

Safeguarding & Child Protection

Designated Safeguarding Lead (DSL) for Orot and BBM classes
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EHRS has a moral and legal obligation to ensure that, when given responsibility for children and young people, staff and volunteers provide them with the highest possible standard of care.

EHRS believe that children and young people have the right to be completely secure from both the fear and the reality of abuse and we are committed to safeguarding and protecting all children and young people in our care from harm.

Through the implementation of policy and procedures we seek to maintain the professionalism and safeguarding of good practice which is associated with our work. EHRS is committed to reviewing its child protection policy and procedures at regular intervals.

We acknowledge that the welfare of children and young people is paramount, and that everybody had to duty to keep them safe.

We recognise our responsibility to safeguard and promote the interests and wellbeing of children and young people with whom we are working.

We value working closely with parents and carers, staff and volunteers to protect children and young people from harm and discrimination.

We acknowledge that abuse does occur and that we need to raise awareness and understanding of the main forms of abuse and establish communication and reporting of abuse, where suspected, to safeguard children and young people whom we are working with.

It is the responsibility of EHRS to ensure that all children and young people can enjoy a safe and enjoyable environment. EHRS is committed to ensuring that it meets its responsibilities in respect of child protection through the provision of support and training its staff and volunteers. We undertake these responsibilities by:

- Ensuring all staff and volunteers are carefully recruited and have full up to date DBS checks.
- Ensuring that all staff and volunteers are aware of their roles and responsibilities and that training is made available to them.
- Ensure that all staff and volunteers respect the rights and reasonable wishes and feelings of children and young people.



- Ensure that when recruiting, our stance on child protection is clear.
- Ensuring that all new staff and volunteers are recruited with due concern for previous work and experiences.
- Ensure all staff and volunteers receive a copy of all our policies and procedures and must read them fully before signing as proof that they have understood them.
- Ensure all staff and volunteers understand good working practice in order to ensure that they are not placed in situations where allegations could be made against them.
- Ensure that all staff and volunteers undergo training on child protection at regular intervals.
- Ensure that all staff and volunteers understand it is not their responsibility to determine whether abuse has taken place, but it is their responsibility to report concerns and disclosure.
- Ensure all suspicions and allegations of abuse are taken seriously and responded to appropriately.
- Ensure that all staff and volunteers are aware of the main physical and behavioural indicators of abuse and neglect.
- Take appropriate action in relation to the findings of any investigation into allegations of abuse, consistent with its duties to protect the safety of children and young people and uphold fair processes for staff and volunteers.
- Any staff member or volunteer under investigation will be subject to provisions of the staff disciplinary policy and whistle blowing and handling allegations within EHRS policies.
- All staff and volunteers understand EHRS' child protection procedures and have had appropriate guidance in principles of safeguarding and protecting the well-being of children and young people. To this end:
 - Every effort must be made to avoid/minimise time when a member of staff or volunteer is left alone with a child or young person. The door of the room where they are teaching must be left open and another member of staff/volunteer will be informed this session is taking place.
- All staff who are teaching out of normal office hours must book in with the EHRS Office Manager and inform the HEY. It will not be possible to teach a child if there is nobody else in the synagogue building. Wherever possible the parent or another staff member should be present during the teaching session. If this is not possible, you should consider rescheduling your session to time when the parent or other EHRS staff members can be present.

- **How to report Allegations:** If a child or young person makes inappropriate physical contact with a member of staff or volunteer this will be fully recorded in the incident record folder.
- Staff and volunteers will never carry out personal tasks for children and young people that they can do themselves. Where this is essential, staff and volunteers will help a child or young person whilst being accompanied by another colleague. Staff and volunteers should not accompany a child or young person into the toilet. Staff and volunteers are aware that this and other similar activities could be misconstrued.
- Staff and volunteers will be mindful of how and where they touch children and young people, given their age and emotional understanding.
- Unnecessary or potentially inappropriate physical contact will be avoided at all times.
- All allegations made by a child or young person against a member of staff or volunteer will be fully recorded, including any action taken, in the incident record folder. In the event of their being a witness to an incident, they should also sign the records to confirm this.
- The Designated Safeguarding Officer will contact Barnet's Safeguarding Children's Board with any concerns or allegations.

