Ahmadiyya Muslim Association UK

Safeguarding Policy

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We are committed to reviewing our policy and good practice regularly. This policy will be reviewed by the board of trustees at least annually or when an incident occurs that highlights a need for change – whichever occurs first.

This policy will be made publicly accessible.

This Policy supplements but does not supersede the Safeguarding Procedures already in place under various provisions of AMA UK's Recruitment Policy contained in AMA UK's Employees' Handbook of 2015 last updated on 19 November 2019 and in particular in respect of Disclosure and Barring Certificate and retention of documents (p.5); downloading and accessing offensive material (pp.12-13); and General Harassment Policy and Procedure (pp.30-31)

1. Introduction

The Ahmadiyya Muslim Association UK ("**AMA UK**") is committed to proactively safeguarding and promoting the welfare of its beneficiaries (including children and vulnerable adults) and staff, and to taking reasonable steps to ensure that anyone who comes into contact with AMA UK, including its mosques and centres, or AMA UK's partners does not, as a result, come to any harm.

According to our teachings, children are a gift from God to their parents and the wider society, and with this gift comes a huge responsibility as a Trustee for which we shall be held accountable both here and in the Hereafter. Islam gives ample guidance about the responsibilities of parents and society as a whole towards all children. This responsibility extends to vulnerable adults.

Safeguarding is everyone's responsibility. AMA UK believes that everyone it comes into contact with has the right to be protected from all forms of harm, abuse, neglect, and exploitation. AMA UK will not tolerate abuse and exploitation by staff, volunteers, or our partners.

AMA UK has developed this policy to promote protection for all those people it comes into contact with, as well as staff and volunteers within AMA UK itself and the partners with which it has relationships. This policy relates to AMA UK's commitments to safeguarding (as defined by the Charity Commission) and in particular sets out our procedures for protecting children and vulnerable adults.[1] We have signposted (in section 13 of this policy) to our other related policies and procedures which set out the procedure to be followed in relation to other safeguarding concerns such as bullying and harassment.

In particular, our mosques and centres play a leading and very responsible role in the education of our future generations to prepare them for the complex and demanding life ahead and lead children in becoming good citizens where peace, justice, harmony, respect, and tolerance for each other, are the essential pre-requisites for a harmonious life.

Many children and vulnerable adults attend mosques and centres throughout the week to worship God and learn about Islam and the Qur'an. It is, therefore, important that children and vulnerable adults who attend mosques and centres are kept safe and are provided with the appropriate care and supervision that will enable them to learn and develop spiritually and in all aspects of life.

2. Scope of this Policy

2.1 For AMA UK's staff and volunteers

2.1.1 Compliance with this policy is mandatory for all of AMA's UK staff including volunteers. For the purposes of this policy '**Staff'** is defined as anyone who works for, or is engaged by AMA UK, either in a paid or unpaid, full time or part time capacity. This includes directly employed staff, contractors, agency staff, consultants, and volunteers.

2.2 For trustees

2.2.1 As trustees must act at all times in the best interests of AMA UK and its ultimate beneficiaries, trustees are also required to comply with this policy.

[1] The Charity Commission has published guidance, "Safeguarding and protecting people for charities and trustees", which is updated from time to time and available at: https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees

2.3 **For Auxiliary Organisations**

2.3.1 AMA UK's Auxiliary Organisations are its women's, elders and youth organisations, which are registered as separate charities, Majlis Ansarullah UK (Ahmadiyya Muslim Elders Association charity no. 1129448), Majlis Khuddamul Ahmadiyya UK (Ahmadiyya Muslim Youth Association charity no 1135657) and Lajna Ima'illah UK (Ahmadiyya Muslim Women's Association charity no 1189468).

2.3.2 AMA UK and the Auxiliary Organisations work closely together, for example, Auxiliary Organisations may host events at AMA UK's premises or work together with AMA UK on shared projects using AMA UK resources. In return for the Auxiliary Organisations' use of AMA UK's resources (including premises, staff time and branding), AMA UK requires the Auxiliary Organisations to adopt their own safeguarding policies which share the values and commitments set out in this Policy and to comply with the **Auxiliary Organisations' Safeguarding Procedures** set out in Appendix 1 of this Policy.

2.4 **For Partners**

2.4.1 "Partner" means any organisation which receives funding from AMA UK, which collaborates with AMA UK to deliver any of its programmes or activities, or which is otherwise associated with AMA UK's name and brand (whether in the UK or overseas) but which is not itself an Auxiliary Organisation. This policy is intended to work alongside the equivalent policies of AMA UK's Partners, where appropriate. AMA UK expects that the principles and approaches already shared with Partners mean that they will fully support the values and commitments set out in this policy.

2.4.2 AMA UK will ensure that each Partner has appointed a member of staff who will be responsible for promptly reporting to AMA UK any safeguarding incidents concerns that arise in, or relevant the context of the partnership.

2.5 Breaches of this policy by AMA UK Staff and Partners will be treated seriously and will be treated as a potential cause for disciplinary action (in the case of employees) or termination of the relationship by other means. Breaches by trustees may result in the termination of their trusteeship.

3. **Responsibilities of the AMA UK in embedding a safeguarding culture**

3.1 We are required to be equipped with the knowledge and awareness that enables us to detect the abuse and ill treatment of anyone who comes into contact with AMA UK including at its mosques and centres (in particular children and vulnerable adults/adults at risk).

3.2 We must have procedures in place that in particular look at the roles and responsibilities of people working with children and vulnerable adults, how to promote their welfare, protect them from harm, respond to concerns and report to the statutory authorities.

3.3 The ways in which we can achieve this are:

3.3.1 Appointing Designated Safeguarding Leads at national, local and mosque level (in the structure chart set out at paragraph 6).

3.3.2 By providing explicit and written guidance for all those working with children and vulnerable adults about their responsibilities and the standard of care expected of them, including behaviour management in the mosque or centre.

3.3.3 Ensuring that everyone understands policies and good practice guidelines through training and safeguarding.

3.3.4 Ensuring that those working with children and vulnerable adults are trained on this Safeguarding Policy and are able to recognise the signs and symptoms of abuse, what to do if anyone raise a concern or makes an allegation and that they know what to do about these concerns.

3.3.5 Developing a clear framework for behaviour management in the mosques and centres.

3.3.6 Being alert to potential indicators of abuse or neglect.

3.3.7 Being alert to the risks which individual abusers, or potential abusers, may pose to children and vulnerable adults.

3.3.8 Sharing and helping to analyse information so that an assessment can be made of the individual's needs and circumstances in accordance with the Charity's data protection obligations.

3.3.9 Contributing to actions needed to safeguard and promote the individual's welfare.

3.3.10 Ensuring Children are supervised at all times during their time at mosques and centres (including during online events).

3.3.11 Ensuring that no child is met alone in a closed room unless the child is in a glass fronted room.

3.3.12 Should the need arise for staff members to step away from the supervision momentarily then ensuring another staff member is present.

4. Definitions

4.1 What is safeguarding?

4.1.1 Safeguarding is about embedding practices throughout the organisation to ensure the protection of children and vulnerable adults wherever possible and dealing sensitively and appropriately with the situation should any incident arise which places a child or vulnerable adult at risk or in which a child or vulnerable adult has suffered abuse.

