



MahaDevi, Roberta Sumar Yoga Centre (MahaDevi)

Safeguarding Children and Child Protection Policy

Put in place: 22 July 2017
Last review: 1 January 2023

Policy statement

MahaDevi Centre will work with children, parents and the community to ensure we support children's rights and create and maintain the safest possible environment.

We do this by

- Recognising that all children have the right to freedom from abuse and harm
- Promoting joint working with parents and carers in the interest of children's welfare
- Following safe recruitment procedures to ensure that staff are carefully selected, vetted and have the relevant qualifications and experience.
- Ensuring that all staff are aware of and accept responsibility for helping to prevent the abuse of children
- Designating a Child Protection Officer (DCP) Denisa Nenova and deputy DCP Jo Kirwin, who take specific responsibility for children's protection, safety and well-being
- Supporting all staff in bringing concerns to the Designated Child Protection Officer and deputy DCP.
- Responding quickly and appropriately to all suspicions or allegations of abuse
- Providing parents, carers, and children with the opportunity to voice any concerns they may have. This includes having knowledge of and ensuring children have access to their preferred methods of communication and that staff are trained in various communication tools.
- Adopting positive behaviour management strategies which are non-violent and do not impose humiliation

- Reviewing the effectiveness of the organisation's Child Protection Policy and Procedures
- Working in partnership with external organisations and professionals to ensure that children are protected

Safeguarding disabled children

Any child with a disability is, by definition, a 'child in need' under s17 of the Children Act 1989. Disabled children can be more vulnerable to significant harm through physical, sexual, and emotional abuse and/or neglect than children who do not have a disability. The presence of multiple disabilities increases the risk of abuse and neglect.

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm, high standards of practice, and understanding of barriers to communication which may make it difficult to tell others what is happening.

Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the guidance, in the same way as with any other child. We recognise that children with disabilities are at greater risk of abuse for a number of reasons, including increased need for practical assistance and physical dependence, increased demand for personal care provided by a number of different carers, communication difficulties and lack of access to appropriate communication methods. Staff members who work with children will:

- Have important information about individual children's presentation, needs and preferred methods of communication.
- Be particularly sensitive to changes in children's behaviour that may indicate possible abuse.
- Will receive the appropriate training in order to meet individual children's needs

Procedures

All staff and volunteers should be familiar with the leaflet [***What to do if you're worried a child is being abused***](#). (HM Government, March 2015)

Named person's role and responsibilities

It is the role of the Designated Child Protection Person (DCP) to act as a source of support and guidance on all matters of child protection and safeguarding within the setting. In the absence of the DCP, staff should report any concerns to the Deputy Designated Child Protection Person

(DDCP), who will act in accordance with this policy and the London Child Protection Procedures 2015 and report back to the DCP.

Everyone in the organisation should know who the Designated Child Protection Person (DCP) is and how to contact them.

It is not the role of the Designated Child Protection Person to decide whether a child has been abused or not. Children's Social Services have the legal responsibility for this task. But it is the responsibility of the Designated Child Protection Person to ensure that concerns are shared, and appropriate action is taken.

The designated staff member is responsible for the following:

- Liaising with the Children's Social Care
- Ensuring that all staff receive appropriate child protection training so that they are up to date with current legislation, policy and practice and can respond sensitively and appropriately to any child protection concerns.
- Ensuring that all staff new to the setting receive induction training to enable them to understand and adhere to the setting's policies
- Ensuring that child protection referrals are made using the format agreed by Islington Children's Social Care or the format required by other boroughs if the child is not an Islington resident
- Ensuring the setting's child protection and safeguarding policies and procedures are maintained, up-to-date, disseminated, and adhered to by all staff.

Understanding and identifying abuse and neglect

The four main categories of abuse are **physical, sexual, emotional abuse** and **neglect**.

Physical Abuse

Physical abuse is deliberately physically hurting a child. It might take various forms, including 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 fabricates the symptoms of or deliberately induces illness in a child. Physical abuse can also occur outside of the family environment.