Child protection is the general term used to describe the work with children and young people to protect those at risk of significant harm - in other words protecting children and young people from abuse. The abuse could be physical, emotional, and sexual or neglect. Safeguarding and promoting the welfare of children and young people at EHRS is everybody's business.

Accountability of child protection lies with the child protection lead named at the beginning of this policy.

EHRS is committed to ensuring it meets its responsibilities in respect to child protection by treating any allegation seriously and sensitively. EHRS will not carry out any investigation itself into a suspected child abuse incident. On discovering an allegation the Head of Education and Youth will refer the case to the synagogue's Designated Child Safeguarding Officer who will contact the local authorities Safeguarding Children's Board.

Further to this, the following principles will govern any suspected or reported case of abuse;

- Where actual or suspected abuse comes to the attention of EHRS staff and volunteer, they will report to the Head of Education and Youth at the earliest opportunity.
- Staff and volunteers are encouraged and supported to trust their professional judgement and if they suspect abuse has, or is taking place, to report it to the Director of Education.
- Full written records of all incidents will be produced and maintained in the incident record folder or a child's individual records. It is vital that all child protection

concerns are recorded on the same day regardless of being referred or not. However, records should not delay referral or any other action.

- **How to record allegations:** You must record it factually; include full details, details of all parties involved, any evidence or explanation offered by interested parties, relevant dates, times and locations and supporting evidence or information from other members of staff or volunteers.
- You must date, time and sign the record.
- The designated safeguarding officer also record all the decisions, actions, monitoring or referrals and date and sign them.
- We will demonstrate great care in distinguishing between fact and opinion when recording suspected incidents of abuse.
- All records will be kept in a locked and secure place and passed to relevant agencies by the designated safeguarding officer.
- If an allegation is made against the child protection lead the EHRS Community Director will be informed immediately. They will then assume responsibility for the situation.
- Staff and volunteers will ensure that all concerns and allegations are treated with sensitivity and confidentiality,
- Any child or young person involved in an alleged incident will be comforted and reassured at all times.
- A key principle of child protection is the safety and welfare of the child or young person overrides all considerations.
- Advice should be sort and referral made as soon as the concern comes to light.

It is very important that the child protection lead manages all the safeguarding issues to ensure:

1. No valuable information gets missed or muddled
2. Agencies have a single contact
3. The management is aware of any issues immediately, especially important if the press gets involved and in terms of referrals or allegation management; it is EHRS raising the concern not an individual, which avoids creating sensitive and difficult situations, especially with parents or within a tight knit community.

Staff and volunteers should report any concerns to the child protection lead who will seek advice from the local safeguarding children's board. There is not a problem if the child protection lead contacts the relevant agency for something that eventually is not a concern, however EHRS could be criticised if we ignore a situation and do not seek advice when we should have done.

Disclosure

If a child or young person asks if they can tell a member of staff or volunteer something or a member of staff or volunteer feels they are about to disclose; the member of staff or volunteer will;

- Never promise that they can keep it a secret.
- If the child or young person then decides not to tell them, they will not pressure them - just go and tell the Head of Education and Youth and/or Designated Safeguarding Lead what happened.
- If a child or young person accepts that the staff or volunteer may have to pass on the information, they will suggest that together they go to the Head of Education and Youth or Designated Safeguarding Lead.
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- The staff member or volunteer would explain that they have to tell them anyway and they want to speak to the child or young person themselves. If what the child or young person has to tell is very distressing it is advisable to try and minimise the amount of times they have to repeat it.

Responding to disclosure

When a child or young person discloses to you, stay calm and be reassuring. In the most appropriate way possible try to convey that;

- You are glad they told you
- That you believe what you are being told
- That it is not the child or young person's fault
- That you will do your best to protect and support them.

Dealing with disclosure – the 4 Rs

Receive-Reassure-Record-Refer

Receive

- Listen to what is being said, try not to display shock or disbelief
- Accept what is being said but do not comment upon it
- Do not ask leading questions i.e. "what did s/he do next?" (this assumes s/he did something) or "did s/he touch your private parts?" such questions may invalidate your evidence in a later prosecution in court.

