



Child Protection and Safeguarding Policy and Procedures

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1. Introduction

Everyone who uses the services provided by Norton Hall Children and Family Centre (NHCFC) is entitled to do so in a safe environment, free from harm or fear. NHCFC has a legal and moral obligation to ensure that the children and young people who access its activities and services are provided with the highest possible standard of care.

The aim of the policy is to promote good practice, providing children and young people with appropriate safety/protection whilst in the care of NHCFC and to allow staff and volunteers to make informed and confident responses to specific safeguarding concerns and issues.

A child is defined as a person under the age of 18 (Childrens Act 1989)

The safeguarding of adult service users aged 18 or over, who may be vulnerable because of their age, disability, mental health status or other additional needs, is covered in the NHCFC Protection of Vulnerable Adults Policy and Procedures document.

2. Policy Statement

NHCFC is committed to the following:

- The welfare of children is paramount.
- All children, whatever their age, culture, ability, sex, language, racial origin, religious belief, gender or sexual identity should be able to participate in the activities and services provided by NHCFC in a safe environment.
- Taking all reasonable steps to protect children from harm, discrimination and degrading treatment and to respect their rights, wishes and feelings.
- Ensuring all Directors, employees and volunteers of NHCFC will be subject to a Disclosure and Barring service check (DBS) and Right to Work checks and taking up of references.
- All suspicions and allegations of poor practice or abuse will be taken seriously and responded to swiftly and appropriately.
- All NHCFC employees and volunteers will be recruited with regard to their suitability for that responsibility, and will be provided with guidance and training in child protection.
- Working in partnership with parents and carers, and other professionals essential for the protection of children.
- Ensure that the safeguarding policy and procedures are promoted to parents and carers and other service users, including names and contact details for the Designated Safeguarding leads responsible for safeguarding.

- Follow the recommendations of the Birmingham Safeguarding Children Partnership to ensure best practice is implemented and followed at all times.
- Follow the recommendations of the Birmingham Safeguarding Children Partnership (and in conjunction with Right Help, Right time guidance) to ensure best practice is implemented and followed at all times.

3. What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

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

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, or 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.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-

penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

At Norton Hall we are aware that children experience abusive situations which fall into all of these areas. We work closely to ensure that staff are trained and are able to spot safeguarding concerns. See appendix 1 for safeguarding concerns.

4. Indicators of Abuse

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child or young person is being abused may include one or more of the following:

- unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
- an injury for which an explanation seems inconsistent
- the child describes what appears to be an abusive act involving them
- another child, young person or adult expresses concern about the welfare of a child or young person
- unexplained changes in a child's behaviour e.g. becoming very upset, quiet, withdrawn or displaying sudden outbursts of temper
- inappropriate sexual awareness
- engaging in sexually explicit behaviour

- distrust of adult's, particularly those whom a close relationship would normally be expected
- difficulty in making friends
- being prevented from socialising with others
- displaying variations in eating patterns including over eating or loss of appetite
- losing weight for no apparent reason
- becoming increasingly dirty or unkempt
- physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, bingeing e.g. on food or misusing alcohol or substances.
- a shortage of money or frequents loss of possessions

It must be recognised that the above list is not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place. It is **NOT** the responsibility of those working in NHCFC to decide whether or not that child abuse is occurring. It **IS** their responsibility to act on any concerns.

5. Responding to Suspicions and Allegations

It is not the responsibility of anyone working in NHCFC, in a paid or unpaid capacity, to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns through contact with the appropriate authorities so that they can then make enquiries and take necessary action to protect children. This applies **BOTH** to allegations/suspicions of abuse occurring within NHCFC, and to allegations/suspicions that abuse is taking place elsewhere. Never assume that someone else is dealing with it, always act on your concerns.

This section explains how to respond to allegations/suspicions.

We may become aware of possible abuse in various ways. We may see it happening, we may suspect it happening because of signs such as those listed earlier in this document, it may be reported to us by someone else or directly by the child affected.

In the last of these cases, it is particularly important to respond appropriately. If a child says or indicates that they are being abused, you should:

- **Stay calm** so as not to frighten the child.
- **Reassure** the child that they are not to blame and that they have done the right thing, **DON'T** make promises including promises on confidentiality, try to alleviate feelings of guilt and shame, empathise with the child.
- **Listen** to the child, showing that you are taking them seriously.
- **Do not ask leading questions such as who, where, when** so that there is a clear and accurate understanding of what has been said. The law is very strict

and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify.

- **Inform** the child that you have to inform other people about what they have told you. Tell the child this is to help stop the abuse continuing.
- **The safety of the child** is paramount. If the child needs urgent medical attention call an ambulance, inform the doctors of the concern and ensure they are made aware that this is a child protection issue.
- **Record** all information on the Child Protection Incident Reporting Form, using the body map as required. We must use the child's actual words where possible, be objective and ensure that the child protection incident form is kept securely.
- **Report** the incident immediately to the Designated Safeguarding Lead (DSL) or, if they are absent, another DSL.
- **Support**
Create space and time for the child throughout and after the process, managers will ensure that staff are fully supported.

6. Recording Information

To ensure that information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern. In recording you should confine yourself to the facts and distinguish what is your personal knowledge and what others have told you. Do not include your own opinions.

Use the NHCFC Child Protection Incident Recording Form at all times. This might include using the Body Map sheet if you need to record physical marks and bruises.

Information should include the following:

- The child's name, age and date of birth.
- The child's home address and telephone number.
- The child's ethnicity.
- Whether or not the person making the report is expressing their concern or someone else's
- The nature of the observation or disclosure, including dates, times and any other relevant information.
- A description of any visible bruising or injury, location, size etc. Also any indirect signs, such as behavioural changes
- Details of witnesses to the incidents
- The child's account, if it can be given, of what has happened and how any bruising/injuries occurred, recording the exact words spoken by the child as far as possible.
- The names of any others present at the time of the disclosure.
- Have the parents/carers been contacted? **(Do not communicate with parents/carers if the allegation is made against them)** If so what has been said?
- Has anyone else been consulted? If so record details

- Has anyone been alleged to be the abuser? Record detail

These records are signed and dated and kept in the child protection incident log which is stored securely.

At this stage you must open a Child Protection Incident Log. Every action (phone calls, e-mails, meetings) must be recorded.

It is essential that accurate records are maintained both for NHCFC purposes and if Children's Social Care (CSC) request records for court proceedings or their own processes.

7. Designated Safeguarding Lead (DSL)

DSLs responsibilities:

- To be a point of contact for staff, providing support and guidance on all safeguarding issues.
- To ensure accurate records are kept all incidents of relevance are recorded.
- To report incidents which need further investigation to the relevant agencies.
- To report, immediately, to Early Years, the Position of Trust Team and Ofsted if there is an allegation about a member of staff or volunteer.
- Attend, as required, any multi-agency, and statutory, safeguarding meetings.
- To be responsible for the day to day implementation of the NHCFC safeguarding and child protection policy and procedures.
- To keep up to date with changes in legislation and inform staff.
- To liaise with parents and carers to ensure the protection of all children.
- To develop a culture of professional curiosity and have an open dialogue with parents and staff.

DSL- Full centre responsibility - Suzanne Knipe

DSL- Early years Nursery - Michelle Howles - Nursery Manager

DSL- Out of School Club, Children and Young people and Mentoring - Reece Keye

DSL- Dolphin Centre - Maxine Mills

Other NHCFC staff have attended DSL training and can be of support if the above named staff are not available at the time of a safeguarding incident.

The Board of Directors officer responsible for safeguarding is **John Freeman**

In all cases if you are not sure what to do you can seek guidance from:

Children's Advice and Support Service (CASS)

Citywide - Telephone; 01213031888

Contact the team that covers the child's home address

Out of Hours Emergency Duty Team - 0121 675-4806,

LADO team: 0121-675-1669

NSPCC 24 hour help line - 0800800500.

When you report a concern to the Children's Services you will be asked to complete an online request for support form, these can be found on Birmingham Children's Trust website. [Birmingham Children's Trust - Online Request for Support \(olmapps.com\)](https://www.birminghamchildrenstrust.org.uk/online-request-for-support)

If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except whereby doing so could place the child at greater risk of harm.

This will usually be the case where the parent is the likely abuser. In these cases the investigating officers will inform parents. NHCFC staff should never contact the alleged abuser.

If the Designated Safeguarding Lead (DSL), or any other senior staff member, is not available you should take responsibility and seek advice from CASS.

NB: If there is any doubt, you must still report the incident: it may be just one of a series of other incidents which together cause concern

The DSL will maintain contact with CASS and other agencies to ensure that information is shared effectively and to be aware of actions taken to protect the child. The DSL or a nominated member of staff will attend relevant Professionals meetings.

Liaison with other agencies

- NHCFC works within the Birmingham Safeguarding Children Partnership guidelines.
- NHCFC will notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements which may affect the well being of children.
- If a referral is to be made to CASS we act within the Birmingham Safeguarding Children Partnership Child Protection guidance in deciding whether we must inform the child's parents at the same time.
- Under 18's - anyone working within our setting who is under the age of 18 years is offered the protection of our settings policy and procedures.
- Domestic Abuse - If we have cause to believe that any child in our care or any staff member working within our organisation is living in a home where domestic violence/abuse is prevalent we have a duty to refer our concerns to the CASS without exception.

8. Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes the following people:

- The child
 - The parents/carer of the child
 - Other staff and volunteers
 - The person making the allegation
 - Directors
 - The alleged abuser (and parents/carer if the alleged abuser is a child)
- Children's Social Care and/or the Police should be given access to all information related to a referral.

All information should be stored in a secure place with access limited to designated people, in line with data protection laws.

The NHCFC Information Sharing Policy must be followed at all times.

A Low Level Concern

A low-level concern about the quality of care is an expression of dissatisfaction with actions taken by a member of staff or volunteer or actions they have not taken but should have. Low-level concerns may arise from a number of sources including a suspicion, a direct complaint or disclosure from a child, young person, or adult at risk, a service user, parent or carer or any other adult outside of the organisation or as a result of vetting check. A low level concern does not mean that it is insignificant, it means that the behaviour does not meet the harms threshold as outlined in Keeping Children Safe in Education, 2021. All low level complaints no matter how small must be reported as outlined at paragraph

9. Training

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:

- Analyse their own practice against what is deemed good practice, and to ensure their practice will safeguard children and to protect them from false allegations.
- Recognise their responsibilities around recognising and reporting any concerns about suspected abuse.
- Respond to concerns expressed by a child.
- Work safely and effectively with children.
- Recognise and report concerns about poor practice in the setting

10. Curriculum

NHCFC are committed to implementing and following national and local frameworks for ensuring good practice in all of its services.

Within this:

- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be *strong, resilient and listened to* and that they develop an understanding of why and how to keep safe.
- We create within the setting a culture of value and respect for the individual, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.

11. Whistle Blowing Policy

NHCFC has a detailed whistle blowing policy which is intended to help staff and volunteers who have any concerns relating to any unlawful or abusive behaviour being carried out by someone at NHCFC.

