

## Noa Girls' Child Protection and Safeguarding Policy and Procedure May 2023

### 1 Introduction and Purpose of this Policy

- 1.1 Noa Girls provides a service to girls and young women from the Orthodox Jewish Community in Barnet, Hackney and Haringey. Through a range of different activities, we provide practical, emotional and therapeutic support to girls and young women between 12-24 who come to us as they have needs that arise from experiencing a range of challenges. We receive referrals from children's social care departments; health professionals, schools or self-referrals. Our team of mentors, keyworkers and therapists, as well as our administrative staff work, together to support the girls and women to manage and overcome the impact of these challenges on their lives. Safeguarding is at the heart of what we do.
- 1.2 This Safeguarding and Child Protection policy and procedure has been written and implemented in order to:
- set out Noa Girls' approach to safeguarding the young people we work with and;
  - ensure that all staff and volunteers understand what they must do in order to promote the welfare and wellbeing of the young people who use our service and protect them from the risk of harm.

The policy sets out Noa Girls' aspirations regarding our intent to safeguard; how we do this as an organisation; how we support and develop our staff in safeguarding and what we expect our staff and volunteers to do in order to safeguard and protect effectively. It also contains the contact details of all key staff involved in safeguarding. It will be reviewed in November 2022.

- 1.3 This policy is for all staff and volunteers and our Board of Trustees. It is also available for the girls and women and for their families and for other agencies and organisations that we work with, should they require it. It applies to all of the girls and young women we work with and so addresses the different requirements of safeguarding children and adults.

### 2

#### Key Contacts

- 2.1 Designated Safeguarding Leads (DSL's) – Naomi Lerer (Director and Head of Service) and Amy Davidow, (Clinical Lead)
- 2.2 Safeguarding Trustees – Dr Naomi Sacks / Dr Talia Ezra

### 3 Glossary

- **Child:** any girl or young person up to the date of their 18<sup>th</sup> birthday.
- **'Looked-After' Child** Any child who has been in the care of their local authority for more than 24 hours is known as a looked after child. This may be under a Care Order (s31) or voluntarily under s 20 of the Children Act 1989.
- **Care Leaver:** A young person who was previously a 'looked-after' child – the nature of statutory responsibility to a care leaver changes depending on a variety of factors. [Here](#) is a useful website to determine whether a young woman is eligible. Local Authorities now have a duty to some care leavers until they are 25.
- **Safeguarding:** describes an overall approach to ensuring the wellbeing and safety of children and young people – including prevention and protecting, acting to ensure the best outcomes.
- **Child Protection** refers to the procedures and processes that support the response to suspected child abuse and neglect.
- **Adult at risk,** Under the Care Act 2014 there are duties to initiate an adult safeguarding enquiry if an adult (any person over the age of 18) a) Has care and support needs; b) Is experiencing or is at risk of abuse or neglect; and c) Is unable to protect themselves from that abuse or neglect because of their care and support needs
- **Adult safeguarding** refers to the procedures and processes that support the response to suspected risks to adults.
- **DSL** – Designated Safeguarding Lead.
- **Staff member** refers to any member of staff or volunteer working with the girls or young women at Noa Girls.

### 4 Noa Girls' Safeguarding and Child Protection statement of intent.

4.1 Noa Girls recognises the duty and the concept that it is everyone's responsibility to safeguard and promote the welfare of the girls and young women that use our service. We believe that all children and adults have a right to be safe and should be protected from all forms of abuse and neglect. We believe that it is better to help the girls and young women who come to Noa Girls as early as possible, before their difficulties escalate and become potentially more damaging. In our practice we understand that children and families are best supported and protected when there is a co-ordinated response from all relevant agencies, so we are committed to working collaboratively with other agencies in order to ensure best outcomes. We are committed to ensuring that this Safeguarding and Child Protection policy and procedure reflects the statutory guidance and complies with best practice.

4.2 Noa Girls expects all staff members, volunteers and trustees to:

- remain alert to the signs of abuse and neglect;
- be curious about the behaviour of the girls and young women when needed;
- ask for help when concerned about a girl or young women and;
- speak with the Designated Safeguarding Lead in order to refer to the relevant Children's Social Care department or the police as appropriate for the level of our concern and risk to the girl or young woman.

We will support and guide all staff in this role through committing to the development of their safeguarding skills and knowledge.

