

Amanah Day Nursery

Safeguarding

Policy

## CONTENTS

<b>Part 1: Safeguarding Policy</b>		
1.	Introduction	Page 3
2.	Overall Aims	Page 4
3.	Key Principles	Page 4
4.	Key Processes	Page 4
5.	Expectations	Page 5
6.	The Designated Safeguarding Lead	Page 5
7.	A Safer School Culture	Page 6
	7.1 Safer recruitment and Selection	Page 6
	7.3 Staff Support	Page 6
8.	Safeguarding Pupils/Students who are Vulnerable to Radicalisation 8.4 Risk Reduction 8.5 Response	Page 6
9.	Safeguarding Pupils/Students Who Are Vulnerable to Exploitation and Female Genital Mutilation 9.6 Reporting FGM	Page 7
10.	What we do when we are concerned 10.4 Responding to concerns about a child flowchart	Page 7 Page 9
11.	Involving Parents/Carers	Page 10
12.	Multi-Agency Work	Page 10
13.	Our Role in Supporting Children	Page 10
14.	Responding to an Allegation About a Member of Staff	Page 10
<b>Appendices</b>		Page 12
	1. Neglect	Page 12
	2. Physical Abuse	Page 12
	3. Sexual Abuse	Page 13
	4. Sexual Exploitation	Page 13
	5. Emotional Abuse	Page 13
	6. Response from parents	Page 14
	7. Disabled Children	Page 14
Appendix 2: Dealing with a Disclosure of Abuse		Page 16
Appendix 3: Allegations About a Member of Staff, Governor or Volunteer		Page 17
Appendix 4: Indicators of Vulnerability to Radicalisation		Page 18

# PART ONE: SAFEGUARDING POLICY

## 1. INTRODUCTION

1.1 Safeguarding is defined as –

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances by accessing services as early as possible.

1.2 Amanah Day Nursery is committed to safeguarding and promoting the welfare of all children and service users. We believe that:

- All children have the right to be protected from harm;
- Children need to be safe and to feel safe in nursery;
- Children need support that matches their individual needs, including those who may have experienced abuse;
- All children have the right to speak freely and voice their values and beliefs;
- All children must be encouraged to respect each other's values and support each other;
- All children have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy, healthy, sociable child will achieve better educationally;
- The prevention of abuse, victimisation, bullying (including homophobic, bi-phobic, trans-phobic and cyber-bullying), exploitation, extreme behaviours, discriminatory views and risk taking behaviours; and
- All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.

1.3 Amanah Day Nursery 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 schools and colleges \(DfE Sept 2016\)](#)
- [The Procedures of Birmingham Safeguarding Children Board](#)
- [The Education Act 2002 s175](#)

## 2. OVERALL AIMS

2.1 This policy will contribute to safeguarding children and promoting their welfare by:

- Clarifying standards of behaviour for staff and children;
- Contributing to the establishment of a safe, resilient and robust ethos in the Nursery, built on mutual respect and shared values;
- Introducing appropriate work within the curriculum;
- Encouraging children and parents to participate;
- Alerting staff to the signs and indicators that all might not be well;
- Developing staff awareness of the causes of abuse;
- Developing staff awareness of the risks and vulnerabilities their children face;
- Addressing concerns at the earliest possible stage; and
- Reducing the potential risks children face of being exposed to violence, extremism, exploitation, discrimination or victimisation.

2.2 This policy will contribute to supporting our children by:

- Identifying and protecting the vulnerable;
- Identifying individual needs where possible; and
- Designing plans to meet those needs.

2.3 This policy will contribute to the protection of our children by:

- Including appropriate work within the curriculum;
- Implementing child protection policies and procedures; and
- Working in partnership with parents and other agencies.

### **3. KEY PRINCIPLES**

3.1 These are the key principles of safeguarding, as stated by Birmingham Safeguarding Children Board -

- Always see the child first.
- Never do nothing.
- Do with, not to, others.
- Do the simple things better.
- Have conversations, build relationships.
- Outcomes not outputs.

