul style="list-style-type: none"> • harassment • slurs because of race, gender, gender identity, age, disability, sexuality, religion 	<ul style="list-style-type: none"> • Withdrawn and isolated • anger, frustration, fear or anxiety

Organisational Abuse	Indicators
<ul style="list-style-type: none"> • Neglect and poor practices in organisations and care settings including in own home • ranging from one-off incidents to ongoing ill treatment • arising from neglect or poor professional practices 	<ul style="list-style-type: none"> • lack of policy, procedure, supervision and management • poorly trained staff • denial of basic needs e.g., food, water • disrespectful or abusive attitudes to beneficiaries and families
Self-neglect	Indicators
Covers a wide range of behaviour in which a person neglects to care for their own hygiene, health or surroundings	<ul style="list-style-type: none"> • unsanitary conditions that pose risk • hoarding • non-attendance at health appointments • not taking prescribed medication

Additional Types of Harm

Abuse and neglect are complex issues and may also occur in ways such as those listed below and apply to adults and to children.

Sexual Exploitation / Child Sexual Exploitation (CSE)	Indicators
<p>Where an individual /group takes advantage of an imbalance of power to coerce, manipulate or deceive a person into sexual activity. Child Sexual Exploitation (CSE) is when the child or young person is under 18. It occurs:</p> <p>a) in exchange for something the victim needs or wants</p> <p>b) for the financial advantage or increased status of the perpetrator</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual. Anybody can be a perpetrator, no matter their age, gender or race. Sexual exploitation does not always involve physical contact; it can occur using technology.</p>	<ul style="list-style-type: none"> • unhealthy or inappropriate sexual behaviour • being frightened of some people, places, or situations • being secretive • sharp changes in mood • having unexplained money or items • physical signs of abuse, like bruises or bleeding in their genital or anal area • alcohol or drug mis/use • sexually transmitted infections • pregnancy • having an older boy/girl friend • staying out late • missing from home / care/ school • having a new group of friends • hanging out with older people or antisocial groups or gang

Human Trafficking	Indicators
<p>A crime that involves the movement of people using force, fraud, coercion, or deception, with the aim of exploiting them. It is a form of modern slavery. It can be for commercial, sexual, and bonded labour.</p>	<ul style="list-style-type: none"> • acts as if instructed • signs of physical, sexual, psychological abuse • untreated medical conditions • money deducted from wages • little or no contact with loved ones • does not own legal papers • works more than normal hours • appears withdrawn, frightened, confused • with a group of workers of similar nationality, age, gender • speaks as if 'coached'
(Child) Criminal Exploitation & County Lines	Indicators
<p>Criminal exploitation is a form of abuse where adults or children are manipulated and coerced into committing crimes.</p> <p>'County Lines' is a term for urban gangs that exploit children and vulnerable adults into moving drugs from a large city to other areas using mobile phone lines or "deal lines." This involves victims being trafficked from their home area, staying in accommodation, and making and selling drugs.</p> <p>Perpetrators of criminal exploitation and county lines use different tactics to recruit and exploit children and vulnerable adults including bribing, befriending, threatening, or coercing them.</p>	<ul style="list-style-type: none"> • going missing from school, work • excessive travelling • unexplained access to money / items • signs of drug or alcohol abuse • excessive use of internet, social media, texts, phone calls • relationships with controlling people or groups or gang association and/or isolation from peers/ social networks • using new slang words • suspicion of physical assault, unexplained injuries • carrying weapons such as knives • self-harm or significant changes in emotional wellbeing • committing petty crimes like shop lifting
Radicalisation & Extremism	Indicators
<p>Radicalisation is the process through which a person comes to support extremist ideologies. It can result in a person becoming drawn into</p>	<ul style="list-style-type: none"> • isolating self and spending time alone via social media • feelings that they have no purpose in

<p>terrorism and it is a form of harm. The process of radicalisation may involve being groomed (online or in person), exploited, exposed to violent material, manipulated, harmed, or threatened. Anyone can be radicalised, but some people may be more vulnerable if they are more easily influenced or impressionable, isolated, they feel rejected or discriminated against or experience community tension amongst diverse groups.</p> <p>Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to British fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of our armed forces as extremist. Extremism can involve targeting vulnerable people by seeking to sow division between communities based on race, faith, or denomination; or argue against the primacy of democracy and the rule of law in society.</p>	<p>life; do not belong; low self-esteem.</p> <ul style="list-style-type: none"> • change in emotions, behaviour, routines, appearance or online activities • fixated on an ideology, belief or cause • intolerant of differences • justifying violence to others • closed to innovative ideas, scripted speech • have materials or symbols associated with the cause • attending events, rallies etc.. of extremist nature • try to recruit others to 'join the cause' • sense of grievance (e.g. anti-West, anti-Muslim); 'sense of them and us' • conflict with family/friends or lose interest in people who do not have same beliefs.
<p>Online Safety</p>	<p>Indicators</p>
<p>Technology can be used extensively to groom and harm people and be involved in sexual exploitation, radicalisation, cyber-bullying, criminal exploitation etc.</p> <p>Online safety can fall into these areas of risk: content: illegal, inappropriate, or harmful material contact: subjected to harmful online interaction with other users conduct: personal online behaviour that increases causes harm contract: identity theft, online frauds, security risks, phishing. Further advice and guidance on this topic are on the websites of the NSPCC, CEOP, Internet Watch Foundation and the UK Safer Internet Centre.</p>	<ul style="list-style-type: none"> • meeting older or new friends they have met online. • Receiving gifts or money • withdrawn and secretive • new phone or more than one phone • receiving large numbers of calls or messages • worried about being away from their phone • excessive time on phone or online