### 5 Key National Legislation and local guidance

5.1 These are hyperlinks to the key legislation and guidance as relevant to safeguarding the girls and young women that come to Noa Girls:

- [Working Together to Safeguarding Children 2018](#)
- [Keeping Children Safe in Education 2018](#)
- [London Safeguarding Children Board procedures](#)
- [Barnet Safeguarding Children Partnership](#) ; [City of London and Hackney Safeguarding Children Board](#); [Haringey Safeguarding Children Board](#)
- [The Care Act 2014](#) and [SCIE's guide to the Act](#)
- [Barnet Safeguarding Adult Board](#); [City and Hackney Safeguarding Adult Board](#); [Haringey Safeguarding Adult Board](#).

As professionally registered clinicians, we are also guided by the organisational ethical codes of our registration bodies, all of which have guidance around safeguarding embedded within. Our DSLs are familiar as to where to find the procedures when required. Throughout this document there are links to more specific or specialist guidance.

## 6 Links to other internal Noa Girls policies

- 6.1
- Noa Girls Staff Handbook
  - Equal Opportunities
  - Technology and social media Policy
  - Out of Hours Policy
  - Complaints and Comments Policy
  - Privacy Policy
  - Health and Safety Policy and Risk Assessment
  - Consent & Confidentiality Policy
  - Safer Recruitment Policy

## 7 Noa Girls safeguarding governance arrangements

- 7.1 Noa Girls is a registered charity (number 1130834). We are governed by a Board of five trustees, two of whom are the nominated safeguarding trustees. Although Noa Girls' Board of Trustees delegates the day-to-day operational safeguarding to the Director and Designated Safeguarding Leads, the Board continues to be responsible for oversight of safeguarding. This includes:
- assessing and managing any potential safeguarding risks arising from our activities and creating a safe environment for all staff and all girls and young women using the service.
  - Ensuring this policy and procedure and all other relating to safeguarding are implemented and reviewed regularly and monitored for effectiveness.
  - Ensuring that all safeguarding or child protection concerns and any allegations or incidents that arise are reported in a timely way to the right agencies.
  - Reporting Serious Incidents to the Charity Commission (see next paragraph)
  - Ensuring that there is a review conducted after any serious incident so that the risk of re-occurrence is minimized through making changes and improvements.
- 7.2 It is now a requirement for trustees to report what are known as '*Serious Incidents*' to the Charity Commission. A '*Serious Incident*' would include an allegation of abuse suffered by a beneficiary as a result of the actions or negligence of employees or others in connection with the charity. Useful guidance and more detail regarding safeguarding within charities is [here](#) and the role of trustees [here](#)

Charity Commission Charity Commission (England & Wales)

PO Box 1227, Liverpool, L69 3UG

Tel: 0845 3000 218

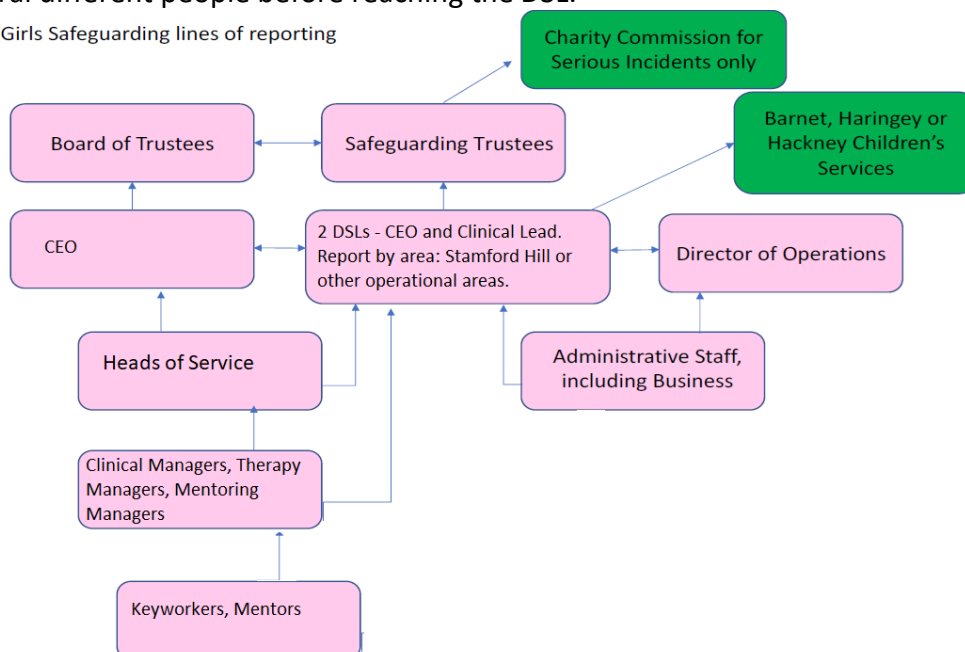
Web: <https://www.gov.uk/government/organisations/charity-commission>