4.2 What is abuse?

4.2.1 Abuse is a selfish act of oppression and injustice, exploitation, and manipulation of power by those in a position of authority. This can be caused by those inflicting harm or those who fail to act to prevent harm. Abuse is not restricted to any socio-economic group, gender or culture. A list of indicators of abuse is included at **Appendix A** of this policy.

4.3 What is safeguarding and promoting the welfare of children?

4.3.1 Safeguarding and promoting the welfare of children is defined as:

(a) protecting children from maltreatment;

(b) preventing impairment of children's mental and physical health or development;

(c) ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and

(d) taking action to enable all children to have the best outcomes.[2]

[2] As defined in the guidance Working Together to Safeguard Children (2018)

5. **Definitions**

5.1 **Children:** includes everyone under the age of 18.

5.2 **Vulnerable Adults:** Anyone who is aged 18 or over who may be unable to protect themselves from abuse, harm, or exploitation, which may be by reason of illness, age, mental illness, disability or other types of physical or mental impairment. Whether a vulnerable adult or not is something which can change with their circumstances and is not fixed. Those at risk may live alone, be dependent on others (care homes etc.), elderly, or socially isolated, or who may need community care services because of a disability (mental or other), age, or illness or otherwise be in need of additional assistance to protect themselves from harm or exploitation, for example, due to social factors such as poverty, displacement or lack of services or support.

5.3 **Parents/carers:** refers to those with legal parental responsibility for children.

5.4 Commonly used acronyms in relation to safeguarding are set out in **Appendix 4.**

6. **Safeguarding Structure**

6.1 AMA UK has set in place the following levels of safeguarding structure to manage and support effective safeguarding across AMA UK. In return for their use of AMA UK's resources, the Auxiliary Organisations are required to adopt the same structure within their own charities, and to send representatives to sit on the National Safeguarding Committee (as set out in Appendix 1).

6.2 **Trustees** have the ultimate responsibility for ensuring that their charity acts in the best interests of its beneficiaries. The trustees must have oversight of their charity's safeguarding and risk management policies and procedures. The trustees also have responsibility for deciding whether any serious incident reports need to be made to the Charity Commission in relation to safeguarding incidents.

6.3 **The National Safeguarding Committee** consists of representatives of AMA UK and each of the Auxiliary Organisations. This reflects that AMA UK and the Auxiliary Organisations work closely together and there is considerable overlap of beneficiaries and activities across the entities. The National Safeguarding Committee therefore allows for cooperation and sharing of good practice across AMA UK and the Auxiliary Organisations.

6.4 **The AMA UK representatives on the National Safeguarding Committee** shall oversee the implementation of this Policy throughout AMA UK. They shall ensure that this Policy reflects changes to legislation and is kept up to date in relation to best practice. They shall monitor the effectiveness of this Policy and make any recommendations for changes to the policy to the trustees of AMA UK.

6.5 **National Designated Safeguarding Lead/Deputy Safeguarding Lead** shall disseminate the safeguarding policies and procedures to mosques and provide oversight and support to mosques/local branches in discharging their safeguarding responsibilities. They shall receive reports from the Local Mosque/Branch Designated safeguarding leads (in accordance with paragraph 6.8.1 below) and shall monitor the overall trend of any safeguarding concerns and report quarterly (or more frequently, as appropriate) to the trustees.

6.6 **Local Mosque/Branch Designated Safeguarding Lead/Deputy Safeguarding Lead** leads on safeguarding matters on behalf of their mosque/local branch. They will respond to all safeguarding concerns and enquiries in their mosque/local branch following the procedure set out in paragraph 6.8 and make reports to the National Designated Safeguarding Lead/Deputy Safeguarding Lead in accordance with paragraph 6.9 below via an incident reporting form.

6.7 The name of the Local Mosque/Branch Designated Safeguarding Lead, Deputy and contact details shall be displayed prominently in the mosques so that everyone, (including members, parents and carers) is aware of who they should talk to if they have a safeguarding concern. The Designated Safeguarding Lead officer and deputy shall be selected by the respective local management. An Enhanced Level DBS check and two references should be sought prior this appointment.

6.8 **The role of Local Mosque/Branch Designated Safeguarding Lead officers and deputies is to:**

6.8.1 Receive reports of safeguarding concerns within the local branch and, as necessary, report any concerns to the National Designated Safeguarding Lead or Deputy Designated Safeguarding Lead, relevant body and/or the Police. This includes any concerns to Children's Social Care (CSC), the Local Authority Designated Officer (LADO) and the Police where necessary. The National Designated Safeguarding Lead will arrange for Local Mosque/Branch Designated Safeguarding Lead's to attend suitable training to assist them with this aspect of their role.

6.8.2 To have a working knowledge of the various multi-agency meetings that are used to monitor safeguarding children and vulnerable adults in the local area and be able to attend and contribute to these meetings – these involve both child protection and professional strategy meetings.

6.8.3 Promote the needs of children and vulnerable adults in the relevant Majlis Amila (management committee) and keep everyone in the Local Mosque/Branch (paid and unpaid) informed of good practice, and work in partnership with local statutory agencies as needed.

6.8.4 Ensure that a record is kept of any concerns about a child or adult and of any conversation or referrals to statutory agencies.

6.8.5 Ensure that all staff within the mosque and centre have a basic knowledge of child protection and receive some training or induction in this protocol.

6.9 **Each Local Mosque/Branch Designated Safeguarding Lead/Deputy shall make the following reports to the National Designated Safeguarding Lead:**

6.9.1 monthly consolidated and anonymised reports about any safeguarding concerns dealt with within the mosque/branch where the alleged/potential abuse took place outside of the mosque/branch and had no connection to AMA UK or its Auxiliary Organisations. This will allow the National Designated Safeguarding Lead/Deputy to monitor the overall effectiveness of this policy in responding to concerns;

6.9.2 immediately report any safeguarding concerns in which the individual is alleged to have come to harm as a result of their involvement with AMA UK or its Auxiliary Organisations, including where the alleged abuse occurred at an AMA UK premises or event or where the alleged perpetrator is an AMA UK member of Staff.

7. **Safer Recruitment**

These procedures are designed to promote the effectiveness of AMA UK to protect all those who come into contact with AMA UK (in particular, children and vulnerable adults) including our Staff.

7.1 **Appointment of Staff**

7.1.1 The appointment of all prospective Staff (which for the avoidance of doubt includes volunteers) must include:

7.1.2 The completion of an application form requesting basic details, experience of working with children and/or vulnerable adults (as appropriate) and self-disclosure of any information they consider may be relevant to their suitability for working with children and vulnerable adults (including relevant previous disciplinary action or criminal record).

7.1.3 Two references from other than family members or close relatives. Wherever possible, at least one reference should be from someone not directly involved in the work of AMA UK;

7.1.4 Where legally entitled to do so, details of any criminal charges and convictions (disclosure of a criminal record may not in itself prevent appointments as the nature of any offence is considered).

7.1.5 DBS checks are already being carried out through the HR department of AMA UK and shall continue. A DBS check shall be carried out on all AMA UK Trustees and Staff appointed to work with children and vulnerable adults.

