

# CHILD PROTECTION and SAFEGUARDING POLICY

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| **Policy Review**This policy will be reviewed in full by the Managing Director on an annual basis.  The policy was last reviewed and agreed*.*   It is due for review up to 12 months from *6/09/2021.*      CONTENTS  |

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## 1.POLICY INTRODUCTION

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Dainty Little Hands Ltd. Out of School Clubs follows the child protection procedures as defined by Walsall Safeguarding Partnership (www.wlscb.org.uk) and multi-agency threshold guidance. We work with partners to ensure the best outcomes for children and young people.

This policy applies to all staff, volunteers, and visitors to our setting as safeguarding is everyone’s responsibility.

Dainty Little Hands Ltd. Out of School Clubs is aware of and assesses the risks/issues in the wider community when considering the well-being and safety of our pupils.

*We know that some children who have not been ‘at risk’ previously become more at risk in COVID-19 context. Children potentially will have suffered increased harm from domestic violence, neglect, abuse, child criminal exploitation or child sexual exploitation therefore we are committed that everyone in our setting is observant and listening to the voice of the child during any contact. Negative experiences and distressing life events associated to Covid 19 can affect the mental health of children and their parents, we are well prepared to offer the right help at the right time.*

This policy is shared with parents/carers via the Dainty Little Hands Ltd. Out of School Clubs website (www.daintylittlehands.co.uk), with hard copies available upon request from the Club setting.

Our children and young people understand our responsibility to keep them safe.

All staff (this includes volunteers) are aware of the safeguarding procedures in Club, and these are explained to all Staff as part of staff induction.

This includes:

1. the child protection policy;
2. the behaviour policy for children in Club;
3. the staff behaviour policy;
4. the safeguarding response to children who go missing from education
5. the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).
6. part one and Annex A- Keeping Children Safe in Education 2020

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### 2. SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN

Safeguarding and promoting the welfare of children is defined as:

 Safeguarding and promoting the welfare of children is **everyone’s** responsibility.

**Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.

Safeguarding and promoting the welfare of children is:-

1. protecting children from maltreatment;
2. preventing impairment of children’s mental and physical health or development;
3. ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
4. taking action to enable all children to have the best outcomes.

Children includes everyone under the age of 18.

Our staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.

Allour staff have a responsibility to provide a safe environment in which children can play.

We have a designated safeguarding lead (and trained deputies) who provide support to staff and volunteers to carry out their safeguarding duties and who will liaise closely with other services such as children’s social care.

We are trained and prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child’s life, from the foundation years through to the teenage years.

Any staff memberwho has a concern about a child’s welfare follows the referral processes set out in appendix 1. Our staff understand they may be required to support social workers and other agencies following any referral.

(Keeping Children Safe in Education, DfE September 2020)

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Named staff in our setting are:-

|  |  |
| --- | --- |
| **Designated Safeguarding Lead (DSL)**  | **Jo Leary**  |
| 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. EXPECTATIONS

In our setting staff, volunteers and visitors will:-

1. be familiar with and understand our Child Protection and Safeguarding policies
2. be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, volunteers etc.
3. be involved in the implementation of individual education programmes, child in need plans, child protection plans and early help assessments where necessary
4. be alert to signs and indicators of abuse

### 4. ETHOS

We 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. We ensure that partisan political views are not promoted

in our setting and where political issues are brought to the attention of the children; reasonably practicable steps are taken to offer a balanced presentation of opposing views to children.

### 5. KEY PROCESSES INCLUDING EARLY HELP

All staff and volunteers are aware of the referral pathway in Walsall, including single and multi-agency Early Help offers, as defined in Walsall Safeguarding Partnership Right Help, Right Time – Continuum of Need Guidance:-

https://go.walsall.gov.uk/Portals/37/FINAL%20Right%20Help%20Right%20Time%20 Guidance%20-%20Amended.pdf

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If staff have any concernsabout a child’s welfare, they act on them immediately. Many children are vulnerable in various ways, and this is not always as a result of actions by parents/carers. Children can be deemed to be vulnerable in many ways as defined in this section.

The Walsall Pathway for levels of concern is defined below:-



Options will therefore include:

1. managing any support for the child internally via our setting’s own pastoral support processes or
2. an early help assessment or
3. a referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer harm.

Allstaff are prepared and trained to identify children who may benefit from early help (levels 2 and 3) in addition to identifying risks of significant harm (level 4).

Early Help

If early help is appropriate, our designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead professional. Any such cases are kept under constant review and consideration given to a referral to children’s social care for assessment for statutory services if the child’s situation does not appear to be improving or is getting worse.

Child in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm

Local authorities, with the help of other organisations as appropriate, have a duty to make enquires under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child’s welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital

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mutilation or other so-called honour-based violence, and extra-familial threats like radicalisation and sexual exploitation.

The role of the Local Authority

The local authority will make a decision within one working day of a referral being made, about the type of response that is required and should let the referrer know the outcome. The referrer should follow up if this information is not forthcoming.

If, after a referral, the child’s situation does not appear to be improving, Dainty Little Hands Ltd. Out of School Clubs will consider following local escalation procedures to ensure our concerns have been addressed and, most importantly, that the child’s situation improves.

When our staff members have any concernsabout a child (as opposed to a child being in immediate danger) they will decide what action to take. Where possible, the Staff member will hold a conversation with the designated safeguarding lead to agree a course of action.

Where there is a safeguarding concern, the Staff at Dainty Little Hands Ltd. Out of School Clubs will ensure the child’s wishes and feelings are considered when determining what action to take and what services to provide. Systems are in place for children to express their views and give feedback, such as child feedback forms about Club.