Reassure

- Reassure the child or young person but only as far as is honest and reliable, for example, don't make a promise you may not be able to keep, such as "I'll stay with you" or "everything will be ok"
- Don't promise to keep whatever they tell you a secret, you have a duty to refer

- Do reassure and alleviate guilt, if the child or young person refers to it
- Do not criticise the perpetrator, the child or young person may love him/her and reconciliation may be possible.

Record and Refer

- As soon as is possible all information should be recorded. Record as much detail as possible including names, addresses and contact information
- Write the nature of the allegation; do not include your own assumptions. Stick to what was actually said/shown/described by the child or young person
- Note any observations on behaviour or emotional state or injuries and bruises
- Note the time, location and date of the disclosure and sign the record
- Do not investigate the matter yourself, merely receive information and be ready to refer
- Pass this information and verbal account to the Designated Safeguarding Lead as soon as possible. It is your duty to refer this information- you cannot keep it a secret.

If the Designated Safeguarding Lead has reasonable grounds to believe a child or young person has or is in danger of being subject to abuse the following procedure will be activated:

- Contact at the earliest possible opportunity the Barnet Safeguarding Children's Board
- The child protection lead will communicate as much information about the allegation and related incidents as is consistent with the advice given to them
- At all times, the safety, protection and interests of the child or young person concerned will take precedence. The Director of Education, staff and volunteers will work with and support parents and carers as far as they are legally able
- EHRS will assist the local authority and police, as far as it is able during any investigation of abuse or neglect. This will include disclosing written and verbal information and evidence.
- OFSTED will be informed of any allegations of abuse against a member of staff or volunteer or any abuse that is alleged to have taken place on the premises or during a visit or outing.

If a member of staff or volunteer is accused of any form of child abuse s/he will be interviewed immediately by the Head of Education and Youth as the Designated Safeguarding Lead. The person accused may choose to attend the interview accompanied by a friend or colleague. If the allegation is against the Head of Education and Youth the interview will be carried out by an alternative Designated Safeguarding Lead and the EHRS Safeguarding Officer.

The person whom the allegation is made against will be informed of the allegation and will immediately be suspended on full pay (where applicable) while an investigation is made.

Definitions of Child Abuse:

Physical Abuse

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child/ young person. Physical harm may also be caused when a parent/carer feigns the symptoms of, or deliberately causes ill health to a child/ young person whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen Syndrome by proxy. Self-harm also comes under the category of physical abuse.

Emotional Abuse

Emotional Abuse is the persistent emotional ill treatment of a child/ young person such as to cause persistent adverse effects on the child/ young person's emotional development. It may involve conveying to a child/ young person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve age or developmentally inappropriate expectations being posed on a child/ young person. It may involve causing a child/ young person to feel frightened or in danger, or the exploitation or corruption of children/ young people. Some level of emotional abuse is involved in all forms of ill treatment of a child/ young person, though it may occur alone.

Sexual Abuse

Sexual Abuse involves forcing or enticing a child/ young person to take part in sexual activities, whether or not the child/ young person is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape) or non-penetrative acts. They may involve non-contact activities, such as involving children/ young people in looking at, or in the production of pornographic material or watching sexual activities, or encouraging children/ young people to act in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child/ young person's basic physical and psychological needs, likely to result in the serious impairment of the child/ young person's health or development. It may involve a parent/ carer failing to provide adequate food, heating, shelter and clothing, failure to protect a child/ young person 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/ young person's basic emotional needs.

These kinds of abuse and neglect can exist in isolation or together, in various combinations.

Signs and symptoms of child abuse and neglect

The following list is not exhaustive. The abuse and neglect of children physically, emotionally and sexually can have various derogatory effects on children and be manifested

in infinitely different ways. The following does, however, show some of the more common signs and indicate situations when more expert advice should be sought.

Neglect

Physical and emotional neglect:

- Nutritional neglect that can lead to significant harm/ non-organic failure to thrive.
- Failure to seek medical care or follow medical advice which endangers the child's life or development.
- Failure to protect a child from physical or social danger for example children being left at home alone or generally being inadequately supervised by an adult.
- Lack of stimulation, social contact or education where development is severely impaired.
- The demonstration of high levels of criticism and a low level of emotional warmth.
- Failure to provide appropriate standards of personal hygiene, clothing and physical comfort in the home, which can lead to medical problems or illness.
- Anxious or avoidant attachment behaviour sometimes demonstrated by infants who lack confidence to explore their surroundings and constantly clings to their care giver. Infants who roam around aimlessly and seem extremely wary of what is happening around them. Infants in a state of frozen watchfulness.