Female Genital Mutilation (FGM)	Indicators
<p>FGM is a range of procedures where a female’s genitals are cut, removed, or changed without a medical reason. It is often carried out without medicines, sterile equipment, or medical training. FGM is carried out on females of any age, from new-borns to older teenagers and adult women.</p>	<ul style="list-style-type: none"> • long visit abroad; ‘ceremony’ to be a ‘woman’ • relative or ‘cutter’ visiting from abroad • female relative being cut • prolonged absence from school • difficulty walking, standing or sitting • spend longer in the toilet • pain urinating or menstruating • appear withdrawn, anxious or depressed • reluctant to have normal medical exams • severe pain, shock, bleeding, infections, organ damage, blood loss

Your Safeguarding Responsibility

Everyone.

This policy and procedure apply to everyone working with or for The Sisterhood and everyone is responsible for safeguarding adults and children. All staff and volunteers (paid or unpaid) have responsibility to follow the guidance laid out in this policy and related policies and to pass on any welfare concerns using the required procedures.

Everyone should:

- read and apply this safeguarding policy and procedure.
- be mindful of their own actions and behaviour, ensuring that we are promoting safeguarding, being aware of our position of trust and our duty to our beneficiaries.
- be alert to potential indicators of abuse or neglect and aware of the risks which abusers may pose.
- respond to any safeguarding concerns, however small they appear. Speaking with colleagues and supervisors to clarify and queries or concerns and share information so that a proper assessment can be made.

Supervisory arrangements for the management and reporting allegations / suspicions of abuse

Some people at The Sisterhood have specific responsibilities for safeguarding.

The designated safeguarding lead (DSL), [Anna Kutock](#), has been nominated by The Sisterhood for Early Motherloss to refer allegations or suspicions of neglect or abuse to the statutory authorities.

If you have any concerns about a child or adult at risk you should inform the designated safeguarding lead and fill out the child or adult safeguarding incident report form (Appendix 1 and 2) of this policy.

In her absence the matter should be brought to the attention of the Designated Safeguarding Trustee [Photini Philippidou](#).

- Designated Safeguarding Lead: Anna Kutock, child bereavement practitioner and doula
- Role: Event and Activities Lead
- Contact details: anna@annadoulasupport.co.uk (Monday to Friday 9am to 5pm)

- Designated Safeguarding Trustee: Photini Philippidou
- Contact details: hello@sisterhoodearlymotherloss.co.uk (Monday to Friday 9am to 5pm)

- Safeguarding Telephone Number: 07948 680515 (Monday to Friday 9am to 5pm)

Important contacts outside the organisation:

Kentish Town Police Station: 10-12A Holmes Road, NW5 3AE

If you are worried about a child or young person, call 020 7974 3317 or an emergency where a child or adult is in immediate danger call 999.

The role of the designated safeguarding lead is to:

- promote a safeguarding and listening culture across our organisation.
- act in a consultative capacity, including de-briefing following a safeguarding referral; relevant staff are to be given information on a 'need to know' basis.
- ensure staff have received the necessary safeguarding training and that this policy is regularly updated.
- keep updated with safeguarding law, emerging themes and best practice.
- be responsible for the implementation of this policy and follows procedure when a child protection or adult safeguarding concern is reported.
- obtain all information from staff, volunteers, children, parents and carers who have child protection concerns and record this information on the **Child Safeguarding Incident and**

Concern Form (Appendix 1) or the **Adult Safeguarding Incident and Concern Form (Appendix 2)**, at the end of this document.