### **4. KEY PROCESSES**

4.1 All staff should be aware of the guidance issued by Birmingham Safeguarding Children Board in [Right Service Right Time](#), and [Early Help](#).

### **5. EXPECTATIONS**

5.1 All staff and visitors will:

- Be familiar with this safeguarding policy;
- Understand their role in relation to safeguarding;
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers etc.;
- Be involved, where appropriate, in the implementation of individual education programmes, Early Help Assessments and support plans, child in need plans and interagency child protection plans;
- Be alert to signs and indicators of possible abuse (See Appendix 1 for current definitions and indicators);
- Record concerns and give the record to the Designated Safeguarding Lead's (DSL's)
- Deal with a disclosure of abuse from a child in line with the guidance in Appendix 2 - you must inform the Designated Safeguarding Lead immediately, and provide a written account as soon as possible.

5.2 All staff will receive annual safeguarding training and update briefings as appropriate. Key staff will undertake more specialist child protection training as agreed by the Governing Body.

## **6. THE DESIGNATED SAFEGUARDING LEAD**

6.1 Our Designated Safeguarding Lead's (DSL's) has lead responsibility and management oversight and accountability for child protection.

6.2 The Designated Safeguarding Lead will lead regular case monitoring reviews of vulnerable children. These reviews must be evidenced by minutes and recorded in case files.

6.3 If any staff have any concerns this will be recorded and brought to the DSL, then they will decide what steps should be taken.

6.4 Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal with an individual child and/or family. A written record will be made of what information has been shared with whom, and when.

6.5 Safeguarding records will be stored in the children's files in the safeguarding section and added to a separate folder to monitor concerns.

6.6 Parents will be aware of information held on their children and kept up to date regarding any concerns or developments by the DSL.

6.7 **Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.**

## **7 A SAFER CULTURE**

### **Safer Recruitment and Selection**

- 7.1 The Nursery complies with 'Keeping Children Safe in Education'. Safer Recruitment practice includes scrutinising applicants, verifying identity and qualifications, obtaining professional and character references, checking previous employment history. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS).
- 7.2 The management will be part of the panel as well as the C.E.O of the centre.

### **Staff Support**

- 7.3 We recognise the stressful and traumatic nature of safeguarding and child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate. Staff will receive relevant training in link with safeguarding and will be given regular information on safeguarding.

## **8. SAFEGUARDING PUPILS/STUDENTS WHO ARE VULNERABLE TO RADICALISATION**

- 8.1 Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism.
- 8.2 Amanah Day Nursery values freedom of speech and the expression of beliefs and ideology as fundamental rights underpinning our society's values. Both children and staff have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.
- 8.3 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in [Appendix 4](#).

### **Risk Reduction**

- 8.4 The Nursery manager/ Deputy Manager and the Designated Safeguarding Lead will assess the level of risk within the nursery and put actions in place to reduce that risk. Risk assessment will be reviewed annually or if and when required.

### **Response**

- 8.5 Staff of Amanah Day Nursery will be alert to changes in a child's behaviour or attitude, which could indicate that they are in need of help or protection.
- 8.6 When any member of staff has concerns that child may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL.

- 8.7 We are vigilant in the resources that we use in the nursery to make sure that none of the resources i.e. books, brochures, advertisements and leaflets do not represent any radical or extremist views.
- 8.8 Management are observant and strongly tackle any issue of extremism or radicalisation concerned with the staff and make sure that no extremist views are portrayed in their practice.

Further guidance about duties relating to the risk of radicalisation please have a look at the radicalisation policy.