7.2 Where a prospective member of Staff has an existing DBS certificate for another organisation, enhanced or otherwise, a judgement shall be made by the National Designated Safeguarding Lead as to whether an additional check is required; e.g. if a certificate was obtained for working with children and the project is with vulnerable adults, or vice versa, a check would normally be made. When considering whether to rely on a previous DBS check, AMA UK will consider the extent to which the individual will work directly with children and vulnerable adults and the length of time which has elapsed since the certificate was issued. Where the individual has signed up to the DBS Update Services, AMA UK will check to see whether anything has changed since the certificate was issued.

7.2.1 AMA UK may take up electronic call references. When this is the case the contents of such a reference will be recorded and kept on file but must be followed up with a written reference before commencement of any paid or volunteer post. The name, address and telephone number of the person providing the reference will also be kept on file.

7.3 **Appointment of Staff from Abroad**

7.3.1 Under current Home Office rules, workers from aboard can only be sponsored under the Sponsorship Management System and a Certificate of Sponsorship should be conditional to the obtaining of a DBS check or Police or Home Office approved agency's clearance from the relevant country. HR will also need to advise on requirements for Home Office clearance.

7.4 **Criteria for Not Appointing Staff**

7.4.1 An applicant should never be appointed where it is known that they have a criminal record for offences relating to children, vulnerable adults or sexual or violent behaviour. Applicants should not be appointed where an unsatisfactory reference is received. AMA UK will follow the DBS code of practice in relation to the handling of disclosure information.

7.5 **Disclosures (DBS) and the Charity Commission**

7.5.1 The Charity Commission expects DBS checks to be undertaken on all trustees (i.e. the members of Majlis Amila UK) and all those who work with children or vulnerable adults. They also expect DBS checks to be renewed every three years. As part of the annual charity return, the Charity Commission asks if a charity has a safeguarding policy and has undertaken DBS checks.

8. **Safeguarding Procedures - If you Suspect Abuse**

8.1 **Indicators/signs of abuse**

8.1.1 Concerns for the safety and wellbeing of children and vulnerable adults could arise in a variety of ways and in a range of situations. For example, a child/vulnerable adult may report or show signs of abuse, someone may hint that a child/vulnerable adult is at risk or that a colleague is an abuser, or someone may witness abuse.

8.1.2 A non-exhaustive list of the signs and types of abuse are set out in **Appendix 2**. It is not always easy to recognise a situation where abuse may occur or has taken place and Staff are not experts at such recognition. However, each person has a responsibility to act if they have any concerns about someone's behaviour towards a child or vulnerable adult. It is important that the recipient of any complaint or accusation that a child or vulnerable adult has been or is being abused listens carefully without making or implying any judgment as to the truth of the complaint or accusation.

8.1.3 The first indication of concern about an individual's welfare is not necessarily the presence of a serious injury. Any combination of indicators of concern could indicate wider environmental factors that may be a threat to their safety and/or welfare. You should refer to Appendix 2 which sets out Indicators of Abuse.

8.2 **What to do if an individual tells you about abuse**

8.2.1 Listen attentively and let them know that they were right to tell someone about their worries.

8.2.2 Stay calm and make sure that the child feels safe and knows that they are not to blame.

8.2.3 Explain the boundaries of confidentiality – never agree to keep a secret and find an early opportunity to explain that you will need to share the information with the Local Mosque/Branch Designated Safeguarding Lead/deputy who will be best able to support them

8.2.4 Only ask minimal clarifying questions to make sure you understand properly

8.2.5 Using the Safeguarding Report Form at **Appendix 4**, make a note of what the child said and the date and time of the conversation. If you can write down what the child says, be as precise as you can be.

8.2.6 Report promptly to the **Local Mosque/Branch Designated Safeguarding Lead or Deputy** (or if the allegation concerns the Local Mosque/Branch Designated Safeguarding Lead or Deputy, report promptly to the National Designated Safeguarding Lead/National Deputy Designated Safeguarding Lead).

8.2.7 Where the disclosure is made by a child, do not contact parents or carers about the conversation. You could be putting the child in greater danger by doing this. The National Designated Safeguarding Lead will decide what is appropriate to share with the parents/carers (in consultation with the Local Mosque/Branch Designated Safeguarding Lead).

8.2.8 Do not carry out your own investigation.

9. If the allegations or suspicions involve the Local Mosque/Branch Designated Safeguarding Lead or Local Mosque/Branch Deputy Designated Safeguarding Lead, then a report should be made immediately to the National Designated Safeguarding Lead who will contact the CSC for advice.

10. If the allegations or suspicions involve the National Designated Safeguarding Lead, the Local Branch Designated Safeguarding Lead should report to the Safeguarding Trustee directly.

10.1 **Procedures for Responding to Safeguarding Concerns relating to children**

10.1.1 Very few adults hurt children deliberately and usually it is a sign that families need help and support. Children's Social Care (CSC) teams get involved with families where children may be at risk, first to investigate the allegations and then to look at what could be done to support and assist the family. It is rare for children to be removed from their family but CSC will undertake a range of assessments before any decisions are made to remove children from their parents/carers.

10.1.2 If an AMA UK member of Staff suspects that a child attending our establishment has been abused in any way, either by their family or another person within the mosque or centre, we have a responsibility to ensure that action is taken to protect that child. The representative must pass this information/concern to the Local Mosque/Branch Designated Safeguarding Lead or Deputy Designated Safeguarding Lead.

10.1.3 The Children Act 1989 places a duty on the local authority to investigate any allegation of abuse against a child. If a crime appears to have been committed, then the police also have a duty to investigate. In such cases the Local Mosque/Branch Designated Safeguarding Lead or Deputy Designated Safeguarding Lead shall immediately notify the Police but shall refrain from any comments pending the Police investigation.

Allegations of Physical Abuse, Neglect or Emotional Abuse relating to children

10.1.4 If a child attends the mosque or centre and has a suspicious or unexplained physical injury, or suspected symptoms of neglect or emotional abuse, the Local Mosque/Branch Designated Safeguarding Lead or Deputy Designated Safeguarding Lead should be informed. The local CSC team or Police Child Protection Team should always be contacted for advice and assistance.

(a) The Local Mosque/Branch Designated Safeguarding Lead or Deputy Designated Safeguarding Lead should:

(i) Where a child needs emergency medical attention ensure this is provided. All efforts must be made to contact the child's parents/carers prior to treatment but the health and safety of the child must come first.

(ii) inform the doctor of any suspicions of abuse.

(iii) Where there are concerns about the immediate safety of a child, the matter must be referred to CSC.

(iv) If the is unsure whether or not to refer a case to CSC then she/he can always contact them for advice or to discuss the case.

(b) The Local Mosque/Branch Designated Safeguarding Lead/deputy may contact the National Designated Safeguarding Lead/deputy for advice, if required.

Allegations of Sexual Abuse relating to children

10.1.5 In the event of allegations or suspicions of sexual abuse, the Local Mosque/Branch Designated Safeguarding Lead or deputy should:

(a) Contact Children's Social Care (CSC) or the Police Child Protection Team directly. In addition, the Local Mosque/Branch Designated Safeguarding Lead or deputy must only speak to the National Designated Safeguarding Lead or Deputy National Designated Safeguarding Lead and not speak to the parent or anyone else directly as there is always a possibility that they could be involved. The National Designated Safeguarding Lead will decide whether the parent should be informed (taking advice from the police or CSC as required).