Some possible signs of physical abuse:

Unexplained injuries, for example, bruising, bite marks, burns and fractures, particularly if recurrent.

- Improbable explanations are given for injuries.

- Several explanations are provided for an injury.
- Refusal to discuss injuries.
- Untreated injuries.
- Withdrawal from physical contact.
- Admission of punishment which seems excessive or inappropriate
- Shrinking from physical contact or flinching
- Fear of going home or of a parent/carer being contacted
- Fear of undressing or changing or being changed
- Fear of medical help
- Aggression/Bullying
- Over-compliant behaviour or a 'watchful attitude.'
- Running away
- Significant changes in behaviour with no explanation
- Unexplained patterns of attendance
- Covering up i.e. wearing seasonally inappropriate clothing
- Signs of physical discomfort without explanation
- Female genital mutilation- partial or total removal of the external female genitalia or injury to the female genital organs

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child. It can cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over-protection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, 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 child maltreatment, though it may occur alone.

Some possible signs of emotional abuse:

- Continual self-deprecation, low self-esteem
- Fear of new situations beyond what would be appropriate
- Inappropriate emotional responses to new, difficult or painful situations
- Self-harm (this can present in young children as well as older ones)
- Compulsive stealing, scrounging
- Obsessive behaviours such as rocking or thumb-sucking
- Detachment – "Don't care" attitude
- Social isolation – does not join in and does not have friends
- Attention-seeking behaviour beyond what would be age appropriate

- Eating problems, including lack of appetite or over-eating
- Depression, withdrawal
- Inability to concentrate
- Obsessive masturbation in public
- Acting out aggression between parents or talking about domestic violence at home
- Attaching inappropriately to strangers or people that they do not know well

Sexual Abuse and Exploitation

Sexual abuse is any sexual activity with a child. It involves forcing or enticing a child or young person to participate in sexual activities, not necessarily applying 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 a sexually inappropriate way, or grooming a child in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children.

Some possible signs of sexual abuse:

- Continual or excessive masturbation.
- Asking if you will keep a secret if they tell you.
- Unexplained sources of money, sweets or presents.
- Reluctance to get changed for an activity.
- Chronic ailments such as stomach aches or headaches.
- Involving other children in sexual activity.
- Self-harm
- Bruises, bites or marks on the body
- Scratches, abrasions or persistent infections in anal or genital regions
- Age-inappropriate sexual awareness, which may be evident in the play, drawings, vocabulary, writing or behaviour towards children or adults
- Attempts to teach other children about sexual activity

- Attempting to coerce other children into sexualised games or behaviours
- Refusal to stay with certain people or to go to certain places
- Aggression, anger, anxiety, tearfulness

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. Many children victims of sexual exploitation go missing from home, care and education at some point.

Some possible signs of sexual exploitation

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in the exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods or regularly come home late
- Children who regularly miss school or education or don't take part in education

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the severe impairment of the child's health or development. For example, neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and 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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or Unresponsiveness to, a child's basic emotional needs. This could be when a

child's/young person's personal or intimate requirements are ignored, not ensuring children/young people are safe or exposed to undue cold, heat or unnecessary risk of injury.

Some possible signs of neglect:

- Constant or frequent hunger
- Small stature or growth or, in babies or young children, not meeting milestones with no medical explanation
- Poor personal hygiene – in babies or young children, this might present as always having a nappy rash or regularly being left in dirty, soiled clothes/ underwear.
- Frequently being sent to school or nursery when ill
- Inappropriate clothing (too large, too small, clothes for the opposite gender)
- Frequent lateness or non-attendance
- Medical needs not met or treatment not sought
- Low self-esteem, sense of unworthiness
- Poor social and peer relationships
- Constant tiredness or hunger
- Compulsive stealing or scrounging
- Constant lack of response or interest from parent/carer
- Under-achieving at school or nursery
- High and unusual levels of anxiety or being preoccupied

Bullying

Bullying can also be a category of abuse. Bullying is the abuse and/or intimidation by a person, people or an organisation against another or others. It may be a specific act, or it may be institutional. It is an abuse of a perceived power relationship. Children can also bully other children. Bullying may include verbal abuse and intimidation, acts of physical or sexual abuse and coercion, and e-bullying, through texting, filming on mobiles and posting on social networks. Whatever its form, it is unacceptable. It must be challenged and appropriately addressed.

