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**Safeguarding and Child Protection Policy for Settings**

**Policy Review**

This policy will be reviewed in full by the Company on an annual basis.

The policy was last reviewed and agreed by the Company on 09/09/2021.

It is due for review on **10th September 2022.**

**Safeguarding and Child Protection Policy**

**Dainty Little Hands OOSC, St Mary’s,**

**Catholic Setting, Wednesbury**

***Editor***

***:***

***Jayne Dainty***

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## 1. Introduction

1.1 This document is the Safeguarding and child protection Policy for Dainty Little Hands Ltd. Out of School Clubs at St. Mary’s Catholic Primary Setting, Wednesbury.

1.2 This policy applies to all staff and volunteers, temporary and supply/visiting staff working in the setting. It will be reviewed annually by the Dainty Little Hands Ltd. Out of School Clubs and is in line with the expectations of Ofsted which inspects safeguarding arrangements as part of the setting’s Leadership and Management and the requirements of the Local Multi Agency Safeguarding Arrangements.

1.3 This Safeguarding and Child Protection Policy forms one part of our safeguarding responsibilities and the principles embedded in this policy should have due regard to the following policies: Behaviour Policy, Mobile Phone Usage Policy. Health and Safety, Equality, Equity, Diversity and Inclusion Policy, Special Educational Needs, Smoking, Drugs and Alcohol Policy, Social Media, Staff Behaviour Policy, Code of Conduct Policy and any other relevant policies.

1.4 Safeguarding and promoting the welfare of children is defined by the Department for Education as:

1. protecting children from maltreatment;
2. preventing impairment of children’s health or development;
3. Ensuring children are growing up in circumstances consistent with the provision of safe and effective care;
4. Taking action to enable all children to have the best outcomes.
   1. Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
   2. Safeguarding and promoting the welfare of children is everyone’s responsibility. All those who come in to contact with children and their families have a role to play in keeping children safe. In order to fulfil this responsibility effectively, our setting ensures their approach is child centred and have the best interests of the child at the heart of all action.
   3. **COVID-19:** From 20th March 2020, parents were asked to keep their children at home, wherever possible, and for settings to remain open only for those children of workers critical to the COVID-19 response. We had adopted an addendum to our safeguarding policy based on Sandwell Local Authority’s [*Model COVID-19 Safeguarding Policy Addendum*.](https://schools.southwark.gov.uk/assets/attach/5848/Model-COVID-19-Safeguarding-Policy-Addendum.docx)

As it is the Government’s plan that all children, in all year groups, will return to setting fulltime from the beginning of the 2020 autumn term, we have full regard for the Government’s [*Guidance for full opening: settings*](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools) / [*Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak*](https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures#safeguarding-and-welfare) and in particular the section on safeguarding.

We are aware that children may be experiencing a variety of emotions in response to the coronavirus (COVID-19) outbreak, such as anxiety, stress, or low mood. This may particularly be the case for vulnerable children, including those with a social worker and young carers.

All staff members and volunteers will be vigilant about the possible impacts of the pandemic on children’s mental wellbeing and act immediately on any safeguarding concerns, including new concerns where children are returning, and share their concerns with designated and deputy designated safeguarding leads.

We will put in place appropriate support systems for children and parents/carers, including working with and/or referral to relevant outside agencies.

We note the Government’s [*COVID-19: guidance on supporting children and young people’s mental health and wellbeing*.](https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing)

We are aware of the continued importance for our staff to work with and support children’s social workers, the local authority virtual setting head for looked-after and previously looked-after children and any other relevant safeguarding and welfare partners during this period.

We will continue to ensure that arrangements are in place to keep children not physically attending the setting safe, especially online.

Where we identify a child to be on the edge of social care support, or who would normally receive pastoral-type support in setting, we will ensure that a robust communication plan is in place for that child or young person. Details of this plan will be recorded appropriately, as will a record of contact.

All our staff who interact with children, including online, will continue to look out for signs a child may be at risk. Any such concerns will be dealt with as per this policy and where appropriate, referrals will continue to be made to relevant agencies.

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| **Purpose of a Safeguarding and Child Protection Policy:** | **To inform all members of staff, parents, volunteers and team about the setting's responsibilities for safeguarding children and their responsibilities therein** |
| **Local Multi Agency**  **Safeguarding Arrangements** | The setting follows the procedures agreed by Sandwell’s  Children’s Safeguarding Partnership |
| **Setting Staff & Volunteers** | Setting staff are well placed to observe the outward signs of abuse. The setting will therefore:   * Ensure that all setting staff and volunteers receive safeguarding children training, to help identify concerns in accordance with “What to do if you are worried a child is being abused – Advice for practitioners”; * Ensure that all staff are aware of this policy and those relating to the safeguarding of children. |
| **Principles**  To protect and safeguard the welfare of the children and young people entrusted to its care by establishing a safe and trusting environment in which children can learn and develop. | This setting recognises it’s responsibility to protect and safeguard the welfare of the children and young people entrusted to its care by establishing a safe and trusting environment in which children can learn and develop. The policy applies to all children between the ages of 3 -11 whose care and education comes within the remit of this setting.  The setting creates a culture of safe recruitment and has adopted robust recruitment procedures outlined in “Keeping Children Safe in Education 2020: statutory guidance for settings”.  The staff and Company of this setting are committed to establishing and maintaining an environment where children feel secure, are encouraged to talk, and are listened to.  We will ensure that children know that there are adults in the setting who they can approach if they are worried and that the principles of confidentiality are made clear to children and young people.  The setting promotes a positive, supportive and secure ethos, giving children a sense of being valued and understanding that their voice will be heard.  This setting also recognises its duty to work with other agencies in protecting children from harm and in responding to concerns about possible abuse, including the Police, Sandwell Children’s Trust, Child and Adolescent Mental Health Services, Attendance & |

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| Take timely action to support early intervention if they have concerns.                To ensure that children who are subject to multi-agency plans are supported by the setting as defined in that plan.            To ensure staff are aware that wider environmental factors could be present in a child’s life that are a threat to their safety and/or welfare. | Prosecution Service, Inclusion Support Service and other agencies/services coming into setting to support individual children/groups of children. This includes providing a coordinated offer of early help.  Dainty Little Hands Ltd. Out of School Clubs ensures that all staff understand the early help process and recognise the factors that make children more at risk of poor outcomes including poverty, stigma and isolation which may be bought about by factors such family members in prison, homelessness.    All staff receive safeguarding and child protection training at induction. Temporary staff and volunteers will be made aware of policies including child protection, staff code of conduct and acceptable use of technologies including social media as part of their induction.  We are fully committed to safeguarding the welfare of children in care, previously looked after children and care leavers.  Extra-familial harms takes a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence. This is known as [*Contextual Safeguarding*](https://contextualsafeguarding.org.uk/) and needs to be considered in assessment for children and young people. |

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| To encourage children to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs.  To contribute to children being healthy, safe, enjoying and achieving, making a positive contribution and achieving economic well-being.  To support the mental health and well-being of students and be able to identify when there are needs and consider when they become a safeguarding issue. | We ensure that partisan political views are not promoted in Club and where political issues are brought to the attention of the children, reasonably practicable steps have been taken to offer a balanced presentation of opposing views to children  The setting will ensure that parents understand the responsibility placed on staff for child protection by setting out its obligations in the setting prospectus. The setting’s child protection policy is made available to parents on request and published on the setting website.    We will follow referral processes to gain the support required to help keep the child safe. |
| **Implementation, Monitoring and**  **Review of the Safeguarding and**  **Child Protection Policy** | The Designated Safeguarding Lead (DSL) will ensure that the setting’s Child Protection Policy is reviewed at least once a year for discussion, monitoring, review and renewal.  All safeguarding incidents/reports are uploaded to Impero electronically via the Club tablet. This notifies the DSL and all deputy DSLs for Dainty Little Hands Ltd. Out of School Clubs.  In this way the Company authorises the DSL for Child Protection to carry out his/her responsibilities as outlined in the statutory Guidance |

## 2. Statutory Framework

2.1 In order to safeguard and promote the welfare of children, the setting will act in accordance with the following legislation and guidance:

 [**The Children Act 2004**](http://www.legislation.gov.uk/ukpga/2004/31/contents)

##  [Sandwell Children’s Safeguarding Partnership - Inter Agency Procedures](http://westmidlands.procedures.org.uk/) – regional Procedures

* [**Working Together to Safeguard Children**](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) **-** [“Working Together to Safeguard](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

[Children”](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) (2018) requires all settings to follow the procedures for protecting children from abuse which are defined by Sandwell Multi Agency Safeguarding Arrangements and have appropriate procedures in place for responding to all concerns of actual or suspected abuse including allegations against members of staff in a position of trust. The best way to safeguard a child is through effective early help and prevention so it is important to carry out effective early help assessment and take on the role of the Lead Professional. Sandwell’s multi-agency Threshold Document explains early help and expectations more in depth.