(b) If sexual abuse has occurred very recently, the Local Mosque/Branch Designated Safeguarding Lead or deputy should contact the police urgently so that any physical evidence is preserved. Do not interfere with any evidence such as stained clothing. If the allegations concern events more than a week old, then there is less urgency to preserve evidence but as much urgency to protect the child from further harm and either the CSC or Police must be informed immediately.

(c) Under no circumstances must the Local Mosque/Branch Designated Safeguarding Lead or deputy or any other member of Staff attempt to carry out single-handedly any investigation into allegations or suspicions of sexual abuse. The important thing is to collect and clarify the precise details of the allegation or suspicion and to provide this information to CSC and the Police. CSC will then investigate the matter under the Children Act 1989 and the Police investigate the matter as a potential crime.

(d) Whilst allegations or suspicions of sexual abuse will normally be reported to the Local Mosque/Branch Designated Safeguarding Lead, the absence of such the Local Mosque/Branch Designated Safeguarding Lead should not delay referral to the CSC or the Police.

(e) There may be disagreement between the person in receipt of the allegation or suspicion and the Local Mosque/Branch Designated Safeguarding Lead or deputy as to the appropriateness of the referral to CSC. For the avoidance of doubt, nothing in this policy is intended to prevent a member of the public from reporting matters to the CSC or the police where they considerate is necessary to do so.

10.2 **Procedure for responding to safeguarding concerns relating to adults**

10.2.1 When responding to safeguarding concerns relating to an adult, AMA UK recognises the importance of placing the individual's own wishes, feelings, and beliefs at the centre of the safeguarding response[3].

10.2.2 AMA UK Staff should report any safeguarding concerns about adults to the Local Mosque/Branch Designated Safeguarding Lead and should otherwise keep the concern confidential. The Local Mosque/Branch Designated Safeguarding Lead will then work with the National Designated Safeguarding Lead to agree on an appropriate response.

10.2.3 The Designated Safeguarding Leads will aim to engage the individual who is the subject of the concern in a conversation about how best to respond to their situation in a way that enhances their involvement, choice, and control, as well as improving their quality of life, well-being, and safety. AMA UK recognises this means that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity, and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

10.2.4 When determining whether to report a safeguarding concern about an adult to external authorities, the Designated Safeguarding Leads shall have regard to the confidentiality principles set out in paragraphs 10.4.2 and 10.4.3 below.

10.3 **Next steps to be taken by the Local Mosque/Branch Designated Safeguarding Lead**

10.3.1 On notification of a safeguarding incident (in relation to a child or adult), the Local Mosque/Branch Designated Safeguarding Lead/Deputy shall consider the circumstances and decide whether further information gathering is required or what other action to take. The Local Mosque/Branch Designated Safeguarding Lead will ensure that all concerns are properly recorded and records kept securely and confidentially in accordance with AMA UK's Data Protection Policy. The Designated Safeguarding Lead shall liaise with statutory safeguarding bodies as required.

10.3.2 Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

10.3.3 Where a disclosure has been made, the Local Mosque/Branch Designated Safeguarding Lead should explain their role to the child or vulnerable adult and, where appropriate, let them know what action they will have to take in response to the disclosure.

10.3.4 The Local Mosque/Branch Designated Safeguarding Lead should assure the child or vulnerable adult that they will keep them informed of any action to be taken and why. The child's or vulnerable adult's involvement in the process of sharing information should be fully considered and their wishes and feelings considered.

10.3.5 The Local Mosque/Branch Designated Safeguarding Lead shall take steps to ensure that the individual who made the disclosure has access to appropriate ongoing support. They should also offer support to the AMA UK representative who heard the initial disclosure.

10.4 **Confidentiality when reporting safeguarding concerns to statutory agencies**

10.4.1 Wherever possible, confidential information will not be passed to statutory agencies without the consent of the owner. There may be times, however, when disclosing confidential information without consent is necessary to safeguard a child or vulnerable adult or because the information

[3] This approach is sometimes referred to as 'person centred safeguarding' and is emphasised in the Care Act 2014 as the cornerstone of adult safeguarding.

suggests that there is a risk to others. If this is the case, information will be passed to the appropriate statutory agency by the Designated Safeguarding Lead, making it clear that consent has not been sought and why, or that consent has been refused. The reasons for the disclosure without consent must be recorded and stored securely by the Designated Safeguarding Lead.

10.4.2 When dealing with a safeguarding incident which **relates to a vulnerable adult** (rather than a child) the Designated Safeguarding Lead should be conscious of the need to consider the adult's views and wishes when making decisions about how to support them. The legal circumstances in which information about an adult can be shared without their consent are narrower than in relation to children. However, there may still be circumstances where it is appropriate to share information (with police or the local authority) without the adult's consent, including, if we believe that they or someone else (including children) is at risk, or where it is necessary to contact the police to prevent a crime or report that a serious crime has been committed.

10.4.3 If a vulnerable adult refuses to consent to sharing their information with the police or local authority in circumstances where the Designated Safeguarding Lead considers that this would be appropriate, the Designated Safeguarding Lead should consider taking advice on the situation, for example, legal advice or contacting the local authority to explain the situation on a no names basis.

10.5 **Domestic Abuse**

10.5.1 Concerns that a member of the AMA UK is a victim of domestic violence should be reported to the Local Mosque/Branch Designated Safeguarding Lead. Additional guidance in relation to domestic abuse is set out at **Appendix 3** of this Policy.

11. **Supporting adults who disclose non-recent abuse**

11.1 There is a growing recognition of child sexual abuse and that it is not uncommon for individuals to not disclose abuse until their adult years. Within AMA UK, non-recent allegations of abuse will be responded to in line with the procedures set out in this policy in the same way as contemporary allegations.

11.2 The Local Mosque/Branch Designated Safeguarding Lead (with support from the National Safeguarding Lead) will provide appropriate support for the victim/survivor including signposting to external support agencies such as their GP and the National Association for People Abused in Childhood.

11.3 **Allegations Against Adults (Mosque or Centre Staff)**

11.3.1 If an allegation is made against a member of Staff, two procedures must be followed,

(a) To investigate the abuse of the individual (procedure as outlined above)

(b) To investigate the actions of the member of Staff

11.3.2 This section outlines the procedure to follow when an allegation against a member of Staff is made. All allegations about Staff members as perpetrators of abuse or neglect of children or vulnerable adults must be reported to the Local Authority Designated Officer (LADO). Each area will have its own LADO and the appropriate officer must be contacted with details of the allegation. The LADO will provide advice and assistance on the appropriateness of the referral and the process to follow. The Local Branch/Mosque Designated Safeguarding Lead must report to the National Designated Safeguarding Lead/Deputy in accordance with paragraph 6.8 above.

11.3.3 If an allegation in any way implicates the Local Mosque/Branch Designated Safeguarding Lead or Deputy, then a report should be made to the Secretary Umur Amma of the local branch who will report to the National Designated Safeguarding Lead/Deputy.

11.3.4 If an allegation implicates the National Designated Safeguarding Lead and/or the National Deputy then a report should be made to the President of AMA UK (Amir). If a report implicates both the National Designated Safeguarding Lead/Deputy and the President of AMA UK then a report should be made to the chair of trustees of AMA UK or the relevant Auxiliary Organisation.

11.3.5 If the allegation is one of abuse or neglect by a member(s) of any senior position within AMA UK then the matter must be referred directly to the LADO (and police, as appropriate) and the Charity Commission (in accordance with paragraph 8).