## **9. SAFEGUARDING CHILDREN WHO ARE VULNERABLE TO EXPLOITATION and FEMALE GENITAL MUTILATION**

- 9.1 Our safeguarding policy above, and the ethos and behaviour policies, provide the basic platform to ensure children are given the support to respect themselves and others.
- 9.2 Our nursery keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.
- 9.3 Our staff are supported to recognise warning signs and symptoms in relation to specific issues, and include such issues in an age appropriate way.
- 9.4 Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.
- 9.5 Our DSL's know where to seek and get advice as necessary.

### **Reporting of Female Genital Mutilation (FGM)**

- 9.6 With effect from October 2015 all settings are subject to a mandatory reporting requirement in respect of female genital mutilation. When a staff discovers that an act of FGM appears to have been carried out on a girl aged under 18, that staff has a statutory duty to report it to the DSL. Failure to report such cases will result in disciplinary sanctions.

**For further guidance look in the policy folder at the FGM Policy**

## **10. WHAT WE DO WHEN WE ARE CONCERNED**

- 10.1 Where risk factors are present but there is no evidence of a significant risk then our DSL advises the practitioners on methods to use with the children, for example using puppets to describe emotions. The DSL may well be the person who talks to and has conversations with the family and work together with them to reduce the risk

10.2 In this situation, we will utilise the Right Services Right Time (RSRT) model to consider the needs of the family and in discussion with the parent to find the best course of action to support child.

The DSL may decide to:

- Monitor the situation after taking appropriate action to address the concerns.
- Undertake an Early Help assessment to try to meet the needs of the child and family through a multi-agency approach.
- Seek advice from the Children's Advice and Support Service (CASS) formerly known as MASH.
- Notify Children's Social Care via a referral to the Multi-Agency Safeguarding Hub (MASH).

10.3 If it is felt the child's needs fall into the RSRT categories of Universal + of Additional Need the DSL will also offer and seek advice about undertaking an early help assessment (such as the family Common Assessment Framework (fCAF) and consider, if this does not have an impact on the situation making a referral to children's social care.

10.4 If the concerns about the child are deemed 'Complex and Significant' meeting the criteria within RSRT, they will be referred to the MASH. This includes concerns about a child/young person who is affected by the behaviour of a parent or other adult in their household.

#### **Sharing information for safeguarding purposes:**

Amanah Day Nursery recognised that information relating to safeguarding concerns needs greater protection than other types of data.

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews (SCRs13) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child's safety or welfare.

Information sharing is also essential for the identification of patterns of behaviour when a child has gone missing, when multiple children appear associated to the same context or locations of risk, or in relation to children in the secure estate where there may be multiple local authorities involved in a child's care. It will be for local safeguarding partners to consider how they will build positive relationships with other local areas to ensure that relevant information is shared in a timely and proportionate way.



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, which must always be the paramount concern. To ensure effective safeguarding arrangements: • all organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within their own organisation/agency; and with others who may be involved in a child's life

All practitioners should not assume that someone else would pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children's social care and/or the police. All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost

- All practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why. Please see General Data Protection Regulation (GDPR) policy for more details.

### **Children missing from education**

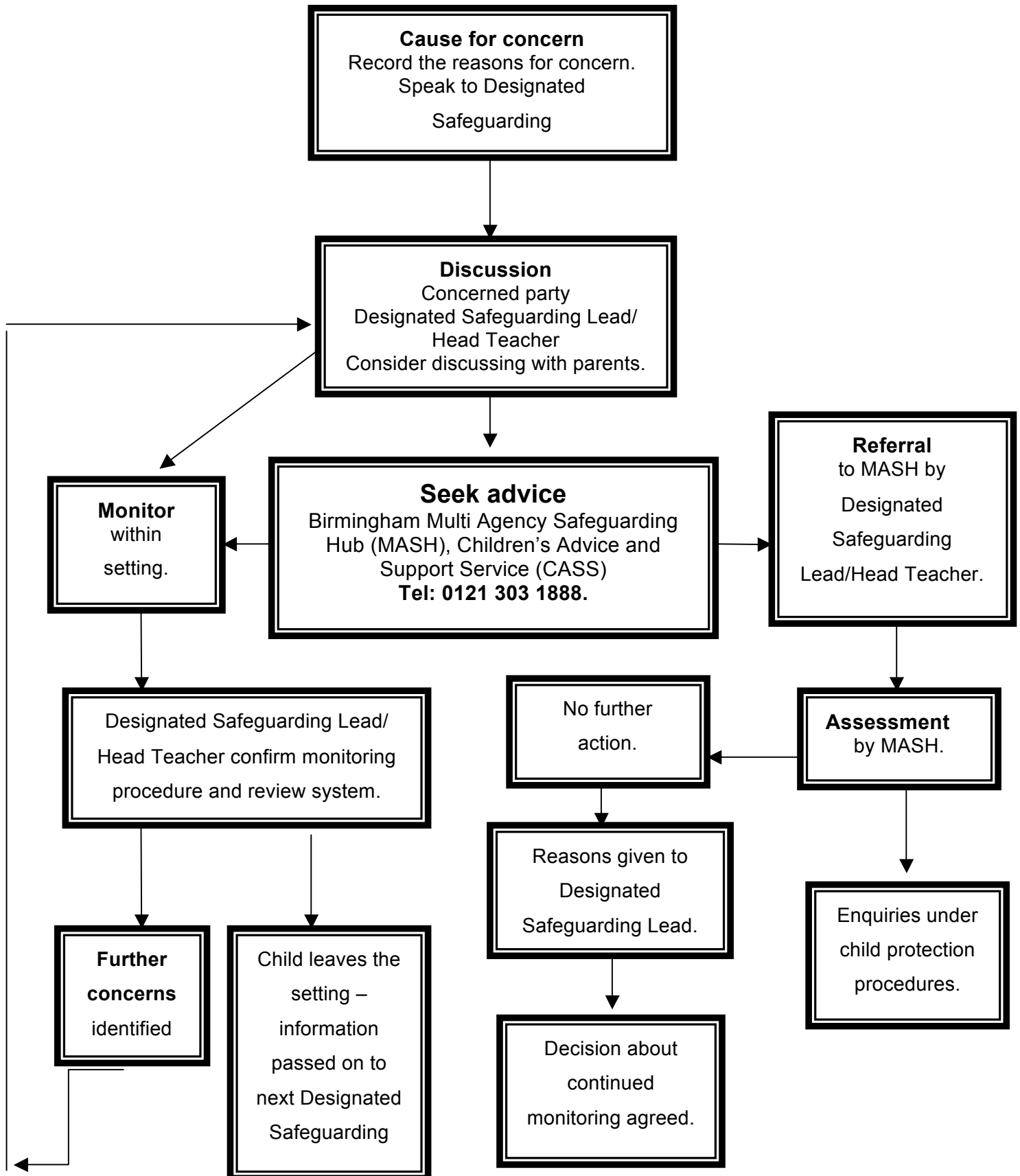
There are many circumstances where a child may become missing from education so it is vital that local authorities make judgements on a case-by-case basis. One of the reasons may be due to pupils at risk from harm/neglect – Children may be missing from education because they are suffering from abuse or neglect. Where this is suspected, the setting should follow local child protection procedures. However, if a child is in immediate danger or at risk of harm, a referral should be made immediately to the MASH team (and the police if appropriate).

Attendance should be regularly monitored as part of the DSL check to see if there are discrepancies. Also, if the child is absent without permission early duty team should be called and the police if there are concerns and report it as a missing child.

## RESPONDING TO CONCERNS ABOUT A CHILD

Birmingham Multi Agency Safeguarding Hub (MASH) working hours, 8.45am – 5.15pm

Should the concern arise out of normal working hours, after 4.15pm on a Friday and at weekends, contact should be made with the **Emergency Duty Team on 0121 675 4806.**



## **11. INVOLVING PARENTS/CARERS**

- 11.1 In general, we will discuss any child protection concerns with parents/carers before approaching other 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 the nursery will contact another agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.
- 11.2 Parents/carers will be informed about our safeguarding policy during induction.

## **12. MULTI-AGENCY WORK**

- 12.1 We work in partnership with other agencies in the best interests of the children. The nursery will, where necessary, liaise with the health visitors and doctor, and make referrals to children's social care. Referrals should be made by the Designated Safeguarding Lead to the Children's Advice Support Service (CASS) -0121 303 1888. Where the child already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.
- 12.2 We will co-operate with any child protection enquiries conducted by children's social care: the Nursery DSL officer will ensure that they attend any child protection conferences and core group meetings in regards to any children at the setting. In addition, will pass any information required for the meeting beforehand to the social worker or family support worker.

## **13 OUR ROLE IN SUPPORTING CHILDREN**

- 13.1 We will offer appropriate support to individual children who have experienced abuse. Amanah Day Nursery recognises that while 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.
- 13.2 An individual support plan will be devised, implemented and reviewed regularly for these children. This plan will detail areas of support, who will be involved, and the child's wishes and feelings. A written outline of the individual support plan will be kept in the child's file.
- 13.3 We will ensure the nursery works in partnership with parents / carers and other agencies as appropriate.

## **14. RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF**

See also Birmingham Safeguarding Children Board Procedures on [Allegations against Staff and Volunteers](#).

- 14.1 This procedure should be used in any case, in which it is alleged that a member of staff, governor, 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 is unsuitable to work with children.

14.2 All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to the manager and DSL officer, unless the concern relates to them. If the concern relates to the manager, it must be reported immediately to the CEO of the trust or to LADO on- 0121 675 1669.

14.3 Guidance on children in specific circumstances is in Birmingham Safeguarding Children Board's procedures as listed below:

[Children Missing from Care, Home and Education](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_miss_home_care.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_ch\\_miss\\_home\\_care.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_miss_home_care.html)

[Children and Families that Go Missing](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_fam_go_missing.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_ch\\_fam\\_go\\_missing.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_fam_go_missing.html)

[Child Sexual Exploitation](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_sexual_exploit.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_ch\\_sexual\\_exploit.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_sexual_exploit.html)

[Domestic Violence and Abuse](http://www.proceduresonline.com/birmingham/scb/chapters/p_dom_viol_abuse.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_dom\\_viol\\_abuse.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_dom_viol_abuse.html)

[Children of Parents who Misuse Substances](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_par_misuse_subs.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_ch\\_par\\_misuse\\_subs.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_par_misuse_subs.html)

[Fabricated or Induced Illness](http://www.proceduresonline.com/birmingham/scb/chapters/p_fab_ind_illness.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_fab\\_ind\\_illness.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_fab_ind_illness.html)

[Female Genital Mutilation](http://www.proceduresonline.com/birmingham/scb/chapters/p_fem_gen_mutil.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_fem\\_gen\\_mutil.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_fem_gen_mutil.html)

[Children of Parents with Mental Health Problems](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_par_mental_health.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_ch\\_par\\_mental\\_health.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_par_mental_health.html)

[Children Living away from Home](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_living_away.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_ch\\_living\\_away.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_living_away.html)

[Children of Parents with Learning Difficulties](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_par_learning_diff.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_ch\\_par\\_learning\\_diff.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_ch_par_learning_diff.html)

[Disabled Children](http://www.proceduresonline.com/birmingham/scb/chapters/p_disabled_ch.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_disabled\\_ch.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_disabled_ch.html)

[E-Safety – Children Exposed to Abuse through the Digital Media](http://www.proceduresonline.com/birmingham/scb/chapters/p_esafety_abuse_dig_media.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_esafety\\_abuse\\_dig\\_media.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_esafety_abuse_dig_media.html)

[Peer Abuse – Children and Young People who Abuse Others](http://www.proceduresonline.com/birmingham/scb/chapters/p_peer_abuse.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_peer\\_abuse.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_peer_abuse.html)

[Sexually Harmful Behaviour](http://www.proceduresonline.com/birmingham/scb/chapters/p_sexually_harm_behav.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_sexually\\_harm\\_behav.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_sexually_harm_behav.html)

[Trafficked Children](http://www.proceduresonline.com/birmingham/scb/chapters/p_trafficked_ch.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_trafficked\\_ch.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_trafficked_ch.html)

[Safeguarding Children and Young People against Radicalisation and Violent Extremism](http://www.proceduresonline.com/birmingham/scb/chapters/p_sg_ch_extremism.html)

[http://www.proceduresonline.com/birmingham/scb/chapters/p\\_sg\\_ch\\_extremism.html](http://www.proceduresonline.com/birmingham/scb/chapters/p_sg_ch_extremism.html)

# 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:

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

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger; Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from nursery or is collected/received late; or
- The child is left at home alone or with inappropriate carers.

### 2. 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):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks; Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- 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; e.g. flinching at touch
- Violence/aggression towards others including bullying; or Isolation from peers.

### **3. 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 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 (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):

- 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;
- Unusual compliance; Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.
- Mention of key words such as having a 'secret' or 'special time'
- Mention of having watched films or played games that are not age appropriate.

### **4. 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 children's social care. The significant indicators are:

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

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

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or 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;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

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

## **6. RESPONSES FROM PARENTS**

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

- Delay in seeking treatment that is obviously needed;
- 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;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or Violence between adults in the household.

## **7. 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:

- 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;
- 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 such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances;
- Not attending medical appointments or SEND meetings or
- Inappropriate invasive procedures.



## DEALING WITH A DISCLOSURE OF ABUSE

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

- Stay calm.
- Do not communicate 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.
- 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.
- 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 whom 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 and include a description of the situation and environment to get a context of the event.

NB It is not education 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 afterwards**

**You must not deal with this yourself.** Clear indications or disclosure of abuse must be reported to children's social care without delay, or the Designated Safeguarding Lead.

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

**ALLEGATION ABOUT A MEMBER OF STAFF, GOVERNOR 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 pupils, sexual harassment, inappropriate phone calls, and texts, images via social media, sexual assault and rape.
  - **Neglect**  
For example failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.
2. If a child makes an allegation about a member of staff, governor, visitor or volunteer the management should be informed immediately. The Manager should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The Manager should not carry out the investigation him/herself. In this case, the CEO or someone higher in the hierarchy above the manager must be involved.
3. The Manager must 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 Manager will notify the Local Authority Designated Officer (LADO) Team (Tel: 0121 675 1669). The LADO Team will liaise with the Chair of Governors and advise about action to be taken, and may initiate internal referrals within children's social care to address the needs of children likely to have been affected. If the concern is against a member of management then staff are made aware that they can contact LADO directly.
  - 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 child, these should be addressed through the setting safeguarding procedures.
  - If the Manager 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 the child safeguarding file.
4. Where an allegation has been made against the Manager, then the CEO of the trust 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 procedures of Birmingham Safeguarding Children Board.

**INDICATORS OF VULNERABILITY TO RADICALISATION**

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. 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.
3. Extremism is defined by the Crown Prosecution Service as:  
The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred, which might lead to inter-community violence in the UK.
4. 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.
5. Pupils 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 staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the pupil is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the pupil 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 pupil’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 pupil 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 –pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
- Being in contact with extremist recruiters;
  - Family members convicted of a terrorism act or subject to a Channel intervention;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature; e.g. books, leaflets, text messages, emails.
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations;
  - Significant changes to appearance and/or behaviour; and
  - Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.
  - Associating with or looking up to known extremist leaders/organisations as role models or quoting their speeches.

**Reviewed on July 2016**

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