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**Safeguarding & Child Protection Policy for Sundridge Primary School.**

**September 2024**

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| **Senior Lead for Mental Health** | **Jayne Dainty** |

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| --- | --- | --- | --- |
|  | **Section** |  | **Page** |
|  |  |  |  |
|  | **Part 1: Safeguarding Policy** |  |  |
| 1 | Introduction |  | **4-5** |
| 2 | Overall aims |  | **6** |
| 3 | Guiding principles |  | **6** |
| 4 | Expectations |  | **7** |
| 5 | Designated Safeguarding Lead (DSL) |  | **7-8** |
| 6 | Contextual safeguarding |  | **8** |
| 7 | Mental health |  | **8** |
| 8 | Designated Teacher for Looked After and Previously Looked After Children |  | **9** |
| 9 | Governing body |  | **10** |
| 10 | Safer recruitment and selection |  | **11** |
|  | 10.1 Induction |  | **11** |
|  | 10.2 Staff support |  | **11** |
| 11 | Use of reasonable force |  | **12** |
| 12 | This setting’s role in the prevention of abuse |  | **12** |
| 13 | What we will do if we are concerned – Early Help response |  | **13** |
| 14 | Safeguarding children who are vulnerable to radicalisation |  | **14** |
|  | 14.1 Risk reduction |  | **15** |
|  | 14.2 Channel |  | **15** |
| 15 | Safeguarding children who are vulnerable to exploitation, trafficking, or so-called ‘honour-based’ violence (including female genital mutilation and forced marriage) |  | **16** |
| 16 | Children who go Missing from Education |  | **16** |
| 17 | Peer on peer abuse including sexual violence and harassment |  | **17** |
| 18 | Criminal exploitation & gang affiliation |  | **17** |
|  |  |  |  |
|  | **Part 2: Key Procedures** |  |  |
|  | Chart: Responding to concerns about a child |  | **18** |
| 19 | Involving parents/carers |  | **19** |
| 20 | Multi-agency work |  | **19** |
| 21 | Our role in supporting children |  | **19-20** |
| 22 | Responding to an allegation about a member of staff |  | **20** |
| 23 | Children with additional needs |  | **20** |
| 24 | Children in specific circumstances – private fostering |  | **21** |
| 25 | Links to additional information about safeguarding issues and forms of abuse |  | **21-23** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Appendices** |  |  |
|  | **Appendix 1:** Definitions and indicators of abuse |  | **24** |
| 1 | Neglect |  | **24** |
| 2 | Physical abuse |  | **24-25** |
| 3 | Sexual abuse |  | **25** |
| 4 | Sexual exploitation |  | **25-26** |
| 5 | Emotional abuse |  | **26** |
| 6 | Responses from parents |  | **26** |
| 7 | Disabled children |  | **27** |
|  | **Appendix 2:** Dealing with a disclosure of abuse |  | **28** |
|  | **Appendix 3:** Allegations about a member of staff, governor or volunteer |  | **29** |
|  | **Appendix 4:** Indicators of vulnerability to radicalisation |  | **30-31** |
|  | **Appendix 5*:***Preventing violent extremism - roles and responsibilities (SPOC) |  | **32** |
|  | **Appendix 6:** COVID-19 and safeguarding |  | **33-34** |

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| **Part One: Safeguarding Policy**  **1.0 Introduction**  Safeguarding and promoting the welfare of children is defined as:   * Protecting children from maltreatment; * Preventing impairment of children's mental and physical health or development; * Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; * Taking action to enable all children to have the best outcomes;   Children includes everyone under the age of 18. |

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| Settings will fulfil their local and national responsibilities as laid out in the following documents:   * *The most recent version of* **Working Together to Safeguard Children** *(DfE)* * *The most recent version of* **Keeping Children Safe in Education***: Statutory guidance for settings and colleges (DfE Sept 2020)* * **West Midlands Safeguarding Children Procedures** * **The Childrens Act 2006** * **Early Years Framework** * **SEND Code of Practice** * **The Education Act 2002** *s175* * **Sexting in Settings & Colleges – responding to incidents and safeguarding young people** *(UKCCIS) 2016* * **General Data Protection Legislation (2018)** * **Mental Health & Behaviour in Settings** * **Birmingham Criminal Exploitation & Gang**   **Affiliation Practice Guidance (2018)**   * Birmingham Safeguarding Children Partnership threshold guidance **Right Help Right Time** * **Multi-agency Statutory Guidance on Female Genital Mutilation, April 2016, HM Government** * **Protecting Children from Radicalisation: The Prevent Duty, 2015** * **Relationships Education, relationships and sex Education (RSE) and health education** * **Voyeurism offences act 2019** * **Children missing Education** |