11.3.6 During the process of investigating the allegation there are likely to be a number of parallel investigations involving Local Authority, Police and other agencies. AMA UK will normally be advised to suspend Staff until the outcome of the investigations are known. This advice must be followed to ensure the safety of individuals. After the investigation is concluded, if the allegation has been upheld, AMA UK will need to decide whether to refer the incident or individual (as appropriate) to other external bodies such as the DBS (in accordance with the statutory duty to refer individuals to the DBS under the Safeguarding Vulnerable Groups Act 2006) or the Charity Commission (as a serious incident report – see paragraph 12 below).

12. Reporting Serious Incidents to the Charity Commission and other external reporting

12.1 The Trustees of AMA UK are committed to reporting all relevant incidents to the Charity Commission for England and Wales via a serious incident report.[4] AMA UK will also report incidents to other regulatory bodies and government departments or funding bodies, where appropriate. Where there is evidence that criminal activity may have taken place, or concerns have been raised in relation to a child or vulnerable adult, AMA UK will report to the relevant police and/or safeguarding authorities as appropriate (for example to the relevant Local Authority Designated Officer (LADO) or Adult Safeguarding Board), taking appropriate account of the Charity Commission's guidance in this respect.[5]

12.2 AMA is also required to consider making a Serious Incident Report to the Charity Commission with regards to a safeguarding incident relating to its partner organisations if the incident involves its funds, brands or people or if the incident could otherwise have a significant impact on the charity (including on its reputation).[6]

12.3 Decisions to report to external authorities will be fully risk assessed and anonymisation is considered when necessary. Reporting will not be avoided on the basis that it may harm AMA UK's reputation or give rise to litigation and any concerns in relation to data protection will not act as a barrier to reporting, although they will be carefully considered to ensure that the disclosure is made within the legal framework for so doing.

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[4] The Charity Commission has published guidance as to what constitutes a serious incident and how to make a report, which is updated from time to time and available at https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity.

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/780835/Criminal_reporting_of_safeguarding_offences_including_overseas_v3.pdf

[6] Link to the Charity Commission's guidance on reporting a serious incident in your charity when it involves a partner: https://www.gov.uk/guidance/reporting-a-serious-incident-in-your-charity-when-it-involves-a-partner

13. **Data protection**

13.1 AMA UK complies with the principles of GDPR and the Data Protection Act 2018 in the way it collects, holds and disposes of personal information.

14. **Working with Known Offenders**

14.1 Where someone attending the mosque or centre is known to have abused children or vulnerable adults or is a registered sexual or violent offender the AMA UK should ensure that the individual is supervised. Arrangements should be made by the committee to ensure the rights of the individual to pray within the mosque or centre and attend any classes (child or adult classes) and receive any 'pastoral' care should be balanced against the safety and protection of the children and vulnerable adults attending the mosque. The commitment to the protection of children and vulnerable adults will set boundaries for that person within which that person may attend the mosque or centre.

15. **Safeguarding Code of Conduct**

15.1 All Staff are responsible for establishing and maintaining appropriate boundaries with all individuals who come into contact with AMA UK, especially children and vulnerable adults Staff are required to comply with the **Safeguarding Code of Conduct set out in Appendix 5**.

16. **Working with partner organisations**

16.1 Where AMA UK carries out projects that are designed to involve children or vulnerable adults or are otherwise likely to involve direct work with children or vulnerable adults in partnership with other organisations:

(a) AMA UK expects that the partner organisation will have in place safeguarding policies and procedures which comply, as a minimum, with the standards set out in the policy and compliance with this will be a condition in the written partnership agreement;

(b) AMA UK will require any staff, volunteers, trustees or directors from the partner organisation who are likely to have regular, sustained and unsupervised contact with children or vulnerable adults as part of a joint project with the AMA UK to have the highest level of DBS Check available for the role;

(c) The written 'partnership agreement' or equivalent with the partner organisation must also include a process for how safeguarding matters which may arise on the joint project will be coordinated/dealt with by AMA UK and the partner organisation;

(d) AMA UK will ensure that each partner organisation has appointed a representative who will be responsible for promptly reporting to AMA UK 's Designated Safeguarding Lead any safeguarding concerns that arise in the context of the partnership.

16.2 When a partner organisation reports a safeguarding incident, the matter will be referred to the National Designated Safeguarding Lead. If necessary, further information will be sought about the incident, for example the partner organisation may be asked to clarify various details. The National Designated Safeguarding Lead will monitor the situation, keeping in touch with the partner organisation and will keep a record of the action taken by both AMA UK and the partner organisation to resolve the situation. Depending on the nature of the incident, it may be reported to the trustees and/or Charity Commission. The next steps will depend upon the nature of the incident and the partner organisation's response to it, but they may include suspending the partnership agreement immediately until more information is provided.

17. **Linked policies**

17.1 This Safeguarding Policy should be read alongside the following linked policies:

(a) General Harassment Policy and Procedure

(b) Whistleblowing Policy

(c) Recruitment Policy

(d) Complaints Policy

(e) Employee Handbook (which includes the recruitment policy, and procedures in respect of DBS checks, retention of documents and downloading and accessing offensive material).

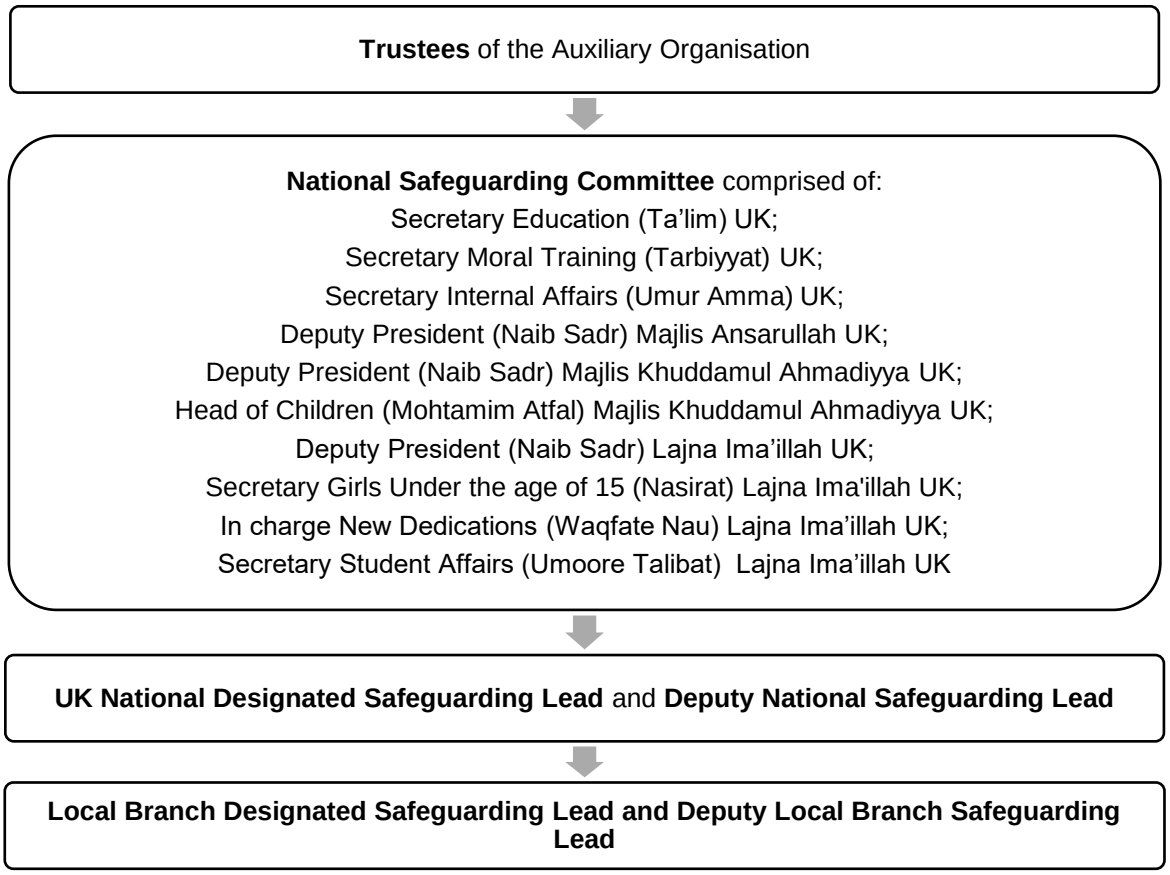
Appendix 1 – Auxiliary Organisations' Safeguarding Procedures