* [**What to do if you're worried a child is being abused: advice for practitioners**](https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2)

* [**The Education (Pupil Information) (England) Regulations 2005**](http://www.legislation.gov.uk/uksi/2005/1437/pdfs/uksi_20051437_en.)
* [**Keeping Children Safe in Education**](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) **–** places the following statutory duties on all settings:
* Staff mustpersonally report to the police cases where they discover that an act of Female Genital Mutilation appears to have been carried out;
* Settings should be aware of and follow regional and local policies and procedures;
* Staff should be vigilant to signs of abuse and to whom they should report any concerns on to;
* Settings should have procedures in place which are disseminated to all staff for handling suspected or actual cases of abuse of children, including procedures to be followed in the case of allegations or concerns against persons in a position of trust including knowing local referral processes;
* Every setting should have a Designated Safeguarding Lead who is a member of the senior management team and responsible for co-coordinating safeguarding/child protection work within the setting and liaising with other agencies as appropriate;
* Staff with designated responsibility for safeguarding and child protection should receive appropriate single agency and multi - agency training approved by local safeguarding arrangements at least every two years and their knowledge and skills should be refreshed regularly, but at least annually, via briefings, newsletter and National, regional and local updates;
* All other staff in setting should receive training to raise their awareness of signs and symptoms of suspected or actual abuse and the procedures they should follow at least every three years. They should also be given regular updates on safeguarding issues;
* All staff should be prepared to identify children who may benefit from early help;
* All settings should share information and work in partnership with other agencies when there are concerns about a child’s welfare;
* Setting will maintain safeguarding responsibility when a child is attending Alternative Provision;
* [**Information sharing advice for safeguarding practitioners**](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)
* [**Mental Health and Behaviour in Settings: Departmental Advice**](https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2)

## [ Sexual violence and sexual harassment between children in settings and colleges](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719902/Sexual_violence_and_sexual_harassment_between_children_in_schools_and_colleges.pdf) – See peer on Peer Abuse appendix A

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

**Sexual violence** refers to sexual offences under the Sexual Offences Act 2003 and includes rape and sexual assault.

**Sexual harassment** is any ‘unwanted conduct of a sexual nature’ that can occur online and offline. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physically and verbally) and are never acceptable. It is important that allvictims are taken seriously and offered appropriate support.

* **Coronavirus** [Guidance for full opening: settings](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools)

* [**Section 26 of the Counter-Terrorism and Security Act (2015)**](http://www.legislation.gov.uk/ukpga/2015/6/section/26/enacted)
* [**The Prevent Duty.**](https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty) The United Kingdom faces a severe and continuing threat from international terrorism. The Government is taking tough security measures to keep people safe but action at a local level is also essential to stop people becoming or supporting terrorists or violent extremists. Local authorities and the police need to take a lead in ensuring that local partnerships have been clearly tasked with driving delivery of a jointly agreed programme of action. From 1 July 2015, all settings must have regard to the statutory guidance around the Prevent Duty (this also applies to registered early years childcare providers and registered later years childcare providers). They are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies.
* [Section 5B of the Female Genital Mutilation Act 2003 (](http://www.legislation.gov.uk/ukpga/2015/9/part/5/crossheading/female-genital-mutilation/enacted)as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon staff, along with social workers and healthcare professionals, to report to the policewhere they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. From October 2015, there is a 'mandatory reporting duty' for all education providers.

[Child and Social Work Act 2017](https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted)

### 3. The Designated Safeguarding Lead

3.1 The Designated Safeguarding Lead (DSL) for Child Protection will co-ordinate action on child protection within the setting. This includes ensuring that all staff know who the Designated Safeguarding Lead is and that they are aware of their individual responsibility to be alert to the signs of abuse and should consider the context of specific safeguarding issues within the wider environment (i.e. contextual safeguarding).

3.2

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| **Designated Safeguarding Lead (DSL)** | **Amanda Cotterill** |
| **Chief DSL and Company Owner** | **Jayne Dainty** |
| **Deputy DSL** | **Aimee Smith** |
| **Deputy DSL** | **Tom McCaughey** |
| **Special Educational Needs Coordinator** | **Jayne Dainty** |
| **Single Point of Contact (Preventing Radicalisation) (SPOC)** | **Jayne Dainty** |
| **Senior Lead for Mental Health** | **Jayne Dainty** |

3.3 A Deputy DSL should be appointed to act in the absence/unavailability of the DSL. Whilst the activities of the safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for safeguarding and child protection for safeguarding and child protection remains with the safeguarding lead. This responsibility is not delegated.

3.4 The Host School DSL’s are -

### Host School: AMY PRITCHARD and MAURA LOGAN

3.5 In the absence of the DSL and the deputy DSL, the most senior member of staff in setting will assume responsibility for any child protection matters that arise. Any deputies should be trained to the same standard as the designated safeguarding lead.

3.6 It is the role of the Designated Safeguarding Lead for Child Protection to:

1. Ensure that she receives refresher training at least every two years;
2. To keep her knowledge and skills up to date (for example via e-bulletins, meeting other designated safeguarding leads) at regular intervals, but at least annually, to keep up to date with any developments relevant to their role;
3. Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children at least every two years with regular updates at least annually which will enable them to recognise the signs and symptoms of abuse including Domestic Violence and Abuse (DVA), Child to Parent Domestic abuse, Peer to Peer abuse, Child exploitation, Spiritual abuse, Female Genital Mutilation (FGM), Honour based Violence (HBV) and Forced Marriage (FM);
4. Ensure that all staff understand the statutory duty to report to police when they suspect a child has had FGM carried out on a girl under 18;
5. Ensure all staff understand the PREVENT Duty;
6. Ensure there is an effective safeguarding and child protection induction procedure in place for all adults working in the setting, be they staff or volunteers, including supply agency staff which is to be undertaken no longer than 10 working days of commencement of their contract;
7. Make sure that concerns are raised by staff/volunteers when necessary;
8. Offer support and guidance to all adults working within the setting on matters of safeguarding and child protection;
9. Ensure that the names and contact details of the DSL/Deputy are on display for all staff, parents, children and visitors to the setting;
10. Ensure that (whenever possible) the Designated and Deputy Designated Safeguarding Leads are not out of setting (e.g. at training events) at the same time. If they are absent, arrangements should be in place to ensure their duties are covered during their absence.
11. Ensure that the telephone number for the Local Authority and Referral Team is available and easily accessible to staff in case, for any reason, the DSL and Deputy are not contactable, in order to ensure there is no unwarranted delay in referral;
12. Discuss concerns as required with outside agencies e.g. specific agency for single need (e.g. speech and language, Inclusion Support), early intervention multi-agency (e.g. Early Help process) or Multi Agency Safeguarding Hub (MASH)/existing social worker (child protection/significant harm concerns);
13. Be aware of contact details and referral routes to support families. This includes referral routes to the local housing authority for families who are or are at risk of being homeless, referral routes for children in households where there is domestic abuse, child criminal exploitation, children missing from education;
14. Work closely with agencies and services to improve outcomes for children and young people including (but not limited to) Senior mental health leads, Domestic abuse support, Locality Community Operating Groups, community policing;
15. Complete/oversee all necessary paperwork and correspondence including referral forms to the Early Help team or MASH in regard to safeguarding and child protection referrals;
16. Ensure that the setting is represented by a Designated Person for Child Protection at child protection conferences, core groups and multi-agency meetings about ‘Children in Need’. It is the Designated Person for Child Protection who should attend Child Protection Conferences rather than another representative. If this is not possible, the Deputy Designated Person should attend. If neither can attend, apologies must be given and a written report must be submitted prior to the conference;
17. Compile and submit a written report regarding children who are subject to child protection conferences. This should be shared with parents before the conference takes place;
18. Ensure there is appropriate representation on Core Groups when a child is on a child protection plan. If the most appropriate person is a class teacher, there must be joint working with the Designated Person – consider appropriate safeguarding supervision arrangements;
19. Ensure there is appropriately trained staff to lead on and that all staff are aware of the Early Help process;
20. Ensure that relevant staff are informed and advised about appropriate action when a child is subject to a Child Protection Plan;
21. Ensure that welfare records are kept securely and confidentially (locked and with limited access);
22. Ensure that safeguarding and child protection records are chronologically recorded, with significant incidents or events clearly highlighted. These records should be reviewed regularly and focus on outcomes for the child/children;
23. Ensure that records are transferred when a child changes setting;
24. Ensure a mechanism is in place to support the Designated Persons for Child Protection in specific regard to their welfare responsibilities e.g. weekly/monthly one to one meetings between the Designated and Deputy Designated Persons to offer mutual support;
25. Keep the setting’s Management Team, Local Authority and SCSP informed about safeguarding and child protection issues as requested;
26. Provide guidance to parents, children and staff about obtaining suitable support;
27. Discuss with new parents the role of the DSL and the role of safeguarding in the setting. Make parents aware of the safeguarding procedures used and how to access the Safeguarding and Child Protection policy;
28. To arrange adequate and appropriate cover arrangements for any out of hours/out of term activities including onsite day care provision.