12. Promoting Exemplary Practice

To ensure that children have the best possible experience and opportunities with NHCFC everyone must operate within an accepted ethical framework.

All NHCFC Directors, employees and volunteers must adhere to the following principles and actions:

- Treat all children with respect and maintain their dignity.
- Always put the welfare of children first.
- Avoid unnecessary physical contact with children. Where any form of manual/physical support is required it should be provided openly and with the consent of the child.
- Physical contact can be appropriate so long as it is neither intrusive, nor disturbing and consent has been given.
- Be an excellent role model, this includes not smoking, drinking alcohol, using abusive language or engaging in other inappropriate behaviours within or out of the workplace.
- Always give enthusiastic and constructive feedback rather than negative criticism, recognising the developmental needs and capacity of the children.
- Secure written parental/carer consent for NHCFC employees to act in loco parentis, including permission for the administration of emergency first aid or

other medical treatment if the need arises. This entails keep accurate written record of any accident or incident that occurs, along with details of any treatment given or response made.

- Children should be supervised at all times. This should be done without impacting on their play. The layout of the rooms should be designed to support this.
- Staff and volunteers will wear their name and designation ID card at all times.

13 Safe use of I.C.T. And mobile phones and other other electronic devices with imaging and sharing capabilities.

- NHCFC recognises that technology is an important part of the world in which we live. However, the safety of children is paramount, therefore, we endeavour to put safeguarding measures in place so that technology used on site cannot be used to cause risk of significant harm to any of our children.

Mobile Phones:

When staff and volunteers arrive on duty all mobile phones must be locked in their personal, secure lockers in areas which children do not have access to. Mobile phones can only be used during official breaks in the staff room and office, or off site. Staff can receive emergency calls on the main NHCFC landline number 0121 328 3043. In the event that staff have to make a phone call during their working day they must ensure that they are covered and ratios are not compromised. These calls must be made in the designated areas and with the permission of the management team. Staff will be made aware of this during their formal induction.

Children must not use their mobile phone whilst attending childcare or other activities at NHCFC. Necessary telephone calls to parents can be made from the NHCFC landline telephone under supervision of a member of staff.

Parents are asked not to use their mobile phones whilst on the premises. Signs are displayed throughout the childcare areas to remind them of this.

Visitors must inform the staff member they are visiting if they will need to use their mobile phone whilst on the premises.

If staff are off-site for activities they will carry a NHCFC mobile phone for emergency calls and to ensure that they can be contacted by NHCFC. Staff must ensure that phones are fully charged in advance of the trip taking place. Mobile phones should never be used to take photographs of children.

Cameras and other devices that can share images IPADS:

NHCFC has cameras and Ipads that can be used to take photographs in line with recording and promoting children's development and learning. Parents and carers must sign for their agreement (or not) for taking photographs and their use in promotional materials when they register their children. Use of cameras and Ipads must be authorised by a manager, who will sign the camera or Ipad in and out. Once pictures have been taken and downloaded appropriately they must be deleted from the camera.

- Images should only be stored on NHCFC computers on the shared drive.
- The same procedures apply to use of video recordings.
- Parents and carers can take photos/videos of special events, e.g. Graduation, plays etc. but staff must be vigilant to ensure that safeguarding procedures are not being compromised.

Online safety Filtering and monitoring

- NHCFC operates a highly secure web filtering system on the internet link to the setting. This means that it safeguards the centre's computers and internet use, and it also offers safeguards on every mobile phone and tablet used in the setting over the setting's Wi-Fi network. Web filtering and monitoring helps to keep young people safe from illegal content and that they are protected from extremism online when using the setting's Wi-Fi, it is informed in part, by the risk assessment required by the Prevent Duty.
- Attempts to access a blocked site including the categories "Extremist Groups," "Explicit Violence," "Pornography" and "Other adult materials" will be reported by the IT service provider in a 'Web Filtering Safeguarding report'. This is then reported to the Centre Manger.
- The internet is a valuable learning resource. However, safe internet usage must be a primary concern.
- Staff: internet usage will be monitored and it is expressly forbidden for staff to access sites which are not directly linked to their work.

Social networking sites:

- Social networking sites must not be accessed by staff or children for personal use. If children are accessing such sites legitimately as part of an activity then they must be supervised at all times. Good practice will limit this type of activity.
- If staff use social networking sites outside of work they should avoid alluding to the name of the organisation, the children, parents or staff, and avoid making friends with parents on the sites.

Computer games/consoles:

- Children: all usage of computers with internet access must be monitored by staff at all times. All computer games, for any console, must be age appropriate. It is expressly forbidden for 18 certificated games to be played by any user at NHCFC, regardless of their age and the service being used. It is the responsibility of the supervising member of staff to ensure that this is adhered to.

DVD films:

- All DVDs watched must be age appropriate to the youngest member of the audience watching the film. It is expressly forbidden for anyone to view 18 certificated films and music videos at NHCFC. It is the responsibility of the supervising member of staff to ensure that this is adhered to.

14. Concerns around a person in a Position of Trust (POT)

When a member of staff has concerns about a person in a position of trust, they should follow the Birmingham Safeguarding Children Partnership procedure as set out in Section 22 Concerns about Persons in a Position of Trust

When there is a child protection related allegation against any member of staff or volunteer, the first action will be to report it to the DSL, do not carry out your own investigation. The DSL will immediately contact the LADO team to seek advice. There are **no** exceptions to this. NHCFC will then inform Ofsted of the allegation.

Ofsted 03001231231

**Position of Trust Team/Principal Officer, Child Protection and Review Unit 675
1669 contact number 0121-675-1669**

The member of staff or volunteer will be informed that an allegation has been made, but at this point they will not be told what the allegation is about.

The member of staff will be removed from any direct contact with children. The Board of Directors officer responsible for safeguarding will make an immediate decision about whether any individual accused of abuse should be temporarily suspended without prejudice pending further Police, Position of Trust Team and Children's Social Care inquiries. During a period of suspension appropriate pastoral support will be offered.

If the parent of the child is not already aware of the concern we will immediately inform them (try to ensure the confidentiality of all parties concerned).

A useful email address to support staff that have any concerns is:
whistleblowing@ofsted.co.uk

There are three types of investigation that can/will take place.

- **Criminal** in which case the police are immediately involved
- **Child protection/Position of Trust** which may include a multi-agency "Position of Trust Co-ordination Meeting".
- **Internal** which can lead to disciplinary action being taken.

Referral to the LADO Team

If the named senior manager concludes that a practitioner may have put a child at risk of significant harm, s/he must make a referral to the LADO Team in the Directorate of Children, Young People and Families, (675 1669). Outside normal office hours this referral will be made to the social care Emergency Duty Team who will notify the LADO Team. S/he should not inform the practitioner of the concerns until s/he has discussed the situation with the LADO team or the police

NHCFC will co-operate at all times with any independent investigation, and will take on board any advice given in relation to the allegation.

If the allegation is founded, we will undertake our own organisations disciplinary process.

If an investigation finds the allegation to be disproved this may be for a number of reasons, it may be malicious, it may be there is not enough evidence to substantiate the allegation the staff may be subject to disciplinary action, or may return to work depending on the outcome of discussions/meetings held, and actions raised.. This will always be handled sensitively.

The NHCFC Board of Directors' Safeguarding sub-group will be involved at every stage of an investigation.

As with all child protection issues the welfare of the child remains of paramount importance throughout.

If at any time, anyone has any questions, suggestions for improvement or concerns about this policy and how it is being implemented they should talk to one of the DSLs who will act on the matter as appropriate, keeping everyone concerned informed. Alternatively, the matter can be raised in writing to the DSLs or the Board of Directors, c/o NHCFC.

15 Governance

The nominated Board members responsible for child protection at Norton Hall Children and Family Centre are:

NAME: Mr John Freeman Email: info@nortonhall.org.uk

NAME: Ms Ghazala Parveen Email: info@nortonhall.org.uk

The responsibilities placed on the board of directors include:

- ensuring that an effective child protection policy is in place, together with a staff behaviour policy.
- ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2023) and Annex A and are aware of specific safeguarding issues.
- ensuring that staff induction is in place with regards to child protection and safeguarding.
- ensuring that all of the Designated Safeguarding Leads, including deputies, undergo formal child protection training every two years, in line with KCSiE and LCPB procedures, and receive regular, at least annual, safeguarding updates via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments.

Safeguarding subgroups

The nominated safeguarding board members and the Centre DSL's meet termly to discuss, evaluate and enhance safeguarding practices. Standard agenda items include:

- Number of referrals to CASS and outcomes
- Updates to legislation and training
- Review of practices.
- Update and review of section 175 audit and action plan.

Training

The nominated directors for safeguarding will receive DSL training every 2 years. All board members will be required to complete a child protection training module annually, online. This will be complimented by an annual face to face briefing exploring how our safeguarding policy and practices.

16. Legal framework

Primary legislation

- Children Act 1989 s47
- Protection of Children Act (1999)
- Data Protection Act (1998) updated (2018)
- The Children Act (Every Child Matters) (2004)
- Safeguarding Vulnerable Groups Act (2006)

- The Education Act (2011)

Secondary legislation

- Sexual Offences Act (2003) update 2012
- Criminal Justice and Court Services Act (2000)
- Human Rights Act (1998)
- Equality Act (2010) amended (2023)
- Data Protection Act (1998) Non Statutory Guidance amended 2003 and 2018
- Keeping Children safe in Education September (2023)
- Counter terrorism and Security act (2015)
- The Prevent Duty (2015) updated (2023)
- Female Genital Mutilation Act 2003 updated 6th February 2023
- The Serious Crime act 2015 part 5
- The Protection of Freedoms act (2021)
- The Domestic Abuse Act 2021

Further Guidance

- Working Together to Safeguard Children (revised December HMG 2020)
- What to do if you're Worried a Child is Being Abused (HMG 2010)
- Framework for the Assessment of Children in Need and their Families (DOH 2000)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
- Information Sharing: Practitioners' Guide (HMG 2006)
- Munro review of Child protection
- Protection of freedoms act (2012)
- Right Help right time version 5 (Birmingham, December 2021)

17. Monitor and review the policy and procedures

The implementation of procedures will be regularly monitored and reviewed. The designated Director responsible for safeguarding should regularly report progress,

challenges, difficulties, achievements, gaps and areas where changes are required to the Board of Directors.

The policy will be reviewed annually or whenever there is a major change in the organisation or in relevant legislation.

The policy and procedures have been written in line with the Birmingham Safeguarding Children Partnership procedures and the document “Working Together to Safeguard Children” (2018) and Keeping Children Safe in Education (January 2022)

Appendix 1

Appendix to Child protection and Safeguarding Policy

The Prevent Duty and Promoting British Values

From 1st July 2015 all Schools, registered early years providers and registered later years childcare providers are subject to a duty under section 25 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. Here at Norton Hall Children and Family Centre we take safeguarding very seriously, therefore to ensure that we adhere to and achieve the Prevent duty we will:

- Provide appropriate training for staff. Part of this training will enable staff to identify children who may be at risk of radicalisation. We will build the children’s resilience to radicalisation by promoting fundamental British values (for early years providers the Statutory Framework for the Early Years Foundation Stage sets standards for learning, development and care for children from 0-5 thereby assisting their personal, social and emotional development and understanding of the world)
- We will ensure that our staff understand the risks so that they can respond in an appropriate and proportionate way.
- We will be aware of the online risk of radicalisation through the use of social media and the internet.
- As with managing other safeguarding risks, our staff will be alert to changes in children’s behaviour which could indicate that they may be in need of help

or protection (children at risk of radicalisation may display different signs or seek to hide their views). The key person approach means we already know our key children well and so we will notice any changes in behaviour, demeanour, or personality quickly.