- assess the information quickly and carefully and ask for further information as appropriate.
- liaise with and make referrals to Camden's Children and Families Contact Service or other statutory or non statutory-services as necessary.
- monitor the effectiveness and compliance of this safeguarding policy and procedure and ensure effective safeguarding processes are in place, including securely storing safeguarding records and data on criminal record checks.
- oversee the management of safeguarding allegations against staff and volunteers

Child and Adult Safeguarding and Referral Procedure

1. Concern, suspicion or direct disclosure from anybody (member of staff, volunteer, service user, family member) is to be reported immediately to the designated safeguarding lead (DSL) who will record this information on the **Child Safeguarding Incident and Concern Form (Appendix 1)** or the **Adult Safeguarding Incident and Concern Form (Appendix 2)**.
 2. The DSL will make a decision on whether or not to make a referral within 24 hours.
 3. The DSL may seek further information, examine previous records, or seek other advice.
 4. If unsure about whether or not to make a child safeguarding referral, the designated safeguarding lead will consult with the **Children and Families Contact Service** to get advice from a social worker and clarify any doubts or worries.
 5. If the threshold for referral has not been met the designated safeguarding lead may signpost to other sources of help including helplines or other statutory or non-statutory avenues of support.
 6. If referral is made to other services for support such referrals will require the informed consent of the beneficiary or service user.
 7. Where there are child protection concerns the DSL may monitor their situation as part of the implementation of this child protection plan. As a result we may pass on information to Children's Safeguarding and Social Work.
 8. If the threshold for referral is met the DSL makes a safeguarding referral to local authority children or adult services.
- All child protection or safeguarding concerns will go to: **The Children and Families Contact Service** in writing. Urgent child protection referrals will be phoned through to: 0207 974 3317 (9am to 5pm) or 0207 974 4444 (out of hours).

Following a telephone referral, a written referral should then be collated, completed and sent to the Children and Families Contact Service within 48 hours of the written referral.

Email: LBCMASHadmin@camden.gov.uk

- All adult safeguarding concerns will go to:

Adults Social Care, Camden

Email: adultsocialcare@camden.gov.uk or call: 0207 974 4000 and select 'Option 1'

In an emergency the DSL will also contact the police or ambulance services.

Note: All safeguarding and child protection referrals should be made to the local authority where the child or adult ordinarily lives. If the child or adult lives outside of the borough of Camden the referral will be made to the appropriate local authority, following their guidelines.

It is the right of any individual to make direct referrals to the child protection agencies. If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly. You can do this by calling 02079743317 (9am to 5pm) or 02079744444 (out of hours) or in an emergency where a child is in immediate danger call 999.

Procedure for managing allegations against staff and volunteers

We seek to reduce the potential for staff and volunteers, paid or unpaid to act in ways that may cause harm to our beneficiaries or to others. Safeguarding concerns can include where a staff member or volunteer may have:

- behaved in a way that has, or may have, harmed an adult or a child; behaved in a way that could lead to an adult or child being harmed.
- possibly committed or is planning to commit a criminal act towards an adult or a child.
- behaved toward an adult or a child in such a way that it indicates that they could pose a risk of harm to service users or be unsuitable to work with service users.
- behaved or may have behaved in a way that indicates they may not be suitable to work with children, for example behaviour in their private life that raises concerns (a transferrable risk).

These concerns may be unfounded, or the allegations may be false or malicious, but they may also be founded. All concerns must be reported so they can be properly addressed in line with this procedure and outcomes recorded. The report must be made immediately or as soon as possible after the concern becomes known.

Responding to a safeguarding concern about a member of staff or volunteer

Speak to the DSL about your concern on the same day (and within 24 hours) that you identify it whether or not this occurred whilst working at The Sisterhood or elsewhere, including online.

The subject of the allegation should not be notified.

Record all relevant details on the Child or Adult Safeguarding Incident Form (Appendix 1 and 2) and hand to the DSL.

Whistleblowing

You should report your child or adult protection concern to the Designated Safeguarding Lead as soon as possible. If this person is implicated you need to report to the Designated Safeguarding Trustee.

In a child safeguarding concern, if both the Designated Safeguarding Lead and the Designated Safeguarding Trustee are implicated you must report directly to the **Local Authority Designated Officer (LADO)** based in the Children's Quality Assurance Unit, London Borough of Camden.

- A separate referral form should be used to record each incident/allegation (Appendix 4).
- The referral form should be completed and returned within 24 hours (1 working day) of an incident occurring. Completed forms should be sent to: LADO@camden.gov.uk
- The Designated LADO is [Jacqueline Fearon](#) who can be contacted on **0207 974 4556**.

In an adult safeguarding concern, if both the Designated Safeguarding Lead and the Designated Safeguarding Trustee are implicated you must report to the **Children and Families Contact Service on 0207 974 3317** (9am to 5pm) or **02079744444** (out of hours) or to **Adults Social Care on 0207 974 4000** and select 'Option 1', or in an emergency call 999.

Steps the DSL may take

The DSL will follow this procedure quickly, fairly, and consistently so that individuals are safeguarded, any evidence is secured, and the staff member is supported. This will involve working with others, both internally (including Trustees) as well as external agencies if necessary including Police, Local Authority and (if it relates to children), the Local Authority Designated Officer (LADO).

In a child safeguarding concern the DSL will adhere to **Camden Safeguarding Children Partnership Guidance for Managing Allegations Against Staff and Volunteers**

Available here: <file:///C:/Users/HP/Downloads/Managing%20allegations%20against%20staff%20and%20volunteers.pdf>

Depending on the circumstances the management of any safeguarding allegation may involve:

- A police investigation if a criminal offence may have been committed.
- Enquiries by social care about child or adult at risk safeguarding.
- Considerations about disciplinary action at The Sisterhood.
- Referral to the Disclosure & Barring Service and/or referral to a professional registration body for professional misconduct.