#### 4.

#### 5. Setting Procedures – Staff Responsibilities

5.1 The DSL ensures that all setting staff and volunteers are alert to the potential abuse of children, both within their families and from other sources, including members of the setting community.

5.2 The DSL will ensure all staff are aware of the setting’s reporting and referral procedure and the need for timely reporting. Any disclosures that would suggest a child is/has been at risk of harm from another person should be reported to the DSL (or a Deputy DSL) in person, immediately, by the person to whom the first disclosure was made. Other concerns are to be communicated to the DSL team in electronically through Impero**:**

5.3 The setting will ensure they have systems in place to regularly update contact numbers for parents/carers and that there are at least two emergency contact numbers on file for every child on roll. This is updated using the online booking system IPAL.

5.4 If any member of staff is concerned about a child, the Designated Safeguarding Lead (or their Deputy DSL in their absence) must be informed immediately. There is an absolute responsibility for all members of the setting to respond to any suspected or actual abuse of a child in accordance with these procedures.

5.5 The member of staff must record information regarding the concerns and ensure the concern is sent electronically via Impero: to the DSL on the same day. The recording must be a clear, precise, factual account of the observations.

5.6 There may be emerging needs or adversities faced by children and their families that could be addressed through Early Help. [Sandwell‘s Multi Agency Threshold document](https://www.sandwellcsp.org.uk/wp-content/uploads/2020/06/SCSP-Multi-Agency-Thresholds-Guidance-Published-June-2020.pdf) (available on the [SCSP Website)](http://www.sandwelllscb.org.uk/site/reporting_concerns_home.html) will guide you on what is the most appropriate level of support for families based on their level of need. The Single Point of Contact or the MASH education team are available for early advice and support prior to getting to the point when things need to go to MASH.

5.7 The Designated Safeguarding Lead will decide whether the concerns should be referred to children’s social care via the MASH. If it is decided to make a referral to children’s social care this will be discussed with the parents and consent sought, unless to do so would place the child at further risk of harm, place a vulnerable adult at risk or compromise any enquiries that may need to be made.

5.8 When concerns have been raised regarding a child or they are subject to any multi-agency work, a record will be kept on Impero: and sent directly to the Designated Safeguarding Lead and Deputy Safeguarding Leads.

5.9 Whenever a child transfers to another setting all setting records, including safeguarding/child protection files, will be sent to the receiving setting in a secure manner and relevant agencies will be informed of the new setting that the child has moved to.

5.10 The Designated Safeguarding Lead takes responsibility for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

5.11 All staff and volunteers are made aware that the main categories of abuse are:

1. **Physical abuse**
2. **Emotional abuse**
3. **Sexual abuse**

### Neglect

**In addition to these types of abuse and neglect, members of staff will also be alert to specific safeguarding issues. Please see Appendix A.**

5.12 All staff will have awareness training and briefings so they are alert to the signs and symptoms of abuse, including those that may signal a child is at risk from or involved with serious crime. They are made aware of the associated risks and understand the measures in place to manage them (https://www.gov.uk/government/publications/advice-to-settings-and-colleges-ongangs-and-youth-violence).

5.13 All staff will be informed of the risks posed by adults or young people who use the internet to bully, groom or abuse children.

5.14 All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – see Appendix A for details.

#### 6. Dealing with a Disclosure

6.1 Where a pupil discloses that he/she has been abused, the following guidelines must be followed:

# RECEIVE

6.2 If a child wants to talk to you, never ask them to come back later. Ask them what they want to talk to you about and, if you are concerned about their welfare, give them the time to speak to you.

6.3 Never promise confidentiality, inform the child that you are happy to talk to them but if they tell you anything that you believe may be putting them at harm that you will have to talk to someone.

6.4 Listen carefully to the child. Do not stop a child who is freely recalling information.

6.5 Where a child is visibly upset or has an obvious injury, it is good practice to ask a child why they are upset or how an injury was caused, or respond to a child wanting to talk to you to help clarify vague concerns and result in the right action being taken.

# REACT

6.6 If you need to clarify information, ask open-ended questions e.g.” Is there anything you'd like to tell me?", “Can you explain to me…” Can you describe to me….”

6.7 Never ask leading or suggestive questions e.g. 'Did he/she do anything that they shouldn't have done?'

6.8 Never ask 'accusing' questions e.g.” Why didn't you tell someone earlier?"

6.9 Never criticise the alleged perpetrator, it may be someone that they will continue to live with.

6.10 Never ask the child to repeat their disclosure for any other member of staff; it is your responsibility to share the information

6.11 These four factors may compromise enquiries that need to be made later by Children’s Social Care or the Police.

# REASSURE

6.12 Ensure that the child is aware that they have done the right thing in talking to you and that they have not done anything wrong.

6.13 If you have any concerns that the child has been, or is at risk of harm, you must tell them that you will speak to someone to get help.

# RECORD

6.14 Make notes as soon as possible afterwards, using the words that the child has used.

6.15 Do not record your assumptions and interpretations, just what you heard and saw.

6.16 Do not destroy original notes, even if you later write things up more neatly and fully.

6.17 Record the date, time and place of the disclosure.

6.18 Sign any written records and identify your position in the setting.

6.19 Do not ask a child to write an account or sign any of your documentation as this may compromise enquiries that need to be made later by children’s social care or Police.

# REFER

6.20 Immediately inform the Designated Safeguarding Lead for child protection (Jayne Dainty) or in their absence one of the Deputy Designated Senior Persons for child protection (Aimee Smith or Tom McCaughey) who will be responsible for following the appropriate procedures.

6.21 To consult with your Designated Safeguarding Lead for child protection does not mean a referral has been made. This decision is the responsibility of the Designated Senior Person for child protection who will contact the appropriate agency as and when required.

6.22 If you are unhappy about the response you receive from your Designated Safeguarding Lead for child protection, contact Sandwell Children’s Trust Contact Centre on 0121 569 3100 where you may be put through to speak to a qualified social worker.

**UNDER NO CIRCUMSTANCES**

**SHOULD YOU LEAVE SETTING WITHOUT DISCUSSING YOUR CONCERNS WITH SOMEONE.**

## 7. Making a Referral

7.1 A referral involves sharing information in line with Multi Agency Threshold Document to either the Targeted Services Team, with the consent of the parents/carers, Multi Agency Safeguarding Hub (MASH) or the Police in matters of immediate risk (see Appendix C).

7.2 Parents/carers should be informed if a referral is being made except in the circumstances outlined in communication with parents (i.e. if it puts a child at further risk of harm).

7.3 However, inability to inform parents for any reason should not prevent a referral being made to children’s social care via the MASH Service. It would then become a joint decision with Sandwell Children’s Trust about how and when the parents should be approached and by whom.

7.4 If lower level multi agency support is required for a child and/or their family, the Designated Safeguarding Lead for child protection will, with consent of the parent/carer, refer to the Early Help Team to enable the most appropriate services and support to be identified. This may be targeted multi-agency support to help the family resolve any identified concerns.