### 6. CHILDREN ACT 2004-EDUCATION AND SETTINGS

The Children Act 2004 places a statutory responsibility as follows:-

Education and settings: -All people working in education and settings contribute to the safeguarding and promoting of children’s welfare. All settings and further education institutions have a statutory duty to safeguard and promote the welfare of children. Consequently, staff in these establishments play an important part in safeguarding children from abuse and neglect by early identification of children who may be vulnerable or at risk of harm and by educating children, about managing risks, and improving their resilience through the curriculum. All settings and further education institutions should create and maintain a safe environment for children and young people and should be able to manage situations where there are child welfare concerns.

### 7. LOCAL AND NATIONAL RESPONSIBILITIES

Dainty Little Hands Ltd. Out of School Clubs will fulfil their local and national responsibilities as laid out in the following documents:-

#### Keeping Children Safe in Education September 2020 (including part one summary for all staff and volunteers, and Annex A)

**Teaching online safety in Setting**

**Working Together to Safeguard Children July 2018**

**Walsall Safeguarding Children Partnership procedures**

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**Walsall Safeguarding Adults Partnership procedures**

**The Education Act 2002 s157/s175**

**What to do if you’re Worried a Child is being Abused March 2015**

**Information sharing guidance for practitioners and managers July 2018.**

**Sexual Violence and Sexual Harassment between children in Settings and Colleges**

**Education inspection framework**

### 8. THE STATUTORY FRAMEWORK AND LEGISLATIVE DUTIES

In order to safeguard and promote the welfare of children, Dainty Little Hands Ltd. Out of School Clubs will act in accordance with the following legislation and guidance:

1. The Children Act 1989
2. The Children Act 2004
3. Education Act 2002 (section 175/157)
4. Walsall Safeguarding Partnership Child Protection Procedures
5. Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
6. Children and Social Work Act 2017

#### 9. ROLE OF THE DESIGNATED SAFEGUARDING LEAD

The designated safeguarding lead takes lead responsibilityfor safeguarding and child protection (including online safety). The designated safeguarding lead or a deputy will always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. You should consider speaking to a member of the senior leadership team and/or take advice from local children’s social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

 Jayne Dainty and Jo Leary have responsibilities as follows:-

1. refer cases of suspected abuse to the local authority children’s social care as required;
2. support staff who make referrals to local authority children’s social care;
3. refer cases to the Channel programme where there is a radicalisation concern as required;
4. support staff who make referrals to the Channel programme;
5. refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required;
6. refer cases where a crime may have been committed to the Police as required
7. liaise with staff (especially pastoral support staff, setting nurses, IT Technicians, and SENCO) on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies;
8. act as a source of support, advice and expertise for all staff
9. be aware of pupils who have a social worker

10. help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues with teachers and setting.

**If the Designated Safeguarding Lead is not available, you must refer your concerns to someone else who is named as a deputy for this role.**

**All staff are aware of the process for making referrals to children’s social care and for statutory assessments under the Children Act 1989, especially section**

**17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral.**

### 13. WHISTLEBLOWING

All staff and volunteers are able to raise concerns about poor or unsafe practice and potential failures in our settings safeguarding regime; concerns are taken seriously by the senior leadership team.

If there are concerns about the way that safeguarding is carried out in our setting staff will refer to the Whistleblowing Policy.

A whistleblowing disclosure must be about something that affects the general public such as:

1. a criminal offence has been committed, is being committed or is likely to be committed
2. a legal obligation has been breached
3. there has been a miscarriage of justice
4. the health or safety of any individual has been endangered
5. the environment has been damaged
6. information about any of the above has been concealed.

The NSPCC runs a whistleblowing helpline on behalf of the government. The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 800 5000

– this line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk. https://www.gov.uk/whistleblowing and https://www.nspcc.org.uk/what-you-cando/report-abuse/dedicated-helplines/whistleblowing-advice-line/

### 14. TRAINING

All staff and volunteers will receive Safeguarding Children and Young People training upon appointment, annually as well as termly refreshers. Extra training sessions will also be arranged if there are any significant issues/risks or training requests.

All staff and volunteers will receive Induction Training – this is mandatory and will include;

1. Our child protection and safeguarding policy;
2. Our behaviour policy;
3. Our staff behaviour policy;
4. Our safeguarding response to children who go missing from education; and
5. Explanation of the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

Our Designated Safeguarding Leads (and deputies) will attend training every two years; and in addition to formal training, their knowledge and skills will be refreshed at regular intervals, at least annually.

All of our other staff will receive regular safeguarding and child protection updates as required to provide them with relevant skills and knowledge to safeguard children effectively.

Safer Recruitment training is available to all relevant staff and governors who are involved in the recruitment process.

Walsall Safeguarding Partnership and Walsall Council offers training in Safeguarding Children and Young People, Child Protection, Safer Recruitment, and other topics relating to safeguarding children. Staff training is not only crucial in protecting children and young people, but also makes them aware of how they can protect themselves against allegations. Further information about these courses can be accessed via the Walsall Safeguarding Partnership website at: https://go.walsall.gov.uk/walsall-safeguarding-partnership/

### 15. DEALING WITH CONCERNS AND DISCLOSURES

All staff are trained and aware that:-

1. a child may disclose something that has upset or harmed them
2. someone else might report something that a child has told them, or that they believe that a child has been or is being harmed
3. a child might show signs of physical injury for which there appears to be no explanation
4. a child's behaviour may suggest he or she is being abused
5. the behaviour or attitude of one of the workers towards a child may cause concern
6. a child demonstrates worrying behaviour towards other children
7. a child may display indicators of mental health

We know that being professionally curious is not simply about asking the question. It is about the language used, creating a trusting relationship, a safe space in which to disclose and giving time to children and young people so they do not feel pressured.