7.3 Key to effective safeguarding at Noa Girls is that everyone, regardless of their role in the organisation understands and implements this policy. Our two DSLs have a very significant role in implementing this policy. One of our DSLs leads on cases in the Stamford Hill, and the other covers cases for the remaining operational areas that Noa Girls serves. These two DSL roles are currently performed by two of our clinical managers, who work together closely. In summary, the DSL role at Noa Girls is to:

- Be a source of advice and expertise on safeguarding, to staff, volunteers, management and trustees.
- Ensure that policies and procedures are up to date and reviews the national picture to make sure this is implemented.
- Ensure staff training and development supports staff and volunteers to safeguard the girls and young women effectively.
- Take the lead in or support operational staff making appropriate and timely referrals to Children’s Social Care.

7.4 This flowchart shows the lines of responsibility for safeguarding within Noa Girls and the key staff who have specific roles and accountability for effective safeguarding. It is important to note that the DSLs have the lead and the expertise for safeguarding in the organisation and the preferable line of reporting should be directly to a DSL, regardless of the staff member’s role. However, in some situations this may not work due to absence or unavailability, and in others, the staff member may be best placed to make the referral due to the nature of the concern or that the staff member is best placed due to their relationship with the young person who is the subject of concern. The key objective is to report as soon as possible to the DSL, and that the information is first-hand, as far as possible, rather than the information being passed through several different people before reaching the DSL.

Noa Girls Safeguarding lines of reporting



7.5 It is not expected that operational ‘business as usual’ is reported to the Safeguarding trustees as a matter of course, but that the DSLs use their professional judgement and inform a Safeguarding trustee as and when the severity of the risk requires it. Examples of this would be around more complex situations for example where more than one girl or young woman is involved in a safeguarding matter; where there is a criminal investigation or where there are matters of reputational risk to the organisation, such as an allegation against a member of staff.

## **8. Staff Training and Development for Effective Safeguarding.**

8.1 As an organisation, Noa Girls is committed to on-going safeguarding training and development opportunities for all staff, as we know that a culture of awareness of safeguarding issues will help protect everyone. We train and develop staff to the required level of competency as per the nature of their contact with the girls and young women as outlined in the London Safeguarding Board Training Competency Framework which can be found [here](#). Any major changes to Noa Girls policy and procedure are circulated as necessary and disseminated down through practice supervision.

8.2 We ensure that all new staff are given an induction to the organisation during their first month of their employment, if practical. Part of this induction will include being taken through this Safeguarding and Child Protection Policy as relevant to their role i.e. the extent to which they are involved in direct work with the girls and young women. Our in-house training is based around the content of this Safeguarding and Child Protection policy, including the signs of abuse and neglect and what to do if we are worried or if someone discloses. We ensure that all of our staff that have regular face-to-face contact, including our administrative team, have received Level One Safeguarding training - which is aimed at those who have occasional contact with children, young people and/or parents/carers. We would seek to renew basic safeguarding training every three years.

8.3 Level Two / Child Protection Awareness training as per the London Safeguarding Board's Competency Framework is aimed at those in direct contact with children and young people. At Noa Girls all of our volunteer mentors and our Keyworkers receive weekly supervision from one of our five clinical managers. All our cases have an element of safeguarding and inherent risk, therefore safeguarding knowledge and skills is a fundamental part of supervision and supervisees learn continuously through our supervisory practice. We feel that we meet the outcomes and required competence of Level Two safeguarding training through this – i.e. the development of practice skills. We would seek to renew Level Two safeguarding training every three years.

8.4 Our Clinical Managers provide regular supervision to other members of staff and therefore need an understanding of the thresholds for referral and more in- depth knowledge of evolving safeguarding. For this reason, all our Clinical Managers will undergo DSL Level training going forward.

Our DSLs are trained to Level Three Safeguarding and undergo additional training covering their professional responsibilities. Our Safeguarding Trustees are trained to Level 3 in safeguarding and undergo additional Trustee specific training. All courses are externally certified to ensure that they are appropriately skilled for the task. Both the DSLs and Safeguarding Trustees undergo annual refresher safeguarding training. The DSLs takes the lead in ensuring that the other clinical managers and managers in the organisation are updated about developments in safeguarding practice.