- We will not carry our unnecessary intrusion into family life but we will take action when we observe behaviours which cause concern. The key person approach means that we already have a rapport with our families so we will notice any changes in behaviour, demeanour or personality quickly.
- We will work in partnership with our Local Safeguarding Board for guidance and support.
- We will build up effective engagement with parents/carers and families. (This is important as they are in a key position to spot signs of radicalisation).
- We will assist and advise families who raise concerns with us. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms.
- We will ensure that our DSLs will undertake Prevent awareness training (as a minimum)

So that they can offer advice and support to other members of staff.

- We will ensure that any resources used are age appropriate for children in our care and that our staff have the knowledge and confidence to use resources effectively.

Appendix 2

Appendix to Child protection and Safeguarding Policy Female Genital Mutilation (FGM)

Rationale

Female Genital Mutilation is a form of child abuse and as such is dealt with under the schools Child Protection/Safeguarding policy. At Norton Hall Children and Family Centre (NHCFC), the Leader and board of directors expect Safeguarding to be everybody's responsibility expect all staff to adhere to and follow these policies.

Definition

The centre uses the World Health Organisation definition as written below.
Definition of FGM:

“Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons.” (World Health Organisation-1997)

Indications that FGM has taken place:

- Prolonged absence from the setting with noticeable behaviour change - especially after a return from holiday.
- Spend long periods of time away from the sessions.
- A child who has undergone FGM should be seen as a child protection issue. Medical assessment and therapeutic services to be considered.

Indications that a child is at risk of FGM:

- The family comes from a community that is known to practice FGM - especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.

- If a woman has already undergone FGM - and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.

ASK

Ask children to tell you about their holiday. Sensitively and informally ask the family about their planned extended holiday ask questions like;

- Who is going on the holiday with the child?
- How long they plan to go for and is there a special celebration planned?
- Where are they going?
- Are they aware that the child school cannot keep their child on roll if they are away for a long period?
- Are they aware that FGM including Sunna is illegal in the U.K even if performed abroad?

Forms of FGM

There are four main types of FGM:

- **Type 1 (clitoridectomy)** - removing part or all of the clitoris.
- **Type 2 (excision)** - removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).
- **Type 3 (infibulation)** - narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- **Other harmful procedures** to the female genitals, including pricking, piercing, cutting, scraping or burning the area.

FGM is often performed by traditional circumcisers or cutters who do not have any medical training. However, in some countries it may be done by a medical professional.

Anaesthetics and antiseptics aren't generally used, and FGM is often carried out using knives, scissors, scalpels, pieces of glass or razor blades.

FGM often happens against a girl's will without her consent and girls may have to be forcibly restrained

Effects of FGM

There are no health benefits to FGM and it can cause serious harm, including:

- constant pain

- pain and/or difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses
- problems passing urine or incontinence
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life-threatening for mother and baby

Some girls die from blood loss or infection as a direct result of the procedure.

Why FGM is carried out ?

FGM is carried out for various cultural, religious and social reasons within families and communities in the mistaken belief that it will benefit the girl in some way (for example, as a preparation for marriage or to preserve her virginity).

However, there are no acceptable reasons that justify FGM. It's a harmful practice that isn't required by any religion and there are no religious texts that say it should be done. There are no health benefits of FGM.

FGM usually happens to girls whose mothers, grandmothers or extended female family members have had FGM themselves or if their father comes from a community where it's carried out.

Where FGM is carried out ?

Girls are sometimes taken abroad for FGM, but they may not be aware that this is the reason for their travel. Girls are more at risk of FGM being carried out during the summer holidays, as this allows more time for them to "heal" before they return to school.

Communities that perform FGM are found in many parts of Africa, the Middle East and Asia. Girls who were born in the UK or are resident here but whose families originate from an FGM practising community are at greater risk of FGM happening to them.

Communities at particular risk of FGM in the UK originate from:

- | | |
|----------------|-------------|
| • Egypt | Liberia |
| • Malaysia | Eritrea |
| • Mali | Ethiopia |
| • Nigeria | Gambia |
| • Sierra Leone | Guinea |
| • Somalia | Indonesia |
| • Sudan | Ivory Coast |

- Yemen

Kenya

Female Genital Mutilation Act 2003

Practising FGM in the UK has been a criminal offence since 1985 (Prohibition of Female Circumcision Act 1985).

The Female Genital Mutilation Act 2003 repealed and re-enacted the provisions of the 1985 Act and revised it to set the maximum penalty for FGM to 14 years' imprisonment and make it a criminal offence for UK nationals or permanent UK residents to:

- perform FGM overseas
- take a UK national or permanent UK resident overseas to have FGM.

It came into force on 3 March 2004 and applies to England, Northern Ireland and Wales.

Mandatory reporting

Section 74 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act 2003 to introduce the legal duty for regulated health and social care professionals and teachers to make a report to the police if:

- they are informed by a girl under the age of 18 that she has undergone an act of FGM
- or
- they observe physical signs that an act of FGM may have been carried out on a girl under the age of 18.

Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015

Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs).

An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under the civil law.

Breach of an FGM protection order is a criminal offence carrying a sentence of up to 5 years in prison. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of 2 years' imprisonment.

Applications for an order can be made by:

- the person who is to be protected by the order
- a relevant third party (such as the local authority)
- any other person with the permission of the court (for example, teachers, health care professionals, police, family member).

FGM protection orders are unique to each case and contain legally binding conditions, prohibitions and restrictions to protect the person at risk of FGM. These may include:

- confiscating passports or travel documents of the girl at risk and/or family members or other named individuals to prevent girls from being taken abroad
- ordering that family members or other named individuals should not aid another person in anyway to commit or attempt to commit an FGM offence, such as prohibiting bringing a “cutter” to the UK for the purpose of committing FGM.

The court can make an order in an emergency so that protection is in place straightaway. FGM protection orders came into force on 17 July 2015 and apply to England, Northern Ireland and Wales.

Reporting concerns

If you are concerned that a child is at immediate risk then you must ring **999** immediately.

If you are concerned about a child ring CASS on **0121-303-1888**

Concerns or suspicions regarding FGM must not be discussed with families until advice has been sought.

Appendix 3

Child on child abuse

Introduction

Keeping Children Safe in Education, 2016 states that ‘Governing bodies and proprietors should ensure their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with’ (page 19). The document also states it is most important to ensure opportunities of seeking the voice of the child are heard, ‘Governing bodies, proprietors and school or college leaders should ensure the child’s wishes and feelings are taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, any system and processes should operate with the best interests of the child at their heart.’

While it is recommended that Peer on Peer abuse is part of the Child Protection Policy, due to the sensitive nature and specific issues involved with peer on peer abuse we, as a centre, have completed this separate policy. At Norton Hall Children and Family Centre we continue to ensure that any form of abuse or harmful behaviour is dealt with immediately and consistently to reduce the extent of harm to the young person, with full consideration to impact on that individual child’s emotional and mental health and well-being.

Purpose and Aim

Children and young people may be harmful to one another in a number of ways which would be classified as peer on peer abuse. The purpose of this policy is to explore the many forms of peer on peer abuse and include a planned and supportive response to the issues. At Norton Hall Children and Family Centre we have the following policies in place that should be read in conjunction with this policy:

- Anti-Bullying Policy
- Child Protection Policy
- Cyber Bullying Policy

Framework and Legislation

This policy is supported by the key principles of the Children’s Act, 1989 that the child’s welfare is paramount. Another key document that focuses adult thinking towards the views of the child is Working Together, 2015, highlighting that every assessment of a child, ‘must be informed by the views of the child’ and within that ‘It is important to understand the resilience of the individual child when planning appropriate services. (Working Together, 2015:23) This is clearly echoed by Keeping Children Safe in Education, 2016 through ensuring procedures are in place in schools and settings to hear the voice of the child.

Introduction to abuse and harmful behaviour

Abusive behaviour can happen to children in settings and it is necessary to consider what abuse is and looks like, how it can be managed and what appropriate support and intervention can be put in place to meet the needs of the individual and what preventative strategies may be put in place to reduce further risk of harm.

Abuse is abuse and should never be tolerated or passed off as ‘banter’ or ‘part of growing up’. Equally, abuse issues can sometimes be gender specific e.g. girls being sexually touched/assaulted and boys being subject to initiation/hazing type violence (KCSIE, 2016). It is important to consider the forms abuse may take and the subsequent actions required.

Types of abuse

There are many forms of abuse that may occur between peers and this list is not exhaustive. Each form of abuse or prejudiced behaviour is described in detail followed by advice and support on actions to be taken.

Physical abuse e.g. (biting, hitting, kicking, hair pulling etc.)

Physical abuse may include, hitting, kicking, nipping, shaking, biting, hair pulling, or otherwise causing physical harm to another person. There may be many reasons why a child harms another and it is important to understand why a young person has engaged in such behaviour, including accidentally before considering the action or punishment to be undertaken.

Sexually harmful behaviour/sexual abuse e.g. (inappropriate sexual language, touching, sexual assault etc.)

Sexually harmful behaviour from young people is not always contrived or with the intent to harm others. There may be many reasons why a young person engages in sexually harmful behaviour and it may be just as distressing to the young person who instigates it as well as the young person it is intended towards. Sexually harmful behaviour may range from inappropriate sexual language, inappropriate role play, to sexually touching another or sexual assault/abuse.

Bullying (physical, name calling, homophobic etc.)

Bullying is unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time. Both young people who are bullied and who bully others may have serious, lasting problems. In order to be considered bullying, the behaviour must be aggressive and include:

- **An Imbalance of Power:** Young people who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- **Repetition:** Bullying behaviours happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally or for a particular reason e.g. size, hair colour, gender, sexual orientation, and excluding someone from a group on purpose.

Cyber bullying

Cyberbullying is the use of phones, instant messaging, e-mail, chat rooms or social networking sites such as Facebook and Twitter to harass threaten or intimidate someone for the same reasons as stated above.

It is important to state that cyber bullying can very easily fall into criminal behaviour under the Malicious Communications Act 1988 under section 1 which states that electronic communications which are indecent or grossly offensive, convey a threat or false information or demonstrate that there is an intention to cause distress or anxiety to the victim would be deemed to be criminal.

This is also supported by the Communications Act 2003, Section 127 which states that electronic communications which are grossly offensive or indecent, obscene or menacing, or false, used again for the purpose of causing annoyance, inconvenience or needless anxiety to another could also be deemed to be criminal behaviour.