In all cases, the process of recording the allegation, identifying any supporting evidence, and making a judgement as to whether it is substantiated should continue as far as possible. Full opportunity will be given to the person to respond to the allegation.

Managing communications Our beneficiaries and their families may need to be advised about the allegation and the decisions about how this occurs and what is shared will be made by the DSL.

References Where allegations are false, unsubstantiated, or malicious, these should not be included in employer references.

Record keeping Details of allegations that are found to be malicious should be removed from personnel records. For all other allegations, detailed and clear records of the allegation, how it was managed, actions taken, and decisions reached, is kept on the confidential personnel file of the subject of the allegation. The record should be kept at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer.

Supervision, support & learning. The DSL will ensure that after any allegation management, staff who were involved in the issues surrounding the allegation are supported, supervised and effectively de-briefed.

Responding to a child/adult disclosure

- Stay calm, listen carefully to what is being said, respond with empathy and compassion
- Reassure the person that they have done the right thing in telling you
- Allow the person to continue at his/her own pace and do not interrupt
- Ask questions for clarification only, and at all time avoid asking questions that suggest a particular answer.
- Remain neutral and do not speculate or blame anyone
- Child disclosures needs to be recorded as soon as possible and reported in writing **using the child's own words**, noting the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

- Explain that it is likely that the information will need to be share with others-do not promise to keep secrets
- Tell them what you will do next and with whom the information will be shared

Helpful statements to make:	Things you should not say:
<ul style="list-style-type: none"> • I believe you (or showing acceptance) • Thank you for telling me • It's not your fault • You did the right thing • I will help you 	<ul style="list-style-type: none"> • Why didn't you tell anyone before? • I can't believe it! • Are you sure that this is true? • We can keep this a secret / between us / I won't tell anyone. • Never make false promises.

What to do after a child has talked to you about abuse: Following procedure.

1. Child protection records need to be objective and factual. Written evidence needs to reflect an accurate (verbatim) account of what the child has said.

2. Make notes as soon as possible (ideally within 1 hour of being told) you should write down exactly what the child has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered) You should record the dates, times and when you made the record. All hand written notes should be kept securely.

You should use the 'Child Safeguarding Incident and Concern Form' (Appendix 1)

3. You should report your discussion with the designated person as soon as possible. If this person is implicated you need to report to (second designated person) If both are implicated report to Social Services.

4. You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.

5. After a child has disclosed abuse the designated persons should carefully consider whether or not it is safe for a child to return home to potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

Information Sharing and Confidentiality

Information about our beneficiaries will be shared internally on a 'need to know' basis. This will be for example, for reasons such as registering them on our database, supervising our work with them or managing safeguarding concerns. All information will be stored securely on a password protected hard drive or USB drive.

When sharing information externally our beneficiaries have a right to expect that their personal information will not be shared with other agencies and that their consent is obtained before sharing. Confidentiality is not offered absolutely however; we have a duty to make reports and share information in certain circumstances when it is in the public interest and may override their consent to share information in these circumstances:

- a person lacks the mental capacity to make that decision.
- there is emergency or life-threatening situations.
- other people are, or may be, at risk, including children.
- seeking consent could place the individual or others at risk.
- sharing the information could prevent a serious crime.
- a serious crime has been committed.
- the risk is unreasonably high.
- staff, either at The Sisterhood for Early Motherloss, or in another agency are implicated.

Information sharing about adults at risk.

If an adult at risk does not give their consent to sharing safeguarding information, the reasons for this should be explored. Reassurance and support may help to change their view. If they remain firm in their view and do not consent to information being shared, in general, their wishes should be respected. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

Information sharing about children.

Information sharing between agencies working with children is necessary in order to safeguard children's welfare as one agency will not hold all the relevant information needed to get a picture of the child's lived experience and identify and calculate risk.

The Children Act 2004 provides agencies with a legal basis on which to share information with CSSW without parental agreement in order to safeguard a child. That means information needs to be shared in order to:

- protect them from maltreatment
- prevent impairment of their health or development
- ensure that they grow up in circumstances consistent with the provision of safe and effective care
- take action to ensure they have the best outcomes

Where any of these factors are met, agencies may refer children to Children's Safeguarding and Social Work (CSSW) or provide CSSW with information without the agreement of parents.

Parents will be informed that a referral will be made unless this will:

- put the child at risk of further harm
- interfere with a criminal investigation
- cause undue delay.

The Act also places a duty on agencies to co-operate with CSSW by providing information about children and families as requested. Under the Children Act 1989 CSSW does not require parental consent to gather information in order to safeguard a child's welfare and will indicate on any written request for information where families have given consent or where consent is not required under the Act.