8.5 We also encourage all staff to engage in any multi-agency training opportunities as provided locally and to learn from practice and working with other professionals in their daily practice. For further details, please refer to our Safeguarding Training schedule at Appendix Two which has been devised in conjunction with the Social Care Institute of Excellence (SCIE).

## **9. Noa Girls' understanding of child abuse and neglect**

- 9.1 The statutory guidance [‘Working Together to Safeguarding Children’ \(2018\)](#) gives definitions of the categories that are used nationally:
- Neglect
  - Emotional Abuse
  - Physical Abuse
  - Sexual Abuse
- These definitions are used in multi-agency Child Protection processes to describe unwanted behaviours and the impact upon the child or young person. (Please see Appendix One for these definitions and more detail regarding the signs and symptoms). We ensure that all staff are familiar so they can recognise these in practice.
- 9.2 At Noa Girls, we consider the **‘risk’** to the girls or young women to be the possibility of **harm** due to **unwanted behaviours** around them; or a girl or young woman behaving in a way that might result in harm to themselves. Unwanted or challenging events in a girl or young woman’s life can also sometimes have a harmful impact or lead to the impairment of their health or development, such as a bereavement or significant illness. Our weekly model of supervision for all staff allows us to constantly review the risk of harm to the girls and young women, facilitating appropriate interventions to manage the risk or support them in managing the impact.
- 9.3 Abuse and neglect as defined can arise from some of the difficulties that adults face which in turn impact upon their capacity as parents to meet the needs of their girls. The impact of this can follow the young women in to adulthood, impacting on their emotional and mental health and wellbeing. The risk of harm to girls and young women is increased by the presence of some unwanted parental behaviours in their daily lives. We are aware that parental mental health; parental learning disability; domestic abuse between adults; and parental drug and alcohol misuse may all result in abusive and harmful behaviour towards girls and young women that causes them harm. Some of the girls and young women we work with are ‘looked-after’ by the local authority or are on Child Protection or Child in Need plans as a result of experiencing harm from such parental behaviour.
- 9.4 However, the risk of harm to the girls and young women that come to Noa Girls does not always originate in the family home. Some girls and young women may be managing a range of challenges and risks in their wider experience. In the last 3 to 4 years, the concept of [‘contextual safeguarding’](#) has become more defined and research in response to awareness and concerns around the possible exploitation of young people in their communities. [“Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse”](#). (Firmin 2017). Contextual safeguarding can include the risk of sexual exploitation and exploitation for criminal purposes, as well as harmful sexual behaviour between peers, and violence in young people’s intimate relationships. We are aware that we need to work with other agencies to consider how best to manage the risk to girls and young women when the risk emanates from outside their family home – perhaps in school or other social contexts.
- 9.5 Another key risk for the girls and young people is being bullied, which can lead to emotional and psychological harm. The Anti-Bullying Alliance defines bullying as **“the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. It can happen face to face or online”**. Noa Girls has very clear guidance around the acceptable use of IT and a social media policy as we are aware of the potential risk of cyber-bullying. We work closely with the local schools that our girls attend to understand the

dynamics between the girls and their peers and take active steps to prevent bullying and seek to mitigate the impact of bullying through our practical, emotional and therapeutic support.

- 9.6 The impact of abuse and neglect and of experiencing emotional, physical or sexual harm can manifest in many different ways. At Noa Girls, we may see behaviours in the girls and young women such as self-harm and eating disorders. Some of the girls and young women may be experiencing suicidal thoughts. We are always mindful of these as a possibility and actively check with all of them as to how they are feeling or how they are coping with stressful situations. Our purpose is to help the girls and young people manage the impact of harm. We respond to these behaviours in a way that is non-judgmental and in a way that offers hope to the girls and young people so that they can change their responses to the challenges they face through some of our helping and therapeutic activities.
- 9.7 As we work with young women up to the age of 24 it is possible that we are working with 'adults at risk'. Adult safeguarding is addressed in the Care Act 2014 and defined as these types of risks:
- Physical abuse
  - Domestic violence
  - Sexual abuse.
  - Psychological abuse
  - Modern slavery
  - Discriminatory abuse
  - Organisational abuse
  - Neglect and acts of omission
  - Self-neglect

More detail around these risks to adults can be found [here](#)

## **10.0 How we respond to disclosures of abuse and neglect**

10.1 At Noa Girls, our model of weekly supervision allows for the development of staff skills in responding to disclosures or to the signs of abuse and neglect. Any of our staff may be in a position where a girl or young woman chooses to disclose to them and so we advise all staff to do the following:

- If a girl or young woman chooses to disclose something to you, this may indicate that they trust you (or Noa Girls as an organisation) to help them. Telling somebody about abuse can be frightening and difficult for a child or young person. In doing so, the child or young person disclosing to you has put you in a position of trust.
- You must not keep this disclosure confidential. You need to be clear with the girl or young woman that you can't keep a secret. This applies to both current abuse and historical abuse.
- You need to tell them that you will write down what they say and that they have done the right thing in telling you.
- Be clear as to who to who you will share the information with. N.B. within Noa Girls our practice is to ensure that we only share information about disclosures or concerns with the clinical manager of the case, and the Designated Safeguarding Lead. We expect that the DSL will be notified as soon as it is possible by the staff member or their clinical manager.
- Avoid being critical or judgmental of the perpetrator of what is being disclosed; remember that oftentimes this may be somebody that the girl or young woman knows and trusts and doing so can harm the trust that she has in you.

- 10.2 We advise all staff to respond in the following way to any disclosure: Do not ask any questions that may be regarded as leading or closed – i.e. requiring a ‘yes’ or a ‘no’ answer. An example of a leading or closed question might be “*Did X do this to you?*”. Instead we suggest an approach like T.E.D

The T.E.D. approach is a way of prompting the child or young person to tell you their experience in an open and supportive way?

- Tell me what happened?
- Explain to me what happened next?
- Describe to me anything else that happened?

So for example “*Please can you tell me what happened when you met X that day?*”

## 11 Recording and reporting and referring to other agencies

- 11.1 All of the girls and young women using the services of Noa Girls have a file which is kept securely as per our responsibilities under the GDPR (2018). Any safeguarding concern should be recorded in the girl or young woman’s file. This may be done by the staff member or by the clinical manager for the case. We expect that the staff involved will follow these key steps:
- Record PROMPTLY what you heard or witnessed and share immediately with your clinical manager or the DSL
  - Under no circumstances should you carry out YOUR own investigation into an allegation or suspicion of abuse.
  - The DSL may require more information to clarify the precise details of the allegation or suspicion from you, therefore please ensure you are available.
  - The DSL will also make a decision about if and when to discuss the concerns with the parents, or carers where the girl or young woman is under 18. Unless it puts the girl or young woman at risk of further harm, it is good practice to be open and discuss these concerns with parents – informing them or seeking consent for a referral.
  - The DSL will then make a decision and will make a referral by contacting Children’s Social Care or Adult Safeguarding in Barnet, Hackney or Haringey, depending on where the girl or young woman lives, or if she is looked after or a care leaver, the Borough which has responsibility for her.
  - The Designated Safeguarding Lead should inform the Board of Trustees of any serious referrals, complex safeguarding cases or Serious Incidents that might require reporting to the Charity Commission; in the first instance this should be a Safeguarding Trustee. The DSL will also make regular reports to the Board of Trustees regarding safeguarding activity across the organisation.
- 11.2 Good recording practice is vital for effective safeguarding. We suggest the following as good practice principles when recording safeguarding concerns:
- Include the girl or young woman’s full name and date of birth
  - Ensure you are as precise as possible in recording *Who? What? Where? When?*
  - Ensure you identified what you known to be fact, and what might be your opinion or hypotheses.
  - Record what it is you are worried about even if might appear small or is an observation.
  - Names and job title of staff recording it
  - Add the date, time and sign it



11.3 Key contacts for making a safeguarding referral for children and adults in each borough can be found here:

- [Barnet MASH](#)
- [Barnet Adult Safeguarding](#)
- [Hackney Children's Social Care](#)
- [Hackney Safeguarding Adults](#)
- [Haringey MASH](#)
- [Haringey Safeguarding Adults](#)

The DSLs are aware that the different local authorities may have slightly varying referral and reporting routes. They are both trained in what constitutes a good referral.

11.4 At Noa Girls we have built good links with other agencies to make appropriate referrals and we value our partnership working. We have two link workers that work in the Barnet MASH, and a named officer in the local police team. Therefore, we are confident in making appropriate referrals, chasing up referrals, and making a professional challenge where we consider a decision to not be in the best interests of the girl or young woman. We also engage fully in the child protection process and the safeguarding adult system and attend multi-agency meetings where required.

