



## 19. Safeguarding and Child Protection Policy & Procedure

This Safeguarding & Child Protection Policy is available on our website and is reviewed and ratified annually by the Board of Directors (BoD) or as events, or legislation requires.

Any deficiencies or weaknesses identified will be remedied without delay.

This policy is for all staff and directors.

Designated Safeguarding Lead	Deputy Designated Safeguarding Lead/s	Nominated Safeguarding Director	Chair of the Board
Joanne Hayhurst	Ashleigh Farkas Kirsty Parkin	Andy Hinchcliffe	Andy Hinchcliffe

Policy Review date	Date Ratified by Directors	Date Shared with staff
16/06/2023	23/06/2023	29/06/23

**Child Protection and Safeguarding Advice  
Contact List – June 2023**

<b>Role / Agency</b>	<b>Name and role</b>	<b>Contact Details</b>
<b>Designated Safeguarding Lead (DSL) / Child Protection Coordinator</b>	Joanne Hayhurst	01274 800500 <a href="mailto:Joanne.h@wykeccc.co.uk">Joanne.h@wykeccc.co.uk</a>
<b>Deputy DSL</b>	Kirsty Parkin	01274 800500
<b>Other DSLs</b>	Ashleigh Farkas	01274 800500
<b>Director with responsibility for Child Protection and Safeguarding</b>	Andy Hinchcliffe	01274 800500
<b>Chair of the Board</b>	Andy Hinchcliffe	01274 800500
<b>SENDCo</b>	Samantha Crossland	01274 800500
<b>Bradford Children's Social Care</b>	Children's Initial contact point	01274 437500
<b>Bradford Childrens services Duty Team (out of hours)</b>	Emergency Duty Team	01274 431010
<b>Bradford Children's Services Practitioners Advice Line</b>	Practitioners advice and referral contact	01274 433999
<b>Local Authority Designated Officer (LADO)</b>	Duty Lado	01274 435600
<b>PREVENT Team</b>	Danielle King	01274 474783

We are committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, contractors and visitors to share this commitment.

**All staff** refers to all adults, volunteers (including Directors) or students on placement, working in any capacity in the setting.

**Child Protection** refers to the multi-agency arrangements to identify and protect children who are or may be at risk of or suffering significant harm.

**Safeguarding** refers to the protection, safety and promotion of the welfare of all children including when in off-site provision or activities and using ICT. This includes the building of resilience and awareness of risk through criteria set out in the EYFS Framework and Working Together to Safeguarding Children Guidance 2018.

**Child** is any child under the age of 18.

### **Glossary**

DSL	Designated Safeguarding Lead
DDSL	Deputy Designated Safeguarding Lead
SENDCo	Special Education Needs and Disabilities Coordinator
BCSC	Bradford Children's Social Care
EYFS	Early Years Foundation Stage (Statutory guidance)

### **Visitors to the Centre**

All visitors must sign in on arrival and collect a visitor's badge and a Centre Information Leaflet which outlines Child Protection and Safeguarding procedures, including how to report any concerns regarding a child/young person or another adult in our Centre.

Visitor badges? must be worn at all times when in the Centre.

Staff must ensure that visitors to the Centre are supervised as appropriate and the requisite pre-employment checks have been completed.

All contractors must follow the Centre's signing in arrangements.

## **Aims**

1.1 The Centre aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare
- All staff are aware of their statutory responsibilities with respect to safeguarding, identifying children in need of early help, at risk of harm or those that have been harmed.
- Staff are properly trained in recognising and reporting safeguarding issues
- A culture of vigilance is created and maintained to ensure that we will also act in the best interests of children to protect them online and offline.
- Systems for reporting abuse are well promoted, easily understood and easily accessible for children

1.2 The Board of Directors and staff of Wyke Community and Children's Centre (hereinafter referred to as "WCCC") take as our first priority the responsibility to safeguard and promote the welfare of our children, to minimise risk and to work together with other agencies to ensure rigorous arrangements are in place within our setting to identify, assess and support those children who are suffering harm and to keep them safe and secure whilst in our care.

1.3 The responsibilities set out in this policy apply (as appropriate) to all members of the Centre's community including children, staff, directors, visitors/contractors, volunteers, supply staff, students on placement and trainees working within the Centre. It is fully incorporated into the whole Centre ethos and is underpinned within the safety of the physical environment provided for the children.

## **2 Legislation and guidance**

2.1 This policy is based on the Department for Education's statutory guidance, [Statutory framework for the early years foundation stage](#) and [Working Together to Safeguard Children \(WTTSC 2018\)](#).

We comply with this guidance and the procedures set out by the Safer Bradford Community Partnership.

2.2 This policy is also based on the following legislation and guidance:

[Childcare Act 2006](#), which places a duty on childcare settings and local authorities to safeguard and promote the welfare of children in their care.

[The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children

Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on senior leaders to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18

[Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM

[The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children

Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children

Statutory [Guidance on the Prevent duty](#), which explains the Centres' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism

[Guidance for safer working practice for those working with children and young people in education settings \(GSWP\)](#) (Safer Recruitment Consortium Feb 2022)

[When to call the police – Guidance for schools and colleges \(NPCC – 2020\)](#)

[Education and Training \(Welfare of Children\) Act 2021](#)

The [Childcare \(Disqualification\) Regulations 2018](#) and [Childcare Act 2006](#), which set out who is disqualified from working with children

### **3 Definitions**

3.1 **Safeguarding and promoting the welfare of children** means:

- Protecting children from maltreatment

- Preventing impairment of children’s mental or physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

**3.2 Child protection** is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Appendix 1 explains the different types and indicators of abuse.

**3.3 Children** includes everyone under the age of 18.

## **4 Equality statement**

4.1 Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children’s diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

4.2 We give special consideration to children who:

- Have special educational needs or disabilities or health conditions
- Are young carers
- May experience discrimination due to their race, ethnicity, disability, religion, gender identification, sex or sexual orientation.
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member’s mental health needs
- Children who are in care, previously looked after or any children not growing up with their birth family (this covers private fostering and all kinship arrangements)

## **5 Roles and responsibilities**

5.1 Safeguarding and child protection is **everyone’s** responsibility. This policy applies to all staff (including those not directly employed by the Centre), volunteers, contractors and directors in the Centre. Our policy and procedures also apply to extended and off-site activities. All staff are expected to read this policy as part of their induction arrangements.

## 5.2 All staff

5.2.1 All staff working directly with children will read and understand their statutory responsibilities outlined within this policy.

5.2.2 All staff will be aware of:

- Our systems which support safeguarding, including understanding the role of the designated safeguarding lead (DSL/DDSL).
- The early help process and their role in it, including being alert to emerging problems that may warrant Early Help intervention. All staff should be reporting emerging problems that may warrant early help intervention in the first instance to Joanne Hayhurst – Centre Manager.
- That children's behaviours can be indicative of their emotional wellbeing and can be linked to mental health. They should be aware of behaviours that may communicate that poor wellbeing *can* be an indicator of factors such as abuse, neglect or exploitation. Staff should understand the children's experiences such of abuse, neglect, trauma and adverse childhood experiences can impact on children's mental health, behaviour & education.
- The process for making referrals to local authority Bradford Children's Social Care (BCSC) and for statutory assessments that may follow a referral, including the role they might be expected to play. Fig 1: **Summary of internal procedures to follow where there are concerns about a child** illustrates the procedure to follow if you have concerns about a child's welfare. Wherever possible, speak to the DSL, DDSL first to agree a course of action. In the absence of a DSL or DDSL being available, staff must not delay in directly contacting Bradford Children's Social Care, Duty and advice team or the police if they believe a child is at immediate risk of significant harm.
- Our work in partnership with other agencies in the best interests of the children. Requests for service to BCSC will (wherever possible) be made by the Safeguarding Designated Staff, to the BCSC Duty and Advice team. Where a child already has a child protection social worker, the Centre will immediately contact the social worker involved or in their absence, the team manager of the child protection social worker.
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as Female Genital Mutilation (FGM), and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- In-setting procedures for recording any cause for concerns and passing information on to DSLs in accordance with Centre recording systems.
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), child criminal exploitation (CCE) FGM, radicalisation, child-on-child sexual abuse and serious and violent crime. All staff to be aware safeguarding incidents/ behaviours can occur outside the setting or be associated with outside factors 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.
- Children absconding during the day can also be a sign of CCE, including involvement in County Lines.
- Children may not feel ready or know how to tell someone that they are being abused, exploited, neglected, and/or they may not recognise their experiences as harmful.

Appendix 1 details different kinds of abuse.

Appendix 2 provides guidance to staff on how to respond to children who report abuse

### **5.3 The designated safeguarding lead (DSL) and deputy designated staff.**

- 5.3.1 Our DSL is Joanne Hayhurst – Centre Manager, The DSL takes lead responsibility for child protection and wider safeguarding.
- 5.3.2 The optimal scenario is to have a trained DSL or DDSL available on site. Where this is not possible a trained DSL or DDSL will be available to be contacted via phone or online video – for example when working from home.
- 5.3.3 When the DSL is absent Kirsty Parkin – Deputy Manager and/or Ashleigh Farkas - Deputy Manager will act as cover.
- 5.3.4 If the DSL and deputies are not available the next, most senior member of staff will act as cover (for example, during out-of-hours/out-of-term activities).
- 5.3.5 The DSL will be given the time, training, resources and support to:
- Provide advice and support to other staff on child welfare and child protection matters
  - Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
  - Contribute to the assessment of children by providing as much information as possible as part of the referral process to help social care assessments consider contexts outside the home and enable a contextual approach to harm.
  - Refer suspected cases, as appropriate, to the relevant body (Bradford children’s social care Advice team, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly. Provide support for staff to comply with their mandatory reporting duties in cases where FGM has been identified.
  - Joanne Hayhurst – Centre Manager will ensure that all staff involved in direct case work of vulnerable children, where there are child protection concerns/issues, have access to regular supervision.
  - The DSL will also keep the Safeguarding Director Andy Hinchcliffe informed of any issues and liaise with local authority officers and relevant professionals for child protection concerns as appropriate.
  - The DSL is responsible for responding to domestic abuse notifications from the local authority and providing support to children and their families as appropriate
  - The Centre will ensure representation at appropriate inter-agency meetings such as Initial Child Protection Case Conferences, Child Protection Reviews, Looked After Child Reviews, and Planning and Core Group meetings, as well as Family Support Meetings.
  - Provide reports as required for meetings. Reports will, wherever possible, be shared with parents/carers at least 24 hours prior to the meeting.
  - Where a child at the Centre is subject to an inter-agency child protection plan or any multi-agency risk management plan, the DSL will contribute to the preparation, implementation and review of the plan as appropriate.
  - The designated safeguarding lead and any deputies should liaise with the three safeguarding partners and work with other agencies in line with Working Together to Safeguard Children (2018). When to call the police (NPCC 2020) should help designated safeguarding leads understand when they should consider calling the police and what to expect when they do.

**The full responsibilities of the DSL are set out the EYFS Statutory guidance. All designated safeguarding leads and deputy safeguarding leads must read and comply with this.**

### **5.4 The Board of Directors**

5.4.1 The Board of Directors will approve this policy at each review and hold the Centre Manager to account for its implementation and any actions/recommendations made by the Local Authority and/or Ofsted in respect to strengthening the Centre’s safeguarding arrangements.



5.4.2 The Board of Directors will appoint a lead Director (Andy Hinchcliffe) to monitor the effectiveness of this and other related safeguarding policies/processes in conjunction with the Board of Directors.

Lead Safeguarding Directors should be appropriately trained in a range of safeguarding areas.

5.4.3 In the event that safeguarding concerns, or an allegation of abuse is made against the Centre Manager, the Chair of the Board (Andy Hinchcliffe) will act as the 'case manager'.

5.4.4 The Board of Directors will ensure that the Centre has robust IT filtering and monitoring systems in place – Informed by the Safer Internet Centre.

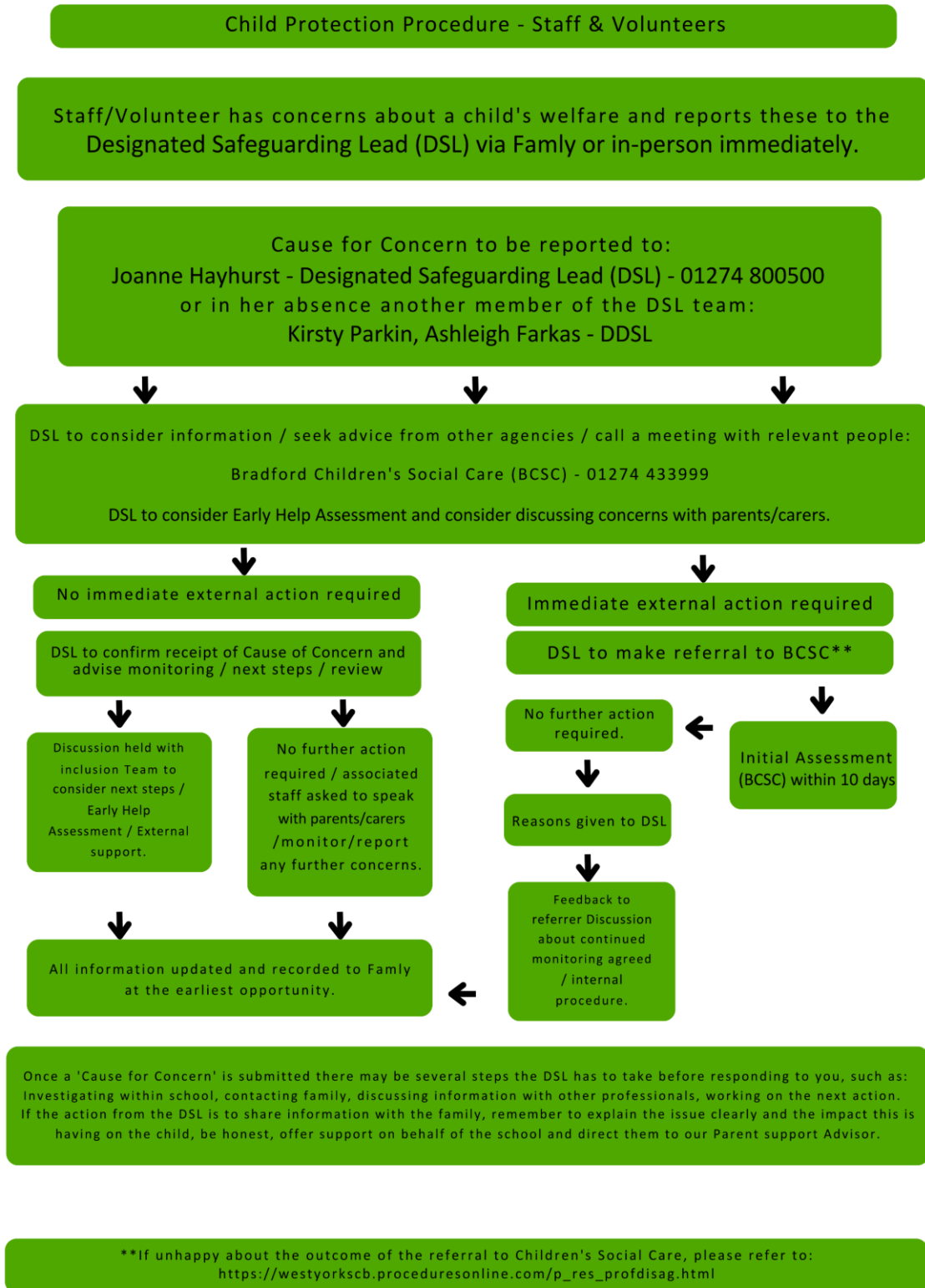
## **5.5 The Centre Manager**

5.5.1 The Centre Manager is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary and supply staff) and volunteers are informed of this policy as part of their induction
- Communicating this policy to parents when their child joins the setting and via the Centre website
- Ensuring that the roles and responsibilities of the DSL/DDSL are reflected in their job description.
- Ensuring that the DSL has appropriate time, training and resources, and that there is always adequate cover if the DSL is absent
- Ensuring that they complete the required advanced training for DSL's through the Local Authority.
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff (including supply staff) or volunteer, where appropriate.
- Ensuring that all recommendations made by the Local Authority and/or Ofsted in relation to strengthening the Centre's safeguarding arrangements are actioned in a timely fashion.
- Ensuring the relevant staffing ratios are met, where applicable (of 1:3 for children aged 2 and under, 1:4 of children aged 2 Years, 1:8 of children aged 3-5 years).
- Making sure each child in the Early Years Foundation Stage is assigned a key person

### **Fig 1: Summary of in-centre procedures to follow where there are concerns about a child**

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## **6 Confidentiality and Information Sharing**

6.1 Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of safeguarding.

6.2 The Centre recognises that the only purpose of confidentiality in this respect is to benefit the child. Staff/volunteers and visitors to the Centre should never promise a child that they will not tell anyone about an allegation/report of abuse, and must pass any cause for concerns immediately to a designated safeguarding lead.

6.3 Confidentiality is addressed throughout this policy with respect to record-keeping dealing with reports of abuse (see Appendix 2), allegations of abuse against staff information sharing and working with parents.

6.4 Timely information sharing is essential for effective safeguarding. Our Centre will share safeguarding information as appropriate in keeping with the principles outlined in the government guidance document, [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(DfE 2018\)](#). This guidance has been produced to support practitioners in the decisions they take to share information, which reduces the risk of harm to children and young people and promotes their well-being.

6.5 Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.

6.6 All staff must have due regard for the relevant data protection principles which allow them to share (in the context of their role) and withhold personal information, as provided for in the Data Protection Act 2018 and GDPR.

6.7 In order to promote positive outcomes for vulnerable children, including children with social workers information that can help to support positive outcomes being achieved will be shared with staff at the Centre, that are not DSLs or DDSLs as appropriate.

6.8 If staff are in any doubt about sharing information, they must speak to the designated staff and/or the Centre Manager.

### **6.2 Working with parents and other agencies to protect children**

6.2.1 Parents/carers will be made aware of our procedures in respect to taking any reasonable action to safeguard the welfare of its children. In cases where the Centre has reason to be concerned that a child may be suffering significant harm, ill treatment, neglect or other forms of harm, staff will follow the procedures for responding to suspected cases of child abuse or neglect outlined in this policy document and contact BCSC Duty and Advice team to discuss their concerns.

6.2.2 We will endeavour wherever possible to obtain at least two emergency contacts for every child at the Centre in case of emergencies, and in case there are welfare concerns at the home.

6.2.3 In general, we will discuss concerns with parents/carers before approaching other agencies and will seek to inform parents/carers and receive their consent when making a referral to another agency. Appropriate staff will approach parents/carers after consultation with the DSL. The exception to this rule will be in situations where a member of staff has reasonable cause to believe that informing parents/carers of a referral to another agency may increase the risk of significant harm to the child.

6.2.4 Parents/carers are informed about our Safeguarding & Child Protection policy during initial registration, via FAMILY app, our website, newsletters etc. A safeguarding & child protection statement is prominent in the Centre's reception area.

### **6.3 Multi-agency work**

6.3.1 We will co-operate with BCSC in accordance with the requirements of the Children Act 1989 and allow access to child and child protection records for them to conduct section 17 or section 47 assessments.

6.3.2 In the best interests of our children, we will work with all relevant professionals and agencies as required to safeguard children and promote their welfare.

## **6.4 Continuum of need and risk identification tool**

6.4.1 The Continuum of need and risk identification tool document is aimed at every agency, and professional who works directly or indirectly with children, young people and families.

This guidance is to help agencies identify a child's level of need and vulnerability, and respond appropriately, "getting the right help, at the right time."

The framework describes need in 4 levels - these are not rigid, as a child's needs are unique.

The description of each level 1 to 4, gives examples of how need might present itself and may help you understand better how a child's needs will be met. It can be stepped up and down depending on factors along the way.

- Level 1 – Universal: no additional needs. Needs are met by universal services e.g. GP, dentist, health visitor, school, childcare setting.
- Level 2 – Universal Plus: additional support needed which may or may not require multiagency work with other professionals and/or services i.e. food bank, debt service.
- Level 3 – Targeted Support / Partnership Plus: help and support from a range of professionals for families with complex needs.
- Level 4 – Statutory / Specialist and Child Protection: high priority needs including other specialist services – children who are experiencing significant harm.

6.4.2 If concerns are at level 1 or 2 in the continuum of need document, the DSL will complete an Early Help Assessment with parent/carer consent.

If concerns are at level 3 or 4 in the continuum of need document, the setting will phone Bradford Children's Services Integrated Front Door (IFD) to make a referral. After phoning Bradford Children's Services Integrated Front Door (IFD) and discussing concerns, the IFD will advise what steps to take next.

## **7 Opportunities to teach safeguarding – Preventative**

### **7.1 Our role in the prevention of abuse**

We will identify and provide opportunities for children to develop skills, concepts, attitudes and knowledge to promote their safety and well-being.

7.1.2 We will ensure that children are taught about safeguarding in an age and stage appropriate way, including online safety, and recognise that a one size fits all approach may not be appropriate for all children, and a more personalised or contextualised approach for more vulnerable children, victims of abuse and some SEND children may be needed.

## **8. Other areas of work**

8.1 Our Safeguarding and Child Protection policy cannot be separated from the general ethos of the Centre which is to ensure that children are treated with respect and dignity, feel safe, and are listened to.

8.2 The Centre's online safety policy is reflective of the requirements set out in the EYFS Statutory Framework [Keeping Children Safe in Out of School Provision](#) in regards to content, contact, conduct and commerce.

## **9 Our role in supporting children**

**We will offer appropriate support to individual children who have experienced abuse or who have abused others.**

9.1 In cases where children have experienced abuse/abused others, the DSL will ensure that appropriate support is offered.

9.2 For children who have sexually harmed or may have sexually harmed peers, where appropriate an AIM Risk Assessment Management Plan (RAMP) will be completed between the Centre Manager and Safeguarding Director that includes safety and support planning.

## **10 Children with special educational needs, disabilities, or health issues**

10.1 We recognise that while all children have a right to be safe, some children *may* be more vulnerable to abuse e.g. those with a disability, special educational needs, mental health issues or those living with domestic violence or drug/alcohol abusing parents, parents mental health issues, learning disabilities, children who are in care or previously looked after, children having adverse childhood experiences etc.. Additional barriers can exist when recognising abuse and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- The potential for children with SEN, disabilities or certain health conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in managing or reporting these challenges

10.2 All staff have a role in preventing impairment of children's mental health/emotional wellbeing, including promoting positive mental health and identifying where students are struggling with their Mental Health. We regularly communicate messages to children regarding wellbeing and the promotion of positive mental health strategies.

10.3 Concerns regarding a child's mental health/emotional wellbeing should be reported to the Centre Manager / SENDCo in keeping with the Centre's safeguarding reporting arrangements.

## **11 Intimate Care Needs**

11.1 At Wyke Community and Childrens Centre we provide care and Education for children aged 0-5 years old and as part of our care role is to change nappies as and when required. All employees who have a responsibility for the intimate care of children will undertake their duties in a sensitive, respectful and professional manner.

11.2 Staff must:

- Ensure all Nappy changes are completed by staff only - volunteers or students will not be responsible for any Intimate Care practices.
- Nappy changes are always completed within the designated spaces within the Nursery rooms, where privacy for the child can be maintained and staff are supervised by other professionals.
- Change all nappies according to the rota for their allocated room and, in addition as and when required.
- Always ensure that the child is safe whilst on the changing unit, if the child is too big, place on the floor to change the nappy.
- Senior Nursery staff are responsible for supervision of the changing area and enforcement of the rotas.
- All staff wear gloves and aprons provided before changing nappies to prevent cross-contamination.

## **12 Female Genital Mutilation: The Mandatory Reporting Duty**

12.1 The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

12.2 FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

12.3 The duty above **does not apply** in cases where a child **is at risk** of FGM or FGM is suspected but is not known to have been carried out. Staff must not examine children.

12.4 **Any member of staff** who discovers that an act of FGM appears to have been carried out on a **child under 18** must speak to the DSL and follow the Centre's and BSCP safeguarding procedures.

12.5 **Any member of staff** who suspects a child is *at risk* of FGM must speak to the DSL who will follow BSCP procedures.

## **13 Radicalisation and Terrorism**

13.1 Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Terrorism is 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.

13.1 If staff are concerned about a change in the behaviour of an individual or see something that concerns them (**this could be a colleague too**) they must seek advice appropriately with the DSL who must contact Bradford Prevent Team either via phone call on 01274 474783 or via Online referral form and sent to [fimucentral@ctpne@police.uk](mailto:fimucentral@ctpne@police.uk)

13.2 Effective early help relies on all staff to be vigilant and aware of the nature of the risk for children and young people, and what support may be available. Our Centre will ensure that all front-line staff will undertake Prevent awareness training.

13.3 Wyke Community and Children's Centre builds children's resilience to radicalisation through the use of Fundamental British Values. British values include;

- Democracy: making decisions together
- Rule of law: understanding rules matter as cited in Personal Social and Emotional development
- Individual liberty: freedom for all
- Mutual respect and tolerance: treat others as you want to be treated

13.4 The British Values run throughout all practice within the setting, staff working with children should ensure that these values are upheld at all times.

## **14 Child on child abuse**

14.1 We recognise that children are capable of abusing their peers and that child on child abuse can manifest in many different ways, including bullying, cyber bullying, criminal and sexual exploitation, sexual harassment and violence, initiation/hazing, sharing of nudes and semi-nudes, , up skirting (taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm) and abuse within intimate partner relationships. It is very clear that this type of abuse should always be treated seriously, and never just as banter, part of growing up or boys being boys. Our Centre has a zero tolerance approach to such attitudes and behaviours.

14.2 We will take steps to minimise the risk of child-on-child abuse by ensuring children recognise behaviour that is not appropriate and understand how to stay safe and challenge and report unwanted behaviours. We will also regularly review the Centre's site and activities to further minimise the risk of child-on-child abuse occurring.

14.1 We recognise that abuse can often go unreported or be reported latterly. We will encourage and support children to report child-on-child abuse to trusted adults at the Centre or the NSPCC helpline.

14.2 All concerns around child-on-child abuse will be taken seriously, reported, investigated, recorded and managed in line with the child protection procedures outlined in this policy. Our Centre will ensure that at least one DSL and one Director has completed training on understanding and managing harmful sexual behaviour in children

14.3 The DSL is responsible for providing support to all children involved in incidents of child-on-child sexual abuse. Where incidents of child-on-child abuse involve children attending another setting we will liaise with the relevant DSL/DO at the setting to ensure appropriate information is shared.

14.4 We will ensure that all children who may have/have been sexually harmed will be taken seriously and that they will be supported and kept safe. Where appropriate support plans will be put in place for children subjected to sexual harm.

14.5 In cases where allegations of sexual violence and/or harassment are found to be unsubstantiated, unfounded, false or malicious, the DSL will consider whether the child or person who has made the allegation is in need of support or may have been abused by someone else. In cases where the report is found to be deliberately invented or malicious the Centre will consider whether it is appropriate to take any action to protect other children and staff.

14.6 Where child exploitation (ie; criminal, sexual, trafficking, modern day slavery etc..), or the risk of it, is suspected, frontline practitioners must notify the designated member of staff for child protection, in line with the child protection policy reporting systems.

14.7 If the child /young person already has an allocated social worker, the DSL must contact them (or their team manager) to discuss any concerns about child exploitation.

## **15 Sharing Nudes and Semi Nudes**

### **Staff responsibilities when responding to an incident**

15.1 If any adult at the Centre is made aware of an incident involving the consensual or non-consensual sharing of nude or semi-nude images/videos (also known as 'sexting' or 'youth produced sexual imagery'), they must report it to the DSL immediately.

They must **not**:

1. View, copy, print, share, store or save the imagery yourself, or ask a child to share or download it (if you have already viewed the imagery by accident, you must report this to the DSL)
2. Delete the imagery or ask the child to delete it
3. Ask the child(ren) who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility)
4. Share information about the incident with other members of staff, the child(ren) it involves or their, or other, parents and/or carers
5. Say or do anything to blame or shame any child / young people involved

### **DSL Responsibilities**

15.2 Following a report of an incident, the DSL will hold an initial review meeting with appropriate staff – this may include the staff member who reported the incident. This meeting will consider the initial evidence and aim to determine:

6. Whether there is an immediate risk to child(ren)
7. If a referral needs to be made to the police and/or children's social care

- 8.If it is necessary to view the image(s) in order to safeguard the child/ young person (in most cases, images or videos should not be viewed)
- 9.What further information is required to decide on the best response
10. Whether the image(s) has been shared widely and via what services and/or platforms (this may be unknown)
11. Whether immediate action should be taken to delete or remove images or videos from devices or online services
12. Any relevant facts about the child(ren) involved which would influence risk assessment
13. If there is a need to contact another setting or individual
14. Whether to contact parents or carers of the child(ren) involved (in most cases parents/carers should be involved)

The DSL will make an immediate referral to police and/or children's social care if:

15. The incident involves an adult
16. There is reason to believe that a child /young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example, owing to special educational needs)
17. What the DSL knows about the images or videos suggests the content depicts sexual acts which are unusual for the child / young person's developmental stage, or are violent
18. The imagery involves sexual acts and any child in the images or videos is under 13
19. The DSL has reason to believe a child is at immediate risk of harm owing to the sharing of nudes and semi-nudes (for example, the child / young person is presenting as suicidal or self-harming)

14.3 If none of the above apply then the DSL, in consultation with the Safeguarding Director and other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care. The decision will be made and recorded in line with the procedures set out in this policy.

## **16 Mobile phones and Electronic devices,**

16.1 Staff, students and visitors are not permitted to use mobile phones in any childcare areas within the building.

- Staff must leave phones in the bags/coats within the assigned spaces during working hours, and they can be retrieved on breaks/shift end. Under no circumstances should any member of staff or student have a mobile phone with them in a Childcare room.
- Staff will give only the main office number to parents / carers to contact us in an emergency
- Anyone using a mobile phone during break times must do so in a 'child free' area (e.g. staffroom, office)
- Staff are asked to remind parents politely that both the indoor and outdoor childcare areas are 'mobile free' zones
- Where a centre Mobile phone is necessary for Emergency calls, this will be stored within the Baby Room Milk Kitchen and taken into the garden when necessary. This device should under no circumstances be used for photographing or videoing within the NUrsery rooms.
- For external trips permission can be granted to use the Mobile Phone for photograph purposes.

16.2 The Use of Smart watches are permitted within the Nursery rooms, providing they do not contain a Built in Camera. Staff should under no circumstances use their watch within the room to check notifications, respond to messages or engage in any other form of communication.

16.2 Electronic devices such as Tablets and I-pads will be used in setting to take pictures/video's of children, these will then be uploaded to the FAmly App, for parents to view. These pictures may also be displayed throughout the Centre within displays or on Wyke Community and Childrens' Centre Social Media channels. Parents have the option to 'Opt' out of Photograph permissions via the



registration process within  
the permissions on FAMLY

## **17 A Safeguarding Culture**

**The Board of Directors will ensure that the following appropriate policies, and procedures are in place and shared with staff at the point of induction, in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare:**

- Whistle Blowing/Confidential reporting policies (guidance to staff and volunteers on how they can raise concerns and receive appropriate feedback on action taken when staff have concerns about any adult's behaviour)
- Guidance on Safer Working Practices
- Safeguarding and Child Protection policy
- The names, roles and responsibilities of the designated safeguarding lead and any deputies.

## **18 Safer Recruitment, selection and pre-employment vetting**

18.1 The Centre pays full regard and commitment to following the safer recruitment, selection and pre-employment vetting procedures as outlined in Department for Education guidance.

18.2 The Centre will maintain a single central record which demonstrates the relevant vetting checks required including: a barred list check, DBS check at the correct level, identity, qualifications, prohibition order and right to work in the UK.

18.3 All recruitment materials will include reference to the Centre's commitment to safeguarding and promoting the wellbeing of children.

18.4 The Centre will ensure that all recruitment panels include at least one person that has undertaken the Safer Bradford safer recruitment training.

18.5 For individuals who have lived or worked outside the UK, in addition to the same checks as all other staff, the Centre will complete any additional checks required to satisfy themselves that the individual is suitable to work with children. This may include obtaining a letter from the professional regulatory authority in the country (countries) in which the candidate has worked confirming that they have not imposed any sanctions or restrictions, and /or that they are aware of any reason why they are unsuitable to work with children.

18.6 The Centre will ensure that written risk assessments are undertaken in situations where information provided on DBS certificates necessitates so. Written risk assessments must be undertaken for all volunteers **not** engaging in regulated activity.

## **19 Managing allegations or safeguarding concerns against a member of staff or person at the Centre procedures.**

19.1 These procedures must be followed in any case in which it is alleged that a member of staff (including supply staff), Director, visiting professional or volunteer has met the harm test, this includes where an adult has:

- a) behaved in a way that has harmed a child or may have harmed a child
- b) possibly committed a criminal offence against or related to a child
- c) behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children
- d) behaved or may have behaved in a way that indicates they may not be suitable to work with children. *(This includes any behaviour that may have happened outside of the setting that might make the individual unsuitable to work with children. This is known as transferable risk.)*

19.2 All adults working at the Centre have duty to disclose to the Centre Manager (or Chair of the Board where appropriate) where their relationships and associations both within and outside of the workplace (including online) may have implications for safeguarding children.

19.3 Examples of behaviours that would warrant an allegation or safeguarding concern by a member of staff could include:

- Physical, for example 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 which discriminate on the grounds of race, gender, sex, disability or sexuality.
- Sexual, for example sexualised behaviour towards children, grooming, sexual harassment, sexual assault and rape, sending inappropriate messages through social media and other technologies.
- Neglect which may include failing to act to protect a child or children, failing to seek medical attention or failure to carry out appropriate/proper risk assessment etc.

19.4 A safeguarding complaint that meets the above criteria must be reported to the Centre Manager ("case manager") immediately. If the complaint involves the Centre Manager then Chair of the Board must be informed. In our setting the named case manager is Joanne Hayhurst. They will follow the processes outlined in this section.

19.5 Where the Centre Manager or Chair of the Board determines that a safeguarding allegation does not meet the harm threshold in line with the criteria above they will refer the matter to be managed by a designated deputy manager with appropriate safeguarding training. It is important for the Centre Manager to carefully consider who at the Centre is best placed to manage concerns that do not meet the harm threshold and ensure appropriate action is taken given the sensitive and confidential nature of the information relating to staff over time. In many cases the Centre manager may decide to retain this role.

19.6 All staff must fully understand that any adult behaviours that deviate from the Guidance for Safer Working Practice, including inappropriate conduct outside of work are a concern, even if they are low-level.

Low-level concerns are concerns that do not meet the harm test/allegations threshold. Examples of such behaviour include:

- *Being over familiar with children*
- *Having favourites*
- *Taking photographs of children on their mobile phone*
- *Engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or*
- *Humiliating children*

19.7 The case manager should ensure that the child is not at risk and where appropriate ensure that the child is referred to BCSC Duty and Advice team.

19.8 The case manager should gather as much information about the alleged incident as necessary in order to establish whether there is substance to the allegation. In situations where the case manager determines that the harm test has not been met the case manager must ensure that there is a clear record of the incident, include any actions (including whether any HR advice had been sought and actioned) taken to address the concern raised. This record must be kept confidential, stored securely and comply with the Data Protection Act 2018 and the UK GDPR (2018). . Records of low level concerns will be reviewed so that any patterns of recurring low level concerns can be identified and responded to appropriately, this may include a referral to the LADO where repeated behaviours indicate an individual may not be suitable to work with children.

19.9 All low level concern records will be kept for the duration of the member of staff's employment.

19.10 In situations where the case manager has sufficient information to suggest that the harm test/allegations threshold has been met, the case manager must refer the allegation onto the Bradford LADO Team **within one working day of the allegation being made via the LADO referral form, and sent to [LADO@bradford.gov.uk](mailto:LADO@bradford.gov.uk)**. This will assist the case manager and HR/supply agency senior manager in consultation with the LADO to decide on the most appropriate course of action. This includes when to inform the member of staff of the concerns raised. Parents or carers of the child or children involved should be told about the allegation as soon as possible if they do not already know of it.

19.11 The case manager **must** not carry out an investigation or **directly interview** any child/ witness/ or the individual whom the concern relates too, until the above process has been duly completed and relevant partners have been consulted. However, statements of any alleged incidents of harm should be obtained as appropriate at the earliest opportunity in order to establish facts from relevant individuals.

19.12 A multi-agency allegations management meeting may be arranged to look at the complaint in its widest context. The case manager must attend this meeting, which will be arranged by the LADO. All issues must be recorded and the outcome reached must be noted to ensure closure.

19.13 In many cases it may be appropriate to provide further training and support to staff/volunteers and ensure that they are clear about the expectations for their conduct.

19.14 In more serious cases, allegations may be investigated under the formal disciplinary procedures and, where allegations are upheld, formal warnings issued as well as specific training and support. In cases where children/young people may be at further risk and/or evidence/witnesses may be compromised and/or the allegations are so serious that they may, if upheld, constitute gross misconduct, suspension of the member of staff/volunteer may be appropriate and should be considered in line with the Centre's Disciplinary Procedures.

19.15 Any staff/volunteers who are dismissed by the Centre for gross misconduct or cumulative misconduct relating to safeguarding of children/young people will be referred to the DBS for consideration of barring. Similarly, where the Centre has a reasonable belief that the member of staff/volunteer would have been dismissed by the Centre had they been employed at the time of the conclusion of investigations, they will be referred to the DBS. The Centre will keep written records of all of the above.

- **LADO Contacts:, or**

19.16 Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, staff can contact any of the professionals named in the above paragraph, in addition to other whistleblowing channels which may be open to them.

19.17 West Yorkshire Consortium Inter Agency Safeguarding and Child protection procedures whistleblowing policy states that concerns can be raised by the following methods:

- Bradford Childrens Social Care Team, Via the LADO Team
- Via Phone call on 01274 435600
- Via Online form found at:

<https://www.saferbradford.co.uk/resources/childrens/allegations-management-and-safer-recruitment/>

- Sent to [LADO@bradford.gov.uk](mailto:LADO@bradford.gov.uk)
- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00am to 8:00pm, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

## **20 Training and Support**

All staff members will be made aware of systems within our Centre that support safeguarding and these will be explained to them as part of our staff induction. This includes: the centre's safeguarding/child protection policy; safer working practice document and the Centre's whistleblowing procedures. This must be done as part of their induction and reviewed annually.

20.1 We recognise the stressful and traumatic nature of child protection work. Support is available for any member of staff from the Centre Manager or other DSL.

20.2 Designated Safeguarding staff must have attended the Designated Safeguarding Lead. They will attend refresher training at least every two years. The DSL will undertake Prevent Awareness Training to enable them to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

20.3 The Centre will ensure all staff including temporary and volunteers receive induction and updated safeguarding training appropriate to their roles and responsibilities, especially staff new to the Centre with refresher training held at least every three years. All staff should receive regular safeguarding updates (for example, via email, e-bulletins, staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

20.4 Directors, including the nominated Safeguarding Director will attend specific training for their role, updated at least every three years.

20.5 Any training accessed through third party/independent providers must reflect the BSCB protocols.

20.6 The Centre Manager and at least one member of the Board of Directors must complete Accredited Safer Recruitment Training, this must be refreshed at least every 5 years.

## **21 Child Protection Records**

**21.1 The responsibility to maintain, process, share, transfer and store child protection and safeguarding records in accordance with the Data Protection Act 2018 and the GDPR principles is the responsibility of the DSL and any safeguarding deputies. Child protection information will be held securely, with access being restricted to the DSL and their deputies, and Centre Manager / Safeguarding Director.**

**21.2 The following information must be kept securely with restricted access, whether paper or electronic:**

- Chronology (summary of significant events and the actions and involvement of the Centre)
- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome.
- All completed child protection cause for concern records
- Any child protection information received from the child's previous setting.
- Records of discussions, telephone calls and meetings with colleagues and other agencies or services
- Professional consultations
- Letters and emails sent and received relating to child protection matters
- Referral forms sent to BCSC, other external agencies.
- Minutes or notes of meetings, e.g. child protection conferences, core group meetings, etc., copied to the file of each child in the family, as appropriate
- Formal plans for, or linked to, the child e.g. child protection plans, Early Help (previously known as CAF's), risk assessments etc
- **A copy of any support plan for the child concerned**

21.3 Where a child leaves our provision, we will ensure that the child protection file is transferred securely to the receiving setting. (where this is known) as soon as possible and within 5 working days. This is a legal requirement.

21.4 Child records will be transferred in a secure manner, for example, through secure electronic file transfer or by hand. When hand-delivering child records, a list of the names of the child whose records are being transferred and the name of the setting they are being transferred to must be made and a signature obtained from the receiving setting as proof of receipt. When sending records through secure electronic file transfer, a delivery and read receipt of the must be retained for audit purposes.

21.5 If a child moves from our setting, child protection records will be forwarded onto the named DSL at the new setting, with due regard to their confidential nature. Good practice suggests that this will always be done with a face to face handover between designated staff or a verbal conversation is had over the telephone if a face to face handover is not possible. A signed receipt of file transfer or electronic delivery and read receipt must be obtained for audit purposes by the delivering setting.

21.6 If sending by post, children records will be sent "Special Delivery". A note of the special delivery number will also be made to enable the records to be tracked and traced via Royal Mail.

21.7 For audit purposes a note of all child records transferred or received will be kept in either paper or electronic format. This will include the child's name, date of birth, where and to whom the records have been sent, and the date sent and/or received. A copy of the child protection chronology will also be retained for audit purposes and kept securely.

21.8 When a DSL member of staff resigns their post or no longer has child protection responsibility, there will be a full face to face handover/exchange of information with the new post holder.

21.9 In exceptional circumstances when a face to face handover is unfeasible, it is the responsibility of the Centre Manager / Safeguarding Director to ensure that the new post holder is fully conversant with all procedures and case files.

21.10 All DSLs receiving current (live) files or closed files must keep all contents enclosed and not remove any material.

21.11 All receipts confirming file transfer must be kept in accordance with the recommended retention periods.

## **22 Children's and parents' access to child protection files**

22.1 Under Data Protection legislation (General Data Protection Regulation & Data Protection Act 2018) a child or their nominated representative have a number of legal right in respect of information relating to them. These rights include the right to access and the right to rectification of inaccurate data. Therefore all information will be accurately recorded, objective in nature and expressed in a professional manner.

22.2 Any child who has a child protection file has a right to request access to it. However, neither the child nor the parent has an automatic right to see all the information held in child protection records. Information can be withheld if disclosure:

- could cause serious harm or is likely to cause serious harm to the physical or mental health or condition of the child or another person; or
- could reveal that the child or another person has been a subject of or may be at risk of child abuse, and the disclosure is not in the best interests of the child; or
- is likely to prejudice an on-going criminal investigation; or
- information about the child also relates to another person who could be identified from it or the information has been given by another person who could be identified as the source, unless the person has consented to the disclosure or the person providing the information is an employee of the establishment or the Local Authority.

22.3 It is best practice to make reports available to the child or their parents unless the exceptions described above apply.

22.4 Centre reports to the child protection conference will (wherever possible) be shared with the child, if old enough, and parent at least two days before the conference.

## **23 Archiving**

23.1 The setting that the child attended until statutory school leaving age (or the school where the child completed sixth form studies) is responsible for retaining any child protection records they may hold. The recommended retention periods is 35 years from closure when there has been a referral to BCSC. If no referral has been made to BCSC, the child protection record will be retained until the child's 25th birthday, after which point the file will be destroyed confidentially/deleted from our electronic system. The decision of how and where to store child protection files will be made by the Centre Manager via the Board of Directors. Due to sensitivity of the information, the records will continue to be held in a secure area with limited access e.g. designated officer or Centre Manager. The DSL is responsible for ensuring that all CP files are archived in accordance with the timescales referenced above. The DSL is responsible for ensuring that the appropriate timeframes for archiving and destroying child protection records referenced above are set on electronic systems accordingly for each child.

## **24 Safe Destruction of child records**

24.1 Records which have been identified for destruction will be confidentially destroyed. This is because they will either contain personal or sensitive information, which is subject to the requirements of Data Protection legislation or they will contain information which is confidential to the Centre or the Local Authority. Information will be shredded (or deleted as appropriate) prior to disposal or confidential disposal can be arranged through private contractors. For audit purposes the Centre will maintain a list of records which have been destroyed and who authorised their destruction. This can be kept securely in either paper or an electronic format.

## **Appendix 1: Definitions and indicators of abuse**

Reference: Working Together to Safeguard Children (DfE 2018).

**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:

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

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

Examples which may indicate neglect (it is not designed to be used as a checklist):

- Hunger
- Tiredness or listlessness
- Child dirty or unkempt
- Poorly or inappropriately clad for the weather
- Poor attendance or often late for sessions
- Poor concentration
- Affection or attention seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Neurotic behaviour

**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.

Examples which may indicate physical abuse (not to be used as a checklist):

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, wealds
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

**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 penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Examples which may indicate sexual abuse (it is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate.
- Thrush, Persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusually compliant
- Regressive behaviour, Enuresis, soiling
- Frequent or open masturbation, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises, scratches in genital area

**Emotional abuse:** Emotional abuse is the persistent emotional maltreatment 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 or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child 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's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child in participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment

Examples which may indicate emotional abuse (it is not designed to be used as a checklist):

- Over-reaction to mistakes, continual self-deprecation
- Delayed physical, mental, emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away / Going missing
- Compulsive stealing
- Masturbation, Appetite disorders - anorexia nervosa, bulimia
- Soiling, smearing faeces, enuresis

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

**Child Sexual Exploitation:** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Reference: Child Sexual Exploitation. *Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation* (DfE 2017)

All staff should ensure they are aware of and respond to wider safeguarding this includes further information on:

- Child abduction and community safety incidents
- Children and the court system
- Children missing from education
- Children with family members in prison
- Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)
- County lines
- Modern Slavery and the National Referral Mechanism
- Cybercrime
- Domestic abuse
- Homelessness
- So-called ‘honour-based’ abuse (including Female Genital Mutilation and Forced Marriage)
- Preventing radicalisation (including the Prevent duty and Channel)
- Peer on peer/ child on child abuse
- Sexual violence and sexual harassment between children in settings(including Upskirting)

## Responses from parents

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

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- 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
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child



- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household

## **Children with special educational needs and disabilities**

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

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child. The LSCP have a multi-agency protocol to support professionals in making informed judgements for bruising in non-independently mobile children.

<https://www.saferbradford.co.uk/media/pbdp02ro/injuries-in-non-mobile-babies.pdf>

- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances
- Invasive procedures

## **Appendix 2 Responding to children who report abuse.**

When a child tells me about abuse s/he has suffered, what must I remember?

- Stay calm
- Do not transmit shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- 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.
- 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.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- Do not take photographs or make videos of any injuries reported by a child.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- 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.
- 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.

NB It is not education staff's role to investigate reports of abuse. Their role is to observe that something may be wrong, ask about it, listen, be available and respond appropriately.

### **Immediately afterwards**

You must not deal with this yourself. All reports of abuse must be recorded and responded to in keeping with the professional roles and responsibilities outlined in Fig 1: Summary of in-setting procedures to follow where there are concerns about a child (Page

### **Appendix 3 Allegations against Adults**

Appendix 3 Allegations against Adults flowchart

**Allegations Management Procedure - Staff, Volunteers, Visitors**