1. **Auxiliary Organisation Safeguarding Commitments**

1.1 In return for their use of AMA UK's resources (including premises, branding, funding, and staff time), the Auxiliary Organisations are required to adopt safeguarding policies which include the same values and principles as set out in AMA UK's own safeguarding policy, and to comply with the safeguarding procedures outlined in this Appendix.

2. **Safeguarding Structure**

2.1 The Auxiliary Organisations are required to adopt the following safeguarding structure, which mirrors AMA UK's own safeguarding structure:



2.2 **Trustees** have the ultimate responsibility for ensuring that their charity acts in the best interests of its beneficiaries. The trustees must have oversight of their charity's safeguarding and risk management policies and procedures. The trustees also have responsibility for deciding whether any serious incident reports need to be made to the Charity Commission in relation to safeguarding incidents.

2.3 **The** Auxiliary Organisation's **representatives on the National Safeguarding Committee** shall oversee the implementation of these safeguarding procedures throughout the Auxiliary Organisation. They shall work with the representatives of AMA UK and the other Auxiliary Organisations on the committee to ensure that the safeguarding procedures reflect changes to legislation and are kept up to date in relation to best practice. They shall monitor the effectiveness of these procedures and the Auxiliary Organisation's safeguarding policy and make any recommendations for changes to the policy to the trustees of their organisation.

2.4 **National Designated Safeguarding Lead/Deputy Safeguarding Lead** shall disseminate the safeguarding policies and procedures to the local branches of their Auxiliary Organisation and provide oversight and support to local branches in discharging their safeguarding responsibilities. They shall receive reports from the Local Branch Designated safeguarding leads (in accordance with paragraph 3 below) and shall monitor the overall trend of any safeguarding concerns and report quarterly (or more frequently, as appropriate) to the trustees and to the AMA UK National Designated Safeguarding Lead (in accordance with paragraph 5 below).

2.5 **Local Branch Designated Safeguarding Lead/ Deputy Local Branch Safeguarding Lead** leads on safeguarding matters on behalf of their local branch of the Auxiliary Organisation, in collaboration with the corresponding AMA UK Local Branch Safeguarding Lead. They will respond to all safeguarding concerns and enquiries in their local branch following the procedure set out in paragraph 4 and make reports to the National Designated Safeguarding Lead/Deputy Safeguarding Lead in accordance with paragraph 3 below via an incident reporting form.

3. Reports from the Auxiliary Organisation's Local Branch Designated Safeguarding Lead to their National Designated Safeguarding Lead

3.1 Each Auxiliary Organisation's Local Branch Designated Safeguarding Lead shall make the following reports to their Auxiliary Organisation's National Designated Safeguarding Lead:

3.1.1 monthly consolidated and anonymised reports about any safeguarding concerns dealt with within the local branch where the alleged/potential abuse took place outside of the branch and had no connection the Auxiliary Organisation or to AMA UK. This will allow the National Designated Safeguarding Lead to monitor the overall effectiveness of these safeguarding procedures in responding to concerns;

3.1.2 Immediately report any safeguarding concerns in which the individual is alleged to have come to harm as a result of their involvement with the Auxiliary Organisation or AMA UK, including where the alleged abuse occurred at an Auxiliary Organisation or AMA UK premises or event or where the alleged perpetrator is an Auxiliary Organisation or AMA UK member of Staff.

4. Responding to safeguarding incidents and concerns within Auxiliary Organisation's local branches

4.1 Any safeguarding concerns relating to the activities of an Auxiliary Organisation local branch, should first be reported to the Auxiliary Organisation's Local Branch Designated Safeguarding Lead. This includes disclosures, concerns that an individual might be exhibiting signs of abuse, and allegations that an individual has been harmed as a result of their involvement with the Auxiliary Organisation.

4.2 The Auxiliary Organisation's Local Branch Designated Safeguarding Lead should notify the corresponding AMA UK Local Branch Designated Safeguarding Lead of all safeguarding concerns where there is any overlap between the activities of the Auxiliary Organisation and AMA UK (including if the alleged victim is involved in both organisations, where the alleged incident took place at AMA UK premises, or where an allegation is made in relation to an individual with a position of responsibility at both organisations). AMA UK expects that the close connection between AMA UK and the Auxiliary Organisations means that it will frequently be necessary for the AMA UK Local Branch Designated Safeguarding Lead to be notified of a report of a safeguarding concern.

4.3 The Auxiliary Organisation's Local Branch Designated Safeguarding Lead and the AMA UK Local Branch Designated Safeguarding Lead will then work together to decide what action should be taken in response to the concern (for example, whether a report should be made to the police or the LADO). They should take advice from their corresponding National Designated Safeguarding Leads as appropriate.

5. Reports from the Auxiliary Organisation's National Designated Safeguarding Lead to AMA UK

5.1 The Auxiliary Organisation's National Designated Safeguarding Lead should immediately report any safeguarding concerns in which an individual is alleged to have come to harm as a result of their involvement with the Auxiliary Organisation or AMA UK to the AMA UK National Designated Safeguarding Lead.

5.2 Auxiliary Organisation's National Designated Safeguarding Lead and the AMA UK National Designated Safeguarding Lead will then work together to decide what action should be taken in response to the concern, including whether a recommendation should be made to the trustees to report the incident to the Charity Commission. They should refer such incidents to the National Safeguarding Committee so that, where possible, collective agreement can be reached on appropriate next steps and AMA UK and its Auxiliary Organisations can consider actions to be taken in response to any lessons learnt from the incident.

6. Responsibility for safeguarding within the Auxiliary Organisations

6.1 It is the intention of AMA UK and the Auxiliary Organisations that they will act collaboratively and collectively in response to safeguarding concerns and incidents wherever possible. However, each organisation remains responsible for its own safeguarding duties and discharging its own duty of care towards its Staff and beneficiaries. The trustees of each of the Auxiliary Organisations retain ultimate responsibility for safeguarding within their organisation.

