

Safeguarding Policy

“Providers should be safe environments where children, learners and vulnerable adults can learn and develop. Inspectors should consider how well they have created a culture of vigilance, where children’s and learners’ welfare is promoted and where timely and appropriate safeguarding action is taken for children or learners who need early help or who may be suffering, or likely to suffer, harm”.

Purpose of this Policy

This policy is intended to protect children, staff and parents who attend Child’s Play Day Nursery (Penistone) limited. Child’s Play believes that no one should experience abuse or harm and is committed to the protection of children and young people. This policy is intended to provide guidance and overarching principles to those who represent us as staff and volunteers, to guide our approach to child protection and safeguarding.

Child’s Play intends to create an environment where children are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to.

Child’s Plays aims are:

- To ensure that children are never placed at risk while in the charge of nursery staff.
- To ensure staff follow all policies and procedures in relation to safeguarding to offer high quality care to children at all times.
- To ensure that confidentiality is maintained at all times and all relevant legislation is adhered to.
- To ensure that all staff are trained in safeguarding procedures and child protection policies. All staff will receive training at induction and then annually. The Designated Safeguarding Lead, Andrea Askey and Emily Askey, Lucy Askey and deputies Sarah Kneeshaw, Sam Askey and Ben Askey will receive advanced training every two years and an annual refresher.
- The designated Safeguarding lead will be responsible for ensuring documentation is relevant and up to date.

Introduction

Child’s Play complies with the procedures approved by the Barnsley Safeguarding Children Partnerships. The nursery also follows the guidance set out in the publication “What to do if you are worried a child is being abused”.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

All Child’s Plays policies and procedures are reviewed annually by the DSL team.

Child’s Play recognises its duty under the Education Act 2002, the Children Act 2006, keeping Children safe in Education 2021 and Working Together to Safeguard Children 2019 and the Equality Act 2010. The nursery takes seriously its responsibilities to protect and safeguard the interests of all children. We recognise that effective child protection work requires sound procedures, good inter-agency co-operation and a workforce that is competent and confident in responding to child protection situations.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf

Child’s Play has a duty of care to communicate with Social Care any concerns about a child as children’s welfare is always our priority. [Worried about a child? \(barnsley.gov.uk\)](http://barnsley.gov.uk)

The **definition of safeguarding** is set out in the government document ‘Working together to safeguard children February 2018’:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Who to tell:

- If you think a child is in immediate danger, call the police 999 or (0114) 2202020.
- If the child's not in immediate danger, but you're still concerned about them, call social care assessment service on (01226) 772423 (weekdays before 5pm).
- Call emergency duty team on (01226) 787789 if you're calling after 5pm, at weekends or bank holidays.

Designated Safeguarding Lead (DSL) and Deputies

Andrea Askey, Emily Askey and Lucy Askey are the DSL who has ultimate lead responsibility for child protection this responsibility cannot be delegated. The DSL deputies are **Sam Askey, Sarah Kneeshaw and Ben Askey**.

In addition to formal training knowledge and skills will be refreshed annually via e-bulletins, meeting with other DSL's and taking time to read and digest safeguarding developments also attending safeguarding conference via local authority.

Andrea, Emily and Lucy Askey can appoint one or more suitable deputies to support her carrying out the following duties:

- Referring cases of suspected abuse to the local authority children's social care/joint assessment team.
- Referring cases where a person is dismissed or has left the setting due to causing harm/risk to a child to the Disclosure and Barring Service as required.
- Giving support, advice and guidance to all staff on an ongoing basis to encourage the early identification of the signs that children/families are experiencing difficulties that may result in a safeguarding concern being raised.
- Notifying the Local Authority Designated Officer (LADO) immediately if they are made aware of an allegation against staff/volunteer/student following the 'Allegations Against a Member of Staff/Volunteer/Student Policy' and taking any associated actions.
- Ensuring that all staff, volunteers, and students undertake mandatory safeguarding training. This includes how to recognise the symptoms of possible physical abuse, neglect, emotional abuse, and sexual abuse and that all staff understands the relevant procedures to follow.
- Ensure all staff follow policies and procedures correctly such as the 'Confidentially Policy', 'Information Sharing Protocol' etc.