Some possible signs of bullying:

- Reluctance to attend activities previously enjoyed.
- Tearfulness, depression, erratic emotions, loss of concentration.
- Stomach aches, headaches, difficulty sleeping, bed-wetting, bruising, cuts, scratches, damaged clothing, bingeing on food, alcohol or cigarettes.
- Shortage of money, frequent loss of possessions.
- Asks for money or starts stealing (to pay bully/ies)
- Drop in performance.

Domestic Violence

Domestic violence is defined by the Home Office as:

“Any incident or pattern of controlling*, coercive** or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial,
- emotional

*Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse used to harm, punish, or frighten their victim.’

This definition includes so-called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and it is clear that victims are not confined to one gender or ethnic group.

All agencies must collaborate to identify and protect these children/young people.

It has been widely understood that coercive control is a core part of domestic violence. Recognising coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control is crucial.

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship. Seeing or overhearing violence to another person in the home adversely affects a child's development and welfare. Unborn children are also at increased risk; domestic violence is a prime cause of miscarriage, stillbirth, premature birth, foetal psychological damage, fetal physical injury and foetal death.

Children of all ages living with a parent, most often the mother experiencing domestic violence, are vulnerable to significant harm through physical, sexual, and emotional abuse and/or neglect.

The legal definition of significant harm includes "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home".

Professionals should apply the London Safeguarding Children Board guidance to all situations of domestic violence, for example, where it is perpetrated by women or girls against men and boys, within same-sex relationships and from a child.

Professionals should be aware that teenage girls could be experiencing violence within intimate partner relationships.

Female Genital Mutilation (FGM)

The World Health Organisation defines FGM as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical and emotional abuse.

When a child is at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

Spirit Possession or Witchcraft

Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them; the belief includes the child being able to use the evil force to harm others.

A child may suffer emotional, physical and sexual abuse and neglect if labelled and treated as possessing an evil spirit. Significant harm may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. Dismissing the belief may be harmful to the child involved.

Forced Marriage

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.

Suspicious signs that a child may be forced into marriage include: A family history of older siblings leaving education early and marrying early; depressive behaviour including self-harming and attempted suicide; being kept at home by their parents; being unable to complete their education; a child always being accompanied including to school and doctors' appointments; a child talking about an upcoming family holiday that they are worried about; a child directly disclosing that they are worried they will be forced to marry.

Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim. Hence, an appropriate initial response is vital. Professionals should not minimise the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact Denisa Nenova, child protection officer.

Honour-Based Violence

The Metropolitan Police definition of so-called honour-based violence is a crime or incident which has or may be committed to protect or defend the honour of the family and/or community. Honour-based violence cuts across all cultures and communities.

The perceived immoral behaviour which could precipitate a murder includes Inappropriate make-up or dress; the existence of a boyfriend; kissing or intimacy in a public place; rejecting a forced marriage; pregnancy outside of marriage; being a victim of rape; interfaith relationships; leaving a spouse or seeking a divorce.

A child at risk of honour-based violence is at significant risk of physical harm (including being murdered) and/or neglect and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. These include House arrest and excessive restrictions; denial of access to the telephone, internet, passport and friends; threats to kill; pressure to go abroad. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserves to die.

When receiving a disclosure from a child, professionals should recognise the seriousness/immediacy of the risk of harm. Professionals should not minimise the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact the agency's named child protection person.

Vulnerability of Disabled Children

Research indicates that children with special educational needs or disabilities are more vulnerable to abuse. This may be for the following reasons:

- Attitudes and assumptions can lead to the denial or failure to report abuse
- Reluctance to challenge carers – misplaced empathy
- Seeing abuse as attributable to the stress and difficulties of caring for a disabled child
- Beliefs that abuse does not impact on disabled children in the same way

- Double standards – unsatisfactory situations accepted for disabled children
- Dependency – exposure to a wide range of carers for personal and intimate care
- Isolation – easier for abuse and neglect to remain hidden
- Lack of participation and choice in decision-making – disempowered and less likely to complain
- Especially vulnerable to bullying and intimidation
- Behaviours misconstrued as part of a child's disability
- Communication barriers – may make it difficult to tell others what is happening
- Judgements made about a child's ability to communicate are not based on accurate information and specialist advice
- The child's preferred method of communication is not recognised / equipment and/or facilitation is not available
- Communication aids don't contain the necessary words to help a child describe an experience of abuse

In addition to the above, some possible signs of abuse for disabled children are:

- Bruising on sites that may not be concerning to a non-disabled child
- Not getting enough help with feeding
- Over or under medicating
- Poor hygiene and personal care arrangements
- Rough handling / excessive restraint
- Lack of stimulation
- Unwillingness to learn a child's means of communication
- Ill-fitting equipment / invasive procedures which are unnecessary or carried out against the child's will

Procedures to follow if you suspect that a child is at risk of harm

We have a statutory duty to notify agencies if we have a concern about children's safety and welfare (Working Together to Safeguard Children 2015).

- Where there is a concern about a child's welfare or well-being or a concern that a child is in need of protection, this should be recorded on the concern form and then passed on to the DCP or DDCP for action (or if unavailable, then seek advice from Children's Social Care)
- These running records should be kept securely in the child's file
- All staff and volunteers are aware that they must report concerns immediately
- All records of concerns, emails, notes of phone conversations and actions are filed confidentially and securely in the child's file
- The staff know that when they have concerns about a child's welfare, they need to:
 - Focus on the needs of the child – their physical and emotional welfare
 - Be sensitive
 - Talk it over with one of the Designated Members of the Staff
- The flowchart for '*Making a child protection referral to children's social care*' is displayed and attached to this policy. This Safeguarding Policy is accessible to all parents and carers on site.
- Concerns will be discussed with parents unless this would put the child at further risk of serious harm.
- Unless we are advised otherwise by Children's Social Care, the recording forms will be shared with parents. **Managing a 'disclosure.'**

Staff should:

- Stay calm and listen to the child
- Ask questions for clarification only. Avoid asking questions that suggest a particular answer.
- Consider how to explain to the child about our policies and procedures so that they know what is going to happen.

- Tell them who you are going to tell so that they can be made safe – children may fear that what they have said will be passed on to everyone, and they need to know that this will not be the case.
- Control expressions of panic or shock
- Use the child's language or vocabulary.
- Offer comfort, bearing in mind the age and needs of the child
- If the child has disclosed sexual abuse, ask them when it happened, but nothing more. Whether a child is asked this question will depend upon the child's age and understanding
- Tell them that they were right to tell you and it was not their fault, and they are not bad
- Do not be tempted to give false reassurances to the child but tell them that you will do your best to protect or help them
- As soon as possible, take care to record in writing what was said using the child's own words. Record the date, time, setting, names mentioned, to whom the information was given, and other people present. Sign and date the record
- Record any subsequent events and actions
- It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with the Designated Child Protection Person.

Children can only be interviewed once, and this interview must be conducted by a trained police officer and social worker under Home Office 'Achieving Best Evidence' guidance. If a child has already been interviewed, the police may not be able to pursue the matter.

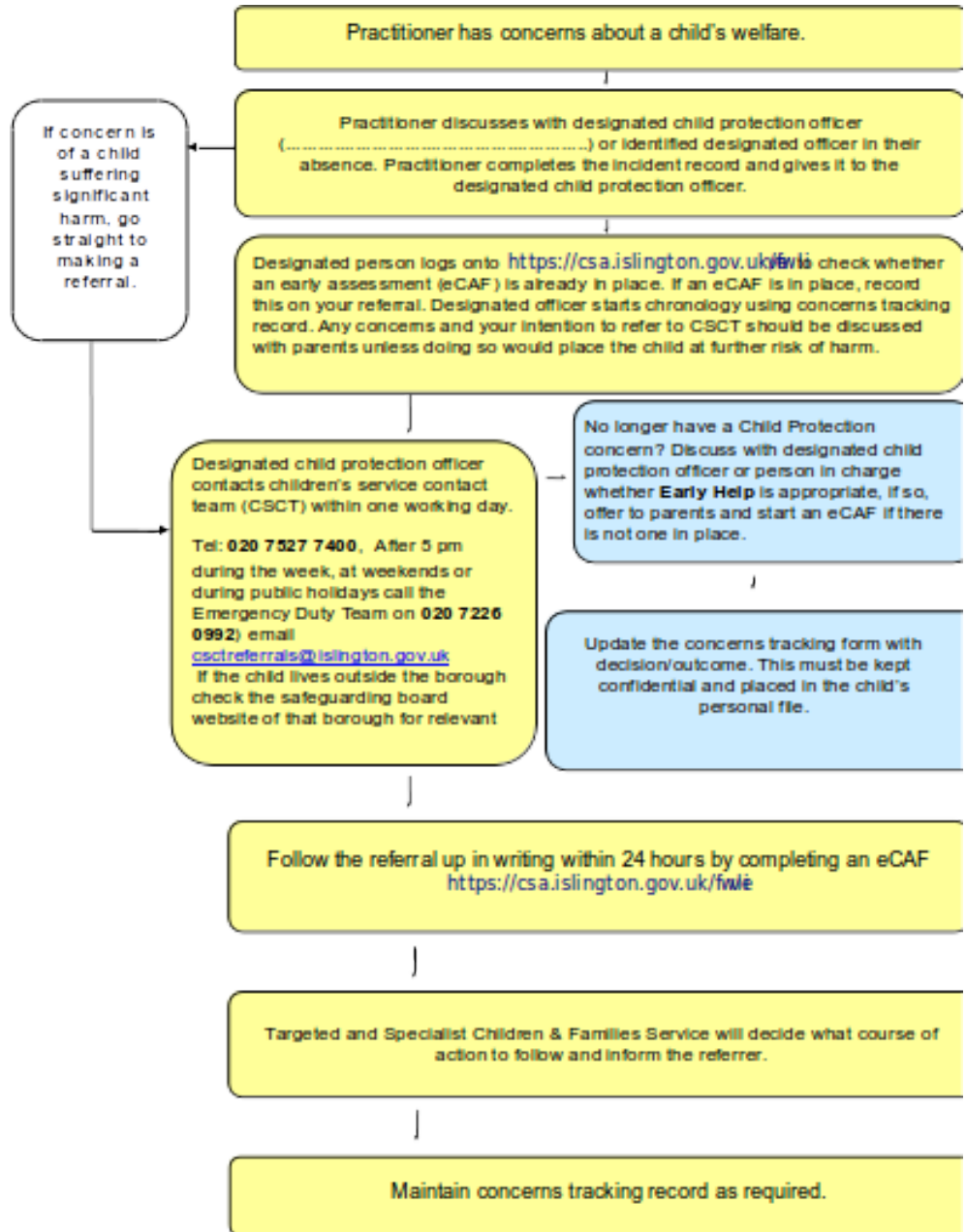
A child may recall former abuse once in a safe situation. Although they may be under no current threat to their safety, any disclosure must be raised with the Designated Child Protection Person and followed through appropriately.

You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interests of the child / young person, these concerns should be raised with the Designated Child Protection Person and followed through appropriately.

Recording and reporting

Recording is a tool of professional accountability and is central to safeguarding and protecting children. It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason, concerns must be recorded accurately to monitor and detect emerging patterns.

Designated Child Protection Person Response



Inappropriate behaviour by staff

All staff must be vigilant concerning inappropriate behaviour displayed by members of the team or any other person working with the children. Examples include inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their usual roles and responsibilities, or inappropriate sharing of images. Staff should behave in accordance with the Code of Conduct.

Training

All staff members will regularly access appropriate safeguarding training (depending on their level of responsibility) as advised by the Islington Safeguarding Children Board and ensure their knowledge is up to date on safeguarding issues. MahaDevi Centre ensures that the available training will enable staff to identify signs of possible abuse and neglect and respond promptly and appropriately.

Inappropriate behaviour displayed by other members of staff members or any other person working with the children. For example, inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual roles and responsibilities; or inappropriate sharing of images.

Safer recruitment

Safe recruitment and selection practices are vital to safeguarding and protecting children. Please refer to the safe recruitment policy and procedure for more detailed information.

- All staff and volunteers are carefully selected. MahaDevi Centre recruitment procedures are in line with the LSCB safer recruiting guidelines.
- DBS checks are carried out in accordance with legislation for all staff, students on placements, volunteers and agency supply workers before they are allowed to work with us.
- DBS disclosures are recorded in staff files.
- All new members of staff, volunteers, and students on placement and agency staff complete the induction process and agree they understand our policies, procedures and basic safeguarding practices.

Responding to allegations made against a member of staff/volunteer

Any allegation made against a professional must be shared with the DCP immediately. Staff members and the DCP will follow MahaDevi Centre's *Whistleblowing Policy*. The DCP will liaise with the Local Authority Designated Officer (LADO), who will manage any allegation in line with *Islington's Allegations Made Against Staff Process*, appended here.

Flowchart: Allegations Made Against A Member of Staff.

If an allegation is made that a member of staff has harmed a child, is alleged to have behaved in a way in their private life that may suggest they are unsuitable to work with children and young people; *or if a disqualified person lives or is employed in their household, the designated child protection officer (Denisa Nenova) or their absence identified designated child protection officer, must be informed immediately. If the allegation concerns the manager/designated child protection officer, the chair of the board of governors/management committee/proprietor must be informed.

To assess the most appropriate course of action, the following initial information must be collated:

- the date and time of the observation or the disclosure,
- the exact words spoken by the child/staff/member/parent/volunteer as far as possible,
- the name of the person to whom the concern was reported (with date and time),
- the names of any other person present at the time,
- wider relevant knowledge or background information.

(Note: it is not appropriate at this stage to conduct formal interviews or take written statements from staff, as this could compromise a later or police investigation)

The Local Authority designated officer (LADO) **must be informed within one working day** on Tel: **020 7527 8066**.

The LADO will clarify if and how the matter will be taken forward and what appropriate course of action should be taken. In serious situations, the LADO will advise whether a suspension should take place immediately.

After discussing the situation with the LADO, it may become clear that a referral to Children's Services Contact Team is required.

Refer the allegation to Children's Services Contact

Team: 020 7527 7400 email csctreferrals@islington.gov.uk

And follow this up in writing within 24 hours by completing the eCAF referral <https://csa.islington.gov.uk/fwlive/>

Children's Social Care will contact the setting as to how to proceed. A formal strategy meeting will take place between Children's Social Care, the settings representative and the police (as appropriate). This meeting will agree on what action is required immediately to safeguard and promote the welfare of the child and/or provide interim services and support.

After discussing the situation with the LADO, it may become clear that a referral to Children's Social Care is **not** required, and the setting is to follow their own complaints and disciplinary procedures.

The member(s) of staff may be suspended on full pay (advice from the LADO will support you with this decision). This overall decision to suspend is vested in the chair of the board of governors/ management committee/proprietor. Suspension is a neutral act and allows a full investigation of facts to take place.

All staff have a duty to protect children from abuse and keep children safe. Wanting to support a colleague or finding it difficult to believe what you have seen or heard must come second to that.