If the behaviour involves the use of taking or distributing indecent images of young people under the age of 18 then this is also a criminal offence under the Sexual Offences Act 2003. Outside of the immediate support young people may require in these instances, the Centre will have no choice but to involve the police to investigate these situations.

Sexting

Sexting is when someone sends or receives a sexually explicit text, image or video. This includes sending ‘nude pics’, ‘rude pics’ or “nude selfies” Pressuring someone into sending a nude picture can happen in any relationship and to anyone, whatever their age, gender or sexual preference.

However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their possession, or distributing, indecent images of a person under 18 on to someone else, young people are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003.

Initiation/Hazing

Hazing is a form of initiation ceremony which is used to induct newcomers into an organisation such as a school, sports team etc. There are a number of different forms, from relatively mild rituals to severe and sometimes violent ceremonies.

The idea behind this practice is that it welcomes newcomers by subjecting them to a series of trials which promote a bond between them. After the hazing is over, the newcomers also have something in common with older members of the organisation, because they all experienced it as part of a rite of passage. Many rituals involve humiliation, embarrassment, abuse, and harassment.

Prejudiced Behaviour

The term prejudice-related bullying refers to a range of hurtful behaviour, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society - in particular, prejudices to do with disabilities and special educational needs, ethnic, cultural and religious backgrounds, gender, home life, (for example in relation to issues of care, parental occupation, poverty and social class) and sexual identity (homosexual, bisexual, transsexual).

Teenage relationship abuse

Teenage relationship abuse is defined as a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abusive teen uses this pattern of violent and coercive behaviour, in a heterosexual or same gender relationship, in order to gain power and maintain control over the partner.

Expected action taken from all staff

Although the type of abuse may have a varying effect on the victim and initiator of the harm, these simple steps can help clarify the situation and establish the facts before deciding the consequences for those involved in perpetrating harm.

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 around what has occurred as soon after the child(ren) may have forgotten. It is equally important to deal with it sensitively and think about the language used and the impact of that language on both the children and the parents when they become involved. For example; do not use the word perpetrator, this can quickly create a 'blame' culture and leave a child labelled.

In all cases of peer on peer abuse it is necessary that all staff are trained in dealing with such incidents, talking to young people and instigating immediate support in a calm and consistent manner. Staff should not be prejudiced, judgemental, dismissive or irresponsible in dealing with such sensitive matters.

Gather the Facts

Speak to all the young people involved separately, gain a statement of facts from them and use consistent language and open questions for each account. The easiest way to do this is not to have a line of questioning but to ask the young people to tell you what happened. Only interrupt the young person from this to gain clarity with open questions, 'where, when, why, who'. (What happened? Who observed the incident? What was seen? What was heard? Did anyone intervene?) Record what the child has said on an incident form. If it is a safeguarding/child protection concern this should be recorded and taken immediately to the Designated Safeguarding Lead.

Consider the Intent (begin to Risk Assess)

Has this been a deliberate or contrived situation for a young person to be able to harm another?

Decide on your next course of action

If from the information that you gather you believe any young person to be at risk of significant harm you must make a request for service to CASS immediately (where a crime has been committed the police should be involved also). If this is the case, once CASS has been contacted and made a decision on what will happen next then you will be informed on your next steps.

If CASS and the police intend to pursue this further they may ask to interview the young people in the setting or they may ask for parents to come to the centre to be spoken to also. It is important to be prepared for every situation and the potential time it may take.

It may also be that CASS feel that it does not meet their criteria in which case you may challenge that decision, with that individual or their line manager. If on discussion however, you agree with the decision, you may then be left to inform parents.

Informing parents

If, once appropriate advice has been sought from police/CASS you have agreement to inform parents or have been allocated that role from the other services involved then you need to inform the parents as soon as possible. If services are not going to be involved then equally, this information may need to be shared with parents.

The best way to inform parents is face to face. Although this may be time consuming, the nature of the incident and the type of harm/abuse a young person may be suffering can cause fear and anxiety to parents whether their child is the child who was harmed or who harmed another.

Points to consider:

What is the age of the children involved?

How old are the young people involved in the incident and is there any age difference between those involved? (In relation to sexual exploration, children under the age of 5, in particular 1-4 year olds who are learning toileting skills may show a particular interest in exploration at around this stage. This, however should not be overlooked if other issues arise (see following)

Where did the incident or incidents take place?

Was the incident in an open, visible place to others? If so was it observed? If not, is more supervision required within this particular area?

What was the explanation by all children involved of what occurred?

Can each of the young people give the same explanation of the incident and also what is the effect on the young people involved? Is the incident seen to be bullying for example, in which case regular and repetitive? Is the version of one young person different from another and why?

What is each of the children's own understanding of what occurred?

Do the young people know/understand what they are doing? E.g. do they have knowledge of body parts, of privacy and that it is inappropriate to touch? Is the young person's explanation in relation to something they may have heard or been learning about that has prompted the behaviour? Is the behaviour deliberate and contrived? Does the young person have understanding of the impact of their behaviour on the other person? In dealing with an incident of this nature the answers are not always clear cut. If you are concerned or unsure as to whether or not there is any risk involved, please seek advice from CASS

Repetition

Has the behaviour been repeated to an individual on more than one occasion? In the same way it must be considered has the behaviour persisted to an individual after the issue has already been discussed or dealt with and appropriately resolved?

Next Steps

Once the outcome of the incident(s) has been established it is necessary to ensure future incidents of abuse do not occur again and consider the support and intervention required for those involved.

For the young person who has been harmed

What support they require depends on the individual young person. It may be that they wish to seek counselling or one to one support via a mentor. It may also be that they feel able to deal with the incident(s) on their own or with support of family and friends. In which case it is necessary that this young person continues to be monitored and offered support should they require it in the future. If the incidents are of a bullying nature, the young person may need support in improving peer groups/relationships with other young people or some restorative justice work with all those involved may be required. Other interventions that could be considered

may target the whole centre for example a speaker on cyber bullying, relationship abuse etc.

It may be that through the continued play provision certain issues can be discussed and debated more frequently. If the young person feels particularly vulnerable it may be that a risk assessment can be put in place for them whilst in the centre so that they have someone named that they can talk to, support strategies for managing future issues and identified services to offer additional support.

For the young person who has displayed harmful behaviour

In this circumstance it is important to find out why the young person has behaved in such a way. It may be that the young person is experiencing their own difficulties and may even have been harmed themselves in a similar way. In such cases support such as one to one mentoring or counselling may also be necessary. Particular support from identified services may be necessary through an early help referral and the young person may require additional support from family members.

Once the support required to meet the individual needs of the young person has been met, it is important that young person receives a consequence for their behaviour. This may be in the form of restorative justice e.g. making amends with the young person they have targeted if this has been some form of bullying. In the cases of sexually harmful behaviour it may be a requirement for the young person to engage in one to one work with a particular service or agency (if a crime has been committed this may be through the police or youth offending service). If there is any form of criminal investigation ongoing it may be that this young person cannot access the provision until the investigation has concluded. In which case, the young person will need to be provided with appropriate support and an alternative provider.

Even following the conclusion of any investigation the behaviour that the young person has displayed may continue to pose a risk to others in which case an individual risk assessment may be required. This should be completed via a multiagency response to ensure that the needs of the young person and the risks towards others are measured by all of those agencies involved including the young person and their parents. This may mean additional supervision of the young person or protective strategies if the young person feels at risk of engaging in further inappropriate or harmful behaviour.

After care

It is important that following the incident the young people involved continue to feel supported and receive help even if they have stated that they are managing the incident. Sometimes the feelings of remorse, regret or unhappiness may occur at a much later stage than the incident. It is important to ensure that the young people do not engage in any further harmful behaviour either towards someone else or to themselves as a way of coping (e.g. self-harm). In which case, regular reviews with the young people following the incident(s) are imperative.

Preventative Strategies

It is important to develop appropriate strategies in order to prevent the issue of peer on peer abuse rather than manage the issues in a reactive way.

Firstly, and most importantly for the centre is recognition that peer on peer abuse can and will occur on any site even with the most stringent of policies and support mechanisms. In which case it is important to continue to recognise and manage such risks and learn how to improve and move forward with strategies in supporting young people to talk about any issues and through sharing information with all staff.

This can be supported by ensuring that we have an open environment where young people feel safe to share information about anything that is upsetting or worrying them. This can be strengthened through a strong and positive play opportunities that tackle such issues as prejudiced behaviour and gives children an open forum to talk things through rather than seek one on one opportunities to be harmful to one another.

To enable such an open and honest environment it is necessary to ensure the whole workforce feels confident and enabled to talk about issues and challenge perceptions of young people including use of inappropriate language and behaviour towards one another. In order to create such an environment, it is necessary for whole staff training and CPD around abusive behaviours and talking to young people in a way that continues to create an open and honest environment without prejudice.

It is incredibly important that staff do not dismiss issues as 'banter' or 'growing up' or compare them to their own experiences of childhood. It is necessary that staff consider each issue and each individual in their own right before taking action. If staff minimise the concerns raised it may result in a young person seeking no further help or advice. It is important that signposting is available to young people in the event that they don't feel confident raising an issue to staff or a peer.

Appendix 4

Domestic Abuse

What is domestic abuse?

Domestic abuse is an ongoing pattern of abusive or controlling behaviour and is widespread. It is rarely a one-off event; it tends over time to increase in frequency and severity. Domestic violence occurs irrespective of background and circumstance, race or ethnicity, sexuality, age, or disability and the overwhelming majority of victims are female and abusers male.

The Government definition of domestic violence is, *"any incident of threatening behaviour, violence or abuse - psychological, physical, sexual, financial or emotional - between adults who are or have been intimate partners or family members, regardless of gender or sexuality."*

This definition replaces the various definitions used by Government departments and agencies. The definition is supported by an explanatory text that makes it clear that domestic violence includes female genital mutilation, forced marriage and so-called 'honour crimes'.

The Crown Prosecution Service recognises that 'domestic violence' is a general term to describe a range of behaviour often used by one person to control and dominate another with whom they have, or have had, a close or family relationship. The CPS Policy on Domestic Violence applies when dealing with criminal offences that occur in a domestic context involving victims and abusers whatever their age, because of the importance of victim's and children's safety and defendant accountability.

Impact on children

Children can be affected in many ways by living with domestic violence. There is no set pattern of signs or symptoms. It is widely accepted that there are dramatic and serious effects of children witnessing domestic violence, which can result in behavioural problems, absenteeism, ill health, bullying, anti-social behaviour, drug and alcohol misuse, self-harm and psychosocial impacts. The extent to which even very young children can be aware of violence and of the long term damaging effects on a child's health, educational attainment and emotional well-being, is frequently underestimated.

Dealing with a disclosure

If a child or parent discloses that they have been subjected to or witnessed an incident of domestic violence then the DSL must be informed immediately. The DSL's is to place the child at the centre of their work whilst ensuring the safety of any victim and that a conversation is had with CASS who will advise and support.

Birmingham & Solihull Women's Aid

Provides a range of services for women and children experiencing domestic abuse including family support, counselling and practical support and advice around issues of safety, housing, welfare benefits, debt, child contact amongst others. Drop-ins are available across the city: contact the

Freephone for details.

Freephone helpline. 0800 800 0028

Roshi

Roshni is a registered charity, which has been operating for 30 years and is devoted to providing support for South Asian women and their children who have suffered from domestic violence and forced marriage and honour based crimes

Contact number 08707070098

In case of emergency 999 immediately

National Domestic Violence hotline 08082000247

Appendix 5

Forced Marriage

Mission Statement

Forced Marriage is a child abuse and child protection problem. It often affects the 14 - 18 year old age group. Also the Children of Forced Marriage are often at a greater risk of abduction and abuse. The aim is to put the safety of victims or potential victims first and to focus on prevention, protection and provision.

Victims of Forced Marriage come from various ethnic backgrounds, faiths and communities. The government's Forced Marriage Unit has dealt with cases involving families from the Indian sub-continent, East Asia, the Middle East, Europe and Africa.

Forced Marriage can happen in Muslim, Hindu, Sikh, strictly orthodox Jewish families and fundamental Christian families. There is some evidence that forced marriage may occur in travelling families.

Forced marriage cannot be justified on religious or cultural grounds. There is no major world religion that gives consent to Forced Marriage.

Any young person who cannot understand fully the concept of marriage or give consent could be vulnerable to pressure to marry. Young people with a learning disability are particularly vulnerable to forced marriage.

Aim of policy

Practitioners working with young people facing forced marriage should be ready to give guidance to the young person about their rights, about keeping safe and the choices open to them.

The policy emphasises the importance of working in partnership. It is unlikely that Children's Social Care or any other single agency will be able to meet all the needs of a young person affected by Forced Marriage. However, it is probable that Children's Social Care services will play a key role in protecting the interests of the young person.

To deal sensitively with the young person, it is important to understand the complexity of issues surrounding Forced Marriage and to respond appropriately in order to help protect the young person.

Forced Marriage should be addressed within the context of both child protection and domestic abuse.

Forced marriage can amount to sexual and emotional abuse and put young people at risk of physical abuse. It should be remembered that where there are allegations of abuse or neglect or there are any concerns that a child or young person has experienced or is at risk of significant harm, our settings child protection policy needs to be instigated. , including referral to CASS.

Definitions

Domestic violence

“Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional. 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 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.” (Home Office 2013)

Forced Marriage can therefore be seen as a form of Domestic Violence.

‘Honour’ Crimes

A pattern of controlling and abusive behaviour within an intimate or family relationship can include forced marriage and so called ‘honour crimes’. Forcing a young person to marry can lead to a range of abusive behaviours.

The term ‘Honour Crime’ is often used to identify crimes, such as assault and killings, within cultures where the "plea of honour" is recognised as a legitimate defence for carrying out such crimes. ‘Honour crime’ is a punishment meted out to a woman or a man because of a perceived breach of the honour codes of a household or a community, resulting in her/his harm or death.

The crime is usually committed by her/his close family member/s or by any other member/s of the Community – often with some degree of real or perceived approval/support from other family members or the community. Some young people escape Forced Marriage by running away from home. Being seen to bring shame on the honour of the family can put that young person at risk of being tracked and forcibly returned home - or worse.

Arranged Marriage

Arranged Marriage is a non-abusive contract between two consenting adults and is therefore fundamentally different from Forced Marriage.

"The tradition of arranged marriage has operated successfully within many communities and many countries for a long time and remains the preferred choice of many young people". (Working Group: Forced Marriages - 'A Choice by Right', June 2000)

Families of both spouses take a leading role in arranging the marriage, but the choice whether to accept the arrangement remains with the individuals.

This policy is **not** about arranged marriages.

Forced Marriage

Forced marriage is a marriage conducted without the valid consent of both parties, where some element of duress is a factor. A person can be put under both physical and emotional pressure to get married. In some cases people may be taken abroad without knowing that they are to be married.

When does an arranged marriage become a forced marriage?

- Although there is no specific criminal offence of 'forcing someone to marry', within England and Wales there are crimes that may be committed when forcing someone into marriage. The following list is not exhaustive: common assault; harassment; cruelty to persons under 16; failure to secure regular attendance at school of a registered pupil; theft (i.e. passport), child abduction; abduction of unmarried girl under the age of 16 from parent or guardian; abduction of a woman by force or for the sake of her property; aiding and abetting a criminal offence; kidnapping; false imprisonment.
- Section 12c of the Matrimonial Causes 1973 states that a marriage shall be voidable if "either party to the marriage did not validly consent to it,

whether in consequence of duress, mistake, unsoundness of mind or otherwise". Voidable means the marriage is valid until it is challenged by one of the parties, at which time the court can award a decree of nullity invalidating the marriage. In April 2002 a judge annulled a marriage following evidence that the woman had been deceived and frightened into marrying.

- Forced marriage is a violation of internationally recognised human rights standards.

"Marriage shall be entered into only with the free and full consent of the intending spouses". (Universal Declaration of Human Rights, Article 16(2)).

- *"State parties shall ensure on a basis of equality of men and women...the same right freely to choose a spouse to enter into marriage only with their full and free consent"*. (Convention to eliminate all forms of Discrimination against Women, Article 16(1), (b)).
- *"A woman's right to choose a spouse and enter freely into marriage is central to her life and her dignity, and equality as a human being"*. (General recommendation No.21, UN Committee on the Elimination of all Forms of Discrimination against Women.)
- Forced marriage cannot be justified on religious grounds. Freely given consent of both parties is a pre-requisite of Christian, Hindu, Muslim and Sikh marriages.
- Forced marriage is not a religious issue and to describe it as such feeds prejudice and intolerance.

Possible Indicators of Forced marriage

These are possible indicators that a young person is in distress because they fear being forced to marry or that a forced marriage has already taken place. (It should not however be assumed that a young person is facing forced marriage simply on the basis that they present with one or more of these factors).



Factors that Increase the Risk of Forced Marriage

These are factors that may increase the likelihood of a young person being at risk of Forced Marriage. However the presence of individual, or combinations of, factors does not ‘prove’ that Forced Marriage has taken place or is about to.

If the young person has disclosed sexual abuse within the family

A marriage may be seen as means of restoring honour to the family. The marriage may also be seen as a way of ending the sexual abuse.

If the young person is gay, lesbian, bisexual or transgender

A marriage may be seen as a way to stop any questions about the young person's sexuality. It may also end an existing same sex relationship

If the young person has a boyfriend or girlfriend of their own choice

A marriage may be seen as a way of ending an unacceptable relationship and controlling sexual behaviour.

If the young person has a mental or physical disability or mental health problems.

A marriage may be seen as a means of providing care for the young person. Some young people do not have the capacity to give consent and maybe unable to consummate the marriage.

If the young person has exhibited challenging behaviour such as drinking, taking drugs or anti-social behaviour. A marriage may be seen as a way of controlling this behaviour.

If the young person is in a single parent household or has fairly recently experienced a change in the immediate family make-up e.g. a parent has died or a step-parent moves in.

There is more of urgency for the children to be married.

Possible Consequences of Forced Marriage

The marriage will be valid unless and until it is set aside by a divorce or annulment in a civil court. Those forced to marry may find it difficult to initiate any action to bring the marriage to an end.

For a young person married abroad, s/he is forced to act as a sponsor for their spouse's immigration to the UK. The young person is often reluctant to be honest with the immigration service for fear of reprisals from the family. A person whose application to enter the UK as a spouse is refused has a right to know the reasons why and the right to appeal against the decision.

Young women may be subjected to repeated rape - often until they become pregnant, as a child is seen to cement the union. It becomes more difficult to leave a marriage if you are pregnant or have a young child.

Young women in forced marriages are more likely to face domestic abuse. The children born of forced marriages are more likely to face abduction, neglect and abuse.

A young woman may have to move into her in-law's home that may be in another part of the UK or even abroad. This means leaving family and friends behind. A young woman can be very vulnerable to abuse not just from her husband but also from all

the in-law's family and find many freedoms restricted. There is some evidence that very young men coming from abroad to marry may also find themselves very vulnerable to abuses from the new in-law's family if they have no family or friends in the part of the UK they arrive in.

Often plans for education and careers cannot be fulfilled.

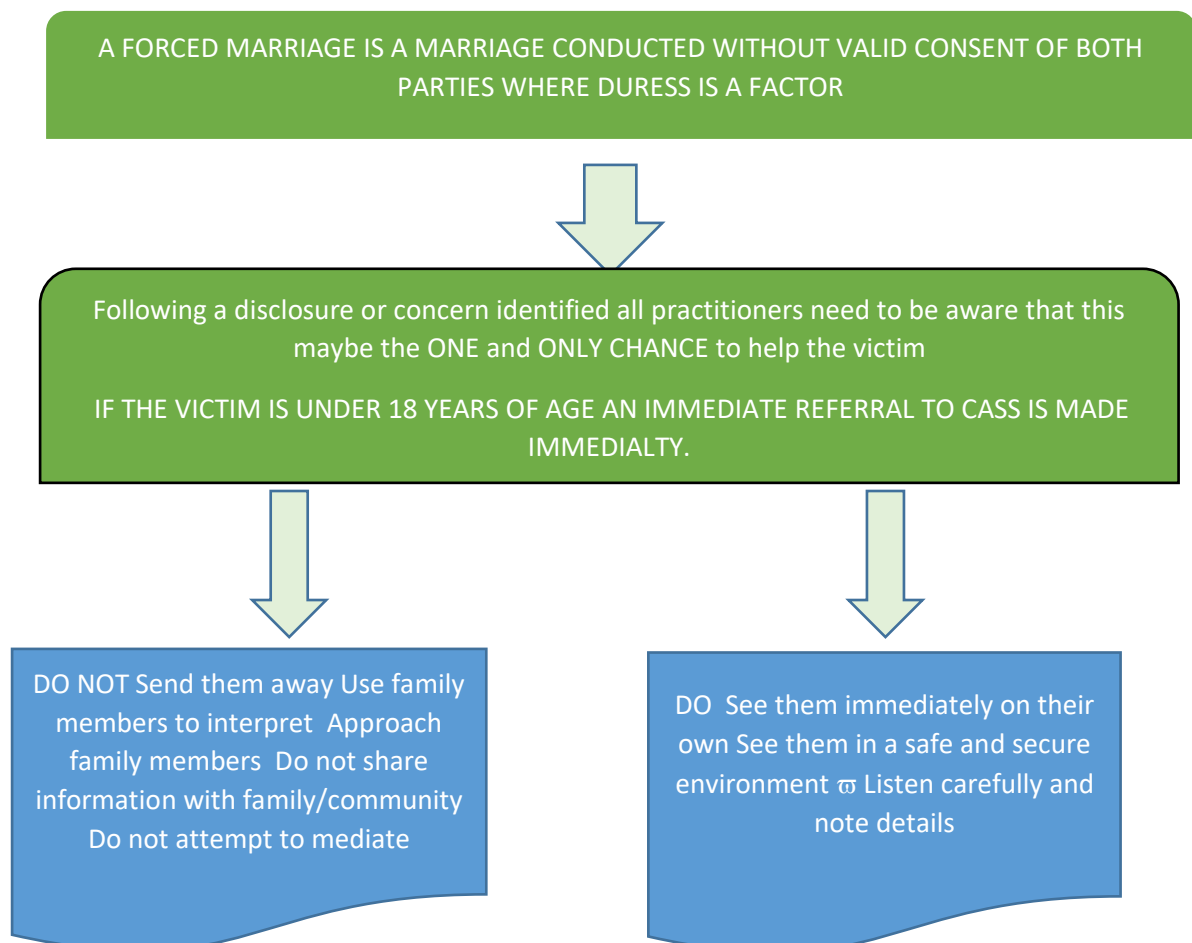
For gay, lesbian, bisexual and transgendered young people, their sexuality is denied and cannot be fulfilled.