Definitions

Practitioners and other adults in the nursery are well placed to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm.

- **Significant harm** is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. The relationships between staff, children, parents/carers and the public which foster respect, confidence and trust can lead to disclosures of

abuse, and/or nursery staff being alerted to concerns. As in the Children Act 2006 a child is anyone under the age of 18.

- **Harm** means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
- **Development** means physical, intellectual, emotional, social or behavioural development.
- **Health** includes physical and psychological health.
- **Ill-treatment** includes sexual abuse and other forms of ill-treatment which are not physical.

What is Abuse?

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 or prevent harm. It can involve any one or more of the following:

- **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/carer failing to:
 - Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
 - Protect a child from physical 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.

Potential signs of **neglect**:

- Poor personal hygiene/poor state of clothing.
- Constant tiredness, untreated medical problems.
- Poor physical condition/emaciation/failure to thrive, without an organic reason.
- Frequent lateness or non-attendance at school or nursery/poor intellect/development/underachieving.
- Repeated or frequent accidents due to low levels of, or inadequate, supervision.
- Inadequate or inappropriate diet/poor skin and hair condition, slow to heal sores, untreated head lice etc.
- Signs of emotional abuse, low self-esteem, attention seeking behaviour, no social relationships, isolation.

Action will be taken if staff have reason to believe that there has been persistent or severe neglect of a child, for example, exposure to any kind of danger including cold and starvation, which results in serious impairment of the child's health or development including failure to thrive.

Graded care profile - <https://learning.nspcc.org.uk/services-children-families/scale-up>

[neglect-matters-12pp.indd \(barnsley.gov.uk\)](#)

- **Physical abuse** - Physical abuse may involve:
 - Hitting, slapping, punching, kicking hair-pulling, biting, pushing, shaking, throwing.
 - Poisoning.
 - Burning or scalding.
 - Drowning or suffocating.
 - Physical punishments.
 - Inappropriate or unlawful use of restraint.
 - Physical harm caused by a parent or carer fabricating the symptoms of, or inducing, fabricated or induced illness.

Practitioners need to be aware of usual accidents injuries and areas of the body these occur on and where non accidental injury sites on a child's body may be bruises on babies who are not yet crawling or walking.

Non accidental injuries could include:

- Bruises on the cheeks, ears, palms, arms and feet.
- Bruises on the back, buttocks, tummy, hips and backs of legs
- Multiple bruises in clusters, usually on the upper arms or outer thighs
- Bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- Large oval-shaped bite marks.
- Burns or scalds
- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of **physical abuse** could be:

- Withdrawal from physical contact or close relationships with adults and children; be apprehensive when other children cry;
- Be frightened of going home; show reluctance for parent/carer to be contacted or appear to be frightened by a particular person (parent/carer or other)
- Being aggressive to others – children and adults; be reluctant to undress for PE or swimming; refuse to discuss or give improbable causes about injuries
- Parent/Carer may make repeated presentation of minor injuries or illnesses, often to the GP or A & E, which may represent a 'cry for help' and which, if ignored, may lead to more serious injury.
- Minor injuries in babies may be an indication that more serious injuries, like fractures, have already been sustained.

Action will be taken if staff believe that there has been a physical injury to a child, including deliberate poisoning. Where there is a definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented.

[Identifying Child Physical Abuse & How to Prevent It | NSPCC](#)

- **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. Staff will be aware and vigilant to peer-on-peer abuse. Staff are also aware of the mandatory duty to report known cases of female genital mutilation.