7.5 If the concerns are more complex and require statutory intervention then the Designated Safeguarding Lead for child protection will refer the matter to children’s social care via the MASH service where a decision will be made whether any enquiries are needed under Section 17 (child in need enquiry) or Section 47 (child protection enquiry) of the Children Act 1989. A flowchart can be found at Appendix D detailing the referral procedure.

# How to make a referral to Children’s Social Care if a child is at risk of significant harm

**Quality of Practice & Performance**

**7.6 Step 1** - Complete a Multi-Agency Referral Form (MARF) including any relevant body Map and/or Child Exploitation Screening form and send in to the MASH secure email address on the front of the form. Be prepared to give as much of the following information as possible using the SAFER guidelines (see Appendix B). If there are any Child Sexual Exploitation (CSE) concerns, then a CSE screening tool should always be completed and submitted to Sandwell Children’s Trust.

**7.7 Step 2** - If a child is at imminent significant risk of harm/immediate danger (and reporting concerns cannot wait an hour while a MARF is completed) the referrer should consider telephoning 999 and Sandwell Children’s Trust contact centre (0121 569 3100). A MARF will also need to be completed within an hour of reporting the concern.

**7.8** **Step 3** - Accurately record the action agreed following the referral or that no further action is to be taken and the reasons for this decision, noting with whom discussions were held and who made the decisions on the appropriate setting form.

# Position of Trust referrals

7.9 Position of Trust referrals will be referred via the SPOC/MASH. A MARF for the child will be completed and a Multi-Agency POT referral form for the person allegations have been made about. This should detail the alleged incident and have all relevant details regards the child and the adult who the allegations have been made about.

## Concerns re: Terrorism/Radicalisation

### 7.10 Preventing Radicalisation

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and other children’s services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism (“the Prevent duty”). Young people can be exposed to extremist influences or prejudiced views, in particular those via the internet and other social media. Settings can help to protect children from extremist and violent views in the same ways that they help to safeguard children from drugs, gang violence or alcohol.

7.11 Dainty Little Hands Ltd. Out of School Clubs will refer any incidents of suspected radicalisation or children deemed at risk on a Multi- agency referral form (MARF) to the MASH marked as PREVENT referral.

**Quality of Practice & Performance**

7.12 Contact can be made with the confidential Anti-Terrorist Hotline 0800 789 321 or contact made with the LA Prevent Strategy Coordinator Pardeep\_brar@sandwell.gov.uk, Justin\_nixon@sandwell,.gov.uk or sarfraz\_khan@sandwell.gov.uk for further advice.

### 8 Confidentiality

8.1 Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in settings.

8.2 All staff in Club have a responsibility to share relevant information about the protection of children with other professionals, particularly children’s social care and the Police.

8.3 If a child wishes to confide in a member of staff and requests that the information is kept secret, the member of staff will tell the child, in an appropriate manner to the individual needs of the child, that they cannot promise confidentiality and may need to pass the information on to help keep the child or other children safe.

**Health Forum**

8.4 Staff who receive information about children and their families in the course of their work should share that information within the expectations of the Club’s safeguarding and child protection policy.

### 9 Communication with Parents

9.1 Dainty Little Hands Ltd. Out of School Clubs will always discuss concerns with parents/carers and consent for any referrals should be sought unless to do so would:

1. Place the child at risk of significant harm or further risk of significant harm;
2. place a vulnerable adult at risk of harm;
3. compromise any enquiries that need to be undertaken by children’s social care or the police.

9.2 The setting will endeavour to ensure that parents have an understanding of the responsibilities placed on the setting and staff for safeguarding children.

### 10. Record Keeping

10.1 The importance of good clear child welfare and child protection record keeping has been highlighted in the learning from serious case reviews. Good up to date record keeping of concerns and action taken is essential for two main reasons:

1. It helps settings identify causes for concern at an early stage. Often it is only when a number of seemingly minor issues are seen as a whole, that a pattern can be seen indicating a safeguarding or child protection concern;
2. It helps settings monitor and manage their safeguarding practices and provides evidence of robust and effective safeguarding policy and practice.
   1. A record of a concern, suspicion or allegation is made at the time of or as soon as possible after the event. Any member of staff receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse in a child or young person, will make a written record within the hour, recording the disclosure using the child’s own words, what was said or seen and the location both of the abuse and the disclosure. Dates and times of events should be recorded as accurately as possible, together with a note of when the record was made. These details are then uploaded to Impero: and sent to the Designated Safeguarding Lead and Deputy Safeguarding Leads.
   2. A record is made of any visible marks or injuries to a child that give cause for concern; this will also be completed on a body map. The child should NOT be examined intimately, or pictures taken of any injuries/marks (unless requested by statutory services). A body map is available to complete whilst adding a concern on to Impero:.

**Key Safeguarding Areas**

* 1. All records will be signed and dated clearly with the name of the signatory clearly printed.
  2. When a child has made a disclosure, the member of staff will:
     1. Make brief notes as soon as possible after the conversation and then uploaded on to Impero:.
     2. Not destroy the original notes in case they are needed by a court;
     3. Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child;
     4. Record statements and observations rather than interpretations or assumptions;
     5. Distinguish fact from opinion.
  3. Children MUST NOT be asked to make a written statement themselves or to sign any records.
  4. All records of a child protection nature (handwritten or typed) are given to the DSL before the end of the working day. These should be filed in individual pupil files in chronological order and a chronology of significant events should be maintained at the front of the file.
  5. No copies should be retained by the member of staff or volunteer.
  6. The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with Data Protection Act 2018 and transferred in accordance with the Education (Pupil Information) (England) Regulations 2005.

### 11. Allegations/Concerns involving Setting Staff/ Supply Staff/Work placement students/ Volunteers/ Contractors

11.1 An allegation relates to an adult who works with children (in a paid or unpaid capacity) and they have:

1. behaved in a way that has harmed a child, or may have harmed a child;
2. possibly committed a criminal offence against or related to a child; or
3. behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or
4. behaved or may have behaved in a way that indicates they may not be suitable to work with children.

* 1. In these circumstances, any allegation or concern should be taken seriously and Jayne Dainty, who has the responsibility for managing allegations against persons in a position of trust in setting, will be informed immediately.
  2. When dealing with allegations we will ensure that we will:

1. apply common sense and judgement;
2. deal with them quickly, fairly and consistently;
3. provide effective protection for child/ren and support the person subject to the allegation;
4. complete a risk assessment and make a justifiable decision on whether that person should be temporarily relieved from duties, and/or deployed elsewhere whilst an investigation is undertaken.

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* 1. It is not the responsibility of the person receiving the allegation to make any enquiries or discuss the allegation with anyone other than Jayne Dainty.
  2. As with all other concerns about the welfare of children, the member of staff receiving the allegation should make a written record of the allegation using the informant's words - including time, date, and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated, and immediately passed on to Jayne Dainty.
  3. Under no circumstances should the informant be asked to make a written record of the allegation or asked to sign any documentation. This is the responsibility of the person receiving the allegation.
  4. Jayne Dainty will not investigate the allegation itself, or take written or detailed statements, but will Refer the incident on A Multi- Agency Position of Trust Referral form to Sandwell Children’s Trust via the Safeguarding Hub. A MARF for the child will be completed and a POT referral form for the person allegations have been made about.
  5. If Jayne Dainty is implicated in the concerns, the Support Manager(s) Aimee Smith and Tom McCaughey must be informed.
  6. :

NAME: Aimee Smith CONTACT NUMBER: 07850796213



NAME: Tom McCaughey CONTACT NUMBER: 07342752092

* 1. The same process will be followed by the Support Managers as that followed by Jayne Dainty.
  2. To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, setting code of conduct or Government document ‘[Guidance for safer working practice for those working with children and young people in an education setting’](http://www.childrenengland.org.uk/upload/Guidance%20.pdf)
  3. If you have safeguarding or child protection concerns relating to the parents/carers of children and you are aware that they work with children, young people or vulnerable adults, you must inform the Designated Safeguarding Lead for child protection. This will allow for consideration to be given as to whether the position of trust process needs to be applied.
  4. If it is decided that the allegation meets any of the three criteria outlined above, procedures will be followed in accordance with [**Sandwell’s Inter-Agency Procedures.**](http://sandwelllscb.proceduresonline.com/chapters/p_alleg_staff_inc_vol.html)
  5. If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the setting’s internal procedures.

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* 1. Jayne Dainty should, as soon as possible, and after consulting with the Local Authority Designated Officer, inform the person against whom the allegation has been made of the concern.