Many forced marriages fail. With (or without) family support, young people do divorce but this leads to an unwelcome and unpleasant disruption in their lives and leaves many young people as young, single parents.

A very young spouse who has come to the UK from overseas may not speak English and may not be aware of the support to which they may be entitled or may even be very frightened of contact with statutory agencies. . For many young people, returning to their country of origin is not an option.

A potentially dangerous and abusive marriage and a loss of control over his or her personal life can lead to anxiety and depression. Poor mental health may even lead to suicide.

Dealing with a disclosure



Appendix 6

Child Sexual Exploitation (C.S.E)

Introduction

Child Sexual Exploitation (CSE) has become a growing and serious concern and is recognised as a form of child sexual abuse. This Policy is a recognition of this concern and our commitment to protecting and supporting children and working with partner agencies to achieve this.

At Norton Hall Children and Family Centre we strive to support and teach children about how to make positive choices and informed decisions in their relationships so that they develop awareness and can protect themselves from all potential forms of sexual exploitation and abuse. As a Centre we promote healthy friendships and relationships through the centre ethos, policies, children-staff relationships and the PSHE and Citizenship opportunities. An awareness of the risk factors and signs and indicators of CSE is key for all staff as is how to access support and guidance.

The purpose of this policy is to create a considered and consistent approach to dealing with CSE at NHCFC.

Definition

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.

Aims and objectives

- To increase awareness and understanding of CSE within the setting
- To raise awareness of the risk factors and warning signs of CSE
- To provide relevant information and guidance on CSE, which is accessible to staff, parents/carers and children
- To provide a consistent approach when dealing with CSE
- To make available support for children, parents/carers and staff in the event of concerns arising in relation to CSE
- To enable those seeking help to feel secure and supported

There are key principles to bear in mind -

1. Sexual exploitation includes sexual, physical and emotional abuse, and, in some cases, neglect.
2. Children and young people do not make informed choices to enter or remain in sexual exploitation, but do so due to coercion, enticement, manipulation or desperation.
3. Young people under 16 cannot consent to sexual activity: sexual intercourse with children under the age of 13 is statutory rape. (Sexual Offences Act 2003)
4. Sexually exploited children and young people should be treated as victims of abuse, not as offenders.
5. Many sexually exploited young people have difficulty distinguishing between their own choices about sex and sexuality, and the sexual activities they are coerced into. This potential confusion should be handled with care and sensitivity by professionals.
6. The primary law enforcement effort must be made against the coercers and adults who sexually exploit young people. In some cases young people themselves may exploit other young people, and in these cases law enforcement action may also be necessary.

Vulnerability factors to CSE

Children are more vulnerable to abuse through sexual exploitation if they have experience of one or more of the following:

- Child sexual abuse
- Domestic violence within the family
- Family breakdown
- Physical abuse and emotional deprivation
- Bullying in or out of school
- Parents with a high level of vulnerabilities (drug/alcohol, mental health etc.)
- Drug/alcohol, mental health or other difficulties themselves
- Being looked after in residential care
- Going missing frequently
- Family involvement in sexual exploitation

Not all children and young people with these vulnerabilities will experience child sexual exploitation. **Child sexual exploitation can also occur without any of these vulnerabilities being present.**

By virtue of regular contact with young people, staff are well placed to notice changes in behaviour and physical signs which may indicate involvement in sexual exploitation. Staff should also be mindful of the risks posed by CSE and remain alert to the potential for this and need to respond immediately.

In the event of staff identifying concerns relating to CSE, this information should be shared immediately with a DSL on site.

Prevention

Our learning programmes enable us to give clear messages about healthy relationships and risky behaviour including:

- respect and responsibilities
- How to stay safe
- An understanding of what to do and who to discuss issues with
- an awareness of unhealthy relationships, sexual exploitation and grooming
- an understanding of dangerous and exploitative situations
- an opportunity to explore gender stereotypes and gender roles
- an increased awareness of risk, assessing risk and the consequences of risk taking, including sexual bullying and peer pressure
- an opportunity to build skills and confidence in developing positive, healthy relationships.

IF IN DOUBT HAVE THE CONVERSATIONS, AND REPORT IMMEDIATELY TO THE DSL.

Appendix 7

Failure to collect

It is essential that parents provide NHCFC with an up to date and accurate record of their contact details i.e. names(s), address(es), home, work and mobile telephone number(s). If possible, parents should also provide NHCFC with the contact details, (and methods to prove identity as required), of at least two other relatives/carers who can be called when the parent/carer cannot be contacted or in the event of an emergency. The record must be kept up to date, and parents must ensure that staff are informed of any changes. Only the first named parents/carers are able to notify staff of any changes in these contact details.

Parents/carers are informed in writing, at the time of registering their child, the normal times for closing and collection arrangements, and informed of any changes in writing. This will also include making clear the arrangements to care for a child when parents/carers are not present as expected and until such time as he/she is collected by a parent/carer, and an indication of the period of time the setting will wait before involving Children's Social Care.

Procedure:

Whenever a child or young person fails to be collected from NHCFC: -

This will be brought to the attention of the DSL, who will then make every effort to contact the parent(s) or carer(s) or named alternative carer(s).

The DSL will maintain a record of incidents where parents do not collect a child and where this is a repeat occurrence. Any child welfare concerns arising out of such an incident(s) will be dealt with in accordance with the NHCFC child protection procedures.

The DSL will ensure that at least 2 staff are always present whilst the child is at NHCFC.

If the child has not been collected/received within 60 minutes of the end of the session or activity) and the DSL is unable to contact a parent or named carer, he/she will phone CASS or the Emergency Duty Team and provide the following information:

- Brief circumstances of incident, and arrangements in place.
- Child's details:
 - Name(s)/Date of birth/Address/Gender/Ethnicity/Religion
 - Language spoken/Special dietary needs/SEN/behavioural difficulties/medical needs.
- Parent/carer/alternative carer details:
 - name(s)/address(es)/home/work/mobile telephone number(s)/Any current or previous child protection concerns/Any previous incidents of not being collected from the NHCFC./Details of GP.

Children's Social Care will give advice and may carry out appropriate checks and make further attempts to contact the parent/carer. If there are any concerns about the welfare of the parent/carer, Children's Social Care will ask the local police to visit the home address.

If an appropriate relative or carer is located, he/she will be asked to ensure that the child is collected / received from NHCFC. If there is a genuine reason for the relative or carer being unable to do this, Children's Social Care will liaise with NHCFC about arrangements for the child to be taken to the address.

Decisions made by Children's Social Care, in consultation with NHCFC and relevant others, must always prioritise interim care arrangements that best meet the child's/young person's personal and emotional needs.

In most cases within two hours from end of the child care session, and in no case later than 7.00 p.m, a decision will be made by Children's Social Care to assume direct responsibility for the child's care, and arrangements will be confirmed with those caring for the child at that time.

If attempts to contact a parent or appropriate carer are still unsuccessful, Children's Social Care will arrange for the child/ young person to be taken to a place of safety e.g. a temporary foster carer or residential home. They will notify NHCFC of the child's placement and provide contact details as appropriate.

Plans for transporting the child will take into account staff availability out of hours, the need for adequate insurance cover, appropriate gender balance, and any information about special needs or behavioural difficulties etc. provided by NHCFC the setting. Where possible, two adults should be present. If there is a shortage of staff a mini cab could be used with a suitable escort.

Appendix 8

Private Fostering

Introduction and Context

Most children and young people spend some time away from their home staying with relatives and friends. In cases where children/young people may stay for longer period of time special procedures may apply.

If a child or young person is under 16 (or if disabled under 18) and living with a family member or friend for longer than 28 days this is then seen as Private Fostering. This does not have to be continuous; if a child/young person is staying with family members or friends that add up to 28 days or longer in any period of time this may then be seen as Private Fostering.

Private Fostering is an arrangement made by the parent with the carer who has agreed to look after the child/young person on their behalf. In some circumstances they may not have agreed or the circumstances of their living arrangements raises health, welfare and safety concerns for the child/young person.

Our responsibilities

NHCFC recognises its responsibilities regarding Private Fostering ensuring staff are fully aware on how to identify a child/young person and the circumstances around Private Fostering. This includes a duty to report any instances to the local Authority if it is believed the child/young person is possibly living in a Private Fostering arrangement.

This policy should be read in conjunction with information titled “Private fostering in Birmingham information for professionals” found on Birmingham Safeguarding Boards website.

Our Policy

Under the Children Act, 1989, the Local Authority has a duty to make sure a Private Fostering arrangement that the child/young person is in provides for their needs and safeguards his/her welfare.

NHCFC will ensure all Staff, Board members and Volunteers in the Centre are aware of this duty.

If a member of Staff, board member or Volunteer becomes aware that a child/young person may be living in a Private Foster arrangement it is the responsibility of that person to report the details to the Designated safeguarding Lead (DSL) who will then make further enquiries to try and establish the circumstances.

The Safeguarding Designated Lead should seek advice from Children’s Social Care as to whether the child/young person is in a Privately Fostered arrangement under the

regulations. If this is confirmed upon taking this advice a referral will be made by the DSL to Children's' Social Care.

Essential information for making a referral includes:-

- Full names and dates of birth for the child
- Address and daytime phone numbers for the current carer including mobiles
- The child's address and phone number;
- Whereabouts of the child (and siblings);
- Child and family's ethnic origin;
- Child and family's main language;
- Actions taken and people contacted;
- Special needs of the child, including need for an accredited interpreter, accredited sign language interpreter or other language support;
 - A clear indication of the family's knowledge of the referral and whether they have consented to the sharing of confidential information;
- The details of the person making the referral.

Additionally, the referrer should include:

- Address and daytime phone number of the parent/parental responsibility holder
- Address and phone numbers of any other family members
- Any other helpful information regarding the parent/parental responsibility to assist an understanding of why this child/young person is not living with them.

NHCFC will work together with the Local Authority to help safeguard and promote the child/young person's safety and welfare.

Safeguarding Roles and Responsibilities

All Staff, Volunteers and bored members have responsibility for the following:

- To ask parents/carers questions about their relationship with the child/young person if this is unclear, confusing or concerning.
 - To follow up any discussion with a child/young person about their living arrangement when it is unclear, confusing or concerning.
 - To have robust consent/trips/outings letters which clearly define the child's relationship to the adult giving consent. If a child or young person is living in a Private Fostering arrangement:

- To work with, monitor & report to the Local Authority ensuring the child/young person's needs, safety & welfare are being met whilst in a Private Fostering arrangement.
- To assist with advising and supporting the carer(s) to undertake their duties whilst the child/young person is living with them in a Privately Fostered arrangement.

Management of policy

The DSL's will ensure they are familiar with this policy regularly updating all Staff, and Volunteers regarding the legal requirements, and duties.

Appendix 9

Nappy Changing and Toileting

Nappy changing

- Children attending NHCFC Nursery are not required to be fully toilet trained.
- Parents must provide nappies, wet wipes and any creams their child will need.
- All children requiring nappy changing will have nappies changed by our qualified staff. When students change nappies there will be a trained member of staff present.
- Disposable gloves and aprons will be worn at all times. Children in nappies will be changed mid-way through each session to keep them comfortable and avoid nappy rash. They will also be changed as necessary if they are soiled or considered overly wet.
- Each nappy change will be recorded on the chart in the bathroom. The bathroom will only be accessed by NHCFC staff.
- Staff always inform another staff member when taking child/ren to the bathroom. Another member of staff should assist (staff ratios permitting). If this is not practical a second member of staff will observe from nursery door.
- When children are ready for toilet training parents are requested to provide several pairs of pants and a spare set of clothes.

Toilet Training

- The toilets at the nursery are fitted with infant toilets so potties are not used unless specifically requested by a parent.
- Children will be shown and supported in how to use the toilet and how to wash their hands each time they use the toilet.
- Children will only be assisted to the toilet by qualified staff.
- Special arrangements can be made with staff to cover any specific requirements. E.g.: cleaning of your child.
- Toileting accidents will be dealt with calmly, sympathetically and in a way which does not make the child feel they have done anything wrong.

Out of School Club

Children in the out of school club use the upstairs toilets. The toilets are shared with NHCFC staff. To safeguard children and staff the Out of School Playworkers will check that there are no staff in the toilets when children are to use them. Similarly NHCFC staff members who use the upstairs toilets will always check that there are no children using them when needed. This is to ensure that the children have privacy when using the toilets.

Staff members will stand by the Sports Hall door nearest to the toilets to ensure that staff do not enter. Should there be any problems or a child needs help then another member of staff should be informed and stand by the door to safeguard the staff member who has entered the toilet. After children have used the toilet then staff will double check to make sure that all children have returned to the Sports Hall.

When a child needs support with toileting, e.g. younger children or children with disabilities, and any form of manual/physical support is required it should be provided openly and with the consent of the child. Physical contact can be appropriate so long as it is neither intrusive, nor disturbing and consent has been given. Staff must always avoid unnecessary physical contact with children.

Between the hours of 3pm-6pm, staff will not use the upstairs toilets and they will only be used by children and young people. During the school holidays all staff should use the downstairs toilets as children will be onsite between the hours of 8am-6pm.

Parents and visitors will also be asked to use the downstairs toilets.

Appendix 10

Safer Recruitment

It is important that all reasonable steps are taken to prevent unsuitable people from working with children. This applies equally to paid staff and volunteers, both full and part time. To ensure unsuitable people are prevented from working with young people the following steps should be taken when recruiting.

- Before recruitment commences, the job description and person specification will be reviewed to make sure it is still relevant. Safeguarding must always be a key role and responsibility.
- The application form must have a statement about NHCFC's position on safeguarding
- All prospective staff and volunteers must complete an application form. CVs are not acceptable on their own. The application form will elicit information about the applicants past employment and related experience of working with children and families. Check for gaps in employment history and ask for explanation at interview. Successful applicant's forms must be kept on file. Unsuccessful applicant's forms should be retained for 6 months then destroyed.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. A self-disclosure is asked for.
- All prospective employees and volunteers will be required to undertake an interview. Never interview alone. One member of the panel must be from the Board of Director's Safeguarding Sub-group. One panel member must have also undertaken safer recruitment training.
- Consent should be obtained from the applicant to carry out enhanced disclosure checks with the Criminal Records Bureau. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- Two confidential references, one of which must be the most recent employment. Where available, one reference should refer to work with children. These references **MUST** be taken up and confirmed through telephone contact if there are any concerns.
- Evidence of Right to Work.
- Medical check must be completed.
- Their qualifications should be substantiated.
- Offers of employment can be made but not confirmed until receipt of references and DBS clearance.

All successful employees and volunteers will receive formal induction during which:

- The job requirements and responsibilities should be clarified
- They should sign up to the organization's Code of Conduct
- Child Protection Procedures are explained and training needs identified.

Appendix 11

Disclosure And Barring Service (DBS)

Following successful interview, DBS forms will be completed by the applicant, and passed to the designated DBS Officer. They will ensure that all required documentation is valid and send to the checking agency.

When NHCFC receive their copy of the check the designated officer will contact the NHCFC Board of Directors' Safeguarding sub-group for approval. Two signatures must be obtained.

The designated DBS officer for Norton Hall is **Paula Davies**.

If there is a positive disclosure the sub-group will make a decision as to whether the appointment can be made. This might include taking independent advice and guidance.

Once a decision is made then the DBS disclosure will be destroyed.

Following a successful appointment a record is kept which covers:

- date DBS form submitted
- date disclosure is returned
- Disclosure number and issue date
- ISA registration number and issue date
- Names of Safeguarding sub-group members signing DBS off
- Date for next check.

DBSs will be updated every three years, unless current DBS policy changes when the Protection of Freedoms Bill is passed

Portable DBSs: A DBS disclosure for one position that has been used for another position in another organisation is called portability. NHCFC will only accept portable DBSs if:

- the DBS is for a post that is still active, e.g. Part time staff who may have another childcare post elsewhere.
- The DBS is checked and supporting documentation is produced e.g passport.
- The existing employer is contacted and a written reference is received on official paperwork.
- A risk assessment is carried out in relation to the post and post holder.

N.B. NHCFC will only accept portable DBSs as an interim measure whilst a fresh checks is carried out. Use of portable DBSs must be authorised by two members of the Safeguarding sub-group.

Appendix 12

Child Criminal Exploitation (CCE) and County Lines

“County Lines” is a national term used by police and law enforcement to commonly describe the approach taken by gangs and criminal networks originating from urban areas, who travel to locations such as county or coastal towns to sell class A drugs.

Gangs typically use children, young people, and vulnerable adults to deliver drugs to customers and this often involves the child being subjected to deception, intimidation, violence, financial exploitation and grooming.

County lines relates to a group (not necessarily affiliated as a gang) establishing a network between an urban hub and county location, into which drugs (primarily heroin and crack cocaine) are supplied. A branded mobile phone line is established in the market, to which orders are placed by introduced customers, with the line commonly (but not exclusively) being controlled by a third party, away from the market. The group exploits young or vulnerable people to achieve the storage and/or supply of drugs, movement of cash proceeds and to secure the use of dwellings (commonly referred to as ‘cuckooing’).

The group, or individuals exploited by them, regularly travel between the urban hub and the county market, to replenish stock and deliver cash. The group is inclined to use violence or threats and weapons, including knives, corrosives and firearms.

County Lines is a form of exploitation. Research says that some young people are more vulnerable than others to potential County Lines activity.

Staff must ensure that they remain vigilant to potential risk factors in order to prevent risk from increasing and that they consider young people's vulnerabilities and risk factors as well as risk factors of the area.

Key risk factors for young people are:

- Young people/adults who have substance misuse issues living in ‘cuckooed’ premises.
- Young people who are looked after or who have been looked after and who are exploited for drug running purposes.
- Young people with mental health difficulties.
- Young people who go missing from their parents/carers.
- Young people who are withdrawn, who do not engage in school and have limited trusted adults around them. They are targeted by County Lines offenders due to their ability to operate without drawing attention to themselves.

Key risk factors of areas are:

- Towns with high unemployment.
- Towns with high levels of social housing and deprivation.
- Towns which are close to a prison
- Towns which have a probation centre nearby

- Towns which have a drug treatment centre
- Towns which have children's homes
- Towns which have a train station or easy vehicle access

What to do if you have concerns that a child is being exploited

If there are immediate concerns for the child's safety, staff must immediately report their concerns to the Designated Safeguarding Lead. The police must be notified if there are immediate concerns for a child's safety or wellbeing because of exploitation.

Staff must ensure that a preventative approach is taken and that all children are educated around the risks associated with grooming, online safety, safe/healthy relationships, sex including what consent means, and child sexual exploitation.

Phones and internet use can be a key risk factor relating to child sexual exploitation. If there are known risks relating to child sexual exploitation, wherever possible staff must supervise internet use.

Any concerns relating to online grooming must be immediately documented on the appropriate electronic recording system and reported to the Designated Safeguarding Lead. Staff must be aware of the safe internet section of our safeguarding policy.

Child exploitation risks must be reviewed within safeguarding sub-group meetings and within Senior Leadership Team meetings. The purpose of this is to ensure that information is being shared and that proactive measures are being taken to safeguard the young person/young people.

What to do if a young person discloses that they have been exploited.

If a pupil discloses that they are being exploited, it is likely that this will be very traumatic for them. Staff must be aware of the potential impact that this could have on child's mental health and emotional wellbeing. Safety measures must be put in to support the child. Staff must listen, ask open questions, write as much detail down as possible, and never promise to keep things secret. It is important that staff are open and honest with the child, and show them unconditional positive regard. It is likely that the child will need reassurance that they are safe and that they are not to blame. Staff must document all information onto our recording systems.

After a child has disclosed, staff must immediately report the information to the Designated Safeguarding Lead who will then support the staff member to report the information to the police and CASS. Staff must ensure that the language they use is not 'victim-blaming'. Staff must show young people that they are non-judgmental and do not blame the young person for the abuse. If a young person has been sexually exploited by someone who they perceive as being their boyfriend, they may find it very traumatic to see this relationship as being exploitative and that the boyfriend did not love them as they perceived. It may take time for young people to understand and recognise that they have been exploited and so staff must be patient and support young people to get to this stage at the young person's own pace.

Designated Safeguarding Leads must ensure that staff know and understand the Local Safeguarding Partnership's procedures for safeguarding young people against exploitation.

Appendix 13

Breast Ironing

Much like FGM (Female Genital Mutilation), Breast Ironing is a harmful cultural practice and is child abuse.

What is breast Ironing?

Breast Ironing, also known as “breast flattening”, is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through use of hard or heated objects. This is done for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore kept in education. Breast ironing is practised in some African countries, notably Cameroon. Girls aged between

9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to

stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware.

Estimated range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa.

The United Nations (UN) states that breast ironing affects 3.8 million women around the world and has been identified as one of the five under-reported crimes relating to gender-based violence.

Breast Ironing in the UK

Concerns have been raised that breast ironing is also found to be amongst African communities in the UK, with as many as a 1,000 reported cases of young girls being subjected to breast ironing. These cases have mainly been from the Birmingham and London areas. Keeping Children Safe in Education (2020) mentions breast ironing on page 54, as part of the section on so called “Honor Violence”.

Professional working with children and young people must be able to identify the signs and symptoms of girls who are at risk of or have undergone breast ironing.

The Indicators

Breast ironing is a well-kept secret between the young girl and her mother/grandmother. Some indicators that a girl has undergone breast ironing are as follows:

- Unusual behaviour after absence from school or college including depression, anxiety, aggression, withdrawn etc;
- Reluctance in undergoing normal medical examinations.
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear
- Fear of changing for physical activities due to scars showing or bandages being visible.

Breast Ironing = Physical Abuse

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Although, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditions practices, it is not against the law.

There is no specific law within the UK around breast ironing, however, it is a form of physical abuse and if professionals are concerned a child may be at risk of or suffering significant harm they must refer to their Local Safeguarding Children's Board Procedures.

Health Consequences & Outcomes

Due to the instruments which are used during the process of breast ironing, for example spoon/broom, stones, pestle, breast band, leaves etc, combined with the insufficient aftercare, young girls are exposed to significant health risks. Breast ironing is extremely painful and violates a young girls physical integrity. It exposes girls to numerous health problems such as, abscesses, itching and discharge of milk, infection, dissymmetry of the breasts, cysts, breast infections, severe fever, tissue damage and even the complete disappearance of one of both breasts. In some extreme cases, breast ironing can even be related to the onset of breast cancer.

Breast ironing can also have a massive impact on young girls social and psychological well-being.

Appendix 14

NO PLATFORM FOR EXTREMISM

Responding to speakers promoting messages of hatred and intolerance

Introduction

This “No Platform Policy” aims to ensure that Norton Hall Children and Family Centre balances the right of freedom of speech against the potential use of its facilities for the promotion of extremist ideological, religious or political beliefs. In this context beliefs are considered to be extremist if they include the expression of racist or fascist views; if they incite hatred based on religious interpretation, ideology or belief; or if they promote discrimination on the grounds of political opinion, age, colour, disability, ethnic or national origin, gender, marital status, race, religion or sexual orientation.

This model policy is based on the No Platform Policy of Birmingham City Council, which will be found at www.lscbbirmingham.org.uk/index.php/policies-and-procedures-pro This provides further information and, in particular, Appendix 1 has guidelines on conducting research into the background of potential speakers.

Definitions

“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.”

Not every part of this definition has to be satisfied for a particular individual or organisation to be regarded as extremist.”

The Equality Act 2010 prohibits discrimination, harassment or victimisation on the basis of the “protected characteristics”. These are:

- Age;
- Disability;
- Gender reassignment;

- Marriage and civil partnership;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex; and
- Sexual orientation.

The Terrorism Act 2000 establishes a list of “proscribed organisations”. These are organisations that the Home Secretary believes are concerned in terrorism. It is an offence to belong to a proscribed organisation or to invite support for a proscribed organisation. This includes arranging, managing or addressing a meeting that is intended to support the activities of a proscribed organisation

A list of proscribed organisations and full details of the proscription offences can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322142/20140620-List_of_Proscribed_organisations_WEBSITE.pdf

Principles

The Principles on which this policy is based are -

- No person may use the facilities of NHCFC to express or promote extremist ideological, religious or political views.
- No person may use the facilities of NHCFC to express or promote discriminatory views in relation to the protected characteristics listed in the Equality Act 2010.
- NHCFC will not allow the use of its facilities by any group or organisation that is proscribed by HM Government.

Electronic Communication

Norton Hall Children and Family Centre will not allow the use of the school website, IT facilities or information management processes to:

- Promote discriminatory views in relation to the protected characteristics listed in the Equality Act 2010;
- Promote or glorify terrorism; or
- Promote extreme ideological, religious or political beliefs.

The centre has a right to exercise control over all activities on its IT facilities, including electronic communications associated with the name of the centre and use of centre equipment to access external resources. This includes the right to monitor the use of centre resources.

Written and Printed Communication

NHCFC has the right to exercise control over the content of any written or printed material that identifies itself as associated with the centre. It will not allow the use of its facilities in the production of such material, or permit the use of its name, or of any identifying marks relating to the centre, in such material, if that material appears to

- Promote discriminatory views in relation to the protected characteristics listed in the Equality Act 2010;
- Promote or glorify terrorism; or
- Promote extreme ideological, religious or political beliefs.

Use of Buildings, Facilities and Property

In deciding whether to allow any group or organisation to make use of its buildings, facilities and property NHCFC will take into account the views, policies and objectives of that group or organisation and may refuse on the grounds that these are incompatible with the policies and objectives of the CENTRE . In particular, access will be refused if it appears likely that the proposed activity would promote extremist ideological, political or religious beliefs.

Accountability

The Board of directors has ultimate responsibility for this policy. The implementation of the policy is the responsibility of the Centre Manager. NHCFC will use the No Platform Policy of Birmingham City Council for guidance on conducting research into the background of potential speakers, consulting other schools, other organisations, using search engines, assessing the reliability of information found, identifying risks to community cohesion etc.

Reporting Concerns

Centre staff have a responsibility to act on concerns. Staff will have training on how to recognise a potential issue with the promotion of extremism in school.

At NHCFC staff will inform the centre manager and designated Senior Lead if they have a concern.

Any staff member who has raised a concern will be given feedback on the action taken.

If after reporting a concern staff feel that no satisfactory action has been taken then they should escalate the concern by informing the board member responsible for safeguarding, of their concerns.

If a concern needs to be escalated further, then NHCFC Whistle Blowing Policy is to be used.

Training

The Centre will ensure that school staff and board members receive appropriate training in the issues raised by this policy.

Witch craft and “So called” Faith based abuse

Definition

“the invocation of alleged supernatural powers to control people or events, using sorcery or magic”.

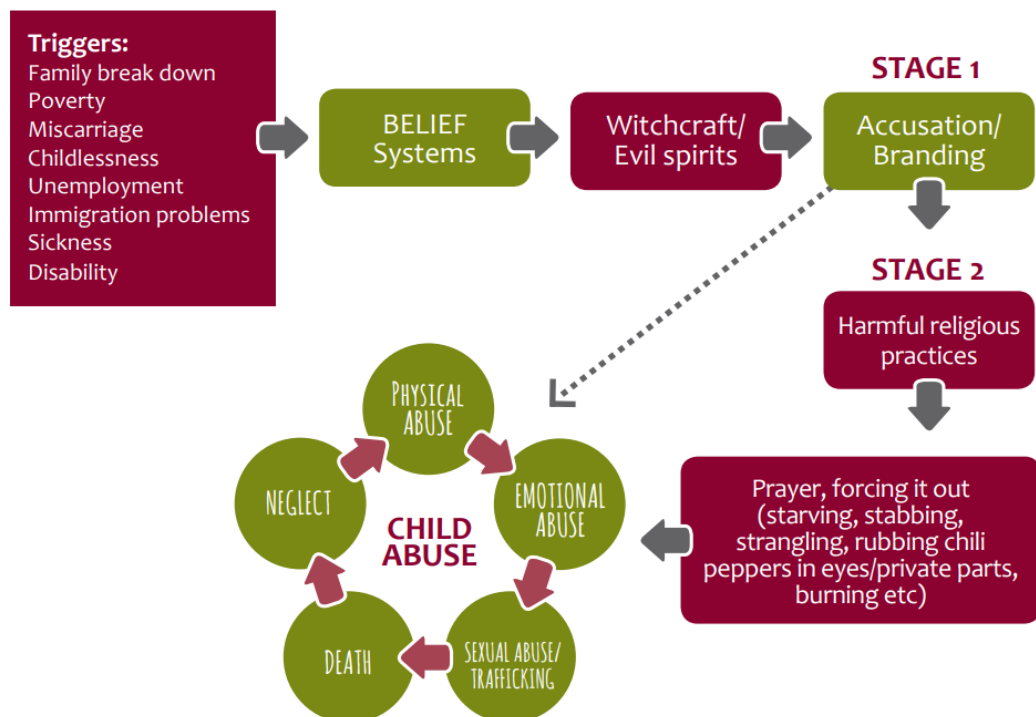
Afruca (2019)

Context

Many communities in the UK today face so many social and economic problems that create a fertile ground for the belief in the influence of evil spirits to flourish. These include poverty and deprivation, unemployment, lack of success, immigration problems, housing problems, family breakdown, ill health, and many others.

These “triggers” lead to children being scapegoated as the sources of these problems leading to them being labelled as witches. The labelling of children as witches is a huge form of emotional abuse in itself and cannot be ignored. Subsequent to that, such children are subjected to many other forms of abuses and harm to punish them for their evil deeds, but also in efforts to exorcise them from the evil spirits ‘possessing’ them. Due to the seriousness of the abuse and harm children branded as witches experience and the long term damage this causes to their overall well-being, this phenomenon is termed: “Witchcraft Abuse”

Figure One: Stages of Witchcraft Abuse



Source Afruca (2019)

How are child victims of Witchcraft Branding abused?

Branding a child as a witch is a serious form of emotional abuse. However, once this branding or labelling occurs, a catalogue of other abusive actions follows in response to what people believe is a way of dealing with evil. The form of abuse experienced is usually two-fold

Within Families and in the community This involves:

- The subsequent psychological and emotional abuse experienced in the form of verbal abuse, curses, and the knowledge by the child that he or she is hated by everyone because she is a witch. The self-torture that accompanies the belief that one is a witch responsible for wicked acts on people can be very damaging.
- Physical abuse: To beat the devil out, but also to punish. Many children accused of witchcraft experience severe physical abuse including beating with heavy implements, stamping on stomachs, kicking, punching, and starving in the form of fasting which can go on for days on end.
- Neglect: The child can be isolation and ostracised from other members of the family and friends. They are not cared for and are denied any form of attention, including medical attention. Sometimes children miss education or are not able to concentrate at school because of the abuses highlighted above.
- Sexual Abuse: In some cases, the isolation makes victims prone to additional sexual abuse in the hands of opportunists within the family or outside, since no one cares what happens to them

Within Faith Organisations

In many instances, the accusation of witchcraft is usually followed by what is known as a 'deliverance' or exorcism. These include:

- Shouting over a child while praying for him or her in a group which can cause a lot of emotional trauma
- Long prayers (vigil prayers) that do not give a child enough time to rest and sleep thus having a negative impact on his/her health and the ability to concentrate on their studies at home and in school
- Traumatizing a child with threats of hell if they do not repent from their witchcraft or evil deed.
- Forcing a child to fast for many days with no water and food in order to "get the witchcraft out"

Potential signs of abuse

Signs and symptoms may be the same as any form of abuse but may include

Unexplained bruises or marks on the body

- Incision marks on the body
- Says he or she will go to hell or is a bad person
- Is ostracised in the home or by other children from the same community
- Does not go to school or does not go to school regularly
- Has limited freedom of movement
- Is malnourished or steals food
- Claims to be fasting for many days at a time
- Is not taken to hospital when ill
- Looks unkempt and uncared for
- Looks sad, miserable, and lonely
- Does not have any friends or is ignored by other children

Responding to suspected abuse

If you are concerned that a child may be subject to the threat of or has actually been harmed you must report your concerns immediately to a DSL who will immediately contact CASS.