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| **2.0 Overall aims**  This policy will contribute to the protection and safeguarding of our children and promote their welfare by:   1. Clarifying standards of behaviour for staff and children; 2. Contributing to the establishment of a safe, resilient and robust ethos in this setting, built on mutual respect and shared values; 3. Introducing appropriate work within the curriculum; 4. Encouraging children and parents to participate; 5. Alerting staff to the signs and indicators that all may not be well; 6. Developing staff awareness of the causes of abuse; 7. Developing staff awareness of the risks and vulnerabilities their children face; 8. Addressing concerns at the earliest possible stage; 9. Reducing the potential risks children face of being exposed to multiple harms including violence, extremism, exploitation, discrimination or victimisation; 10. Recognising risk and supporting online safety for children, including in the home. |
| **3.0 Guiding Principles**  These are the seven guiding principles of safeguarding, as stated by Birmingham Safeguarding Children  Partnership (found in **Right Help Right Time**);   1. Have conversations and listen to children and their families as early as possible. 2. Understand the child’s lived experience. 3. Work collaboratively to improve children’s life experience. 4. Be open, honest and transparent with families in our approach. 5. Empower families by working with them. 6. Work in a way that builds on the families’ strengths**.** 7. Build resilience in families to overcome difficulties. |

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| **4.0 Expectations**  All staff and visitors will:   1. Be familiar with this Safeguarding & Child Protection Policy; 2. Understand their role in relation to safeguarding; 3. Be alert to signs and indicators of possible abuse (See Appendix 1 for current definitions and indicators); 4. Record concerns and give the record to the DSL (Jayne Dainty), or deputy DSL (Aimee Smith), and your setting Senior Manager; 5. Deal with a disclosure of abuse from a child in line with the guidance in Appendix 2 - you must inform the DSL immediately, and provide a written account as soon as possible; 6. Be involved, where appropriate, in the implementation of individual interventions, Early Help Assessments and Our Family Plans, Child in Need Plans and inter-agency Child Protection Plans. |
| **5.0 The Designated Safeguarding Lead (DSL)**   1. The DSL for Dainty Little Hands Ltd. At KIDZACADEMY is Jayne Dainty. The DSL for Dainty Littke Hands Ltd. Out of School Clubs is Jayne Dainty. Whilst the activities of the DSL can be delegated to appropriately trained deputies, the ultimate lead responsibility for safeguarding and child protection remains with the DSL. This responsibility should not be delegated. 2. DSLs should help promote educational outcomes by working closely with their Staff about their welfare, safeguarding and child protection concerns. 3. Safeguarding and child protection information will be dealt with in a confidential manner. 4. This setting will be clear as to who has parental responsibility for children on our roll, and report all identified private fostering arrangements to the Local Authority. 5. Safeguarding records will be stored on Impero, and at Head Office. Individual files will be kept for each child: this setting will not keep family files. Files will be kept for at least the period during which the childis attending Club, and beyond that in line with current data legislation and guidance. 6. If a childmoves from this setting, child protection and safeguarding records will be forwarded on to the DSL at the new setting, with due regard to their confidential nature and in line with current government guidance on the transfer of such records. Direct contact between the two settings may be necessary, especially on transfer from primary to secondary settings. |

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| **6.0 Contextual Safeguarding**  • KCSiE 2020 writes about the importance of the context in which the setting’s safeguarding must be considered, including behaviours that are associated with factors outside the setting which can occur between children outside of these environments i.e. where children are at risk of abuse and exploitation outside of their families. | |
| **7.0 Mental Health**  • KCSiE 2020 also writes about the impact of abuse, neglect, or other potentially traumatic adverse childhood experiences on mental health, behaviour and education. | |

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| **10.0 Safer recruitment and selection**  Dainty Little Hands Ltd. will pay full regard to ‘Safer Recruitment’ practice including scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job.  It also includes undertaking interviews and appropriate checks, including disclosure & barring check, barred list checks and prohibition checks. Evidence of these checks must be kept on our BrightHR system.  All recruitment materials will include reference to Dainty Little Hands Ltd. commitment to safeguarding and promoting the wellbeing of children. |
| **10.1 Induction**  All staff, especially staff who have been redeployed in response to COVID-19, must be aware of systems within their setting which support safeguarding, and these should be explained to them as part of their staff induction. All Staff are to complete a Staff Induction Booklet, and is checked as part of their probation meeting.  **10.2 Staff support**  Recognising the impact of COVID-19, DSLs should be given additional time, particularly in the autumn term, to support staff and children regarding new safeguarding and welfare concerns. Regular safeguarding supervision will be offered half termly. Safeguarding supervision may need to be offered more frequently and extended to other members of staff as deemed appropriate by Dainty Little Hands Ltd. . DSLs will be supported to access training as appropriate including training in behaviour and mental health. |