## **12. Managing allegations against staff or volunteers**

12.1 At Noa Girls we aspire to create a safe environment, free from abuse or neglect, for the girls or young women that come to the service. However, we are also aware that this cannot be a certainty, so we have in place the following procedure to manage any allegation against a staff member. An allegation differs from a complaint or comment about poor service e.g. lateness, or unreliability. An allegation is a safeguarding concern arising from the behaviour of a staff member.

12.2 Where an allegation is made regarding the behaviour of a staff member towards or around children and young people, or regarding something in their personal life which suggests that they have

- 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 in a way that indicates they are unsuitable to work with children.

12.3 The member of staff receiving the allegation should:

- Make a written record of the information (where possible in the child/adult's own words), including the time, date and place of incident/s, persons present and what was said
- Sign and date the written record
- Immediately discuss the issue with Noa Girls' Designated Safeguarding Lead. Where the DSL is the subject of the allegation, they should approach the Director. It is vital that this is not shared with any other member of staff in the first instance.

The DSL will contact [Barnet's Local Authority Designated Officer \(LADO\)](#) via the Investigations Officer number on 0208 359 6056. As per the guidance from Barnet LADO, all allegations that

meet the criteria at 12.2 above must be reported to them. N.B. whilst the LADO only has responsibility for responding to allegations regarding professionals working with children under the age of 18, Noa Girls recognises that an allegation made by a young woman over the age of 18 may call in to question the professional's suitability to work with children, therefore we would contact the LADO in all cases. All allegations should be reported to the Barnet LADO as the reporting is to the borough where the adult that is the subject of the allegation is employed.

Noa Girls recognises that we have a duty of care to all staff and volunteers and so will ensure that any one that is under investigation following an allegation is supported and kept informed.

12.4 The role of the LADO is to co-ordinate the different strands of investigation that might be ongoing at the same time as a result of an allegation being made. These may be:

- An employer's investigation within Noa Girls disciplinary procedures.
- A safeguarding investigation by social workers in to the possible harm to a girl or young woman by a professional.
- A criminal investigation led by the police where the allegation made suggests that a crime may have been committed.

12.5 The possible outcome of an allegation, once the management process has finished may be that the allegation is found to be one of the following

- Substantiated
- Malicious
- Unsubstantiated
- False
- Unfounded

More about these can be found on the London Safeguarding Board's [Management of Allegations against professionals](#) procedures.

12.6 A possible outcome of such an allegation, if substantiated, might be to dismiss the staff member then and to refer the person to the Disclosure and Barring Service, if this is the decision that is made in the Allegation Management process as led by the LADO. The details as to how to do this can be found on [the DBS website](#) and will be the responsibility of the DSL or Director of Noa Girls. This type of allegation should also be reported to the Charity Commission as a serious incident, if the outcome is that the allegation is substantiated or if the management of the allegation from the start point is contentious or high profile.

### **13 Safe recruitment of staff working directly with girls and young women at Noa Girls.**

13.1 At Noa Girls, there is a robust safe recruitment process in place. We advertise fairly discreetly and as per our Equal Opportunities Policy in terms of restricting posts to the appropriate type of staff or volunteer for the role. Our process is as follows:

- According to CVs, we offer a first interview, which is conducted by our director or by our DSL/Clinical Manager. This interview explores experience; motivation to apply and to work with the cohort of young people that use the services offered by Noa Girls; checking of any gaps in employment identified in the CV offered by the applicant. We would also seek out evidence of qualifications if required for the post.
- We would also ask applicant to disclose any criminal convictions due to the status of all our posts as '[Regulated](#)', as well as ensuring that qualifications if required are evidenced.
- Should the applicant fit the criteria for the role applied for, we will take up two references at this point. One of the references should be from the applicant's current or most recent

employer, or educational establishment. If the current / most recent employment does/did not involve work with children or vulnerable adults, then the second reference should be from the employer with whom the applicant most recently worked with children.

- The applicant will then be offered a second interview with one of our external clinical supervisors who will examine further the applicant's personal suitability and motivation to work with Noa Girls.
- If successful we will request an [enhanced DBS check](#). Some applicants will have existing DBS checks and these can be updated if the applicant has registered with the DBS update service.
- We ensure that all of the above is confirmed prior to the applicant starting unsupervised activity with the girls and young women.