All staff and volunteers are alert to the potential need for early help/referral to the Designated Safeguarding Lead for a child who:

1. is disabled and has specific additional needs;
2. has special educational needs (whether or not they have a statutory education, health and care plan);
3. is a young carer;
4. is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
5. is frequently missing/goes missing from care or from home;
6. is misusing drugs or alcohol themselves;
7. is at risk of modern slavery, trafficking or exploitation;
8. is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
9. has returned home to their family from care;
10. is showing early signs of abuse and/or neglect;
11. is at risk of being radicalised or exploited;
12. is a privately fostered child.

We are aware that to consult with our designated safeguarding lead does not mean a referral has been made. This decision is mainly the responsibility of the designated safeguarding lead for child protection who will contact the appropriate agency as and when required. However, all staff are aware that they can and should make referrals/consult with Walsall MASH.

## Our staff know that if they are unhappy with the response received from our

### designated safeguarding all staff/volunteers have the right to contact Walsall Childrens Services

Our staff will always discuss concerns with parents/carers 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

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

***UNDER NO CIRCUMSTANCES WILL STAFF LEAVE SETTING WITHOUT DISCUSSING SAFEGUARDING CONCERNS WITH SOMEONE.***

Only a minority of children actively disclose abuse. Most child abuse is disclosed accidently or though observation by an adult of a child’s behaviour, words and physical appearance.

When a child does disclose abuse, this needs to be taken very seriously. It is important that any disclosure is dealt with appropriately, both for the wellbeing of the child and also to ensure that our actions do not jeopardise any legal action against the abuser.

### 16. PROCEDURES FOR WHEN SOMEONE IS CONCERNED ABOUT A CHILD OR YOUNG PERSON INCLUDING EARLY HELP

1. all concerns for children and young people will be recorded on Impero available in the Club setting, using the tablet available.
2. all concerns will be recorded as soon as possible (and within one hour)
3. all concerns will be referred to the designated safeguarding lead/deputy designated safeguarding lead or SENCo in their absence and recorded electronically via Impero for further action and updates
4. all concerns of significant harm will be referred to the Local Authority

Childrens Services (MASH) without delay (see appendix 1)

1. all concerns shared with the designated safeguarding lead will be considered alongside Walsall’s Safeguarding Partnership Right Help, Right Time guidance
2. All concerns of allegations in relation to staff and volunteers regarding harmful behaviour will be referred to Jayne Dainty (DSL).

### Principle for our setting

**“Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared.**

#### Under the GDPR and Data Protection Act 2018 we may share information without consent if, in our judgement, there is a lawful basis to do so, such as where safety may be at risk.”

In our setting we recognise that when a child has a social worker, it is an indicator that the child is more at risk than most pupils.

This may mean that they are more vulnerable to further harm, as well as facing educational barriers to attendance, learning, behaviour and poor mental health.

We take these needs into account when making plans to support pupils who have a social worker.

### 17. WHAT INFORMATION WILL YOU NEED WHEN MAKING A REFERRAL

We will be asked to provide as much information as possible; such as the child’s full name, date of birth, address, setting, GP, languages spoken, any disabilities the child may have, details of the parents, other siblings, chronology of previous concerns. This information can be found on the child’s account through IPAL.

### 18. RESPONSES FROM PARENTS

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

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

Staff will follow up the verbal referral in writing, within 24 hours. This will be done on a MARF (multi agency referral form). This can be downloaded from

http://www.mywalsall.org/ckfinder/userfiles/files/MARF%20final%20version%20Dec %202017.docx

**Call the Multi Agency Safeguarding Hub (MASH)**

**Tel: 0300 555 2866 Monday–Thursday 8.45am–5.15pm, Friday 8.45am–4.45pm**

**Tel: 0300 555 2922 or 0300 555 2836 Emergency Response Team**

**If you believe a child or young person is at immediate risk of harm call 999 in an emergency**

**Some of our children may not reside within Walsall Local Authority and we are**

**aware that we should locate the number for the child’s Local Authority’s child**

**protection referral team via https://www.gov.uk/report-child-abuse-to-localcouncil**

#### 19. RESPONDING TO A CONCERN – THE “6 R’s RESPONSE”

**Receive Reassure React Record Refer Reflect**

|  |  |
| --- | --- |
| • •  | **RECEIVE** 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. **Remember you have a statutory duty under the Education Act 2002 to pass on any child protection concerns about the child.** 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.  |
| •  | Listen carefully to the child. Do not stop a child who is freely recalling information.  |
| •   | 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.  |

|  |  |
| --- | --- |
|  |   **REASSURE**  |
| •  | 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.  |
| •  | 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**

* Make notes as soon as possible afterwards using the words that the child has used.
* Do not record your assumptions and interpretations, just what you heard and saw.
* Do not destroy original notes even if you later write things up more neatly and fully.
* Record the date, time and place of the disclosure.
* Sign any written records and identify your position in the setting.

