**Fun Development Safeguarding Policy 2024**

**Safeguarding Policy**

Reviewed March 24

Next Review March 25

PART 1: Safeguarding Children and Child Protection Procedures

Introduction

Safeguarding children and child protection procedures

Fun Development is dedicated to the support, development and promotion of high-quality care and education for the benefit of our children, families and community. We are committed to safeguarding children and promoting their welfare.

All staff, students and volunteers have a responsibility for safeguarding children, being vigilant and identifying and reporting any safeguarding concerns.

We ensure all subcontractors, students and volunteers have the necessary knowledge and skills to carry out their duties and have sufficient understanding of how this policy and procedures support them in promoting and safeguarding the welfare of children. This is achieved by monitoring and promoting ongoing training and support to all staff, appropriate to their specific role.

This policy is reviewed annually to ensure it remains in line with statutory guidance.

Policy intention

The policy makes it clear that all staff/subcontractors , students and volunteers have a responsibility to safeguard children and young people and to protect them from harm. From here on all references to staff will also be reference to sub contractors.

This policy will provide awareness of how to safeguard and promote the welfare of children and provides procedures should a child protection issue arise.

This policy applies to all children up to the age of 18 years whether living with their families, in state care, or living independently (Working together to safeguard children, 2023).

**Safeguarding and promoting the welfare of children, in relation to this policy, is defined a**s:

- Protecting children from maltreatment

- Preventing the impairment of children’s health or development

- Ensuring that children are growing up in circumstances consistent with the provision

of safe and effective care

- Taking action to enable all children to have the best outcomes.

(Working together to safeguard children, 2023) Child protection is an integral part of safeguarding children and promoting their overall welfare.

Child protection is an integral part of safeguarding children and promoting overall welfare. In this policy, child protection shall mean:

- The activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

To safeguard children and promote their welfare we will:

- Develop a safe culture where staff/subcontractors are confident to raise concerns about professional conduct

- Ensure all staff are able to identify the signs and indicators of abuse, including the

softer signs of abuse, and know what action to take

- Share information with other agencies and professionals as appropriate.

We promote:

- Always listening to children

- Positive images of children

- Children developing independence and autonomy as appropriate for their age and stage of development

- Safe and secure environments for children

- Tolerance and acceptance of different beliefs, cultures and communities

* Providing intervention and help for children and families in need.

We have a duty to act quickly and responsibly in any instance that may come to our attention. If in any doubt about what constitutes a safeguarding concern, refer to Children's Services . If there is a concern, never do nothing (Laming, 2009), always do something, including sharing information with any relevant agencies. Safeguarding is everybody’s responsibility.

**Fun Development aims to:**

* Keep the child/young person at the centre of all we do, providing sensitive interactions that develop and build children’s and young people’s well-being, confidence and resilience. We will support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships
* Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND), isolated families and vulnerabilities in families, including the impact of toxic trio on children and Adverse Childhood Experiences (ACEs)
* Ensure that all staff feel confident and have had training to act in the best interest of the child, maintaining professional curiosity around welfare of children, sharing information, and seeking help that a child may need at the earliest opportunity
* Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local and/or national procedures, including thorough annual safeguarding updates
* Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Solihull Local Safeguarding Partnership and Safeguarding hubs of neighbouring boroughs as appropriate.
* Ensure that information is shared only with those people who need to know, in order to protect the child and act in their best interest
* Ensure that staff identify, minimise and manage risks while caring for children
* Take any appropriate action relating to allegations of serious harm or abuse against any person working with children including reporting such allegations to Ofsted and other relevant authorities
* Ensure parents are fully aware of our safeguarding and child protection policies and

 procedures when they register with the nursery and are kept informed of all updates when they occur

* Regularly review and update this policy with staff and parents where appropriate and

 make sure it complies with any legal requirements and any guidance or procedures issued by Solihull LSCP.

**Designated Safeguarding Leads (DSL)**

The DSL has overall responsibility for the Safeguarding children and child protection policy and procedures. It is their role to ensure that the policy and procedures are implemented to safeguard and promote the welfare of children. They are responsible for coordinating safeguarding and child protection training for staff across the organisation.

The designated persons receive comprehensive training at least every two years and update their knowledge on an ongoing basis, but at least once a year. They in turn support the ongoing development and knowledge of the staff team with regular safeguarding updates.

In the unlikely event of the DSL or Deputy DSL absence and to ensure immediate action can be taken, contact the Local Safeguarding Partnership (LSP).

**The role of the DSL**

DSL Nicola Hammett

DSL Cat Pease

**The role of the DSL is to:**

* Monitor and update the Safeguarding children and child protection policy and
* procedures in line with new legislation and to ensure it is effective. This will be done by making sure that everyone understands the correct procedures during an annual review
* Ensure updates and new legislation are reflected in our services as soon as they are known
* Act as a source of support, advice and expertise for all staff, students and volunteers,

 children and parents who have child protection concerns

* Ensure detailed, accurate, secure written records of concerns and referrals
* Review all written safeguarding reports
* Assess information provided promptly, carefully and refer as appropriate to external agencies
* Provide signposting to other organisations
* Consult with statutory child protection agencies and regulatory bodies where required
* Make formal referrals to statutory child protection agencies or the police, as required.

**In addition, the DSL is required to:**

* Keep up-to-date with good practice and national requirements for safeguarding and child protection
* Provide information on safeguarding and child protection for the setting
* Raise awareness of any safeguarding and child protection training needs and implement where necessary
* Retain up-to-date knowledge of the role of the local safeguarding partnership arrangements and local child protection procedures.

The DSL does not investigate whether or not a child has been abused or investigate an allegation or disclosure. Investigations are for the appropriate authorities, usually the police and social services.

**Sharing low-level concerns**

On occasion, inappropriate, problematic or concerning behaviour by staff or other adults is observed but does not meet the threshold for significant harm. This may be classed as a ‘low- level’ concern, although this does not mean that it is insignificant.

We define a low-level concern as:

* A concern that may be a sense of unease or a ‘nagging doubt’ and does not meet the

 harm threshold or is serious enough to refer to the LADO.

We encourage a culture of openness, trust and transparency, with clear values and expected behaviour, monitored and reinforced by all staff. All concerns or allegations, however small, will be shared and responded to. All concerns will be shared with the DSL, or other nominated person, as in our reporting procedures. We encourage concerns to be shared as soon as reasonably practicable and preferably within 24 hours of becoming aware of it. However, it is never too late to share a low-level concern.

It is not expected that staff will be able to determine whether the behaviour in question is a concern, complaint or allegation before sharing the information. If the DSL is in any doubt as to whether the information meets the harm threshold, they will consult the LADO.

Occasionally a member of staff may find themselves in a situation which could be misinterpreted or appear compromising to others. If this occurs, staff are encouraged to self-report to the DSL. Equally, a member of staff may have behaved in a manner which, on reflection, falls below the standards set in our Staff Code of Conduct policy. If this occurs, staff are encouraged to self-report to the DSL. We encourage staff to be confident to self-refer and believe it reflects awareness of our standards of conduct and behaviour.

When the DSL receives the information, they will need to determine whether the behaviour:

* Meets, or may meet, the harm threshold (and so contact the LADO)
* Meets the harm threshold when combined with previous low-level concerns (and so

 contact the LADO)

* Constitutes a ‘low-level’ concern
* Is appropriate and consistent with the law and our Staff behaviour policy.

The DSL will make appropriate records of all information shared, including:

* With the reporting person
* The subject matter of the concern
* Any relevant witnesses (where possible)
* Any external discussions such as with the LSP or LADO
* Their decision about the nature of the concern
* Their rationale for that decision
* Any action taken.

This constitutes a record of low-level concern. We retain all records of low-level concerns in a separate low-level concerns file, with separate concerns regarding a single individual kept as a chronology. These records are kept confidential and held securely, accessed only by those who have appropriate authority. Records will be retained at least until the individual leaves their employment.

If the low-level concern raises issues of misconduct, then appropriate actions following our Disciplinary procedures will be taken. Records will be kept in personnel files as well as in the low-level concerns file.

**Confidentiality**

Confidentiality must not override the right of children to be protected from harm. However, every effort will be made to ensure confidentiality is maintained for all concerned if an allegation has been made and is being investigated.

If uncertain about whether sensitive information can be disclosed to a third party, contact the DSL or call the Information Commissioner’s Office on 0303 123 1113. They will provide advice about the particulars relating to each individual case, including information which can and cannot be shared.

Staff must not make any comments either publicly or in private about the supposed or actual behaviour of a parent, child or member of staff.

**Record keeping and data protection**

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate and in line with guidance of the Local

Authority with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

**Definitions of abuse**

Definition of significant harm

The Children Act 1989 introduced the concept of significant harm as ‘the threshold that justifies compulsory intervention in family life in the best interests of children’. It gives LAs a duty to make enquires to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Whilst there are no absolute criteria to rely on when judging what constitutes significant harm, consideration should be given to:

* The severity of the ill-treatment, including the degree of harm
* The extent and frequency of abuse and/or neglect
* The impact this is likely to have, or is having, on the child involved.

This may be a single traumatic event, such as a violent assault, suffocation or poisoning, or it can be a combination of events (both acute and long-standing) that impairs the physical, intellectual, emotional, social or behavioural development of the child.

Definitions of abuse and neglect

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or, more rarely, a stranger. Perpetrators of abuse can be an adult, or adults, another child or children. (What to do if you’re worried a child is being abused: Advice for practitioners, 2015 and Working together to safeguard children, 2023).

The signs and indicators listed below may not necessarily indicate that a child has been abused, but can help to indicate that something may be wrong, especially if a child shows a number of these symptoms, or any of them to a marked degree.

Indicators of child abuse

* Failure to thrive and meet developmental milestones
* Fearful or withdrawn tendencies
* Unexplained injuries to a child or conflicting reports from parents or staff
* Repeated injuries
* Unaddressed illnesses or injuries
* Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

Emotional states: Fearful, withdrawn, low self-esteem.

Behaviour: Aggressive, habitual body rocking.

Interpersonal behaviours:

* Indiscriminate contact or affection seeking
* Over-friendliness to strangers including healthcare professionals
* Excessive clinginess, persistently resorting to gaining attention
* Demonstrating excessively 'good' behaviour to prevent parent disapproval
* Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
* Coercive controlling behaviour towards parents
* Lack of ability to understand and recognise emotions
* Very young children showing excessive comforting behaviours when witnessing

 parental or carer distress.

Child-on-child abuse

Child-on-child abuse is also known as peer-on-peer abuse; children are included as potential abusers in our policies. Child-on-child abuse may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. Reporting procedures in these instances remain the same although additional support from relevant agencies may be required to support both the victim and the perpetrator. Children who develop harmful behaviours are also likely to be victims of abuse or neglect.

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Fabricated or induced illness (FII)

This abuse is when a parent fabricates the symptoms of, or deliberately induces, illness in a child. The parent may seek out unnecessary medical treatment or investigation. They may if child-on-child abuse is suspected, then any concerns must be reported in line with our safeguarding procedures. They may exaggerate a real illness and symptoms, or deliberately induce an illness through poisoning with medication or other substances, or they may interfere with medical treatments. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Female genital mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed with no medical reason. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman’s first pregnancy, according to the community.

It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death (definition taken from the multi-agency statutory guidance on female genital mutilation). Other consequences include shock, bleeding, infections (tetanus, HIV and hepatitis B and C) and organ damage.

Breast ironing or breast flattening

Breast ironing, also known as breast flattening, is a process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or to delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. These actions can cause serious health issues such as abscesses, cysts, itching, tissue damage, infection, discharge of milk, dissymmetry of the breasts, severe fever.

Emotional abuse

Working together to safeguard children (2023) defines emotional abuse as ‘the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development.’ Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur separately.

 Examples of emotional abuse include:

* Conveying to a child that they are worthless or unloved, inadequate, or valued only

 in so far as they meet the needs of another person

* Not giving a child opportunity to express their views, deliberately silencing them or

 ‘making fun’ of what they say or how they communicate

* Age or developmentally inappropriate expectations being imposed, such as
* Interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
* Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children
* A child seeing or hearing the ill-treatment of another.

A child may also experience emotional abuse through witnessing domestic abuse or alcohol and drug misuse by adults caring for them. In England, The Domestic Abuse Act (2021) recognises in law that children are victims of emotional abuse if they see, hear or otherwise experience the effects of domestic abuse.

Signs and indicators may include delay in physical, mental and/or emotional development, sudden speech disorders, overreaction to mistakes, extreme fear of any new situation, neurotic behaviour (rocking, hair twisting, self-mutilation), extremes of passivity or aggression, appearing to lack confidence or self-assurance.

Sexual abuse

Sexual abuse involves forcing, or enticing, a child to take part in sexual activities. Sexual abuse does not necessarily involve a high level of violence and includes 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. Adult males are not the sole perpetrators of sexual abuse; women also commit acts of sexual abuse, as do other children. This policy applies to all children up to the age of 18 years. Action must be taken if staff witness symptoms of sexual abuse including a child indicating sexual activity through words, play or drawing, having an excessive preoccupation with sexual matters or having an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls or toys or in the role-play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

Additional signs of emotional and physical symptoms are shown below.

If emotional abuse is suspected, then any concerns must be reported in line with our safeguarding procedures.

Emotional signs

* Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age or stage of development
* Personality changes, such as becoming insecure or clingy
* Regressing to younger behaviour patterns, such as thumb sucking or bringing out discarded cuddly toys
* Sudden loss of appetite or compulsive eating
* Being isolated or withdrawn
* Inability to concentrate
* Lack of trust or fear of someone they know well,
* such as not wanting to be alone with a carer
* Becoming worried about clothing being removed.

Physical Signs

* Bruises
* Bleeding, discharge, pains or soreness in their genital or anal area
* Sexually transmitted infections
* Pregnancy.

If sexual abuse is suspected, then any concerns must be reported in line with our safeguarding procedures.

Neglect

Working together to safeguard children (2023) defines neglect as ‘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 of maternal substance abuse. Once a child is born, neglect may involve adults involved in the care of the child failing to:

* Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
* Protect them from physical harm or danger
* Ensure adequate supervision (including the use of inadequate caregivers)
* Ensure access to appropriate medical care or treatment
* Respond to their basic emotional needs.

An NSPCC briefing (July 2021) found neglect to be the most common form of abuse, with one in ten children in the UK having been neglected. Concerns around neglect have been identified for half of children who are the subject of a child protection plan or on a child protection register in the UK. Younger children are more likely than older children to be the subject of a child protection plan in England because of neglect, although research suggests that the neglect of older children is more likely to go overlooked.

Signs of neglect include a child persistently arriving at sessions/school unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child’s growth or hurt them), arriving at sessions/school in the same nappy/underwear they went home in, or a child having an illness or identified special educational need or disability that is not being addressed. A child may be persistently hungry if a caregiver is withholding, or not providing enough, food. A child who is not receiving the attention they need at home may crave it from other adults, such as at nursery or school.

Domestic abuse

The definition of domestic abuse from the Domestic Abuse Act, 2021 is:

 ‘Behaviour of a person (A) towards another person (B) is ‘domestic abuse’ if:

* A and B are each aged 16 or over and are personally connected to each other
* The behaviour is abusive.
* Behaviour is ‘abusive’ if it consists of any of the following:
* Physical or sexual abuse
* Violent or threatening behaviour
* Controlling or coercive behaviour
* Economic abuse (any behaviour that has a substantial adverse effect on B’s ability
* to acquire, use or maintain money or other property and/or obtain goods or
* services)
* Psychological, emotional or other abuse.

It does not matter whether the behaviour consists of a single incident or a course of conduct.

Domestic abuse can happen to anyone regardless of gender, age, social background, religion, sexuality or ethnicity and domestic abuse can happen at any stage in a relationship.

Signs and symptoms of domestic abuse include:

* Changes in behaviour (for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc.)
* Visible bruising or single, or repeated, injury with unlikely explanations
* Change in the manner of dress (for example, clothes to hide injuries that do not suit the weather)
* Stalking, including excessive phone calls or messages
* Partner or ex-partner exerting an unusual amount of control or demands over work

 schedule

* Frequent lateness or absence from work.

All children can witness and be adversely affected by domestic abuse in the context of their home life. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children.

Where incidents of domestic abuse are shared by our own staff, students or volunteers we will respect confidentiality at all times and not share information without their permission. However, we will share this information, without permission, in cases of child protection or where we believe there is an immediate risk of serious harm to the person involved.

If domestic abuse is suspected, then any concerns must be reported in line with our safeguarding procedures.

Contextual safeguarding

As young people grow and develop, they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

As part of our safeguarding procedures we will work in partnership with parents and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns.

Child sexual exploitation (CSE) and Child criminal exploitation (CCE)

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation (Keeping children safe in education, 2022).

Child sexual exploitation (CSE)

CSE is where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology and may be without the child’s immediate knowledge such as through others copying videos or images they have created and posted on social media.

Signs and symptoms include:

* Physical injuries such as bruising or bleeding
* Having money or gifts they are unable to explain
* Sudden changes in their appearance
* Becoming involved in drugs or alcohol, particularly if it is suspected they are being

 supplied by older men or women

* Becoming emotionally volatile (mood swings are common in all young people, but

 more severe changes could indicate that something is wrong)

* Using sexual language beyond that expected for their age or stage of development
* Engaging less with their usual friends
* Appearing controlled by their phone
* Switching to a new screen when you come near the computer
* Nightmares or sleeping problems
* Running away, staying out overnight, missing school
* Changes in eating habits
* Talk of a new, older friend, boyfriend or girlfriend
* Losing contact with family and friends or becoming secretive
* Contracting sexually transmitted diseases.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

Other examples include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Signs and symptoms of CCE are similar to those for CSE.

County Lines

The National Crime Agency (NCA) defines county lines as gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of ‘deal line.’ Customers live in a different area to the dealers, so drug runners are needed to transport the drugs and collect payment.

Perpetrators often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. A child is targeted and recruited into county lines through schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes.

Signs and symptoms include:

* Changes in dress style
* Unexplained, unaffordable new things (for example, clothes, jewellery, cars etc.)
* Missing from home or school and/or significant decline in performance
* New friends with those who don't share any mutual friendships with the victim, gang association or isolation from peers or social networks
* Increase in anti-social behaviour in the community including weapons
* Receiving more texts or calls than usual
* Unexplained injuries
* Significant changes in emotional well-being
* Being seen in different cars or taxis driven by unknown adults
* A child being unfamiliar with where they are.

If involvement in county lines is suspected, then any concerns must be reported in line with our safeguarding procedures.

If CSE or CCE is suspected, then any concerns must be reported in line with our safeguarding procedures.

Cuckooing

Cuckooing is a form of county lines crime. In this instance, the drug dealers take over the home of a vulnerable person in order to criminally exploit them by using their home as a base for drug dealing, often in multi-occupancy or social housing properties.

Signs and symptoms include:

* An increase in people, particularly unknown people, entering or leaving a home or

taking up residence

* An increase in cars or bikes outside a home
* A neighbour who hasn't been seen for an extended period
* Windows covered or curtains closed for a long period
* Change in resident's mood and/or demeanour (for example, secretive, withdrawn,

aggressive or emotional)

* Substance misuse and/or drug paraphernalia
* Increased anti-social behaviour.

If cuckooing is suspected, then any concerns must be reported in line with our safeguarding procedures.

Child trafficking and modern slavery

Child trafficking and modern slavery is when children are recruited, moved, transported and then exploited, forced to work or are sold.

For a child to have been a victim of trafficking there must have been:

* Action: recruitment, transportation, transfer, harbouring or receipt of a child for the

 purpose of exploitation

* Purpose: sexual exploitation, forced labour or domestic servitude, slavery, financial

 exploitation, illegal adoption, removal of organs.

* Modern slavery includes slavery, servitude and forced or compulsory labour and child trafficking. Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual and emotional abuse.
* Signs and symptoms for children include:
* Being under control and reluctant to interact with others
* Having few personal belongings, wearing the same clothes every day or wearing unsuitable clothes
* Being unable to move around freely
* Appearing frightened, withdrawn, or showing signs of physical or emotional abuse.

If child trafficking or modern slavery are suspected, then any concerns must be reported in line with our safeguarding procedures.

Forced marriage

A forced marriage is defined as ‘a marriage in which one, or both spouses, do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure.’

Where incidents of forced marriage are shared by our own staff, students or volunteers, we will respect confidentiality at all times and not share information without their permission. However, we will share this information without permission in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved.

If It is suspected that a forced marriage is being planned, then any concerns must be reported in line with our safeguarding procedures.

Honour based abuse (HBA)

HBA is described as ‘incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing.’ (Keeping children safe in education, 2022). Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their ‘honour’ code. It is a violation of human rights and may be domestic, emotional and/or sexual abuse such as being held against their will, threats of violence or actual assault. It often involves wider family networks or community pressure and so can include multiple perpetrators.

Signs and symptoms of HBA include:

* Changes in how the child dresses or acts, such as not ‘western’ clothing or make-up
* Visible injuries, or repeated injury, with unlikely explanations
* Signs of depression, anxiety or self-harm
* Frequent absences
* Restrictions on friends or attending events.

Where incidents of HBA are shared by our own staff, students or volunteers, we will respect confidentiality at all times and not share information without their permission. However, we will share this information without permission in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved.

If honour based abuse is suspected, then any concerns must be reported in line with our safeguarding procedures.

Child abuse linked to faith or belief (CALFB)

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

* Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
* The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
* Ritual or multi-murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
* Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation
* Children’s actions are believed to have brought bad fortune to the family or community.

Extremism and radicalisation

Under the Counter-Terrorism and Security Act 2015, there is a duty to safeguard vulnerable and at risk children by preventing them from being drawn into terrorism. This is known as the Prevent Duty.

Children can be exposed to different views and receive information from various sources and some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism; usually it’s a gradual process so those who are affected may not realise what’s happening. Radicalisation is a form of harm. The process may involve:

* Being groomed online or in person
* Exploitation, including sexual exploitation
* Psychological manipulation
* Exposure to violent material and other inappropriate information
* The risk of physical harm or death through extremist acts.

For further information visit The Prevent Duty website.

Online safety

While the growth of internet and mobile device use brings many advantages, the use of technology has become a significant component of many safeguarding issues such as child sexual exploitation and radicalisation.

There are four main areas of risk associated with online safety:

* **Content** - being exposed to illegal, inappropriate or harmful material such as
* pornography, fake news, racist or radical and extremist views
* **Contact** - being subjected to harmful online interaction with other users such as
* commercial advertising or adults posing as children or young adults
* **Conduct** - personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending and receiving explicit images and online bullying
* **Commerce** - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

If CALFB is suspected, then any concerns must be reported in line with our safeguarding procedures.

If radicalisation or extremism is suspected, then any concerns must be reported in line with our safeguarding procedures. This includes reporting concerns to the police.

Report online safety concerns to the DSL and to the Child Exploitation and Online Protection Centre (CEOP): https://www.ceop.police.uk/Safety-Centre/

Inappropriate content received via email must be reported to the DSL and to the Internet Watch Foundation (IWF): <https://www.iwf.org.uk/>

Up skirting/down blousing

Up skirting and down blousing are criminal offences. They involve taking pictures of someone’s genitals, buttocks or other intimate images under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual.

**Reporting procedures/Disciplinary**

Public interest disclosure (whistleblowing)

Whistleblowing is the term used when a worker passes on information concerning wrongdoing. All safeguarding allegations, internal or external, current or historical, must be passed on the DSL. We will cooperate fully with the authorities involved and follow any guidance given.

We believe keeping children safe is the highest priority and if, for whatever reason, concerns cannot be reported to the DSL or deputy DSL, concerns can be reported anonymously to the NSPCC, the police or the LA social services safeguarding children team.

Allegation against our staff

An allegation against our staff may relate to a person who 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
* Behaved towards a child or children in a way that indicates he or she may pose a risk

 of harm to children, or

* Behaved or may have behaved in a way that indicates they may not be suitable to

work with children.

We will make every effort to maintain the confidentiality of all parties while an allegation or concern is being investigated. Dealing with an allegation can be a stressful experience and, to support the staff member, a named person (usually the DSL or Deputy DSL) to liaise with will be offered. The timeframes for an investigation will follow the guidelines of other involved authorities.

We reserve the right to suspend a sub contractor/staff member until the investigation is concluded. Further action will be determined by the outcome of the investigation.

Founded allegations are considered gross misconduct, in accordance with our disciplinary procedures, and may result in the termination of employment. DBS will be informed to ensure

their records are updated and Ofsted will be informed. We retain the right to dismiss any member of staff in connection with founded allegations following an inquiry.

All safeguarding records are kept until the person reaches normal retirement age or for 21 years and 3 months, if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids unnecessary reinvestigation.

Unfounded allegations will result in all rights being reinstated. A return-to-work plan will be put in place for any member of staff returning to work after an allegation has been deemed unfounded. Individual support will be offered to meet the needs of the sub contractor/staff member and the nature of the incident such as more frequent supervisions, coaching and mentoring or external support services.

If the member of staff resigns during the investigation, we will inform DBS, Ofsted and the police, where appropriate.

Support for staff during safeguarding incidents

The DSL will support staff throughout any of the processes listed above and will organise appropriate counselling should this be required.

Any member of staff who has concerns about the content of this policy and its procedures, should speak to the DSL as soon as possible. If any member of staff wishes to talk confidentially about any safeguarding concern or any other issue relating to child protection or personal circumstance, it is important to do this as soon as possible.

Reporting procedure

We will always act on behalf of the child and will do everything possible to ensure the safety and welfare of any child and so will take all allegations of potential abuse seriously. All concerns reported to staff will be pursued, regardless of the nature of the concern and to whom the allegation relates.

All staff have a responsibility to report safeguarding and child protection concerns and suspicions of abuse. These concerns will be discussed with the DSL as soon as possible, as follows:

|  | Staff member roleon receiving information that causes a safeguarding concern | DSL roleon receiving information that causes a safeguarding concern |
| --- | --- | --- |
| STEP 1 | Contact the DSL immediately. This must be a verbal conversation to ensure the concern is clearly understood and action is taken- If the DSL is unavailable, contact the Deputy DSL, LSP, NSPCC, social services or police until you are able to have a verbal conversationFor children who arrive at nursery with an existing injury, an ‘incident outside nursery’ form will be completed. If there are queries or concerns regarding the injury or information given, follow these procedures | If it is believed a child is in immediate danger, contact the police. |
| STEP 2 | Write an objective report including:-Child's name and address-Age and date of birth-Date, time and location of theobservation or disclosure-Exact words spoken by the child (as close to word-for-word as possible) and non-verbal communication-Outline of the concern-Exact position and type of anyinjuries or marks seen-Exact observation of anyincident or concern reported and the names of any other person present at the time-Any known confidentiality issues-Signature and date of person making the report and the DSL or other nominated individual receiving the report. | Sign and date report received from staff member-Securely store the information according to the nursery procedures-If the safeguarding concern relates to a child, contact the Local Authority children’s social care team, report concerns and seek advice immediately, or as soon as it is practical to do so-If the safeguarding concern relates to an allegation against an adult working or volunteering with children, contact the Local Authority Designated Officer (LADO) and request a confirmation email of the report, then report the concern to Ofsted-A full investigation into any allegation will be carried out by the appropriate professionals to determine how this will be handled-Note any actions requested by LADO / Ofsted and follow any instructions received and or OFSTED co operating where required  |
| STEP 3 |  If you feel the report is not being taken seriously or are worried about an allegation getting back to the person in question, then it is your duty to inform the Local Authority children’s social care team yourself directly- Follow all instructions from the Local Authority children’s social care team and/or Ofsted, co- operating where required | If appropriate, discuss the concerns or incidents with parent(s), unless it is believed that this would place the child at greater risk of harm-Record all discussions (remember parents will have access to these records on request in line with GDPR and data protection guidelines)-Follow all instructions from the Local Authority Children care team and/or Ofsted, co-operating where required-Record information and actions taken |
| STEP 4 |  | If the DSL is not the owner/manager and there is an allegation against a member of staff, then the owner/manager must be informed as they have a duty of care for their employees |
| STEP 5 |  | If the Local Authority children’s social care team have not been in contact within the timeframe set out in Working Together to Safeguarding Children (2018), it must be followed up.Never assume that action has been taken.  |