## 14 Safer working practice guidance

14.1 Whilst we strive to work with an open and honest relationship-based approach with the girls and young women at Noa Girls, we recognise that each action and relationship is unique and that, from time to time, we do not always all share the same perspective of an incident or event. In order that our staff work in the best possible way, we have the following expectations of staff in order to protect the girls and young women, as well as the staff so that their actions are not misconstrued:

- a. Understand your role and be professional as you are in a '*position of trust*'. You are the girl or young person's help and support, but not necessarily their friend, so observe appropriate boundaries and be clear from the outset what you can do and what you can't do. It may well be that you know the girl, young woman or her family from the community – if so, inform your supervising clinical manager or DSL of this.
- b. Act to protect. It is your responsibility to safeguard and protect and so you must be proactive. If you are in any doubt or concerned, do not keep it to yourself – share it with the DSL or your supervising clinical manager
- c. Stick to Noa Girls policies and procedures in your role, it helps to keep you and the girls and young women safe.
- d. Be appropriate in your role. Stick to the plan that you agree with your supervising clinical manager for your work with the girl or young women and make it clear to them as to what you are doing.
- e. Respect the child or young person's dignity and rights and recognise their vulnerabilities. We work with girls and young woman who may have experienced trauma which may distort their understanding of actions. Be aware of this – always ask about initiating contact, whether physical or social and respect their right to refuse! The concept of 'safe touch' is central to this work. Extra caution may be required where it is known that a girl or young woman has suffered previous abuse or neglect. Staff need to be aware that the child may associate physical contact with such experiences.
- f. Promote safety at all times – whether with the girls or young women or with other staff, consider how you can make something safer. Whether this is meeting someone in a room in the house, or a situation where you are communicating with a young person using Whatsapp, or when you are out alone with a girl or young woman, always consider if you can make it even safer for the girl or young women or for yourself. Use supervision to consider building safety in to a situation and always stick to any safety plan or risk assessment in place.
- g. Respect privacy and understand the need for confidentiality in safeguarding work but also when you need to share information. This is in reference – to your work with the girls

- and young women but also regarding their families and your colleagues and also any discussion with other agencies. If in doubt about any of these, seek advice from the DSL.
- h. Use IT wisely. Noa Girls has a policy regarding the girls and young women's use of social media and IT equipment. As members of staff, Noa Girls would request that you model acceptable use yourselves. Do not be friends with girls or women on social media. Avoid keeping photos of them on your personal device – send the photo to them and then delete it from your device. Follow the Noa Girls policy regarding communicating with girls and young women to arrange appointments etc. Each girl or young woman will have an individualised plan and this should include how best to communicate with them using, for example, Whatsapp.
  - i. Giving and accepting gifts. Giving gifts to the girls and young women must be done with approval from your supervising clinical manager, the DSL or the Director. Noa Girls fully acknowledges how welcome it is to receive a gift from someone who is grateful for your help. Please ensure that you tell your line manager about any gifts you are given when you receive them in order that it is not misconstrued and that nothing is expected in return.

## 15 Whistleblowing

- 15.1 Whistleblowing refers to someone raising a concern about a dangerous or illegal activity or any wrongdoing within the organisation that they work for. Raising a concern is commonly known as "*blowing the whistle*" and is a vital process for identifying risks to people's safety. Sharing information or talking through a concern can be the first step to helping an organisation identify problems and improve their practices. At Noa Girls we always try to encourage dialogue through openness and would listen to feedback from staff or volunteers in order to improve our services.
- 15.2 However, should you, as a member of staff, still feel that your concern is valid you should contact the national NSPCC Whistleblowing Advice Line. Examples of where this is appropriate might be:
- That Noa Girls doesn't have clear safeguarding procedures to follow or the procedures are not being followed
  - Your concern won't be dealt with properly or may be covered-up
  - You have raised a concern, but it hasn't been acted upon
  - You are worried about being treated unfairly.
- 15.3 Anyone can call the advice line about an incident that happened in the past, is happening now or may happen in the future. To contact the Whistleblowing Advice Line Call [0800 028 0285](tel:08000280285)

Policy approved by:

Signature: 

Naomi Lerer, Director & Head of Service

Date: November 2021

Signature 

Dr. Naomi Sacks, Safeguarding Trustee

Reviewed May 2023

To be reviewed May 2024

## **APPENDIX One – Categories of Abuse and Neglect (Working Together 2018) and some indicators of possible harm**

### **Physical abuse**

- *Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, otherwise causing physical harm Can also be caused when a parent fabricates symptoms or deliberately induces illness in a child (fabricated or induced illness)*

Evidence of physical abuse includes:

- Physical Abuse – Causation of actual or likely injury, or failing to prevent physical injury or suffering
- Physical observations
- Bruising on trunk
- Bruises on face, upper arm, shoulders and neck consistent with gripping
- Fingertip bruising/finger marks
- Burns and Scalds especially
- Cigarette burns
- Burns caused by lengthy exposure to heat
- Human bite marks
- Fractures, particularly spiral fractures
- Swelling and lack of normal use of limbs
- Any serious injury with no explanation or conflicting explanations/inconsistent accounts
- Untreated injuries

### **Sexual Abuse**

#### **Sexual Abuse**

- *Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening*
- *The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing*
- *They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)*

*Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.*

Evidence of sexual abuse includes:

- Physical observations
- Damage to genitalia, anus or mouth
- Sexually transmitted disease
- Unexpected pregnancy especially in very young girls
- Soreness in genital area, anus or mouth
- Unexplained recurrent urinary tract infections and discharges or abdominal pain
- Behavioural observations
- Sexual knowledge inappropriate for age
- Sexualised behaviour in very young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable falling off in school performance
- Sudden apparent changes in personality
- Lack of concentration, restlessness, aimlessness
- Socially withdrawn / Overly complaint behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting, by day or night
- Onset of insecure, clinging behaviour
- Arriving late at school, leaving late, running away from home
- Suicide attempts, self mutilation, self disgust Eating disorders, hysteria
- Attacks in adolescents
- Any behaviour that will adversely affect a child's development

### **Emotional abuse**

**Emotional Abuse** *“Persistent emotional ill-treatment of a child, such as to cause severe and persistent adverse effects on child’s emotional development It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate*

*It may feature: age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capacity, as well as over protection, limitation of exploration and learning or preventing the child participating in normal social interaction.*

*Seeing or hearing the ill-treatment of another. Serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation and corruption of children. Some level of emotional abuse is involved in all child maltreatment*

Evidence of emotional abuse includes:

- Behavioural Observations
- Unusually fearful with adults
- Unnaturally compliant to parents

- Refusal to discuss injuries/fear of medical help
- Withdrawal from physical contact
- Aggression towards others
- Wears cover –up clothing
- Any behaviours that you would not expect to see in a child, at their age or stage in development

## **Neglect**

**Neglect:** *The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born it could involve a parent or carer failing to:*

- *Provide adequate food, clothing, shelter, (including exclusion from home or abandonment)*
- *Protect a child from physical and emotional harm or danger*
- *Ensure adequate supervision (including the use of inadequate care-givers)*
- *Ensure access appropriate medical care or treatment*

*It may also include neglect of, or unresponsiveness to, a child's basic emotional needs*

Evidence of neglect includes:

- Behavioural Observations
- Constant hunger
- Constant tiredness
- Frequent lateness or non-attendance at school
- Destructive tendencies
- Low self-esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing or scavenging
- Physical observations
- Poor personal hygiene
- Poor state of clothing
- Emaciation, pot belly, short stature
- Poor skin tone and hair tone
- Untreated medical problems

Noa is a service for adolescents from 12-24 and therefore there are differences regarding consent and confidentiality depending on the age of the girl

### **Consent**

16+

Over the age of 16 there is a legal presumption that the girl is competent to make their own decision regarding treatment and therapy needed and parents do not need to be asked

### **Under 16**

If the girl is under 16 they maybe able to give consent if they are 'Fraser competent' which is assessed when we meet the girl. If the girl is not Fraser competent then treatment needs to be given with the agreement of an adult who has parental responsibility for the girl

### **Consent for activities**

For all girls aged 12-14 a consent form need to be completed to participate in additional activities if not Fraser competent. As this is an adolescent services for all girls 14+ a consent form is not required.

### **Confidentiality**

While a core principle at Noa if information provided is risk – either the girls risk or another persons then the information will need to be shared. You should contact your supervisor immediately or the duty on call person if they are not available.

APPENDIX Two

**SAFEGUARDING TRAINING FOR STAFF AT NOA GIRLS**

(\*includes Therapy & Mentoring Managers)

<b>Staff</b>	<b>Mandatory / Recommended Training</b>	<b>Renewable</b>
Mentors - active	Level 2	Every 3 years
Mentors - occasional	Level 2	Every 3 years
Admin staff	Level 1 (in house)	Every 3 years
Noa at Work Manager	Level 2	Every 3 years
Keyworkers	Level 2	Every 3 years
Clinical Managers*	Level 3	Every 3 years
DSLs	Level 3	Every 2 years
Safeguarding Trustee	Level 3	Every 2 years