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| **11.0 The use of reasonable force**  There are circumstances when it is appropriate for staff in this setting to use reasonable force to safeguard children and young people. The term ‘reasonable force’ covers the broad range of actions used by staff that involves a degree of physical contact to control or restrain **children.** This can range from guiding a **child** to safety by the arm, to more extreme circumstances such as breaking up a fight or where a **child** needs to be restrained to prevent violence or injury.  ‘Reasonable’ in these circumstances means ‘using no more force than is needed’. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil’s path, or active physical contact such as leading a pupil by the arm out of the room. Departmental advice for ‘Use of Reasonable Force in Settings’ settings is available on line. |
| **12.0 Dainty Little Hands Ltd. role in the prevention of abuse**  This Safeguarding & Child Protection Policy cannot be separated from the general ethos of this setting, which should ensure that childrenare treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.  Safeguarding issues, including online safety will be addressed through all areas of the curriculum including extra familial harm (multiple harms). |

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| **13.0 What we will do when we are concerned – Early Help response**  Where unmet needs have been identified for a **child** utilising the **Right Help Right Time** (RHRT) model but there is no evidence of a significant risk, the DSL will oversee the delivery of an appropriate Early Help response.  The child/young person`s voice must remain paramount within a solution focused practice framework.  The primary assessment document is the 2019 Early Help Assessment (EHA).  Should it be felt that a Think Family or social care response is needed to meet the unmet safeguarding need, the DSL will initiate a Request for Support, seeking advice from Children’s Advice and Support Service (CASS) as required.  The DSL will then oversee the agreed intervention from this setting as part of the multiagency safeguarding response and ongoing this setting-focused support. |
| **14.0 Safeguarding children who are vulnerable to radicalisation**  With effect from 1st July 2015, all settings are subject to a duty to have “due regard to the need to prevent people being drawn into terrorism” (section 26, Counter Terrorism and Security Act 2015). This is known as The Prevent Duty.  The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation.  Definitions of radicalisation, terrorism and extremism, and indicators of vulnerability to radicalisation are in Appendix 4. |

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| **14.1 Risk reduction**  Dainty Little Hands Ltd. is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this will normally be the DSL.The responsibilities of the SPOC are described in Appendix 5  Dainty Little Hands Ltd. will monitor online activity within Club to ensure that inappropriate sites are not accessed by children or staff.  Dainty Little Hands Ltd. has a duty to cooperate with the Channel programme in the carrying out of its functions, and with the Police in providing information about an individual who is referred to Channel (Section 38, Counter Terrorism and Security Act 2015).  **14.2 Channel**  Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by the West Midlands Police Counter-Terrorism Unit, and it aims to:   * Establish an effective multi-agency referral and intervention process to identify vulnerable individuals; * Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and * Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.   Further guidance about duties relating to the risk of radicalisation is available in **The Prevent Duty Policy**. |

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| **15.0 Children who are vulnerable to exploitation, trafficking, or so-called ‘honourbased’ abuse (including female genital mutilation and forced marriage)**  With effect from October 2015, all settings are subject to a mandatory reporting requirement in respect of female genital mutilation (FGM). When a Staff member suspects or discovers that an act of FGM is going to be or has been carried out on a girl aged under 18, that member of Staff has a statutory duty to report it to the Police.  Failure to report such cases will result in disciplinary sanctions.  The Staff member will also discuss the situation with the DSL who will consult Birmingham Children’s Safeguarding Partnership before a decision is made as to whether the mandatory reporting duty applies. |
| **16.0 Children missing education**  A child going missing and or patterns of unauthorised absence from Club, particularly repeatedly, can act as a vital warning sign of a range of safeguarding risks, including abuse and neglect, which may include sexual abuse or exploitation; child criminal exploitation; mental health problems; substance abuse and other issues. Early intervention is necessary to identify the existence of any underlying safeguarding risks and to help prevent the risk of them going missing in the future.  Work around attendance and children missing from education will be coordinated with safeguarding interventions.  Dainty Little Hands Ltd. must notify the LA of any child who has been absent without notification for a continuous period of 5 days or more after making reasonable enquiries. |

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| **17.0 Peer on peer/child on child abuse**  It is important that Dainty Little Hands Ltd. can recognise that children are capable of abusing their peers, and that this abuse can include bullying, physical abuse, sexting, initiation/ hazing, upskirting, sexual violence and harassment. Dainty Little Hands Ltd. values, ethos and behaviour policies provide the platform for staff and children to clearly recognise that abuse is abuse and it should never be tolerated or diminished insignificant.  Settings should recognise the impact of sexual violence and the fact **children** can, and sometimes do, abuse their peers in this way. When referring to sexual violence this policy is referring to sexual offences under the Sexual Offences Act 2003 as described below:   * **Rape**:A person (A) commits an offence of rape if: there is intentional penetration of the vagina, anus or mouth of another person (B) with his penis, (B) does not consent to the penetration and (A) does not reasonably believe that (B) consents. * **Assault by penetration**:A person (A) commits an offence if: s/he intentionally penetrates the vagina, anus or mouth of another person (B) with a part of her/his body or anything else, the penetration is sexual, (B) does not consent to the penetration and (A) does not reasonably believe that (B) consents. * **Sexual assault**:A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, (B) does not consent to the touching and (A) does not reasonably believe that (B) consents. |
| **18.0 Criminal exploitation**  Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. |

# Part Two: Key procedures

**Responding to concerns about a child**

In this setting Dainty Little Hands at Sundridge

Our DSL(s) are **Jayne Dainty**

**CONCERN ABOUT A CHILD:**

Speak to Designated Safeguarding Lead (DSL) if urgent.

Record on electronic recording system **Impero**

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|  | **DSL(s) review concerns and decide next steps referring to Right Help Right Time (RHRT)** |
| • | Consider discussing concerns with parent / carers and seek consent where appropriate. |
| • | Consider completing Early Help Assessment (EHA). |

**At any point consider seeking advice:**

Children’s Advice Support Service (CASS)

0121 303 1888

In case of emergency phone police on 999



**Universal+/Additional**

Continue with early help process

using the EHA as appropriate.

Consider request for support

from Think Family (TF) service



**Universal /**

**Universal+**

Continue with early help

process using the EHA

as appropriate



**Complex &**

**Significant**

Request for Support

submitted to CASS for a

multi-agency strategy

discussion

## 19.0 Involving parents/carers

19.1 In general, we will discuss any safeguarding or child protection concerns with parents/carers before approaching other settings or agencies and will seek their consent to making a referral to another agency. Appropriate staff will approach parents/carers after consultation with the DSL.

However, there may be occasions when this setting will contact another agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.

19.2 Parents/carers will be informed about our Safeguarding & Child Protection Policy, which is available on our website.

## 20.0 Multi-agency work

20.1 We work in partnership with other agencies in line with **Right Help Right Time** to promote the best interests of our **children** and keep them as a top priority in all decisions and actions that affect them. Our setting will, where necessary, liaise with these agencies to implement or contribute to an Early Help Assessment and Our Family Plan and make requests for support from Birmingham Children’s Trust. These requests will be made by the DSL to the Children’s Advice and Support Service (CASS) - 0121 303 1888. Where the **child** alreadyhas a safeguarding social worker or family support worker, concerns around escalation of risks must be reported immediately to the social/ family support worker, or in their absence, to their team manager.

20.2 When invited the DSL will participate in a MASH strategy meeting, usually by phone, adding any held data and intelligence to the discussion so that the best interests of the **child** are met.

20.3 The Designated Safeguarding Lead will co-operate with any child protection enquiries conducted by Birmingham Children’s Trust: Dainty Little Hands Ltd. Out of School Clubs will ensure representation at appropriate inter-agency meetings such as Our Family Plan, Children in Need, Initial and Review Child Protection Conferences, and Core Group meetings.

20.4 The Designated Safeguarding Lead will provide reports as required for these meetings. If this setting is unable to attend, a written report will be sent and shared with Birmingham Children’s Trust at least 24 hours prior to the meeting.

20.5 Where a child is subject to an inter-agency Child Protection Plan or a multi-agency risk assessment conference (MARAC) meeting, the Designated Safeguarding Lead will contribute to the preparation, implementation and review of the plan as appropriate.

## 21.0 Our role in supporting children

21.1 Staff will offer appropriate support to individual children who have experienced abuse, who have abused others (peer on peer abuse) or who act as Young Carers in their home situation.

21.2 Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others through a multi-agency risk assessment. Dainty Little Hands Ltd. Out of School Clubs will ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.

21.3 Dainty Little Hands Ltd. will work in partnership with the LA, relevant Host School, parents/ carers and other agencies as appropriate.

## 22.0 Responding to an allegation about a member of staff

See also Birmingham Safeguarding Children Partnership procedures on**allegations against staff and volunteers**.

22.1 This procedure must be used in any case in which it is alleged that a member of staff**,** visiting professional, or volunteer has:

* Behaved in a way that has harmed a **child** or may have harmed a **child**;
* Possibly committed a criminal offence against or related to a **child**; or
* Behaved in a way that indicates s/he may not be suitable to work with **children**.
* Behaved towards a child or children in a way that indicated s/he may pose a risk of harm to children.
  1. Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in this setting to abuse **children.** Dainty Little Hands Ltd. also recognise that concerns may be apparent before an allegation is made.
  2. All staff working within for Dainty Little Hands Ltd. must report any potential safeguarding concerns about an individual’s behaviour towards children and young people immediately.
     1. Allegations or concerns about staff, colleagues and visitors must be reported directly to the **Designated Safeguarding Lead,** who will liaise with the Birmingham Children’s Safeguarding Partnership Designated Officer (LADO) Team who will decide on any action required.
     2. If the safeguarding concern relates to the Designated Safeguarding Lead, then the concern must be made directly to the Birmingham Children’s Safeguarding Partnership’s Designated Officer (LADO) Team who will decide on any action required.

## 23.0 Children with additional needs

23.1 Dainty Little Hands Ltd. recognises that all **children** have a right to be safe. Some **children** may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug/alcohol abusing parents, etc.

## 24.0 Children in specific circumstances

24.1 Private Fostering

24.1.1 Many adults find themselves looking after someone else’s child without realising that they may be involved in private fostering. A private fostering arrangement is one that is made privately (that is to say without the involvement of Birmingham Children’s Trust or Birmingham Childrens Safeguarding Partnership) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or immediate relative. If the arrangement is to last, or has lasted, for 28 days or more, it is categorised as private fostering.

24.1.2 The Children Act 1989 defines an immediate relative as a grandparent, brother, sister, uncle or aunt (whether of full blood or half blood or by marriage or civil partnership), or a step parent.

24.1.3 People become involved in private fostering for all kinds of reasons. Examples of private fostering include:

1. Children/young people who need alternative care because of parental illness;
2. Children/young people whose parents cannot care for them because their work or study involves long or antisocial hours;
3. Children/young people sent from abroad to stay with another family, usually to improve their educational opportunities;
4. Unaccompanied asylum seeking and refugee children/young people;
5. Teenagers who stay with friends (or other non-relatives) because they have fallen out with their parents;

24.1.4 There is a mandatory duty for Dainty Little Hands Ltd. to inform Birmingham Children’s Safeguarding Partnership of a private fostering arrangement - this is done by contacting CASS (0121 303 1888). The Trust then has a duty to check that the child/young person is being properly cared for and that the arrangement is satisfactory.

* 1. **Links to additional information about safeguarding issues and forms of abuse**
  2. All Staff, including Support Manager(s) and the Managing Director, who work directly with children/young people, should refer to this information
  3. Guidance on children in specific circumstances found in Annex A of KCSIE 20, and additional resources as listed below:

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| **Issue** | **Guidance** | **Source** |
| Abuse | **http://westmidlands.procedures.org.uk/pkphz/regionalsafeguarding-guidance/abuse-linked-to-faith-or-belief**  **http://westmidlands.procedures.org.uk/pkost/regionalsafeguarding-guidance/domestic-violence-and-abuse**  **http://westmidlands.procedures.org.uk/pkphl/regionalsafeguarding-guidance/neglect**  **Children who abuse others | West Midlands Safeguarding Children Group** | West Midlands  Safeguarding  Children  Procedures |
| Bullying | **http://westmidlands.procedures.org.uk/pkphh/regionalsafeguarding-guidance/bullying#** | West Midlands  Safeguarding  Children  Procedures |
| Children and the Courts | **https://www.gov.uk/government/publications/young-witnessbooklet-for-5-to-11-year-olds**  **https://www.gov.uk/government/publications/young-witnessbooklet-for-12-to-17-year-olds** | MoJ advice |

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| **Issue** | **Guidance** | **Source** |
| Missing from  Education,  Home or Care | **http://westmidlands.procedures.org.uk/pkpls/regionalsafeguarding-guidance/children-missing-from-care-homeand-education**  **http://westmidlands.procedures.org.uk/pkotx/regionalsafeguarding-guidance/children-missing-education-cme** | West Midlands  Safeguarding  Children  Procedures |
| Family  Members in  Prison | **https://www.nicco.org.uk/** | Barnardo’s in partnership with Her Majesty’s  Prison and  Probation  Service  (HMPPS) |
| Drugs | **http://policeandsettings.org.uk/KNOWLEDGE%20BASE/ Psychoactive%20Substances.html**  **http://policeandsettings.org.uk/KNOWLEDGE%20BASE/ alcohol.html**  **http://westmidlands.procedures.org.uk/pkpzo/regionalsafeguarding-guidance/children-of-parents-who-misusesubstances** | Birmingham  Police and  Settings Panels |
| Domestic Abuse | **http://westmidlands.procedures.org.uk/pkost/regionalsafeguarding-guidance/domestic-violence-and-abuse** | West Midlands  Safeguarding  Children  Procedures |
| Child  Exploitation | **http://westmidlands.procedures.org.uk/pkpll/regionalsafeguarding-guidance/child-sexual-exploitation**  **http://westmidlands.procedures.org.uk/pkpsx/regionalsafeguarding-guidance/trafficked-children**  **Birmingham Criminal Exploitation & Gang Affiliation Practice Guidance (2018)**  **https://www.birmingham.gov.uk/downloads/file/11545/ birmingham\_criminal\_exploitation\_and\_gang\_affiliation\_pra ctice\_guidance\_2018** | West Midlands  Safeguarding  Children  Procedures  WMP, BCSP,  BCT |
| Homelessness | **https://www.gov.uk/government/publications/homelessnessreduction-bill-policy-factsheets** | HCLG |
| Health  & Wellbeing | **http://westmidlands.procedures.org.uk/pkpht/regionalsafeguarding-guidance/self-harm-and-suicidal-behaviour**  **https://www.birmingham.gov.uk/downloads/file/9462/ medicine\_in\_settings\_feb\_2018** | West Midlands  Safeguarding  Children  Procedures  BCC Education  Safeguarding |
| **Issue** | **Guidance** | **Source** |
| Online | **https://www.birmingham.gov.uk/downloads/file/8446/ sexting\_flow\_chart\_feb\_2017**  **http://policeandsettings.org.uk/onewebmedia/**  **Searching%20Screening%20&%20Confiscation%20Jan%202 018.pdf**  **Online safety: Children exposed to abuse through digital media | West Midlands Safeguarding Children Group**  **Teaching online safety in this setting** | BCC Education Safeguarding  Birmingham  Police and  Settings Panels  DfE |
| Private Fostering | **https://www.birmingham.gov.uk/downloads/file/2792/ private\_fostering\_in\_birmingham\_information\_for\_professio nals** | BCC |
| Radicalisation | **http://westmidlands.procedures.org.uk/pkpzt/regionalsafeguarding-guidance/safeguarding-children-and-youngpeople-against-radicalisation-and-violent-extremism** | West Midlands  Safeguarding  Children  Procedures |
| Violence | **http://westmidlands.procedures.org.uk/pkplh/regionalsafeguarding-guidance/sexually-active-children-and-youngpeople-including-under-age-sexual-activity**  **https://www.birmingham.gov.uk/downloads/file/8321/ responding\_to\_hsb\_-\_this setting\_guidance**  **https://www.birmingham.gov.uk/downloads/file/9504/ children\_who\_pose\_a\_risk\_to\_children**  **http://policeandsettings.org.uk/KNOWLEDGE%20BASE/ secondary\_menu.html**  **http://westmidlands.procedures.org.uk/pkpzs/regionalsafeguarding-guidance/children-affected-by-gang-activityand-youth-violence**  **https://www.gov.uk/government/policies/violence-againstwomen-and-girls**  **Honour-based violence | West Midlands Safeguarding Children Group** | West Midlands  Safeguarding  Children  Procedures  BCC Education Safeguarding  Birmingham  Police and  Settings Panels |

**Appendices**

# Appendix 1 Definitions and indicators of abuse 1. 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. Neglect may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

1. Constant hunger
2. Stealing, scavenging and/or hoarding food
3. Frequent tiredness or listlessness
4. Frequently dirty or unkempt
5. Often poorly or inappropriately clad for the weather
6. Poor this setting attendance or often late for this setting
7. Poor concentration
8. Affection or attention seeking behaviour
9. Illnesses or injuries that are left untreated
10. Failure to achieve developmental milestones, for example growth, weight
11. Failure to develop intellectually or socially
12. Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
13. The child is regularly not collected or received from this setting
14. The child is left at home alone or with inappropriate carers

# Physical abuse

Physical abuse may involve 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

1. Multiple bruises in clusters, or of uniform shape
2. Bruises that carry an imprint, such as a hand or a belt
3. Bite marks
4. Round burn marks
5. Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
6. An injury that is not consistent with the account given
7. Changing or different accounts of how an injury occurred
8. Bald patches
9. Symptoms of drug or alcohol intoxication or poisoning
10. Unaccountable covering of limbs, even in hot weather
11. Fear of going home or parents being contacted
12. Fear of medical help
13. Fear of changing for PE
14. Inexplicable fear of adults or over-compliance
15. Violence or aggression towards others including bullying
16. Isolation from peers

# Sexual abuse

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

1. Sexually explicit play or behaviour or age-inappropriate knowledge
2. Anal or vaginal discharge, soreness or scratching
3. Reluctance to go home
4. Inability to concentrate, tiredness
5. Refusal to communicate
6. Thrush, persistent complaints of stomach disorders or pains
7. Eating disorders, for example anorexia nervosa and bulimia
8. Attention seeking behaviour, self-mutilation, substance abuse
9. Aggressive behaviour including sexual harassment or molestation
10. Unusual compliance
11. Regressive behaviour, enuresis, soiling
12. Frequent or openly masturbating, touching others inappropriately
13. Depression, withdrawal, isolation from peer group
14. Reluctance to undress for PE or swimming
15. Bruises or scratches in the genital area

# Sexual exploitation

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to Birmingham Children’s Trust. The significant indicators are:

1. Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
2. Entering and/or leaving vehicles driven by unknown adults
3. Possessing unexplained amounts of money, expensive clothes or other items
4. Frequenting areas known for risky activities
5. Being groomed or abused via the Internet and mobile technology; and
6. Having unexplained contact with hotels, taxi companies or fast food outlets.
7. Missing for periods of time (CSE and county lines)

# Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent adverse effects on the child/young person's emotional development. It may involve conveying to children/young people that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child/young person opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child/young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/young person participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying)*,* causing children/young people frequently to feel frightened or in danger, or the exploitation or corruption of children/young people. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

1. The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
2. Over-reaction to mistakes
3. Delayed physical, mental or emotional development
4. Sudden speech or sensory disorders
5. Inappropriate emotional responses, fantasies
6. Neurotic behaviour: rocking, banging head, regression, tics and twitches
7. Self-harming, drug or solvent abuse
8. Fear of parents being contacted
9. Running away
10. Compulsive stealing
11. Appetite disorders - anorexia nervosa, bulimia; or
12. Soiling, smearing faeces, enuresis.

N.B: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

# Responses from parents/carers

Research and experience indicate that the following responses from parents may suggest a cause for concern across all five categories:

1. Delay in seeking treatment that is obviously needed
2. Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
3. Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
4. Reluctance to give information or failure to mention other known relevant injuries
5. Frequent presentation of minor injuries
6. A persistently negative attitude towards the child
7. Unrealistic expectations or constant complaints about the child
8. Alcohol misuse or other drug/substance misuse
9. Parents request removal of the child from home; or • Violence between adults in the household
10. Evidence of coercion and control.

# Disabled children

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

1. A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a non-mobile child
2. Not getting enough help with feeding leading to malnourishment
3. Poor toileting arrangements
4. Lack of stimulation
5. Unjustified and/or excessive use of restraint
6. Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries
7. Unwillingness to try to learn a child’s means of communication
8. Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting • Misappropriation of a child’s finances; or
9. Inappropriate invasive procedures.

# Appendix 2 Dealing with a disclosure of abuse

When a child tells me about abuse they have suffered, what should I remember?

1. Stay calm.
2. Do not communicate shock, anger or embarrassment.
3. Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
4. Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
5. Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
6. Tell the child that it is not her/his fault.
7. Encourage the child to talk but do not ask "leading questions" or press for information.
8. Listen and remember.
9. Check that you have understood correctly what the child is trying to tell you.
10. raise the child for telling you. Communicate that s/he has a right to be safe and protected.
11. Do not tell the child that what s/he experienced is dirty, naughty or bad.
12. It is inappropriate to make any comments about the alleged offender.
13. Be aware that the child may retract what s/he has told you. It is essential to record in writing, all you have heard, though not necessarily at the time of disclosure.
14. At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
15. As soon as you can afterwards, make a detailed record of the conversation using the child’s own language. Include any questions you may have asked. Do not add any opinions or interpretations.
16. If the disclosure relates to a physical injury do not photograph the injury but record in writing as much detail as possible.

NB - it is not a member of staff’s role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

# Immediately after a disclosure

You should not deal with this yourself. Clear indications or disclosure of abuse must be reported to Birmingham Children’s Trust without delay, by the DSL or in exceptional circumstances by the staff member who has raised the concern.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a **child** who has been abused can be traumatic for the adults involved. Support for you will be available from your DSL.

**Appendix 3 Allegations about a member of staff or volunteer**

1. Inappropriate behaviour by staff/volunteers could take the following forms:

# • Physical

For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects, or rough physical handling.

# • Emotional

For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children’s rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.

# • Sexual

For example, sexualised behaviour towards children, sexual harassment, inappropriate phone calls and texts, images via social media, sexual assault and rape.

# • Neglect

For example, failing to act to protect children/young people, failing to seek medical attention or failure to carry out an appropriate risk assessment.

# • Spiritual Abuse

For example, using undue influence or pressure to control individuals or ensure obedience, follow religious practices that are harmful such as beatings or starvation.

1. If a child makes an allegation about a member of staff, visitor or volunteer, the **DSL** must be informed immediately. The **DSL** must carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The **DSL** should not carry out the investigation him/herself or interview children. However, they should ensure that all investigations are completed appropriately.
2. The **DSL** should exercise and be accountable for their professional judgement on the action to be taken as follows:
   * If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns, the **DSL** will notify Birmingham Children’s Trust Designated Officer (LADO) Team[[1]](#footnote-1) (Tel: 0121 675 1669).
   * If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the child. These should be addressed through this setting’s own internal procedures.
   * If the **DSL** decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on Impero. The allegation should be removed from personnel records.
3. Where an allegation has been made against the **DSL** then the Deputy Designated Safeguarding Lead takes on the role of liaising with the LADO Team in determining the appropriate way forward. For details of this specific procedure see the Section on **Allegations against Staff and Volunteers** in the West Midlands Child protection procedures.
4. Where the allegation is against the DSL, the referral should be made to the LADO Team directly.

# Appendix 4 Indicators of vulnerability to radicalisation

1. Radicalisation is defined in KCSiE 2020 as:

The process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

1. Extremism is defined by the Government in the Prevent Strategy as:

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

1. Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

* + 1. Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
    2. Seek to provoke others to terrorist acts;
    3. Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
    4. Foster hatred which might lead to inter-community violence in the UK.

1. KCSiE 2020 describes terrorism as an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the Government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

There is no such thing as a “typical extremist”. Those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

1. Children may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that all Staff are able to recognise those vulnerabilities.
2. Indicators of vulnerability include:
   * **Identity crisis -** the child is distanced from their cultural/religious heritage and experiences discomfort about their place in society
   * **Personal crisis -** the child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging
   * **Personal circumstances -** migration; local community tensions; and events affecting the child’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
   * **Unmet aspirations -** the child may have perceptions of injustice; a feeling of failure; rejection of civic life
   * **Experiences of criminality -** which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration
   * **Special educational need -** children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
3. This list is not exhaustive, nor does it mean that all children/young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
4. More critical risk factors could include:
5. Being in contact with extremist recruiters
6. Family members convicted of a terrorism act or subject to a Channel intervention
7. Accessing violent extremist websites, especially those with a social networking element
8. Possessing or accessing violent extremist literature
9. Using extremist narratives and a global ideology to explain personal disadvantage
10. Justifying the use of violence to solve societal issues
11. Joining or seeking to join extremist organisations
12. Significant changes to appearance and/or behaviour; and
13. Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

# Appendix 5 Preventing violent extremism - Roles and responsibilities of the Single Point of Contact (SPOC)

The SPOC for **Dainty Little Hands Ltd.** is Jayne Dainty, who is responsible for:

1. Ensuring that staff of this setting are aware that you are the SPOC in relation to protecting children from radicalisation and involvement in terrorism;
2. Maintaining and applying a good understanding of the relevant guidance in relation to preventing children from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
3. Raising awareness about the role and responsibilities of **Dainty Little Hands Ltd.** in relation to protecting children from radicalisation and involvement in terrorism;
4. Raising awareness within Club about the safeguarding processes relating to protecting children from radicalisation and involvement in terrorism;
5. Acting as the first point of contact for case discussions relating to children who may be at risk of radicalisation or involved in terrorism;
6. Collating relevant information in relation to referrals of vulnerable children into the Channel[[2]](#footnote-2) process;
7. Attending Channel meetings as necessary and carrying out any actions as agreed;
8. Reporting progress on actions to the Channel co-ordinator; and sharing any relevant additional information in a timely manner.

# Appendix 6 – COVID-19 and safeguarding

Settings must have regard to the statutory safeguarding guidance, **keeping children safe in education** and should refer to the **coronavirus (COVID-19): safeguarding in settings**, **colleges and other providers guidance** and update safeguarding procedures in line with DfE updates.

Designated safeguarding leads (and deputies) should be provided with more time, especially in the first few weeks of term, to help them provide support to staff and children regarding any new safeguarding and welfare concerns and the handling of referrals to children’s social care and other agencies where these are appropriate, and agencies and services should prepare to work together to actively look for signs of harm.

1. In other authorities the LADO service is referred to as the Position of Trust Team (POT) [↑](#footnote-ref-1)
2. Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by the West Midlands Police Counter-Terrorism Unit, and it aims to • Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;

   • Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and

   • Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability. [↑](#footnote-ref-2)