Government advice about when and how information can be shared offers 'Seven Golden Rules to Sharing Information' which are:

- i. General Data Protection Regulation 2016 (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about individuals is shared appropriately.
- ii. be open and honest with the individual (and/or their family) about why, what, how and with whom information may be shared, and seek agreement, unless it is unsafe to do so.
- iii. seek advice from others including external agencies, if there is any doubt about sharing the information without disclosing the identity of the individual.
- iv. where possible, share information with consent. Where possible, respect the wishes of those who do not consent to having their information shared. You may share information without consent if you consider on the facts presented that there is a lawful basis such as where safety may be at risk.
- v. consider safety and wellbeing: base information sharing decisions on the safety and wellbeing of the individual and others who may be affected by their actions.
- vi. ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
- vii. keep a record of your decision and the reasons for it, then record what you have shared, with whom and for what purpose.

Staff and volunteer safeguarding

The Sisterhood for Early Motherloss is a women-led organisation and will primarily seek to recruit women in their network of paid or unpaid workers who are in the presence of children and young people.

Fathers / male staff or volunteers with the lived-experience of raising a motherless child will be recruited to give peer support to other fathers or male guardians facing the same circumstances. All staff and volunteers are made aware of this policy and procedure, should be familiar with it and be willing and able to apply it.

Safeguarding Learning and Development

The Designated Safeguarding Lead and Trustee's must be able to undertake their specific responsibilities supported by regular child protection training. Those senior roles will need to complete 'safer recruitment' training and training in managing allegations against staff. This training should be updated every three years.

All regular staff and volunteers will receive within 6 months of their starting their role, safeguarding learning and development which will help them to identify abuse and neglect and report it using this policy and procedure and statutory guidance. This will be for safeguarding children and adults at risk. This training will then be refreshed and updated annually.

Induction and DBS Checks

All new staff, volunteers and Trustee's working with or for The Sisterhood for Early Motherloss will receive this safeguarding policy and procedure. Before working with us they are expected to read it and to agree to apply it if and when it is so required (see Appendix 3). Induction will enable all new staff to know how to respond to safeguarding concerns.

All staff will be subject to a DBS check to make sure there has been no criminal behaviour related to children in their past. For new staff joining a DBS would be required before commencing employment with The Sisterhood for Early Motherloss.

Any member of staff or volunteer that is in regular or unsupervised contact with children will need to apply for an Enhanced DBS with Barred List check. Any role that is classified as a "regulated activity" by the DBS will require this level of check, as required by law in Section 11 of the Children Act of 2004.

Referrals to DBS will be made where The Sisterhood withdraws permission for a person to work in regulated activity with children and/or adult at risk, including moving them to do work that is not regulated activity. The Sisterhood must also refer to DBS where we would have taken this action, but the person was re-deployed, dismissed, resigned, retired, or left. The DBS referral can take place at any time during the allegations process and at the earliest stage possible. Failure to report to DBS in these circumstances is an offence.

Staff recruitment

When recruiting and appointing staff at The Sisterhood we will also be responsible for the following:

- Identifying the tasks and responsibilities involved and the type of person most suitable for the job.
- Drawing up the Selection criteria and putting together a list of essential and desirable qualifications, skills and experience.
- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- We will always send a copy of our child protection policy with the application pack.
- We will make sure that we measure the application against the selection criteria
- All applicants need to sign a declaration stating that there is no reason why they should be considered unsuitable to work with children. The Rehabilitation of Offenders Act (1974) requires that people applying for positions which give them "substantial, unsupervised access on a sustained or regular basis" to children under the age of 18 must declare all previous convictions which are then subject to police checks.
- They are also required to declare any pending case against them.
- All information will be dealt with confidentially and will not be used against them unfairly.
- We will ask for photographic evidence to confirm the identity of the applicant.
- We will request to see documentation of any qualifications detailed by the applicant.
- We will always interview our candidates, ask for two references and a police check.
- There will be at least two people from our organisation on the interview panel.
- We will request two written references from people who are not family members or friends and who have knowledge of the applicant's experience of working with children. We will ask the referee to also comment on their suitability for working with children.

Useful Contacts & Resources in Camden

Local Authority Designated Officer (LADO) - Children Only

Name: Jacqueline Fearon

Tel: 0207 974 4556/4330

Email: LADO@camden.gov.uk

Camden Multi-agency Safeguarding Hub (MASH) team - Children Only

Tel: 020 7974 3317. Out of hours 020 7974 4444

Email: LBCMASHadmin@camden.gov.uk

Camden Safeguarding Children Board

Name: Dinishia Mitford

Email: CSCB@camden.gov.uk

Tel: 020 7974 6658
5 Pancras Square
London
N1C 4AG

Children and Families Contact Service (CFCS)

Tel: 0207 974 3317 (9am to 5pm) or 0207 974 4444 (out of hours)

Safeguarding Adults in Camden

Email: adultsocialcare@camden.gov.uk

Tel: 0207 974 4000, select 'Option 1'

Forced Marriage Unit

Phone: 020 7008 0151

Email: fmf@fco.gov.uk

Website: <http://www.fco.gov.uk/forcedmarriage>

Government unit offering advice and assistance on forced marriage in the UK or overseas.