### 12. Peer on Peer abuse including Sexual Violence and Harassment

12.1 It is recognised that sometimes children are capable of abusing their peers. Peer on peer abuse involves someone who abuses a ‘vulnerability’ or power imbalance to harm another, and have the opportunity or be in an environment where this is possible.

This is mostly likely to include:

1. Bullying (including cyber bullying);
2. Physical harm;
3. Sexual violence;
4. Sexual harassment;
5. Upskirting – which typically involves taking a picture under a person’s clothing without them knowing with the intention of viewing their genitals or buttocks for sexual gratification or to cause humiliation, distress or alarm to the victim;
6. Sexting;
7. Initiation/hazing type violence and rituals
   1. We recognise that whilst perpetrators of peer on peer abuse pose a risk to others they are often victims of abuse themselves. We will work closely with alleged perpetrators to halt and prevent further occurrences.
   2. All children should be able to attend setting and learn in a safe environment. When this is compromised by the actions or behaviours of their peers this will be dealt with through our Behaviour Policy.
   3. Prevention is a fundamental method of minimising risks and we will do this by:

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1. providing a developmentally appropriate PSHE syllabus which develops children’s understanding of acceptable behaviour and keeping themselves safe;
2. having systems in place for any children to raise concerns with staff, knowing they will be listened to, believed and valued;
3. delivering targeted work on assertiveness and keeping safe to those children identified at risk;
4. developing robust risk assessments & providing targeted work for children identified as being a potential risk to other children.

12.5 Sometimes allegations are made of a specific safeguarding nature. These may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. Some of the features of these could include:

1. allegations against an older pupil’s behaviour towards a younger child
2. severe Bullying
3. is of a serious nature possibly related to a criminal offence
4. indicates that other children have been affected by this pupil
5. taking part in sexting
6. photographing or videoing other children performing indecent acts
7. forcing others to use drugs or alcohol
   1. Procedure

All complaints and incidents will be taken seriously with a record of incidents and action taken.

* 1. An assessment of an incident between peers will be completed to consider: has this been a deliberate or contrived situation for a young person to be able to harm another?

1. chronological and developmental ages of everyone involved;
2. difference in their power or authority in relation to age, race, gender, physical, emotional or intellectual vulnerability;
3. all alleged physical and verbal aspects of the behaviour and incident;
4. whether the behaviour involved inappropriate sexual knowledge or motivation;
5. what was the degree of physical aggression, intimidation, threatening behaviour or bribery;
6. the effect on the victim;
7. any attempts to ensure the behaviour and incident is kept a secret;
8. the child or young person’s motivation or reason for the behaviour, if they admit that it occurred;
9. whether this was a one-off incident, or longer in duration.

* 1. It is important to deal with a situation of peer abuse immediately and sensitively. It is necessary to gather the information as soon as possible to get the true facts. It is equally important to think about the language used and the impact of that language on both the children and the parents when they become involved. Avoid language that may create a ‘blame’ culture and leave a child labelled.

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* 1. **Taking Action – What we do:**

1. always take complaints seriously
2. gain a statement of facts from the pupil(s)
3. assess needs of victim and alleged perpetrator
4. consider referral to Police or Social Care
5. contribute to multi-agency assessments
6. convene a risk management meeting
7. record all incidents and all action taken

12.10 Consideration will be given to whether the complaint raises a safeguarding concern which is then reported to the Designated Safeguarding Lead.

1. A factual record should be made but no attempt should be made to investigate at this stage.
2. The DSL can discuss the case with advisory personnel such as the Single Point of Contact (SPOC), COG or the Education safeguarding officer to determine if a referral to MASH is required. If there is an indication that a criminal offence has been committed then the police may become involved. Setting may be advised to refer this case to the police or advise parents to do so.
3. The DSL will speak to parents of the victim(s) and the alleged perpetrator to inform them of the referral as long as it does not put either parties at risk of further harm.
4. Records of action and advice will be kept on both children’s files.
5. Consideration will be given to whether the alleged perpetrator should be excluded from setting according to the setting’s behaviour policy.
6. If children services decide there will be no further action, a thorough investigation will be carried out in setting using the setting’s usual disciplinary procedure.

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1. If the setting consider a safeguarding risk is still present then a full risk assessment will be carried out with a date set for follow up review.

### 13. Physical Interventions (Use of Reasonable Force)

13.1 It is important to allow children to do what they can for themselves, but depending on age and circumstances (i.e. a child who is hurt, who needs instruction in the use of a particular instrument/piece of equipment, safety issues such as the need to prevent a child hurting themselves or others), it may be necessary for some physical contact to take place.

13.2 Section 93 of the Education and Inspections Act 2006 enables setting staff to use ‘reasonable force’ to prevent a pupil from:

1. committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
2. causing personal injury to, or damage to the property of, any person (including the pupil himself); or
3. prejudicing the maintenance of good order and discipline at the setting or among any children receiving education at the setting, whether during the teaching session or otherwise.

13.3 The general guidance on “Reducing the need for restraint and restrictive intervention” (HM Govt., June 2019)**,**  “Behaviour and discipline in settings: Advice for Jayne Daintys and setting staff” (HM Govt January 2016**),** and [“The](https://extranet.solgrid.org.uk/schoolissues/safeguarding/SafeguardingDocuments/EWSuseofforceapr2010.pdf) Use of Reasonable force: Guidance for Jayne Daintys, staff and Governing Bodies” (2013) continues to be supplemented by a specialist guidance document, namely ‘Guidance on the Use of Restrictive Physical Interventions for Staff working with Children and Adults who display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum

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Disorders’ (2012) and ‘Guidance on the Use of Restrictive Physical Interventions for Pupil with Severe Behavioural Difficulties’. The circular entitled Guidance on the Use of

Restrictive Physical Interventions for Staff Working with Children and Adults who display

Extreme Behaviour in Association with Learning Disability and /or Autism Spectrum

Disorders applies to all special setting settings. Section 246 of the Apprenticeship, Skills, Children and Learning Act 2009 requires the Company to ensure that a procedure is in place for recording each significant incident in which a member of staff uses force on a pupil; and reporting each such incident to each parent of the pupil as soon as practicable after the incident. The member of staff must not report the incident to a parent if it appears to that member of staff that doing so would be likely to result in significant harm to the pupil. If that is the case, or if there is no parent of the pupil to whom the incident could be reported, then the incident must be reported to the local authority where the pupil normally lives.

13.4 There is separate guidance on the use of force by staff in Further Education colleges: [www.aoc.co.uk](http://www.aoc.co.uk/) and applies to setting children who receive some of their education in an FE college.

### 14. .Statutory Setting policies

14.1 A full list of statutory policies can be found at [https://www.gov.uk/government/publications/statutory-policies-for-settings](https://www.gov.uk/government/publications/statutory-policies-for-schools) . Note that none of these policies relate to safeguarding and child protection.

14.2 Setting –Virtual Office link: [http://www.sandwell.gov.uk/extranetforsettings/info/22/safeguarding](http://www.sandwell.gov.uk/extranetforschools/info/22/safeguarding)

### 15. Other Recommended Policies

Anti-bullying

Drugs and substance misuse

E-Safety (including Acceptable Use

Policies and Use of Digital Images) First aid (including management of medical conditions, intimate care) Behaviour

Attendance Health and Safety

Management of allegations against staff

Data Protection and Freedom of information

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PSHE curriculum (Sex and Relationship

Education)

Race, Disability and Equality Policy

Recruitment and selection

Physical Intervention

Combating Extremisim

Staff Code of conduct

Whistle blowing

Supporting Children with medical conditions

Domestic Abuse

### 16. Useful Telephone Numbers

Sandwell Contact Centre – 0121 569 3100

West Midlands Police – 101

Local Authority Child Protection Officers for Education – 0121 569 8144

Local Authority Designated Officer – 0121 569 4770

Horizons Exploitation Safeguarding Team – 0121 569 2524/8391

Prevent (Extremism) Coordinator Manjeet Pangali – 0121 569 2322

Tipton COG – 0121 5697291

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Wednesbury COG – 0121 569 7294

West Bromwich Central COG – 0121 569 7293

Oldbury COG – 0121 569 7295

Rowley COG – 0121 569 7296

Smethwick COG – 0121 569 7297

NSPCC Helpline 0808 5000 NSPCC Whistleblowing Helpline 0800 028 0285

**Appendix A:**

**Definitions of Abuse and Neglect (including specific safeguarding issues)**

A person may abuse or neglect a child by inflicting harm or failing to act to prevent harm. Child welfare concerns may arise in different contexts and can vary in terms of extent and seriousness. Children can be abused by family members and strangers, in an institution or community setting including via the internet. In the case of Female Genital Mutilation (FGM) children may be taken out of the country to be abused.