Physical Abuse

Careful consideration should be given to bruises around the eyes; symmetrical bruises are rarely accidental, although they can occur in head injuries.

A simple bruise could be the result of an accident or abuse.

Most accidental falls produce one or two bruises, usually to the front of a child, as they tend to fall forward, there may be marks on the hands where they have tried to break their fall. It is relatively uncommon for accidental bruising to occur on the back of a child, or on the mouth, cheeks, behind the ears, on the stomach, chest, under the arms, or on the neck, genital or rectal area.

The following injuries are likely to be an indication of non-accidental injury.

- Bruising in or around the mouth, especially in small babies.
- Grasp marks on limbs and chest of a small child.
- Finger mark bruising i.e. 3 or 4 small bruises on one side of the face and one on the other.
- Different aged bruising on the buttocks.
- Bites- human bites are oval and crescent shape. If the distance is more than 3 cm across they are likely to have been caused by an adult or child with permanent teeth.

- Burns and scolds with clear outlines or those with a uniform depth over a large area. Splash marks above a main burn. Small round burns that may be cigarette burns.
- Fractures- the most common fractures are to the long bones i.e. Arms, legs and ribs. It is very rare for a child under one year to sustain a fracture accidentally.
- Scars - children may have scars but notice should be given of an exceptionally large number of differing age scars, unusual shaped scars, or large scars from untreated burns or lacerations.

Some indicators of Physical Abuse:

- There is a delay in reporting the accident or getting treatment.
- There is a discrepancy between the history and the physical signs.
- More than one history/different stories are given about how the injury was sustained.
- There is a history of previous injuries to the same child or siblings.
- Other signs of poor physical care are evident.
- The family is known to be under severe social stress.
- Families where there is high criticism/ low warmth.

Sexual Abuse

Forms of sexual abuse vary from inappropriate touching to full penetration. Children may be involved in or exposed to pornographic material or watching sexual activity.

Signs and Symptoms of Sexual Abuse

- Disclosure.
- Genital soreness, injuries or discomfort.
- Sexually transmitted disease, urinary or vaginal infection.
- Sexualised play or behaviour.
- Nightmares.
- Wetting/soiling.

Children and young people aged twelve years or above may additionally exhibit:

- Depression
- Eating disorders
- Drug and/or alcohol abuse
- Suicide attempts
- Self mutilation
- School/peer/relationship problems
- Obsessional behaviour

Children or young people who have been sexually abused may go on to abuse others if they do not receive appropriate therapeutic help or treatment. Children may be sexually abused by adults, adolescents or other children.

Emotional Abuse

Emotional abuse occurs when a child's need for love, security, praise and recognition is not met. Emotional abuse usually co-exists with other forms of abuse. Emotionally abusive behaviour towards a child may consist of a parent or carer:

- Being verbally hostile
- Exhibiting rejecting behaviour
- Making continual threats
- Preventing social contact
- Making threats and using forms of punishment that may be psychologically damaging
- Consistently undermining a child
- Scape goating a child
- Conveying to a child that they are worthless, unloved and/or inadequate
- Imposing developmentally inappropriate exceptions on a child.

Children who are suffering emotional abuse may exhibit the following, which must be considered in the context of the parent/child relationship:

- Excessively clingy or attention seeking behaviour
- Very low self esteem
- Fearfulness or excessively withdrawn behaviour
- Despondency
- Constantly seeking to please
- Lack of appropriate wariness with strangers/over readiness to relate to anyone
- Excessive self-criticism
- Anxious attachment/insecurity
- Eating disorders of various kinds
- Various other mental health problems

Peer on Peer Abuse

At EHRS we must be aware that peer-on-peer abuse may occur, which includes bullying, physical abuse, sexual violence and sexual harassment, sexting, and so-called initiation ceremonies. This type of abuse must always be treated seriously, and will be dealt with in the same way that any other abuse would be dealt with, including the '4 R's (receive, reassure, record, refer). It will be dealt with appropriately based on the circumstance of the abuse.

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