National Society for the Prevention of Cruelty to Children (NSPCC) Helpline

This is a free 24 hour service, which provides counselling, information and advice to anyone concerned about a child at risk of abuse.

Telephone: 0808 800 5000

E-mail: help@nspcc.org.uk

DBS customer services

Email: customerservices@dbs.gov.uk

Telephone: 0300 0200 190 Welsh: 0300 0200 191

Monday to Friday, 8am to 6pm Saturday, 10am to 5pm

Find out about call charges

Help for children and young people

Call Childline on 0800 1111

Camden Early Help

They offer: Free support service for families with children aged 0 to 19 in Camden

- Practical and emotional support with a range of life issues
- Working with you and your family to help make changes
- Helping you and your family to feel connected in your community.
- Contact: 020 7974 3317 (9am to 5pm - ask for Early Help)
- Email LBCMASHadmin@camden.gov.uk

Camden Children's Centre Services Integrated Early Years Service (formerly Sure Start)

Full range of support in your local children's centre if you're pregnant or have a child under five years.

- Midwifery: antenatal and postnatal services, baby feeding advice and support
- Early Help – integrated health visiting and family support
- Children’s speech and language therapy
- Parenting programmes and 1-1 parenting support and child psychotherapy
- Benefits and housing advice, help to find training and work
- Mental health interventions for parents
- Universal and targeted Stay and Play drop-ins
- Volunteer Programme (Parent Champions)
- Early education: free entitlement for 2-4 year olds
- IEYS family support – a targeted service for children and families most at risk of poor outcomes.
- Contact: 020 7974 1679,
- Email: fis@camden.gov.uk
- Website:
www.cindex.camden.gov.uk/kb5/camden/cd/localoffer.pagelocalofferchannel=1

Queens Crescent Community Association (To get a DBS).

Contact QCCA on 020 7267 6635

or info@qcca.org.uk to arrange the application.

45 Ashdown Cres, Belsize Park, London NW5 4QE

Keeping children safe online:

Call: 0808 800 5000,

Email: help@nspcc.org.uk

<https://www.nspcc.org.uk/keeping-children-safe/online-safety/>

Services during COVID-19:

<https://cscp.org.uk/resources/safeguarding-children-during-coronavirus/>

Most children are safe at home. But we know that some of you aren't.

If your school has closed and you are not feeling safe at home, here are some people to call:

- Childline.org.uk
- 0800 1111
- In an emergency, always call the police on 999

If you are worried that a child is becoming involved in Crime and Anti-Social behaviour call:

Camden Community Safety Team on: 0207-974-2915

The Youth Offending Team’s Early Intervention Service on: 0207-974-6181

FWD Forward Drug and alcohol Services for young people on: 0207-974-4701

Date reviewed: 07 November 2024

Date of next review: May 2025 or prior to programme commencement/delivery

APPENDIX 1

Child Safeguarding Incident and Concern Form

Confidential

To be completed as fully as possible if you have concerns regarding a child and pass the information onto the designated safeguarding lead (DSL). The DSL will then look at the information and start to plan a course of action and if necessary contact the relevant organisations. Alternatively complete and return the form to hello@sisterhoodearlymotherloss.co.uk with 'Child Safeguarding Incident' in the subject line.

If you think a child or adult is in immediate danger call 999.

Section 1. Details of the child A child is anyone who has not yet reached their 18th birthday	
Name of child	
Date of birth	
Approx. Age if not known	
Gender	

Section 2. Details of the incident, concern or allegation
<p><i>State exactly what you were told / observed and what was said. Use the person's own words as much as possible. Include any relevant information, such as description of any injuries and whether you are recording this incident as fact, opinion or hearsay and whether other people were present.</i></p>

Please indicate the abuse type if known (leave blank if uncertain)			
Domestic abuse		Sexual abuse	
Neglect (what type?)		Online abuse	
Physical abuse		Emotional abuse	
Child sexual exploitation		Female Genital Mutilation	
Bullying and cyberbullying		Child trafficking	
Grooming		Harmful sexual behaviour	
<p>Have you spoken to the child?</p> <p>If yes, what was said?</p> <p>Click or tap here to enter text.</p>			
<p>Have you spoken to the parent/carer(s)?</p> <p>If yes, what was said?</p> <p>Click or tap here to enter text.</p>			
<p>Are there any other children at risk?</p> <p>If yes, add details and describe the risks that remain and action you are taking:</p> <p>Click or tap here to enter text.</p>			

Section 3. Details of alleged abuser/suspect			
Name		Title	
Address			
Postcode		Phone	
Relationship to the child?			
If provided, please add the provider's name			

Does the abuser/suspect live with the child?	
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Section 4. Details of person reporting this incident/concern			
Name		Title	
Job Role		Email	
Phone		Date/time referral completed	
Relationship to child (if applicable)			
Are you reporting your own concerns or responding to concerns raised by someone else?			
If someone else please give their details (name, organisation/department, relationship to child (if relevant) and contact details)			
Does the referrer consent to their details being shared with third parties?			