Do not ask a child to write and 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**   |
| •  | Immediately inform the Designated Senior Person for child protection (insert details) or in their absence the Deputy Designated Senior Person for child protection (insert details) who will be responsible for following the appropriate procedures. In the absence of anyone being available in setting, contact the Local Authority  |

|  |
| --- |
|  **REFLECT** Refer any remaining concerns to the designated teacher, e.g. any knowledge of siblings in the setting, or previous contact with parents. Ask yourself if you have done everything you can within your role. Dealing with disclosures can be difficult and disturbing; you should seek support for yourself via the support within your setting or an  alternative source but be aware of principles of confidentiality  |

|  |  |
| --- | --- |
| • •  |  **REACT**  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….”* **Never** ask leading or suggestive questions e.g. '*Did he/she do anything that they shouldn't have done?'* **Never** ask 'accusing' questions e.g*.” Why didn't you tell someone earlier?"*  |
| •  | **Never** criticise the alleged perpetrator, it may be someone that they will continue to live with.  |
| •  | **Never** ask the pupil to repeat their disclosure for any other member of staff, it is your responsibility to share the information |
| •  | These four factors may compromise enquiries that need to be made later by children’s social care or Police. |

#### 20. DATA PROTECTION AND INFORMATION SHARING

We understand that information sharing is vital in identifying and tackling all forms of abuse. We recognise the importance of information sharing between professionals and local agencies.

The Data Protection Act 2018 and General Data Protection Regulation (GDPR) places duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure, this is **not** a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm. Fears about sharing information **will not** be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

When children leave our setting, the designated safeguarding lead will ensure their child protection file is transferred to the new setting or college as soon as possible, ensuring secure transit, and confirmation of receipt will be obtained. If we are the receiving setting, we will ensure key staff such as designated safeguarding leads and SENCOs, are aware as required.

**See Appendix 4 – The seven golden rules for sharing information**

### 21. ADDITIONAL SETTING SAFEGUARDING POLICY AND GUIDANCE

This policy will be read and referenced alongside Dainty Little Hands Ltd. Out of School Clubs’ safeguarding policy and all other relevant policies and procedures. This list is not exhaustive;

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1. Staff induction Policy
2. Recording and information sharing guidance
3. E-Safety Policy
4. Behaviour Management Policy
5. Attendance and children missing education
6. Staff Behaviour policy
7. Intimate care policy
8. Use of mobile phones policy
9. Whistleblowing policy
10. Radicalisation and Extremism guidance for settings Sept 2015

## Appendix 1: Flow Chart

### Early Help Hub and Multi-Agency Safeguarding Hub (MASH) in Walsall

**consultation**

**Specialist Assessment**

Member of staff has concerns for

child’s welfare

At the earliest opportunity, on the

day, information passed to Designated

Safeguarding Lead/Deputy DSL.

Jayne Dainty/Jo Leary

First (verbal) feedback to

referrer with rationale

plus follow up)

(

Decision made there needs to be a referral (a

request for services) to Children’s Social

Care Services

 call

**0300 555 2866**

and select 2 for

 MASH

**.**

Complete MARF

Unsure whether concerns

should be referred to

Children’s Social Care

Services

Phone for consultation

**0300 555 2866**

 and select

option 1 for Early Help,

Advice and Guidance

MASH

MASH consider referral

Consultation

outcome

Referral not

needed

Referral

needed,

complete

MARF

Decision on referral made within one

working day

Advice &

information

or other

single agency

referral

Early help

assessment

Assessment by

Social care duty

team

**Appendix 2**: Managing Allegations Against Staff and Volunteers

Allegation against

member of staff or

volunteer

Allegation reported to

senior manager named in

employers procedures

Jayne DaintyMr L Dow

Allegation reported to MASH and LADO

0300 555 2866

MASH contact LADO

(01922) 654040

Discussion with

LADO and decision

re course of action

No further action,

although agency

may consider poor

practice

implications,

further training or

disciplinary

processes.

Strategy

Meeting

Police

Investigation

Behaved in a

way that has

harmed a child,

or may have

harmed a child

Possibly

committed a

criminal offence

against or

related to a child

Behaved

towards a child

or children in a

way that

indicates he or

she may pose a

risk of harm to

children

Behaved or may

have behaved in

a way that

indicates they

may not be

suitable to work

with children.

Employer’s Action

(

Including

disciplinary action)

Allegation

against the DSL

Report

Allegations reported to Support Managers Aimee Smith and Tom McCaughey. Office no. 01922219038

 Assessment by Children’s Services e.g. s47 Child Protection Enquiry

LADO tracks progress, monitors outcomes and reports to Walsall

Safeguarding Partnership and DfE

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### Allegations involving a member of staff / volunteer

Dainty Little Hands Ltd. Out of School Clubs is committed to having effective recruitment and human resources procedures, including checking all staff and volunteers to make sure they are safe to work with children and young people. Key staff involved in recruitment processes will undertake Safer Recruitment Training offered by the Walsall Safeguarding Partnership.

However, we are aware there may still be occasions when there is an allegation against a member of staff or volunteer. Allegations against those who work with children, whether in a paid or unpaid capacity, cover a wide range of circumstances

All allegations of abuse of children by those who work with children or care for them must be taken seriously. In these circumstances all allegations against other members of staff or volunteers will be referred to Jayne Dainty. In their absence you should seek to speak with the Support Managers Aimee Smith and/or Tom McCaughey. If your concern is about Jayne Dainty, you need to speak to the Support Managers as above. Information sharing should not be a barrier, but in the unlikely event that you cannot access the people above please discuss your concerns with the Local Authority Designated Officer (01922) 654040 or 07432 422205**.**

The following procedure will be applied in all situations where it is alleged that a person who works with children has:

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;
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.

The allegations may relate to the persons behaviour at work, at home or in another setting.

#### \*\* All allegations should be notified to the Local Authority Designated Officer

**(LADO) within one working day.\*\* (call 01922 654040 or 07432 422205)**

The LADO will discuss the matter with Jayne Dainty, to determine what steps should be taken and where necessary, obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded, whether a referral to the Children’s Social Care Services is required and/or whether disciplinary action is appropriate.

Most allegations will require immediate referral to the Children’s Social Care Services and the Police, but common sense and judgement will be applied in reaching a decision about what action to take.

If the allegation is not patently false and there is cause to suspect that a child is suffering or is likely to suffer Significant Harm, the LADO will immediately refer the matter to the Children’s Social Care Services and ask for a Strategy Discussion/Meeting to be convened straight away.

Where the safety of other children is in question as a result of the allegation, consideration should be given to invoking the Complex (Organised or Multiple) Abuse Procedure (this can be found on the Walsall Safeguarding Partnership website https://go.walsall.gov.uk/walsall-safeguarding-partnership/ ).

Some allegations may be less serious and at first sight might not seem to warrant consideration of a police investigation or enquiries by Children’s Social Care Services. However, it is important to ensure that even apparently less serious allegations are followed up and examined objectively by someone independent of the organisation. Consequently, the LADO will be informed of all allegations that come to the employer's attention and appear to come within the scope of this procedure so that he or she can consult Police and social care colleagues as appropriate.

Where a referral is made directly to Children’s Social Care Services, they will consult with the Local Authority Designated Officer (LADO), the Police and the Named Senior Officer/Manager in the relevant agency or organisation.

Where such allegations are made, consideration must be given to the following three strands:

1. The police investigation of a possible criminal offence
2. Enquiries and assessment by Children’s Social Care Services as to whether the child is need of protection or in need of services
3. Consideration by an employer of disciplinary action in respect of the individual

In addition, such allegations may give rise to complaints of poor practice, which will be considered in line with the agency’s complaints or disciplinary procedures.

More information and the full Walsall Safeguarding Partnership Child Protection Procedures can be found at https://go.walsall.gov.uk/walsall-safeguardingpartnership/

## Appendix 3: Definitions of Abuse and Neglect

**Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be**

**abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children**.

Safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside the setting. All our staff, especially

the designated safeguarding lead (or deputy) will be considering the context within which such incidents and/or behaviours occur. This is known as contextual

safeguarding, which means assessments of children should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare.

https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding

All staff are aware of safeguarding issues and aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.

**Physical abuse:** A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

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

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**Emotional Abuse:** The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child 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 a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the illtreatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

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

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

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

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

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

**Neglect:** 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:

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

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

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

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

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## FURTHER SPECIFIC RISKS

All staff will have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

## CHILDREN WITH FAMILY MEMBERS IN PRISON

These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. We will work with the children and their families as much as possible to mitigate the harm by offering early help and emotional wellbeing support where necessary and recognise additional risks such as witnessing arrests, trauma of prison visits, concerns regarding an offenders release and return home.

## CHILD SEXUAL EXPLOITATION

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

Indicators of child sexual exploitation may include:

1. Acquisition of money, clothes, mobile phones, etc. without plausible explanation;
2. Gang-association and/or isolation from peers/social networks;
3. Exclusion or unexplained absences from setting, college or work;
4. Leaving home/care without explanation and persistently going missing

or returning late;

1. Excessive receipt of texts/phone calls;
2. Returning home under the influence of drugs/alcohol;
3. Inappropriate sexualised behaviour for age/sexually transmitted infections;
4. Evidence of/suspicions of physical or sexual assault;
5. Relationships with controlling or significantly older individuals or groups;
6. Multiple callers (unknown adults or peers);
7. Frequenting areas known for sex work;
8. Concerning use of internet or other social media;
9. Increasing secretiveness around behaviours; and
10. Self-harm or significant changes in emotional well-being.

Potential vulnerabilities include:

(Although the following vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited. Child sexual exploitation can occur without any of these issues).

1. Having a prior experience of neglect, physical and/or sexual abuse;
2. Lack of a safe/stable home environment, now or in the past (domestic abuse or parental substance misuse, mental health issues or criminality, for example);
3. Recent bereavement or loss;
4. Social isolation or social difficulties;
5. Absence of a safe environment to explore sexuality;
6. Economic vulnerability;
7. Homelessness or insecure accommodation status;
8. Connections with other children and young people who are being sexually exploited;
9. Family members or other connections involved in adult sex work;
10. Having a physical or learning disability;
11. Being in care (particularly those in residential care and those with interrupted care histories); and
12. Sexual identity.

Our setting refers to Walsall Safeguarding Partnership procedures to consider completion of the screening tool and/or NWG risk assessment. Walsall Safeguarding Partnership

https://www.gov.uk/government/publications/child-sexual-exploitation-definition-andguide-for-practitioners

Our Principal Exploitation Reduction Officer & Exploitation and Missing Team

Manager is Katie Storer-Young who manages our Exploitation team, if you are worried about exploitation or missing concerns about a child please refer to

MASH or the child’s social worker. You should also copy missingexploitedchildren@walsall.gov.uk in to any referrals

## CHILD CRIMINAL EXPLOITATION: COUNTY LINES

Our staff/volunteers are aware that Child Criminal Exploitation is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

Some of the following can be indicators of Child Criminal Exploitation:

1. children who appear with unexplained gifts or new possessions;
2. children who associate with other young people involved in exploitation;
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; and
6. children who regularly miss setting or education or do not take part in education.

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Further information https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment\_data/file/741194/HOCountyLinesGuidanceSept2018.pdf

Any concerns will be referred to Childrens Services and support will also be sought from:-

Our Principal Exploitation Reduction Officer & Exploitation and Missing Team

Manager is Katie Storer-Young who manages our Exploitation team, if you are worried about exploitation or missing concerns about a child please refer to

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MASH or the child’s social worker. You should also copy missingexploitedchildren@walsall.gov.uk in to any referrals

## CHILDHOOD MENTAL HEALTH

All our staff 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.

We are clear in our setting that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Our staff 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. We understand that when children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences (especially in the context of Covid 19), this can have a lasting impact throughout childhood, adolescence and into adulthood. We know that early help is critical when supporting children and young people who are suffering trauma, depression, anxiety, low mood and other indicators of mental health.

**If our staff have a mental health concern about a child they know that it is also a safeguarding concern, immediate action will be taken as with all other vulnerabilities. Records will be made and reported immediately to our**

**Designated Safeguarding Lead and Special Educational Needs Coordinator (Jayne Dainty).**

Further advice can be found via

Preventing and tackling Bullying

Mental Health and behaviour in Settings

Promoting children and young people’s emotional health and wellbeing

## CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

In our setting we understand that children and young people with special educational needs and disabilities can face additional safeguarding challenges because:

1. there may be assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration;
2. children with SEN and disabilities can be disproportionally impacted by things like bullying without outwardly showing any signs; and
3. difficulties may arise in overcoming communication barriers.

When working with children with disabilities staff are aware that additional possible indicators of abuse and/or neglect may also include:

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

## DOMESTIC ABUSE

Our staff/volunteers understand that exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Domestic Abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

### Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

### Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Further information can be accessed via:-

https://www.gov.uk/guidance/domestic-violence-and-abuse

NSPCC- UK domestic-abuse signs symptoms effects

Refuge what is domestic abuse/effects of domestic abuse on children

Safelives: young people and domestic abuse

## HOMELESSNESS

Our staff/volunteers understand that being homeless or being at risk of becoming homeless presents a real risk to a child’s welfare. Our designated safeguarding lead

(and deputies) are aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity.

We are aware that indicators may be:-

1. household debt
2. rent arrears
3. domestic abuse
4. anti-social behaviour
5. the family being asked to leave a property

Further explanation is found at Homeless Reduction Act Factsheets https://www.gov.uk/government/publications/homelessness-reduction-bill-policyfactsheets

## HONOUR BASED ABUSE (FORCED MARRIAGE, FEMALE GENITAL MUTILATION AND BREAST IRONING)

So-called ‘honour-based’ abuse (HBA) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so-called honour based abuse are serious (regardless of the motivation) and should be handled and reported as such.

If our staff/volunteers have a concern regarding a child that might be at risk of HBA or who has suffered from HBA, they will speak to our designated safeguarding lead (or deputies). We understand that if FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on staff that requires a different approach as below.

* Female Genital Mutilation

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

1. low level of integration into UK society
2. mother or a sister who has undergone FGM
3. girls who are withdrawn from PSHE
4. visiting female elder from the country of origin
5. being taken on a long holiday to the country of origin
6. talk about a ‘special’ procedure to become a woman

**Symptoms of FGM**

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-setting to visit an ‘at-risk’ country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM. Staff should not assume that FGM only happens outside the UK.

Indications that FGM may have already taken place may include:

1. difficulty walking, sitting or standing and may even look uncomfortable.
2. spending longer than normal in the bathroom or toilet due to difficulties urinating.
3. spending long periods of time away from a classroom during the day with bladder or menstrual problems.
4. frequent urinary, menstrual or stomach problems.
5. prolonged or repeated absences from setting or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl’s return
6. reluctance to undergo normal medical examinations.
7. confiding in a professional without being explicit about the problem due to embarrassment or fear.
8. talking about pain or discomfort between her legs

We know that where a staff member discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there is a statutory duty upon that individual to report it to the police. We know staff members **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless our staff members have good reason not to, they will still consider and discuss any such case with our settings designated safeguarding lead (or deputies) and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases i.e. where staff members do not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, staff members will follow our safeguarding procedures and those set out in Walsall’s procedures.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment\_data/file/496415/6\_1639\_HO\_SP\_FGM\_mandatory\_reporting\_Fact\_sheet\_We b.pdf

**Forced Marriage**

A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. We can play an important role in safeguarding children from forced marriage, our staff have been briefed on the indicators of possible forced marriage and honour-based abuse and will refer any concerns to the Designated Safeguarding Lead immediately. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment\_data/file/322310/HMG\_Statutory\_Guidance\_publication\_180614\_Final.pdf

## PEER ON PEER ABUSE

Staff are aware that safeguarding issues can manifest themselves via peer-on-peer abuse. This is most likely to include, but not limited to:

1. bullying (including cyberbullying);
2. physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
3. sexual violence and sexual harassment
4. gender-based violence
5. sexting (also known as youth produced sexual imagery);
6. initiation-type violence and rituals.

Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. Different gender issues can be prevalent when dealing with peer-on-peer abuse. This could for example include girls being sexually touched/assaulted or boys being subject to initiation-type violence.

In our setting we believe that all children have a right to attend setting and play in a safe environment. Children should be free from harm by adults in the setting and other students.

We recognise that some children will sometimes negatively affect the wellbeing of others and their behaviour will be dealt with under the setting’s Behaviour Policy.

Occasionally, allegations may be made against children by others in the setting, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a child, some of the following features will be found.