Appendix 2 RECOGNISING SIGNS OF ABUSE

It can often be difficult to recognise abuse. It is nevertheless important to know what could indicate that abuse is taking place and to be alert to the need to consult further. Someone can abuse a child/vulnerable adult by actively inflicting harm or by failing to act to prevent harm. Abuse can take place within a family, in an institutional or community setting, by telephone or on the internet. Abuse can be carried out by someone known to the person or by a complete stranger. If you are worried about a child/vulnerable adult it is important that you keep a written record of any physical or behavioural signs and symptoms. In this way you can monitor whether or not a pattern emerges and provide evidence to any investigation if required.

A. Children

Physical Abuse	Physical abuse is the deliberate infliction of pain, physical harm or injury and includes withholding or misuse of medication. Indicators include: • Any injuries not consistent with the explanation given for them • Injuries which occur to the body in places which are not normally exposed to falls, bumps, etc • Injuries which have not received medical attention • Reluctance to change for, or participate in, games or swimming • Finger marks or multiple bruising • Bruises, bites, cuts, scratches, burns, fractures, etc. which do not have an accidental explanation • Flinching or evidence of pain/discomfort during normal activity
Emotional Abuse	Emotional abuse is the emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless, unloved or inadequate or causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. It may feature age or developmentally inappropriate expectations Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone. Indicators include: • Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging • Nervousness, frozen watchfulness • Obsessions or phobias • Sudden under-achievement or lack of concentration • Inappropriate relationships with peers and/or adults • Attention seeking behaviour • Running away/stealing/lying
Sexual Abuse	Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not they are aware what is happening. This may involve physical contact, including penetrative or non-penetrative acts or non contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Indicators include: • Any allegations made by the child concerning sexual abuse • Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play • Sexual activity through words, play or drawing • Child who is sexually provocative or seductive with adults • Inappropriate bed sharing arrangements at home • Unexplained bruising around or bleeding from the genital area • Stained or bloody underclothing • Unexplained difficulties in walking

Neglect	Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failure to protect a child from physical harm or danger, or failure to ensure access to appropriate medical care or treatment. Indicators include: • Persistent hunger • Weight loss • Poor hygiene • Dress inappropriate to weather or activities • Physical problems and medical needs that are not attended
Peer abuse	In addition, peer-on-peer abuse may occur which may involve any of the above forms of abuse and it is important if Staff have any concerns regarding peer on peer abuse they should speak to their Designated Safeguarding Lead (or deputy). This will be dealt with as with any other safeguarding matter or in accordance with the AMA UK's anti-bullying policy.

Specific safeguarding issues

Safeguarding action may be needed to protect children and learners from specific safeguarding issues such as:

- Abuse: Neglect, physical, sexual and emotional;
- Disguised compliance;
- Children Missing in Education (CME);
- Children who are home schooled ('Hidden Children');
- Radicalisation/Extremism;
- So-called 'Honour Based' Abuse;
- Breast Ironing;
- Mental health concerns including self-harm (See: Appendix B for definitions);
- Bullying including on-line (cyber) bullying and prejudice-based bullying;
- Racism, disability, homophobic or transphobic abuse;
- Gender based violence/violence against women and girls;
- Domestic Abuse;
- Poor parenting;
- Child Sexual exploitation (CSE);
- Child Criminal exploitation (CCE);
- The impact of new technologies on sexual behaviour;
- Substance misuse;
- Female Genital Mutilation (FGM);
- Forced marriage;
- Fabricated or induced illness;
- Faith abuse – i.e. contrary to 'there is no compulsion in the matters of faith';
- Private fostering;
- Sexting (non-consensual sharing of nudes and semi-nudes (images or videos)
- Peer on peer abuse/harms;
- Teenage relationship abuse;
- Transferable risk involving older children
- Serious Violent Crime (including gang violence and knife crime);
- Sexual violence;
- Sexual harassment;
- Sexual violence and harassment (harmful sexual behaviour) between children, including sexting (sending nude and semi-nude images and/or videos) and up skirting
- Children with family members in prison;
- Children and the court system;
- Homelessness;
- Adverse Childhood Experiences (ACEs);
- Trauma and Attachment issues;
- Up skirting;

- Knife Crime;
- County Lines;
- Child abduction and community safety incidents;
- Modern Slavery;
- Cyber crime

B. Adults

Physical Abuse	Physical abuse is the deliberate infliction of pain, physical harm or injury and includes withholding or misuse of medication. Indicators include: • Injuries not consistent with falls or offered explanations • Unexplained loss of hair in clumps • Cuts that are not likely to be explained by self-injury • Finger-marks • Flinching or evidence of pain/ discomfort during normal activity
Psychological abuse	Psychological abuse is any pattern of behaviour by another that results in harm and may include insults, humiliation, ridicule, bullying, threats, enforced isolation, interference in relationships and contact between consenting adults, coercion, lack of privacy or choice, denial of dignity. Indicators include: • Signs of strain within a relationship and/ or tension when a particular person is present • Indicators that an individual acts differently when a third person is present than at other times • Suggestions of refusal to allow a choice e.g. to eat or not eat more or less of particular foods, to dress according to preference • Signs of withdrawal or fear or other changes to emotional state • Signs of unexplained sleep or weight loss
Sexual Abuse	Sexual Abuse is any sexual activity involving but carried out without the informed consent of a vulnerable adult. Sexual abuse may include sexual intercourse, inappropriate touching, offensive or suggestive language, 'voyeuristic' behaviour and exposure to the suggestive or sexually explicit activities of others, including films, photographs, images etc. Indicators include: • Unexplained bruising around or bleeding from the genital area; • Stained or bloody underclothing • Unexplained difficulties in walking • Reluctance of the person to be alone with an individual known to them • Unusual and inappropriate sexualised language
Financial or material abuse	Financial abuse is the misappropriation of funds (savings or income) or property of a vulnerable adult. This may include exploitation, theft or fraudulent use of money, misuse of property or possessions and incurring financial liabilities on behalf of a vulnerable adult without their informed consent. Indicators include: • Unexplained shortage of money despite a seemingly adequate disposable income • Unexplained withdrawals from savings accounts • Unexplained disappearance of financial documents for example bank statements, receipts for non-routine expenditure • Loss of personal possessions

Neglect and acts of omission	Neglect may be deliberate or by default where the abuser is not able to provide the care and support needed or may not recognise the need for the care and support to be given. The abuser may also be neglecting themselves. Indicators include: • Persistent hunger and / or weight loss • Poor hygiene • Dress inappropriate to weather or activities • Denial of religious or cultural needs • Physical problems and medical needs that are not attended to
Discriminatory abuse	When the vulnerable adult is harassed or discriminated against because of their age, race, gender, sexuality, religion, disability, culture etc. Indicators include: • Signs of strain within a relationship and/ or tension when a particular person is present • Signs of withdrawal or fear or other changes to emotional state • Unexplained outbursts • Out of character discriminatory language, behaviour
Self Neglect	Where the adult at risk is neglecting to care for their own personal hygiene, health or surroundings. Indicators include: • Hoarding • Poor personal hygiene • Unexplained weight loss • Wearing the same clothes for a number of days • Physical problems and medical needs that are not attended to
Modern Slavery	Includes forced labour, debt bondage, sexual exploitation, criminal exploitation and domestic servitude Indicators include: • Not being allowed to travel alone or make decisions • Lack of personal possessions • Reluctance to seek help • Poor levels of nourishment, dress and energy
Domestic violence	Includes controlling, coercive or threatening behaviour and / or violence between people who are or have been intimate partners or family members Indicators include: • 'Honour' based violence • Female genital mutilation (FGM) • Forced marriage • Signs of strain within a relationship and/ or tension when a particular person is present • Signs of withdrawal or fear or other changes to emotional state

This is not an exhaustive list of abuse and its indicators. There could be other forms of abuse we have not discussed in this policy. We ask all our Staff to familiarise themselves with this policy and to train their staff who have contact with children and vulnerable adults in child protection and safeguarding, and on the signs of recognising abuse.