Section 5. Additional Information Is there any other information you believe we need to know?
Signed:
Date:

OFFICE USE ONLY
Section 6. Sharing the concerns (to be completed by DSL)
Details of contact with social services where the child lives
Details of contact with child's school or any other agencies
Details of the outcome of this concern

APPENDIX 2

Adult Safeguarding Incident Report Form

Confidential

To be completed as fully as possible if you have concerns regarding a adult at risk. It is important to inform the adult at risk about your concerns and that you have a duty to pass the information onto the designated safeguarding officer (DSO) or the designated safeguarding lead (DLO). The DSO or DLO will then look at the information and start to plan a course of action and if necessary contact social care or other relevant organisations. Alternatively you can complete and return the form to hello@sisterhoodearlymotherloss.co.uk with 'Adult Safeguarding Incident' in the subject line.

If you think an adult or child is in immediate danger call 999.

Section 1. Details of adult at risk	
<p><i>An Adult at Risk is a person who is aged 18 or over and</i></p> <ul style="list-style-type: none"><i>has needs for care and support (whether or not the local authority is meeting any of those needs);</i><i>is experiencing, or at risk of, abuse or neglect; and</i><i>as a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.</i> <p><i>The Care Act (2014)</i></p>	
Name of adult	
Address	
Date of birth	
Approx. age if date of birth not known	
Email	
Current Location if not at address above	
Contact number	

Details of any dependents (of any age)			
Name (s)	DOB	Gender	Lives with adult (Y/N)

Section 2. Consent
<p>Has the Adult at Risk given consent for this referral?</p> <p>If No, please confirm why this referral is being made without it, e.g risk to others or the Adult at Risk lacks the capacity to make this decision</p> <p>Is the Adult at Risk aware this referral has been made?</p> <p>If No, please give the reason as to why the Adult at Risk was not made aware of the referral</p>
<p>Do you think the Adult at Risk requires care and support?</p> <p>Please provide reasons for your view</p>

Section 3. Details of the incident/s, disclosure/s and/or ongoing concerns
<p>Detail what you have seen/been told/other that makes you believe the Adult at Risk is at risk(Include - The nature, degree and extent of the abuse or neglect (what happened); The length of time it has been occurring (previous incidents, what happened and date);The impact on the individual and / or their carers / family (injury, distress); Location and time of any incident)</p>

Please indicate the abuse type if known (leave blank if uncertain)			
Physical abuse		Modern slavery	
Domestic violence		Discriminatory abuse	
Sexual abuse		Organisational abuse	
Psychological abuse		Neglect	
Financial/Material abuse		Self-neglect	
Does the Adult at Risk continue to be at risk of abuse? If Yes, describe the risks that remain, and any immediate action needed:			
Are there any other people who may be at risk of abuse? If Yes, add details and describe the risks that remain and action you are taking:			
Have you discussed your concerns with the Adult at Risk? If Yes, what are their views, what outcomes have they stated they want (if any)?			
Have you discussed your concerns with anyone else? e.g the carer/partner? If Yes, what are their views?			

Section 4. Details of alleged abuser/suspect if relevant			
Name		Title	
Address			
Postcode		Phone	
Relationship to the Adult at Risk?			
If provider, please add the provider's name			

Are they aware this referral has been made?

Reason as to why the alleged abuser/suspect was not made aware of the referral

Does the abuser/suspect live with the Adult at Risk?

Section 5. Details of person making this referral			
Name		Title	
Job Role		Email	
Team			
Phone		Date/time	
Relationship to Adult at Risk			
Are you reporting your own concerns or responding to someone else's concern?			
If someone else please give their details (name, organisation/department, relationship to child (if relevant) and contact details)			
Does the referrer consent to their details being shared with third parties?			

Section 6. Additional Information - Is there any other information you believe we need to know?
Signed:
Date: Click or tap here to enter text.

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OFFICE USE ONLY
Section 7. Sharing the concerns
Details of your contact with the adult at risk. Have they consented to information being shared outside The Sisterhood for Early Motherloss?
Details of contact with the Social Care Team where the adult at risk lives - advice can still be sought without giving personal details if you do not have consent for a referral
Details of any other agencies contacted
Details of the outcome of this concern

APPENDIX 3

STAFF AND VOLUNTEERS CONFIRMATION OF HAVING READ, UNDERSTOOD AND AGREED TO APPLY THE SISTERHOOD SAFEGUARDING POLICY AND PROCEDURE

To be completed during induction and within two weeks of a new policy and procedure being issued.