The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they have impaired capacity to avoid or resist abuse. There are also assumptions that indicators of abuse such as behaviour, mood and injury can relate to the child’s disability without further exploration. Children with SEN and disabilities can be disproportionally impacted by bullying without showing outward signs. Children develop and mature at different rates so what appears to be worrying for a younger child might be normal for an older child. Parental behaviours may also be indicative of abuse or neglect so be alert to parent-child interactions and behaviours which are concerning. By understanding warning signs you can respond to problems as early as possible and provide the right support/services for the child and their family.

## 1. Physical Abuse

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1. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.
2. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (Munchausen Syndrome by Proxy)

## 2. Signs of possible physical abuse

1. Any injuries not consistent with the explanation given for them
2. Injuries which occur to the body in places which are not normally exposed to falls or rough games
3. Injuries which have not received medical attention
4. Reluctance to change for, or participate in, games or swimming
5. Bruises, bites, burns and fractures, for example, which do not have an accidental explanation
6. The child gives inconsistent accounts for the cause of injuries
7. Frozen watchfulness (non-verbal communication)

Possible effects of physical abuse

1. Physical abuse can lead directly to neurological damage, physical injuries, disability and in extreme cases death. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and learning difficulties.

**3. 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 participating in normal social interaction.
* It may involve seeing or hearing the ill-treatment of another.
* It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger.

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* The exploitation or corruption of children.
* Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## 4. Signs of possible emotional abuse

1. Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy
2. Obsessions or phobias
3. Sudden underachievement or lack of concentration
4. Seeking adult attention and not mixing well with other children
5. Sleep or speech disorders
6. Negative statements about self
7. Highly aggressive or cruel to others
8. Extreme shyness or passivity
9. Running away, stealing and lying

## 5. Possible effects of emotional abuse

If a child suffers sustained emotional abuse there is increasing evidence of adverse long-term effects on their development. Emotional abuse has a significant impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy and can be as important as the other more visible forms of abuse, in terms of its impact on the child. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

## Sexual Abuse and Exploitation

* 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, grooming a child in preparation for abuse (including via the internet).

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* Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## Signs of possible sexual abuse

1. Any allegations made by a child concerning sexual abuse
2. The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age
3. Sexual activity through words, play or drawing
4. Repeated urinary infections or unexplained stomach pains
5. The child is sexually provocative or seductive with adults
6. Inappropriate bed-sharing arrangements at home
7. Severe sleep disturbances with fears, phobias, vivid dreams, or nightmares which sometimes have overt or veiled sexual connotations
8. Eating disorders such as anorexia or bulimia.

## Possible effects of sexual abuse

Behaviour including self-harm, inappropriate sexual behaviour, sadness, depression and loss of self-esteem have all been linked to sexual abuse. Its adverse effects may last long into adult life. The severity of the impact on the child is believed to increase the longer the abuse continues, the more serious the abuse, the younger the child at the start, and the closeness of the relationship to the abuser. The child's ability to cope with the experience of sexual abuse once recognised can be strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. Some adults who sexually abuse children were themselves sexually abused as children.

## 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 of 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;

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* 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.

## Signs of possible neglect

1. Dirty skin, body smells, unwashed, uncombed hair and untreated lice
2. Clothing that is dirty, too big or small, or inappropriate for weather conditions
3. Frequently left unsupervised or alone
4. Frequent diarrhoea
5. Frequent tiredness
6. Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
7. Frequently hungry
8. Overeating junk food

## Possible effects of neglect

Neglect can seriously impair a child's health, physical and intellectual growth and development, and can cause long term difficulties with social functioning, relationships and educational progress. Extreme cases of neglect can cause death.

For further information about neglect please see SCSP [Neglect Policy.](http://www.sandwelllscb.org.uk/user_controlled_lcms_area_news/uploaded_files/Neglect%20Pol%20%26%20Practice%20Guidance%2020140312%20RB.pdf)

## Specific Safeguarding Issues

### Violence Against Women and Girls (VAWG)

VAWG is defined as any act of gender–based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. VAWG is the umbrella term which brings together multiple forms of serious violence such as crimes committed in the name of “honour”; domestic abuse; female genital mutilation (FGM); forced marriage; sexual violence, abuse, exploitation and rape; stalking; harassment; trafficking for sexual exploitation; prostitution. If members of staff have a concern about or knowledge of any VAWG incidents, they will share it immediately with the DSL with a view to referring to appropriate agencies.

**So-called ‘Honour Based’ Violence is a crime or incident which may have been committed to protect or defend the honour of the family or community.**

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It is often linked to family members or acquaintances (and can include multiple perpetrators) who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour-based violence might be committed against people who:

1. become involved with a boyfriend or girlfriend from a different culture or religion
2. want to get out of an arranged marriage
3. want to get out of a forced marriage
4. wear clothes or take part in activities that might not be considered traditional within a particular culture

Crimes of ‘honour’ do not always include violence. Crimes committed in the name of ‘honour’ might include:

1. domestic abuse
2. threats of violence
3. sexual or psychological abuse
4. being held against your will or taken somewhere you don’t want to go  forced marriage

A forced marriage is one that is carried out without the consent of both people. This is very different to an arranged marriage, which both people will have agreed to. There is no religion that says it is right to force you into a marriage and you are not betraying your faith by refusing such a marriage.

### Female Genital Mutilation (FGM)

FGM is a procedure where the female genitals are deliberately cut, injured, or changed but where there is no medical reason for this to be done. It is also known as ‘female circumcision’. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal to perform FGM in England and Wales, assist a young girl to carry out FGM on herself in England and Wales and assist (from England or Wales) a non-UK person to carry out FGM outside the UK on a UK national or UK resident.

### Some of the following signs may be indicators of risk of FGM or a child has undergone FGM

1. Knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from setting.
2. The child may talk about a special procedure/ceremony is taking place.
3. Prolonged absence from setting or other activities with noticeable behaviour change on return, possibly with menstrual or bladder problems.
4. Children finding it difficult to sit still and look uncomfortable or complaining about pain between the legs, and/or spending longer in the bathroom or toilet.
5. Children appear withdrawn, anxious, or depressed.

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1. Children have unusual behaviour after an absence from setting or college.
2. If a child suspects FGM is going to happen, she may run away from home or miss setting.
3. Talking about somebody doing something to them that they aren’t able to talk about.

In Africa, FGM is known to be practiced among certain communities in 29 countries: Benin,

Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Democratic

Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, GuineaBissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda and Zambia.

Certain ethnic groups in Asian countries practice FGM, including in communities in India, Indonesia, Malaysia, Pakistan and Sri Lanka.

In the Middle East, the practice occurs in Oman, the United Arab Emirates and Yemen, as well as in Iraq, Iran, the State of Palestine and Israel.

In Eastern Europe, recent information shows that certain communities are practicing FGM in Georgia and the Russian Federation.

In South America, certain communities are known to practice FGM in Columbia, Ecuador, Panama and Peru.

And in many western countries, including Australia, Canada, New Zealand, the United States, the United Kingdom and various European countries, FGM is practiced among diaspora populations from areas where the practice is common.

**Abuse linked to a Belief in Spirit Possession** whereby the perpetrators believe that an evil spirit has entered a child and is controlling him or her. Sometimes the term ‘witch’ is used and is defined here as the belief that a child is able to use an evil force to harm others. Terms used may be black magic, kindoki, the evil eye, djinns, voodoo, obeah, demons, and child sorcerers. In all these cases genuine beliefs can be held by families, carers, religious leaders, congregations, and the children themselves that evil forces are at work. Abuse often occurs when an attempt is made to ‘exorcise’ or ‘deliver’ the child.

### Some of the following signs may be indicators of this type of abuse but may also be common features in other kinds of abuse

1. Signs or marks such as bruises or burns
2. A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children
3. A person’s personal care deteriorating such as losing weight, being unkempt with dirty clothes and even faeces smeared on them
4. Parent or carer does not show concern for or have a close bond with the child.

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1. Child’s setting attendance becoming irregular, or the child being taken out of setting altogether
2. A child reporting, they are or have been accused of being ‘evil’ and/or that they are having the ‘devil beaten out of them’

### Mental Health

We are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Our staff members, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that our staff members are aware of how these children’s experiences can impact on their mental health, behaviour and education. If staff have a mental health concern about a child that is also a safeguarding concern, this will be shared with the DSL with a view to referring to appropriate agencies following the referral procedures. We also note the DfE’s advice and guidance on [*Mental Health and Behaviour in Settings*.](https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2)

### Extra familial Abuse – (Contextual Safeguarding)

**The following toolkits and guidance will be referred to when concerns are used:**

[Child Exploitation Toolkit](https://www.gov.uk/government/publications/child-exploitation-disruption-toolkit)

[County Lines Exploitation Guidance](https://www.gov.uk/government/publications/county-lines-exploitation)

[CSE Exploitation for Settings](https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners)

Children and young people may be vulnerable to abuse or exploitation from outside their families. These threats may occur in educational establishments, within peer groups or more widely from within the community and/or online. Children can be vulnerable to multiple threats including exploitation by criminal gangs and organised crime groups, online grooming, extremist ideologies.

Professionals should consider whether wider environmental factors are present that threaten a child’s safety and welfare.

### Online Safety

There is a breadth of issues relating to online safety and social media. They can be broadly categorised in to three broad areas of risk:

* **Content** – being exposed to illegal, inappropriate or harmful material

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* **Contact** – being exposed to harmful interactions with other users
* **Conduct** – Personal online behaviours that increases the likelihood of or actually causes harm.

### ‘Sexting’

Creating and sharing sexual photos and videos of under-18s is illegal. Sharing youth produced sexual imagery, which is commonly known as ‘sexting’ covers the incidents where:

1. a person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
2. a person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
3. a person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

When such an incident involving youth produced sexual imagery comes to a member of staff’s attention, this will be shared with the Designated Safeguarding Lead with a view to referring to appropriate agencies following the referral procedures. Further information and advice on youth produced sexual imagery is available in the non-statutory guidance produced by the UK Council for Child Internet Safety (UKCCIS) [‘*Sexting in settings and colleges*’](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/609874/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf).

**Child Criminal Exploitation:**

Gang activity and youth violence

Child exploitation can occur through gang recruitment. Young people at risk of joining a gang are usually vulnerable individuals who can be both perpetrators and/or victims of crime. Some of the risks associated with gang/criminal involvement are:

1. Retaliatory violence due to territorial disputes with other gangs
2. Criminal records
3. Physical and sexual violence as a means of control
4. Drug/alcohol addiction
5. Poor educational or employment potential

Children may often be at the periphery of involvement for some time before they become active gang members. Children may also follow older siblings into gang involvement. There are often opportunities for preventative work to be undertaken with children to deter them from joining a gang.

### County Lines

Criminal exploitationis a geographically widespread form of harm that is a typical feature of county lines criminal activity. Drug networks and gangs groom and exploit children and young people to carry drugs and money within and from urban areas into suburban and rural areas.

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Possible indicators of exploitation:

1. missing episodes
2. disengagement with education and leisure activities
3. becoming isolated from friends and family
4. significant changes in emotional well-being
5. a person meeting unfamiliar adults or a change to their behaviour
6. the use of drugs and alcohol
7. acquiring money or expensive gifts they can’t account for
8. lone children from outside of the area
9. individuals with multiple mobile phones or tablets or ‘SIM cards’
10. unknown or suspicious looking characters coming and going from a neighbour’s house
11. relationships with controlling or older individuals or associated with gangs
12. suspicion of self-harm, physical assault or unexplained injuries

If you have concerns surrounding children, follow safeguarding procedures and share your concerns with MASH. You can also report any suspected criminal activity to the police via the FIB (police intelligence form) or by reporting via 101 or 999 in an emergency.

**Child Sexual Exploitation (CSE)** is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases young people are persuaded or forced in to exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn’t always involve contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

### Some of the following signs may be indicators of sexual exploitation

1. Children who appear with unexplained gifts, money or new possessions;
2. Children who associate with other children involved in exploitation;
3. Children who have older boyfriends or girlfriends;
4. Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
5. Entering and/or leaving vehicles driven by unknown adults;
6. Frequenting areas known for risky activities;
7. Being groomed or abused via the internet and mobile technology;

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1. Having unexplained contact with hotels, taxi companies or fast food outlets;
2. Children who suffer from sexually transmitted infections or become pregnant;
3. Children who suffer from changes in emotional well-being;
4. Children who misuse drugs and alcohol;
5. Children who go missing for periods of time or regularly come home late;
6. Children who regularly miss setting or education or don’t take part in education.

Early intervention and preventative work is key in helping to support and educate children and young people. Strong links with local policing and neighbourhood teams is critical in identifying and safeguarding young people at risk.

### Radicalisation/Extremism

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and other children’s services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism (“the Prevent duty”). Young people can be exposed to extremist influences or prejudiced views, in particular those via the internet and other social media. Settings can help to protect children from extremist and violent views in the same ways that they help to safeguard children from drugs, gang violence or alcohol.

Examples of the ways in which people can be vulnerable to radicalisation and the indicators that might suggest that an individual might be vulnerable or engaged with an extremist group, cause or ideology include:

1. spending increasing time in the company of other suspected extremists;
2. changing their style of dress or personal appearance to accord with the group;
3. their day-to-day behaviour becoming increasingly centered around an extremist ideology, group or cause;
4. loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
5. possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups);
6. attempts to recruit others to the group/cause/ideology; or
7. communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to use violence or other illegal means include:

1. clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
2. using insulting or derogatory names or labels for another group;
3. speaking about the imminence of harm from the other group and the importance of action now;
4. expressing attitudes that justify offending on behalf of the group, cause or ideology;  condoning or supporting violence or harm towards others; or  plotting or conspiring with others.

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Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include:

1. having a history of violence;
2. being criminally versatile and using criminal networks to support extremist goals;
3. having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or
4. having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a ‘profile’ can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

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.”

Extremism is defined by the Crown Prosecution Service as:

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

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

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.

Children may become susceptible to radicalisation through a range of social, personal, and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that setting staff are able to recognise those vulnerabilities.

**Indicators of vulnerability include:**

1. Identity Crisis – the child is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
2. Personal Crisis – the child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;

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1. Personal Circumstances – migration; local community tensions; and events affecting the student / 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;
2. Unmet Aspirations – the child may have perceptions of injustice; a feeling of failure; rejection of civic life;
3. Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;
4. Special Educational Need –children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

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.

**More critical risk factors could include:**

1. Being in contact with extremist recruiters;
2. Accessing violent extremist websites, especially those with a social networking element;
3. Possessing or accessing violent extremist literature;
4. Using extremist narratives and a global ideology to explain personal disadvantage;
5. Justifying the use of violence to solve societal issues;
6. Joining or seeking to join extremist organisations;
7. Significant changes to appearance and/or behaviour; and
8. Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

**Channel** is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism that uses existing collaboration between local authorities, the police, statutory partners (such as the education sector, social services, children’s and youth services and offender management services) and the local community.

### Peer on peer abuse

Children are capable of abusing their peers. This can take different forms, such as bullying (including cyber bullying), physical abuse (such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; violence, particularly pre-planned, forcing other children to use drugs or alcohol, initiation/hazing type violence and rituals), emotional abuse (blackmail or extortion, threats and intimidation), sexual violence, such as rape, assault by penetration and sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, sexting, sexual abuse (indecent exposure, indecent touching or serious sexual assaults, forcing other children to watch pornography or take part in sexting) and sexual exploitation (encouraging other children to engage in inappropriate sexual behaviour, having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight, photographing.

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#### Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as stepparents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or by marriage). Great grandparents, great aunts, great uncles and cousins are not regarded as close relatives.

The law requires that Sandwell Children’s Trust should be notified if anyone is looking after someone else's child for 28 days or more. The purpose of the council's involvement is to support the child and private foster family (and wherever possible the biological parent/s) with any issues arising. These may be practical issues such as benefits, housing, immigration or emotional issues such as keeping contact with biological family, maintaining cultural identity.

If we become aware of a child in a private fostering arrangement within Sandwell we will notify the council’s Multi Agency Safeguarding Hub ([*MASH*)](https://www.southwark.gov.uk/childcare-and-parenting/children-s-social-care/child-protection/multi-agency-safeguarding-hub-mash).

#### Radicalisation

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

**Appendix B:**

Aide-memoire for professionals to support efficient and appropriate telephone referrals of children who may be suffering, or are likely to suffer, immediate risk of significant harm.

#### Situation

* I am (give your name / designation / base).
* I am calling about (child’s name(s) / date of birth / address, or mother’s details if an unborn child).
* I am calling because I believe this child is at risk of harm.
* The parents are/aren’t aware of the referral.

#### Assessment and actions

* I have assessed the child and the specific concerns are (provide specific factual evidence, ensuring the points in Section A are covered) ***or***
* I fear for the child’s safety because (provide specific facts – what you have seen, heard and/or been told).
* **A Early Help Assessment** has/hasn’t been completed/ followed prior to this referral.
* The child is now (describe current condition and whereabouts)
* I have not been able to assess the child but I am concerned because … I have (actions taken to make the child safe).

#### Family Factors

* Specific family factors making this child at risk of significant harm are (base on the Assessment of Need Framework i.e. parenting capacity, family/environment, and child’s developmental needs)
* Additional factors creating vulnerability are …
* Although not enough to make this child safe now, the strengths in the family situation are …

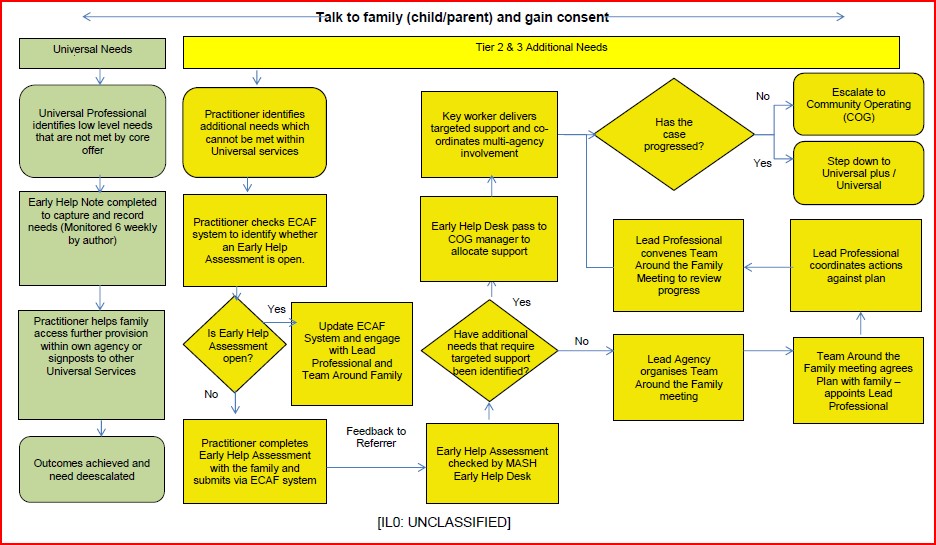
#### Expected response

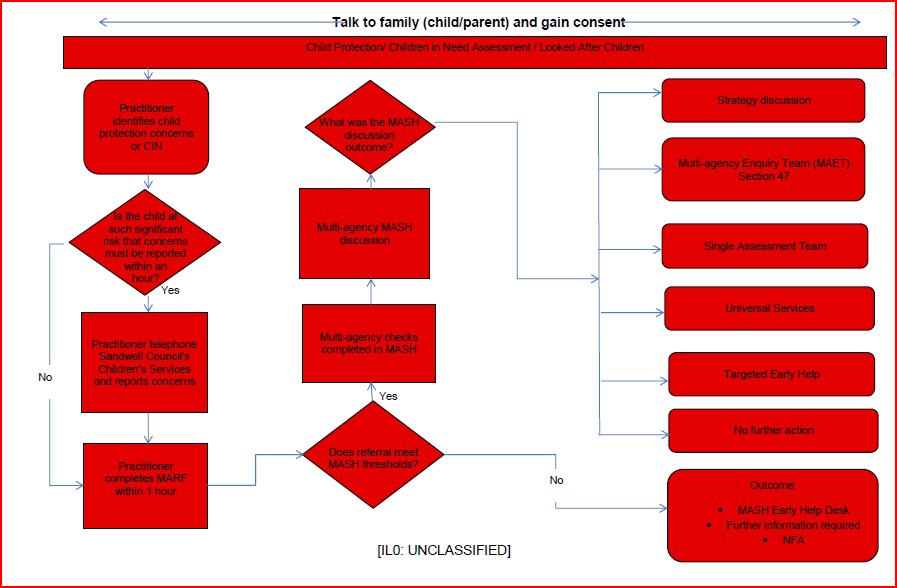
* In line with “Keeping Safe in Education 2020’ , “Working Together to Safeguard Children” 2018 and Section 17 and/or Section 47 of the Children Act, I recommend that a specialist social care assessment is undertaken (urgently?).
* Other recommendations.
* **Ask:** Do you need me to do anything now?

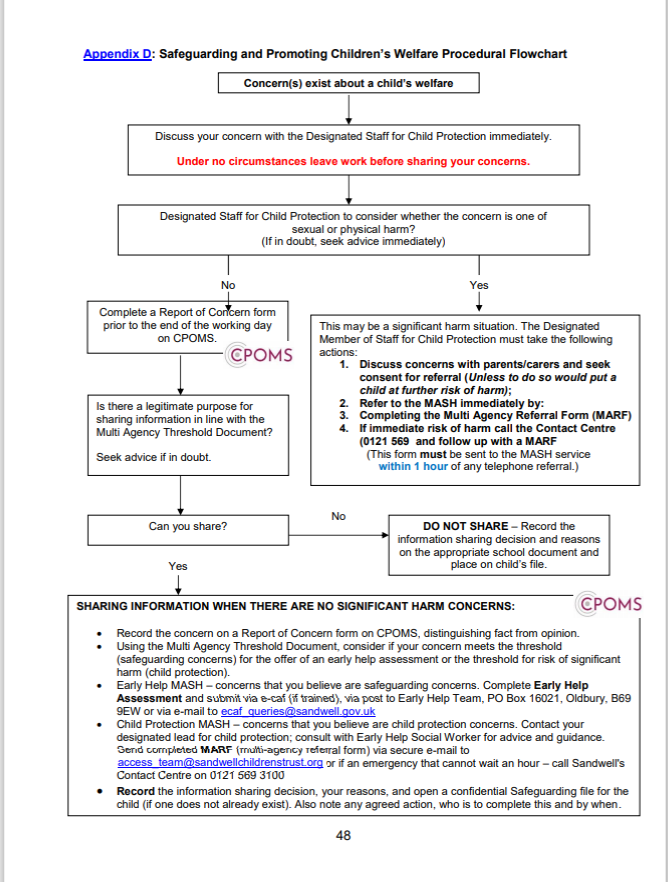
#### Referral and recording

* I will follow up with a written referral (MARF) and would appreciate it if you would get back to me as soon as you have decided your course of action.
* Exchange names and contact details with the person taking the referral.
* Now complete the MARF ensuring that it is sent within 1 hour and record details and time and outcomes of telephone referral.

#### Appendix C: Process Map







#### Appendix E: Indicators of Vulnerability to Radicalisation

**Preventing Violent Extremism – Roles and Responsibilities of the Single Point of Contact (SPOC)**

The SPOC for Dainty Little Hands Ltd. Out of School Clubs is **Jayne Dainty**, who is responsible for:

* Ensuring that staff of the setting are aware that you are the SPOC in relation to protecting children from radicalisation and involvement in terrorism;

* Maintaining and applying a good understanding of the relevant guidance in relation to preventing children from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;

* Raising awareness about the role and responsibilities at Dainty Little Hands Ltd. Out of School Clubs in relation to protecting children from radicalisation and involvement in terrorism;

* Raising awareness within the setting about the safeguarding processes relating to protecting children from radicalisation and involvement in terrorism;

* Acting as the first point of contact within the setting for case discussions relating to children who may be at risk of radicalisation or involved in terrorism;

* Collating relevant information from in relation to referrals of vulnerable children into the Channel\* process;

* attending Channel\* meetings as necessary and carrying out any actions as agreed;

* Reporting progress on actions to the Channel\* Co-ordinator; and

* Sharing any relevant additional information in a timely manner.

**\* Channel** is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by the West Midlands Police CounterTerrorism Unit, and it aims to:

* Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;
* Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
* Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.