- If any worker is concerned that no action is being taken, it is their responsibility to report the matter directly to the LADO
- The flowchart 'Allegations Made Against a Member of Staff' is displayed in the playroom and attached to this policy
- It is the responsibility of all staff to share concerns about the actions or attitudes of colleagues with the DCP or DDCP who will deal with the concerns appropriately
- This often difficult issue should be discussed at staff meetings so that all staff understand what is meant by the term 'whistle-blowing' and their responsibilities with regards to it, and are able to raise concerns with the DCP
- Staff must give management details of any incident, order, determination, conviction or any other possible issue which may impact on their suitability to work with children.
- If any such event should lead to disqualification, appropriate action will be taken to ensure the safety and well-being of children in the setting.
- Details will be forwarded to OFSTED, who, in certain circumstances, may consider a waiver of the disqualification in line with relevant legislation.

Children harming other children

It is part of our duty of care that we make sure children are protected from harm from other children. At MahaDevi Centre, where we work with children under five and with children who have severe and complex needs, biting, pushing, scratching and hitting may occur at times.

Please refer to the *Behaviour Policy* for managing these incidents.

If you think that a child is targeting another child, it is important to raise this with the Manager immediately.

In recording and reporting incidents, it is important that the identity of the child that did the hurting is not disclosed. This is part of our duty of confidentiality to all children and families. If a parent asks who has hurt their child, show understanding of their upset, anger or pain but explain that we are not able to share this information.

E-safety and use of digital devices

MahaDevi Centre will adhere to *Islington's E Safety Policies* Our aim is to:

- Protect children and young people who receive MahaDevi Centre's services and who make use of information technology (such as mobile phones, games consoles and the internet) as part of their involvement with us
- Provide staff and volunteers with the principles that guide our approach to e-safety
- Protect professionals
- Ensure that, as an organisation, we operate in line with our values and within the law in terms of how we use information technology

We recognise that:

- The welfare of the children/young people who come into contact with our services is paramount and governs our approach to the use and management of information communications technologies

Mobile phones and digital devices can present a number of problems when not used appropriately

- Phones and personal devices can allow internet access and bypass the centre security settings and filtering

- Mobile phones with integrated cameras could lead to child protection, bullying and data protection issues with regard to inappropriate capture, use or distribution of images of children or staff.

Internet

The internet is not to be made available to children on MahaDevi Centre premises. Parents are requested not to allow their children access to the internet on their personal devices while at MahaDevi Centre.

Cameras

It is not the intention to prevent parents/carers from taking pictures but to ensure that photographic practices are monitored and to reduce the risks of inappropriate photography/filming.

No one is permitted to photograph or record images in the following areas:

- Changing areas
- Toilet areas
- Children/young people can only be photographed if permission of parents/carers is given
- Those taking photos, including staff/volunteers, must identify themselves
- Staff should not use personal devices such as mobile phones or cameras to take photos or videos of the children and will only use designated equipment for this purpose.
- Photographers will be required to have formal identification, which must be worn at all times
- Children's/young people's images will not be used for promotional, or press releases unless parents/carers have consented
- Unsupervised access to children/young people or one-to-one photo sessions are prohibited
- Photo sessions outside the organisation/orE-Safetyon's activities or at a child's/ young person's home are not allowed
- Personal details which might make a child/young person vulnerable, for example, address, email address, phone number, should never be revealed.

Mobile phones

- Parents, carers and visitors are requested not to use their mobile phones while on the premises. Staff will remind parents of the policy by asking them to leave the yoga room and take calls in the foyer when necessary.
- Parents are also requested to avoid giving their children access to their mobile phones for other activities particularly any that involve access to the internet.
- Staff should not have mobile phones with them whilst working with children at MahaDevi Centre other than for the purpose of playing some relaxation music at the end of a session.
- Staff mobile phones should be kept in bags and used only when staff are on break time in the staff room or outside the setting.