NAME:

DATE OF APPOINTMENT:

DATE POLICY AND PROCEDURE DISCUSSED IN SUPERVISION:

I have read and I understand the Safeguarding Adults and Children Policy and Procedure. I agree to adhere to the requirements of the Safeguarding Adults and Children Policy and Procedure during my work with The Sisterhood for Early Motherloss.

YES/NO (circle as applicable)

I have had the opportunity to discuss the Safeguarding Adults and Children Policy and Procedure in supervision.

YES/NO (circle as applicable)

NAME OF WORKER / VOLUNTEER:

SIGNATURE:

DATE:

NAME OF MANAGER:

SIGNATURE OF MANAGER:

DATE:



Camden Safeguarding Children Partnership LADO referral form

Guidance

Agencies should complete this form and send it to the Local Authority Designated Officer (LADO) based in the Children's Quality Assurance Unit of the London Borough of Camden in every case where it is *alleged* that a person working with children may have:

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

For guidance on what level of incident or concern should be referred to the LADO and what actions may be taken please see the LADO thresholds guidance available at: [LADO Threshold Document - national-lado-network.co.uk](http://national-lado-network.co.uk)

Agencies should also refer to the CSCP [Guidance for managing allegations against staff and volunteers](#) for more information.

- A separate form should be used to record each incident/allegation.
- The names of all children and adults involved in the incident/allegation should be included in this form.
- The referral form should be completed and returned within 24 hours (1 working day) of an incident occurring.
- Completed forms should be sent to: LADO@camden.gov.uk

The Designated LADO is **Jacqueline Fearon** who can be contacted on 0207 974 4556.

Whilst it will not be necessary to convene an Allegations against Staff and Volunteers (ASV) meeting with Children's Safeguarding and Social Work and the Police on every case, every incident should be recorded on this form.

You may be asked to provide associated relevant documentation with this referral form. Once the information has been evaluated by the LADO you will be advised regarding the appropriate action to be taken.

Agency details	
Date of referral	
Referrer's name	
Referrers job title	
Place of work & address	
Tel number email	
Best contact times	
Who is your Designated Safeguarding Lead	
Status of organisation eg LA, private, voluntary etc	

Details of the adult involved (please repeat box if more than one person)	
First name	
Surname	
Title	
Job title	
DOB	
Home address	
Ethnicity	
Length of employment	
Date of last DBS check	
What is the status of the employment eg f/t, p/t, agency, volunteer etc	
If agency, please give contact details. Has the agency been contacted?	
Have they been subject to previous allegations and if so provide full details?	

Are there any other concerns/issues of relevance re this person?	
Does this person work in any other capacity with children either paid/unpaid?	
Does this person have care of children including their own?	
Has the person been suspended?	

Information about the child (please repeat box if more than one child)	
First name	
Surname	
DOB	
Gender	
Ethnicity/Religion	
Home address/tel no:	
Parent's/carers names/contact details	
Who has parental responsibility?	
Are there issues of disability / communication / literacy for child or parent/carer?	
Has the child made a previous allegation and if so give details?	
Is the child known to CSSW?	<input type="checkbox"/> Child not known to CSSW <input type="checkbox"/> Child in need plan <input type="checkbox"/> Child protection plan <input type="checkbox"/> Looked after child
GP details and details of any other professionals working with the child	
Are there any known concerns about this child's home life?	

Details of allegation/concerns	
Date of any alleged incident	
Date allegation/concern reported to referrer	
On what basis is this referral being made (please tick)	<p>The person has:</p> <ul style="list-style-type: none"> <input type="checkbox"/> behaved in a way that has <i>harmed</i> or may have harmed a child <input type="checkbox"/> possibly committed a <i>criminal offence</i> against or related to a child <input type="checkbox"/> behaved towards a child or children in a way that indicates they may pose a risk of harm to children <input type="checkbox"/> behaved or may have behaved in a way that indicates they may not be suitable to work with children <p><input type="checkbox"/> please tick here if you are unsure and need to discuss with the LADO</p>
Who has made the allegation/raised concerns eg. child, parent, colleague, other professional etc	
Who else has been informed regarding the allegation/concern	
Full details of allegation/concern; include details of times, dates, locations, any injuries sustained etc	
<p>What action if any has been taken regarding the allegation/concern</p> <p>(NB – Agencies must not carry out an investigation, only initial enquiries)</p>	
If an injury has been sustained, what evidence is there (use a body map diagram) and what action was taken, eg; attending hospital?	
Are there any written reports, witnesses to the alleged incident or CCTV footage? Please give details or supply copies	

If there has been a delay in reporting the allegation/concern please state why	
Are the parents/carers of the child aware of the allegation/concern? State when and their views.	
If appropriate, is the child aware of the referral and what are their views?	
Did an allegation of physical abuse arise from use of authorised restraint?	
If an allegation relates to restraint has the staff member had relevant training and when?	

Referrer's name:

Referrer's signature:

(Please add electronically if referring by email)

Date: