**Safeguarding and Child Protection Policy – Inaaya Academy**

**Effective Date:** 11th March 2025
 **Review Date:** 11th March 2026
 **Approved by:** Showkath Hussain (Manager & Designated Safeguarding Lead)

Syedul Alam (Child protection officer)
 **Contact Email:** Inaaya.academies@gmail.com

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**1. Policy Statement**

Inaaya Academy is fully committed to safeguarding and promoting the welfare of all children. We recognize our moral and statutory duty to protect children from abuse, neglect, and exploitation. This policy applies to all staff, volunteers, visitors, and contractors.

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**2. Aims and Objectives**

To create a safe and secure environment for every child.

To identify and respond to signs of abuse or neglect.

To support children who may have been harmed or are at risk.

To ensure all staff are trained and aware of their responsibilities.

To maintain clear procedures for reporting concerns.

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**3. Designated Safeguarding Lead (DSL)**

**Name:** Showkath Hussain

**Role:** Manager & DSL

**Email:** Inaaya.academies@gmail.com

**Phone:** 07845557064

**The DSL is responsible for:**

Ensuring child protection policies are followed

Liaising with local safeguarding partners

Ensuring all staff receive safeguarding training

Managing and recording safeguarding concerns

**4. Types of Abuse**

Staff are trained to recognize signs of:

**Physical Abuse** – hitting, shaking, throwing

**Emotional Abuse** – belittling, bullying, threats

**Sexual Abuse** – inappropriate touching, exposure to sexual content

**Neglect** – failure to meet basic physical or emotional needs

**5. Recognising and Responding to Concerns**

If a child discloses harm or a staff member observes signs:

**Listen** – stay calm, avoid leading questions

**Reassure** – let the child know they were right to tell

**Report Immediately** – inform the DSL (Showkath Hussain)

**Record Clearly** – note what was said, the date, time, and your response

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**6. Safer Recruitment**

Inaaya Academy follows safer recruitment practices by:

Conducting enhanced DBS checks on all staff and volunteers

Taking up references prior to employment

Verifying identity and qualifications

Providing safeguarding induction on day one

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**7. Training**

All staff receive safeguarding and child protection training on induction and updated **annually**

The DSL receives **specialist training** updated every **2 years**

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**8. Allegations Against Staff**

All allegations are taken seriously

DSL will notify the **Local Authority Designated Officer (LADO)**

Staff may be suspended to protect children

Records are kept confidential and secure

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**9. Whistleblowing**

Staff are encouraged to report poor practice or concerns

Reports may be made to the DSL or external agencies

Whistleblowers are protected from retaliation

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**10. Confidentiality and Record Keeping**

Child protection records are stored securely and separately

Information is shared on a **need-to-know basis**

Parents are informed unless it would place the child at greater risk

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**11. Use of Mobile Phones and Cameras**

Staff must not use personal phones to photograph children

Only approved nursery devices may be used

Visitors must not use phones in childcare areas

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**12. Online Safety**

Children are supervised when using digital devices

Internet filters are in place

Staff model safe online behaviour

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**13. Partnerships with Parents**

We aim to build strong, open relationships with parents and carers

Parents receive a summary of this policy upon enrollment

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**14. Policy Review**

This policy will be reviewed annually or following a safeguarding incident or legislative change.

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**Contact Information**

**Designated Safeguarding Lead:** Showkath Hussain **(07845557064)**

**Child protection Officer:** Syedul Alam **(07951511729)**

**Email:** Inaaya.academies@gmail.com

**Phone:** 07845557064

**The Local Authority Designated Officer (LADO) can be contacted Monday to Friday: 9-5pm on 020 7364 0677 or by email on LADO@towerhamlets.gov.uk. There is an out of hours contact number for evenings and the weekend 020 7364 4079.**

**Children’s Social Care & Safeguarding**

* **Multi-Agency Safeguarding Hub (MASH):**
	+ **Phone:** 020 7364 5006 (Option 3)
	+ **Extensions:** 5606 / 5601 / 5358 / 7796
	+ **Email:** Mash@towerhamlets.gov.uk
	+ **Hours:** Monday to Friday, 9am–5pm
	+ **Out of Hours (Emergency Duty Team):** 020 7364 4079 (after 5pm and weekends)
	+ For immediate danger, call **999**. [East London NHS Foundation Trust+6Tower Hamlets Council+6Carers Centre Tower Hamlets+6](https://www.towerhamlets.gov.uk/lgnl/community_and_living/community_safety__crime_preve/emergencies/Emergency-Support-for-residents-2.aspx?utm_source=chatgpt.com)[Tower Hamlets Council+4Tower Hamlets Council+4Tower Hamlets Council+4](https://www.towerhamlets.gov.uk/lgnl/health__social_care/children_and_family_care/Multi-Agency-Support-Team-MAST.aspx?utm_source=chatgpt.com)

**Early Help & Family Support**

* **Multi-Agency Support Team (MAST):**
	+ **Phone:** 020 7364 5006 (Option 2)
	+ **Email:** EarlyHelp@towerhamlets.gov.uk
	+ **Hours:** Monday to Friday, 9am–5pm
	+ Provides support for issues like family breakdown, housing, emotional well-being, and parenting. [Tower Hamlets Council](https://www.towerhamlets.gov.uk/lgnl/health__social_care/children_and_family_care/Early_Help/Early_Help_Hub.aspx/?utm_source=chatgpt.com)[Tower Hamlets Council+6Hub of Hope+6Tower Hamlets Council+6](https://hubofhope.co.uk/service/1ee92bc5-a1b1-69e6-b6d6-b1fee0df7f33?utm_source=chatgpt.com)

 **Children and Family Centre**

* **General Enquiries:**
	+ **Phone:** 020 7364 1553
	+ Offers services for families with children from birth to 19 years (up to 25 for those with SEND), including play sessions, family support, and health services. [localoffertowerhamlets.co.uk+3Tower Hamlets Council+3Hub of Hope+3](https://www.towerhamlets.gov.uk/lgnl/community_and_living/community_safety__crime_preve/emergencies/Emergency-Support-for-residents-2.aspx?utm_source=chatgpt.com)

 **Mental Health Support (CAMHS)**

* **Child and Adolescent Mental Health Services (CAMHS):**
	+ **Phone:** 020 7426 2375 / 2400
	+ **Email:** elt-tr.CAMHSTowerHamletsDuty@nhs.net
	+ **Locations:**
		- 18 Greatorex Street, Whitechapel, E1 5NF
		- The Emmanuel Miller Centre, 11 Gill Street, Isle of Dogs, E14 8HQ
	+ **Hours:** Monday to Friday, 9am–5pm
	+ Provides assessment and support for children and young people experiencing emotional, behavioural, or mental health difficulties. [Carers Centre Tower Hamlets+7East London NHS Foundation Trust+7East London NHS Foundation Trust+7](https://www.elft.nhs.uk/services/camhs-tower-hamlets?utm_source=chatgpt.com)[Tower Hamlets Council+1Tower Hamlets Council+1](https://www.towerhamlets.gov.uk/lgnl/community_and_living/community_safety__crime_preve/emergencies/Emergency-Support-for-residents-2.aspx?utm_source=chatgpt.com)[East London NHS Foundation Trust+1East London NHS Foundation Trust+1](https://www.elft.nhs.uk/camhs/where-we-work/camhs-tower-hamlets?utm_source=chatgpt.com)

 **Special Educational Needs & Disabilities (SEND) Support**

* **SEND Information, Advice and Support Service (SEND IASS):**
	+ **Phone:** 020 7364 6489
	+ **Email:** TowerHamlets&City.SENDIASS@towerhamlets.gov.uk
	+ **Address:** 30 Greatorex Street, London, E1 5NP
	+ **Hours:** Monday to Friday, 9am–5pm
	+ Offers advice and support to parents, carers, and young people with SEND. [nhs.uk+5councilfordisabledchildren.org.uk+5Tower Hamlets Council+5](https://councilfordisabledchildren.org.uk/what-we-do-0/networks/iassn/find-your-local-ias-service/london/tower-hamlets?utm_source=chatgpt.com)[Tower Hamlets Council+1councilfordisabledchildren.org.uk+1](https://www.towerhamlets.gov.uk/lgnl/community_and_living/community_safety__crime_preve/emergencies/Emergency-Support-for-residents-2.aspx?utm_source=chatgpt.com)

 **Portage Service (Early Years Support)**

* **Tower Hamlets Portage Service:**
	+ **Phone:** 020 7364 6491
	+ **Address:** Meath Gardens Children Centre, 1 Smart Street, London, E2 0SN
	+ **Hours:** Monday to Friday, 9am–5pm (term-time only)
	+ Provides home-visiting educational support for pre-school children with additional needs.

**Record sheet for disclosures**

Once you have completed this form, please give directly to **Showkath Hussain**. If MR Hussain is not in the Academy you should hand the form to **Syedul Alam**.