Appendix 3 – Guidance in relation to domestic abuse

1. **Domestic abuse** is defined as any incident of violence, abuse or threatening behaviour between adults who are, or who have been, intimate partners or family members. Abuse can take a variety of forms, not only physical but also psychological, sexual, emotional, social, financial and intimidation and neglect.

2. AMA UK seeks to create an environment where everyone in its community can feel safe from abuse and encourages its mosques to become places of safety where domestic abuse is taken seriously, survivors are believed and respected and alleged or known perpetrators are held accountable.

3. AMA UK recognises that AMA UK Staff can have a role in enabling and encouraging individuals within the AMA UK community experiencing domestic abuse to seek help by:

   (a) fostering an open culture that enables people to disclose sensitive issues and raising awareness of domestic abuse confidentially and with confidence;

   (b) following the procedures in this safeguarding policy when handling instances of domestic abuse; and

   (c) providing a sensitive and non-judgemental approach when dealing with victims/survivors.

4. Equally, AMA UK recognises the limitations of AMA UK Staff in that they are not professional counsellors or experts. However, they can appropriately provide some support in the first instance including by encouraging the individual to seek assistance from the Local Branch/Mosque Designated Safeguarding Lead or National Safeguarding Lead and by signposting to the external support listed at paragraph 8 below.

5. Children are profoundly affected by domestic abuse and are at serious risk in abuse situations. Witnessing domestic violence can result in emotional and psychological trauma. Any concerns that a child may be witnessing domestic violence will be dealt with in accordance with AMA UK's usual safeguarding procedures.

6. AMA UK will endeavour to arrange for all Local Mosque/Branch Designated Safeguarding Leads to attend training to assist them with supporting individuals who have been victims/survivors of domestic violence.

7. AMA UK will endeavour to provide pastoral support for victims/survivor of domestic violence and their families. AMA UK may also provide appropriate support for an alleged perpetrator, who is themselves a member of the AMA UK community, however this will never be given at the expense of the victim/survivor, their family or the proper conduct of the criminal justice system. The victim/survivor must never be given the impression that AMA UK is in collusion with or taking the side of the alleged perpetrator.

8. There are many external sources of help and support for individuals, which can be found on the internet, for example:

   (a) Police - dial 999 in an emergency or contact your local police station via the number in your telephone directory.

   (b) Your GP or health visitor.

   (c) Refuge, a national charity for women/children experiencing domestic violence (www.refuge.org.uk) .

(d) Respect for practical information and advice on domestic abuse for perpetrators, abused, care professionals, and family and friends (http://respect.uk.net/)

(e) The Samaritans - 0345 909090 - 24-hour confidential support for anyone in crisis.

Appendix 4 SAFEGUARDING/ INCIDENT REPORT FORM

CONFIDENTIAL

Name:	**Date of Incident:**
Position/Capacity:	**Branch/Level:**

Please write down what happened – what you saw, heard and who was present. For a disclosure, please use the individual's own words as much as possible. Continue on another sheet of paper if necessary.

Signed: _____ Date: _____

Please return this form to the Designated Safeguarding Officer

Appendix 5 CODE OF CONDUCT

When working with children and/or vulnerable adults, AMA UK Staff and trustees must comply with this Safeguarding Code of Conduct. Non-compliance by Staff will be treated seriously and will be treated as a potential cause for disciplinary action or termination of the relationship by other means. Breaches by trustees may result in the termination of their trusteeship.

"Staff" means anyone who works for, or is engaged by AMA UK, either in a paid or unpaid, full time or part time capacity. This includes directly employed staff, contractors, agency staff, consultants and volunteers.

1. Consider the wellbeing and safety of event participants in advance through proper planning and development of safe methods of working/activities.
2. Wherever possible, work in an open environment with children where they can be seen by others.
3. Avoid unnecessary physical contact.
4. Avoid taking a child or vulnerable adult alone in a car on journeys, however short.
5. Avoid taking a child or vulnerable adult to the toilet, unless another adult is present, or another adult is aware (this may include a parent, group leader or other responsible person).
6. In a situation where you are alone with a child or vulnerable adult, make sure that others can clearly observe you.
7. Set expectations of the standards of behaviour required from participants in an activity/event and encourage them to accept responsibility for their own performance and behaviour.
8. Ask participants in an activity/event to take reasonable steps to ensure their own safety and that of others, and to report any inappropriate behaviour they experience/witness or any concerns that they may have.
9. Avoid showing favouritism towards particular participants.
10. Report incidents of alleged abuse to the Local Mosque/Branch Designated Safeguarding Lead or the National Designated Safeguarding Lead and ensure that any allegations are recorded.
11. Report any concerns about poor practice to senior management or the National Designated Safeguarding Lead.
12. Report any safeguarding incidents to the Local Mosque/Branch Designated Safeguarding Lead or the National Designated Safeguarding Lead
13. Avoid personal relationships with a child or vulnerable adult.
14. Avoid entering a physically or emotionally intimate relationship with a young person under the age of 18. Particular attention is drawn to the provisions of the Sexual Offences Act 2003 which created a new criminal offence of abuse of "a position of trust".
15. Staff should remember that inappropriate behaviour can also occur over the telephone, email, social media or internet.
16. Only official AMA UK social media should be used for engaging with the wider community. Inappropriate or abusive comments should be removed swiftly, and abusive individuals blocked/reported to the social media concerned. Facebook instant chat and other similar functions should not be used to interact with children or vulnerable adults. Wherever possible, communication should be only public pages and avoid colloquial language/abbreviations which may be misinterpreted (e.g. LOL).
17. Do not make suggestive or inappropriate remarks to or about a child or vulnerable adult, even in fun, as this could be misinterpreted.
18. Participate in training available to you to support you in your work with children and vulnerable adults.
19. First aid treatment should be given with more than one adult present unless a delay would be life-threatening.
20. Do not take children or vulnerable adults to your home.
21. Maintain confidentiality about sensitive information.
22. Where it is necessary for Staff to take photographs or video images of children or vulnerable adults, written consent must be obtained (from parents/guardians in the case of children) before these images are taken in order to comply with the Data Protection Act. Personal details and photos which clearly identify an individual must only be published where he/she (or his/her parent/guardian) has given specific agreement. Subjects should be suitably dressed in photographs.

Appendix 6 ABBREVIATIONS

AMA UK ----	Ahmadiyya Muslim Association (UK)
CME ----	Children missing in Education
CP ----	Child Protection
CCE ----	Child Criminal Exploitation
CSC ----	Children's Social Care
CSE ----	Child Sexual Exploitation
CV ----	Curriculum Vitae
DBS ----	Disclosure and Barring Service
DfE ----	Department for Education
Designated Safeguarding Lead ----	Designated Safeguarding Lead
FGM ----	Female Genital Mutilation
LADO ----	Local Authority Designated Officer
S&CP ----	Safeguarding & Child Protection