The allegation:

1. is made against an older child and refers to their behaviour towards a younger child or a more vulnerable pupil
2. is of a serious nature, possibly including a criminal offence
3. raises risk factors for other children in the setting
4. indicates that other children may have been affected by this student
5. indicates that young people outside the setting may be affected by this child.

**It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.**

In December 2017 the DfE released advice for settings and colleges on how to prevent and respond to reports of sexual violence and harassment between children. Our staff and volunteers understand the guidance and our settings responses to such abuse, and that children can abuse their peers in this way.

Sexual violence can include rape, assault by penetration and sexual assault and that it is important that children and young people are familiar with issues of consent. Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Sexual harassment means ‘unwanted conduct of a sexual nature’ that can occur online and offline. Child on child 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.

Sexual harassment can include:

1. sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names
2. sexual “jokes” or taunting
3. physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (settings and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos, or drawings of a sexual nature; and online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. (this may include non-consensual sharing of sexual images and videos, sexualised online bullying, unwanted sexual comments and messages, including, on social media and sexual exploitation; coercion and threats.

Our staff will record and report all issues of peer-on-peer abuse to our designated safeguarding lead (or deputies) and ensure the best action is taken to safeguard children and young people in our setting. Our setting endorses peer on peer abuse is not acceptable and our actions are supported by associated safeguarding policy and procedures in our setting (Anti Bullying, Pupil Behaviour, E Safety, Acceptable Use and broader child protection procedures).

Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the setting through a multi-agency risk assessment. We ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.

In cases of ‘sexting’ we follow guidance given to settings and colleges by the UK Council for Child Internet Safety (UKCCIS) published in 2017: ‘Sexting in settings and colleges, responding to incidents, and safeguarding young people’.

The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. ‘Upskirting’ is where someone takes a picture under a person’s clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. We understand in our setting that anyone of any gender, can be a victim. All staff are aware that all incidents are to be taken very seriously and an immediate report provided to the Designated Safeguarding Lead. The Designated Safeguarding Lead will contact other statutory partners for support and assessment.

Sexting is defined as the production and/or sharing of sexual photos and videos of and by young people who are under the age of 18. It includes nude or nearly nude images and/or sexual acts. It is also referred to as ‘youth produced sexual imagery’(‘Sexting’ does not include the sharing of sexual photos and videos of under-18 year olds with or by adults. This is a form of child sexual abuse and must be referred to the police).

Our procedures for dealing with the concerns are: -

1. We will **never** view, download, or share the imagery yourself**,** or ask a child to share or download – **this is illegal**
2. If we have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), we will report this to the Designated Safeguarding Lead (or their deputies).
3. We will **not** delete the imagery or ask the young person to delete it.
4. We will **not** ask the young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the Designated Safeguarding Lead and/or our statutory partners.
5. We will **not** share information about the incident to other members of staff, the young person(s) it involves or their, or other, parents and/or carers unless advised by the Designated Safeguarding Lead and/or our statutory partners to do so.
6. We will **not** say or do anything to blame or shame any young people involved.
7. We **will** explain to them that you need to report it and reassure them that they will receive support and help from the Designated Safeguarding Lead.

We will access further information **from appendix 7** **in this policy** and https://www.gov.uk/government/groups/uk-council-for-child-internet-safety-ukccis https://www.gov.uk/government/publications/searching-screening-and-confiscation

##  PREVENTING RADICALISATION

Our staff/volunteers are aware that children can be vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is part of our settings safeguarding approach.

As part of the Counter Terrorism and Security Act 2015, settings have a duty to ‘prevent people being drawn into terrorism’. This has become known as the ‘Prevent Duty’.

Where our staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

Our Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

Staff are alert to changes in children’s behaviour, which could indicate that they may be in need of help or protection. Staff use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a Prevent referral.

We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the setting’s core values alongside the fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society. We use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet.

**Recognising Extremism**

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Early indicators of radicalisation or extremism may include:

1. showing sympathy for extremist causes
2. glorifying violence, especially to other faiths or cultures
3. making remarks or comments about being at extremist events or rallies outside setting
4. evidence of possessing illegal or extremist literature advocating messages similar to illegal organisations or other extremist groups out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.) secretive behaviour
5. online searches or sharing extremist messages or social profiles intolerance of difference, including faith, culture, gender, race or sexuality graffiti, art work or writing that displays extremist themes attempts to impose extremist views or practices on others verbalising anti-Western or anti-British views advocating violence towards others

Our Designated Safeguarding Lead will assess the level of risk within our setting and put actions in place to reduce that risk.

The broader responsibilities for our setting is defined within the Walsall Radicalisation and Extremism guidance September 2015.

## Channel

Our setting’s Designated Safeguarding Lead (and any deputies) are aware of local procedures for making a Channel referral. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for settings to make referrals if they are concerned that an individual might be vulnerable to radicalisation.

https://www.gov.uk/government/publications/channel-guidance

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## PRIVATE FOSTERING ARRANGEMENTS

Our staff are aware that a private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or stepparent will not be a private foster carer. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child’s family who is willing to privately foster a child.

It is the duty of local authorities to satisfy themselves that the welfare of children who are, or will be, privately fostered within their area is being, or will be, satisfactorily safeguarded and promoted, but our responsibility to be aware and refer children who may be privately fostered.

If our setting makes arrangements for children to have learning experiences where, for short periods, the children may be provided with care and accommodation by a host family to whom they are not related then we will consider whether the

arrangement where children stay with UK families could amount to “private fostering”

All staff in our setting will inform the Designated Safeguarding Lead (or their deputies) of any children that fall into the category of private fostering.

## REASONABLE FORCE

There are circumstances when it is appropriate for our staff to use reasonable force to safeguard children and young people. The term ‘reasonable force’ covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. ‘Reasonable’ in these circumstances means ‘using no more force than is needed’. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil’s path, or active physical contact such as leading a pupil by the arm out of the classroom.

When using reasonable force in response to risks presented by incidents involving children with SEN or disabilities or with medical conditions we will consider the risks carefully recognise the additional vulnerability of these children.

Our procedures are clear that any member of staff who uses reasonable force completes a report immediately and share the report with the Designated

Safeguarding Lead (or their deputies) to ensure that:-

•The child was not harmed

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•That first aid has been considered

•That the parents/carers of the child or young person have been informed •That reasonable force was the best and most proportionate response to the situation

Further information

https://www.gov.uk/government/publications/use-of-reasonable-force-in-settings

## SERIOUS VIOLENCE

Our staff are aware of indicators which may signal children are at risk of, or involved in serious crime. This includes an increased absence from setting, changes in friendship groups, relationships with older individuals or groups, a significant decline in performance, signs of self harm or significant changes in their wellbeing, signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

Further information https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment\_data/file/418131/Preventing\_youth\_violence\_and\_gang\_involvement\_v3\_Marc h2015.pdf

## YOUNG CARERS

We understand that a young carer is someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem.

Most young carers look after one of their parents or care for a brother or sister. They do extra jobs in and around the home, such as cooking, cleaning, or helping someone to get dressed and move around.

Some children give a lot of physical help to a brother or sister who is disabled or ill. Along with doing things to help your brother or sister, you may also be giving emotional support to both your sibling and your parents.

We know that some of the risks associated with being a young carer are risk of truancy, under-achievement, isolation, mental and physical ill health, poverty and stress.

We will follow our safeguarding and child protection procedures if we are concerned and complete the Young Carers screening and assessing tool using our local procedures; found at http://www.mywalsall.org/walsallearlyhelp/providersyoungcarers/

## Appendix 4

### The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

1. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

1. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

1. Where possible, share information with consent (this question is asked upon registering with IPAL), and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

1. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

1. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to date, is shared in a timely fashion, and is shared securely (see principles).
2. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

#### Appendix 5 - CHILDREN IN SPECIFIC CIRCUMSTANCES - Additional advice and support

|  |  |  |
| --- | --- | --- |
| **Abuse or** **Safeguarding issue**   | **Link to Guidance/Advice**   | **Source**   |
| Abuse  | What to do if you're worried a child is being abused  | DfE advice  |
| Domestic abuse: Various Information/Guidance  | Home Office  |
| Faith based abuse: National Action Plan  | DfE advice  |
| Relationship abuse: disrespect nobody  | Home Office website  |
| Bullying  | Preventing bullying including cyberbullying  | DfE advice  |
| Children and the courts  | Advice for 5-11-year olds witnesses in criminal courts  | MoJ advice  |
| Advice for 12-17 year old witnesses in criminal courts  | MoJ advice  |
| Children missing from education, home or care  | Children missing education  | DfE statutory guidance  |
| Child missing from home or care  | DfE statutory guidance  |
| Children and adults missing strategy  | Home Office strategy  |
| Children with family members in prison  | National Information Centre on Children of Offenders  | Barnardo’s in partnership with Her Majesty’s Prison and Probation Service (HMPPS) advice  |
| Child exploitation  | County Lines: criminal exploitation of children and vulnerable adults  | Home Office guidance  |
| Child sexual exploitation: guide for practitioners  | DfE  |
| Trafficking: safeguarding children  | DfE and HO guidance  |
| Drugs  | Drugs-advice for settings  | DfE and ACPO advice  |
| Drug strategy 2017  | Home Office strategy  |
| Information and advice on drugs  | Talk to Frank website  |
| ADEPIS platform sharing information and resources for settings: covering drug (& alcohol) prevention   | Website developed by Mentor UK  |
| “Honour Based Abuse”  | Female genital mutilation:  | Home Office  |

|  |  |  |
| --- | --- | --- |
| (so called)  | information and resources  |  |
| Female genital mutilation: multi agency statutory guidance  | DfE, DH, and HO statutory guidance  |
| Forced marriage: information and practice guidelines  | Foreign Commonwealth Office and Home Office  |
| Health and Well-being   | Fabricated or induced illness: safeguarding children  | DfE, Department for Health and Home Office  |
| Rise Above: Free PSHE resources on health, wellbeing and resilience  | Public Health England resources  |
| Medical-conditions: supporting pupils at setting  | DfE statutory guidance  |
| Mental health and behaviour  | DfE advice  |
| Homelessness  | Homelessness: How local authorities should exercise their functions  | HCLG  |
| Online  | Sexting: responding to incidents and safeguarding children Teaching online safety in setting  | UK Council for Child Internet Safety  DfE – statutory guidance  |
| Private fostering  | Private fostering: local authorities  | DfE - statutory guidance  |
| Radicalisation  | Prevent duty guidance  | Home Office guidance  |
| Prevent duty advice for settings  | DfE advice  |
| Educate Against Hate Website  | DfE and Home Office  |
| Violence  | Gangs and youth violence: for settings and colleges  | Home Office advice  |
| Ending violence against women and girls 20162020 strategy  | Home Office strategy  |
| Violence against women and girls: national statement of expectations for victims  | Home Office guidance  |
| Sexual violence and sexual harassment between children in settings and colleges  | DfE advice  |
| Serious violence strategy  | Home Office Strategy  |

**Appendix 7**

### Flowchart for responding to young people engaged in potentially harmful youth generated imagery (sexting)