**Safeguarding Incident/concern Form**

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| **Child’s name:**  |
| **DOB:**  | **Year:**  |
| **Place of incident:**  | **Date:**  |
| **Name(s) of other children involved:**  |

**If child protection issue complete body map appendix**

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| --- |
| **Incident/Concern:**  |
| **Action taken**:  |
| **Information to:**  |
| **Safeguarding** |
| **Name of designated Safeguarding Lead at time of incident:**  | **Date:**  |
| **Parent:**  |  |
| **Children’s service contact team:**  |  |

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| --- | --- |
| **Person completing the incident record:** | **Print Name:**  |
| **Designation:**  | **Date:** |
| **Signed:**  |

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| **Follow up action:**  |

**Type of Incident:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Racist** |  | **Sexist** |  | **Homophobic** |  | **Personal Abuse** |  | **Other(specify)** |  |

**Form of Incident:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Verbal** |  | **Physical assault** |  | **Threat of violence and aggression** |  | **Cyber** |  | **Other(specify** |  |

**People involved:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child/Child** |  | **Staff/Child** |  | **Staff/Adult** |  | **Member of public** |  | **Other(specify)** |  |

**Action taken:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ignored** |  | **Discussion** |  | **Reprimand** |  | **Academy sanction** |  | **Parental involvement** |  | **Incident resolved** |  |

1. **All incidents should be recorded and shared with DSL (designated safeguarding lead) without delay.**
2. **Incidents can be shared or further advice sought with DDSL and nominated Governor for safeguarding in the absence of DSL or when there is a disagreement.**
3. **CP incidents can be shared directly with children service contact team in the absence of the DSL or to ensure there is no delay or when there is a disagreement.**

**Agency referral to Children’s Social Care**

**Referral form for use by all agencies.**

PLEASE NOTE THAT A WRITTEN REFERRAL FORM IS REQUIRED IN ALL CASES.

 WHERE A TELEPHONE REFERRAL HAS BEEN MADE BECAUSE OF THE URGENCY OF A SITUATION THIS MUST BE FOLLOWED UP WITHIN 48 HOURS BY A COMPLETED REFERRAL FORM UNLESS AGREED OTHERWISE.

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| **Name and contact details of person making the referral** |
| **Name:** |       |
| **Name of agency/organisation:** |       |
| **Address:** |       |
| **Telephone Number:** |       | **Fax Number:** |       |
| **Email Address:** |       |
| **Date written referral is being made:** |       |
| **Date telephone referral made (if applicable) and to whom:** |       |
| **Relationship of person making the referral to the child/family:** |       |

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| **NAME(S) and DATE(S) OF BIRTH of the child(ren) being referred (please list here all children in the family):**  |
|       |
| **Child(ren)’s preferred language if not English speaking:**  |       |
| **Ethnic origin and Nationality if known:** |       |
| **Details of wider social and professional network (e.g. significant family / friends, GP, health visitor, Academys, professionals working with members of the household)** |
| **Name** | **Role/****Relationship** | **Address** | **Telephone****number** | **Email** |
|       |       |       |       |       |
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| **Name of parent(s)/carer(s) with whom child(ren) live(s):**  |
|       |
| **Parent(s)/Carer(s) preferred language if not English speaking:** |       |
| **Address:** |
|       |
| **Telephone number(s):** |       |
| **Any other relevant family details:**  |
|       |

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| **Why is a referral being made? What are the concerns? (Please be as specific as possible, giving dates, examples of incidents etc):**  |
|       |
| **Is the referral for information only?** |   |
| **Is there evidence that any children in the family are being subject to significant harm?** |  |
| **If ‘YES’ please specify:**  |
|       |
| **Actions taken by referring agency/involvement with the family:**  |
|       |
| **Please outline your involvement with the child/family and any ongoing support that is being provided. Detail any past concerns or known involvement of statutory agencies. If a CAF or other assessment document has been completed please attach a copy to this referral.** |
|       |
| **What outcomes are anticipated by the referral?** |
|       |
| **Does the person with parental responsibility know that a referral to Children’s Social Care has been made?**  |  |
| **If ‘No’ please explain why:** |
|       |
| **If yes, does the person with parental responsibility consent for members of the family’s network to be contacted to obtain further information?** |  |
| **Any other information that would be helpful in deciding the priority of the referral and/or understanding the actions Children’s Social Care is being asked to take in respect of the child(ren) being referred?**  |
|       |
| Please e-mail this form to cscreferrals@Towerhamlets.gov.uk for the attention of the Referral Manager. If you need to send it to a secure email address please send to cscreferrals@Towerhamlets.gov.uk.cjsm.net or to cscreferrals@Towerhamlets.gcsx.gov.ukIf you have difficulties sending this by email please fax it to 020 8356 5516/7. Should you need any assistance in completing this form or wish to follow up your referral please call the First Response Service on **020 8356 5500**. If your referral has not been acknowledged by Children’s Social Care within three working days please make contact to confirm it has been received. ***Please ensure that you have sent a copy of this referral to the safeguarding children lead for your agency.***  |

**Body Map**