Potential physical signs of sexual abuse:

- Bruising around the knees, thighs, bottom, genitalia, and upper arms (often symmetrical, suggesting grip marks)
- Mouth injuries; burns/bite marks; injuries, infections, bleeding, abnormal discharge in the genital or anal area

Last updated February 2024.

- Pregnancy – particularly when concealed, soiling and wetting
- Sexualised drawings, play or language; low self-esteem, suicidal gestures, self-harm, running away, eating disorders, sleep disturbance
- Promiscuity, confusion as to the abuse
- Signs of 'grooming'
- Withdrawn and depressed

Potential emotional and behavioural signs:

- Avoiding being alone with or frightened of people or a person they know.
- Language or sexual behaviour you wouldn't expect them to know.
- Having nightmares or bed-wetting.
- Alcohol or drug misuse.
- Self-harm.
- Changes in eating habits or developing an eating problem.
- Changes in their mood, feeling irritable and angry, or anything out of the ordinary.

Children's harmful sexual behaviours - The 'Brooks Traffic Light Tool'/resources from NSPCC forms part of a resource designed to help professionals who work with children and young people to identify, assess and respond appropriately to sexual behaviours. By identifying sexual behaviours as green, amber or red, professionals across different agencies can work to the same criteria when making decisions and protect children and young people with a unified approach. The normative list aims to increase understanding of healthy sexual development and distinguish it from harmful behaviour.

Action will be taken if staff observe injuries connected to sexual abuse or witness occasions where a child indicates sexual activity through play, drawings or has an excessive preoccupation with sexual matters or has an inappropriate knowledge of adult sexual behaviour.

<https://learning.nspcc.org.uk/child-health-development/sexual-behaviour#heading-top>

- **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 over protection 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 seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Filters are fitted to nursery computers to which children have access. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs of potential **emotional abuse**:

As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused. But children who are being emotionally abused might:

- seem unconfident or lack self-assurance
- struggle to control their emotions
- have difficulty making or maintaining relationships
- act in a way that's inappropriate for their age.

The signs of emotional abuse can also be different for children at different ages.

Action will be taken under this heading if staff have reason to believe that there are severe, adverse effects on the behaviour and emotional development of the child caused by persistent or severe ill treatment or rejection. The settings behaviour policy will be referred to as it promotes Fundamental British Values of non-conflict and working things out to solve problems between children in a democratic way. The staff behaviour policy also sets these values at its heart and staff are expected to be role models for the children.

Domestic Abuse

In addition to the areas of abuse above all staff receive training on the **effects of domestic abuse on children and families**, how to recognise traits/behaviours and what to do. Child's Play takes this very seriously as evidence proves that there are more than 130,000 children in the UK living in homes with domestic abuse where there's a high risk of murder or serious injury. Thousands more live with less serious domestic violence every day. This has a serious impact on children, on their health and wellbeing. Nearly 2 in 3 children (62%) exposed to domestic violence were also directly harmed. Children suffer multiple physical and mental health consequences because of living with domestic violence. Only half of the children previously known to children's social services but 80% were known to at least one public agency (CAADA's 2nd National Policy Report Feb 2014).

What is domestic abuse?

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship between those **aged 16 or over**. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse:

- Can happen inside and outside the house
- Can happen over the phone, on the internet and on social networking sites
- Can happen in any relationship and can continue even when the relationship has ended
- Both men and women can be abused or abusers
- Teenage relationship abuse

Types of domestic abuse can include emotional, physical, sexual, financial or psychological, such as:

- Psychological including '**Gaslighting**' - Psychologists use the term "gaslighting" to refer to a specific type of manipulation where the manipulator is trying to get someone else to question their own reality, memory or perceptions. see [Gaslighting clip](#)
- Kicking, hitting, punching, or cutting
- Rape (including in a relationship)
- Controlling someone's finances by withholding money or stopping someone earning
- Controlling behaviour, like telling someone where they can go and what to wear
- Not letting someone leave the house
- Reading emails, text messages or letters
- Threatening to kill someone or harm them
- Threatening to another family member or pet

Coercive control 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.

This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

- Financial control/abuse

Last updated February 2024.

Signs:

It can be difficult to tell if domestic abuse is happening and those carrying out the abuse can act very different when other people are around. Children and young people might also feel frightened and confused which can result in them keeping the abuse to themselves. Signs that a child has witnessed domestic abuse can include:

- Aggression or bullying
- Anti-social behaviour like vandalism
- Anxiety depression or suicidal thoughts
- Attention seeking
- Bed wetting nightmares or insomnia
- Constant or regular sickness, like colds, headaches and mouth ulcers
- Drug/alcohol use
- Eating disorders
- Problem in school or trouble learning
- Tantrums
- Withdrawal

Effects:

Living in a house where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. And this last into adulthood.

What's important is to make sure the abuse stops and that children have a safe and stable environment to grow up in.

If a child talks to you about domestic abuse its important to:

- Listen carefully to what they are saying
- Let them know they have done the right thing by telling you
- Tell them its not their fault
- Say you'll take them seriously
- Don't confront the alleged abuser
- Explain what you will do next
- Report what you have been told as soon as possible

<https://www.refuge.org.uk>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97924/english-3-steps.pdf

How we Respond to Suspicions of Abuse

Children whose appearance or behaviour has given cause for concern will be listened to, reassured and valued. Changes in a child's appearance/behaviour will be monitored and recorded, through the "Cause for Concern Form".

In general, we would seek to clarify our concerns with the child, as appropriate to their age and understanding and with their parents/carers and if necessary, seek their agreement to make a referral to Children's Social Care unless it is considered such a discussion would place the child at further risk of significant harm.

There may be an occasion when a child reports that they have been hurt/abused by another child in the setting. This concern will be taken seriously and will be dealt with immediately.

Last updated February 2024.

The DSL will need to share the information with Children's Social Care without delay in order for Children's Social Care to consider if there is a need for them to undertake a Child protection Investigation at that point in time.

The DSL will consult with the Local Authority Designated Officer where there may be concerns about the supervision of the children at the time of the incident or if they wish to have further advice and input into investigating the situation.

Where both children can be identified immediate steps will be taken to ensure the safety of all children; the options could be additional staffing, children attending for different sessions.

The manager will identify, from the rota, all relevant staff who were in the setting at the time of the alleged incident and will interview them all to establish what happened.

Parents/carers will be made aware of the outcome of the investigation and what actions the nursery will be taking to ensure children are safe in the future.

Information needed to make a referral to Social Care

When making a referral to Children's Social Care staff will follow the procedure set out on the Safeguarding Poster and will need the following information:

- The settings full address and telephone number
- The referrer's occupation
- The name of the child, child's address, child's age and child's date of birth.
- Child's ethnicity (if known)
- The name of the child's Social Worker (if he/she has one).
- Any further family details known to us
- Parent/carer names and if they are aware of the referral being made
- Parents/carers address (if different from the child's)
- Names of brothers and sisters (and ages if known)
- Dates of birth of family members (if known)
- Any school or other childcare setting that the child/family members may attend
- Name of family doctor
- Name of family health visitor
- How long have we known the child
- Why are we worried about the child
- What the child has said about the injury/situation
- Any immediate or impending danger to the child
- The current whereabouts of the parents/carers e.g. place of work, times of work, when parents are due home

The DSL will inform OFSTED on 0300 121 1231 at latest within 14 days of the allegations being made.

All concerns and investigations will be kept confidential and only shared with staff on a need-to-know basis. The staff involved will be the child's key person, DSL and the management team. (Refer to allegations against a member of staff policy).

Staff Behaviour Policy

It is the responsibility of all staff to report inappropriate behaviour displayed by other staff members or any other person working with the children. This includes inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images. Any such

behaviour should be reported immediately. There is opportunity to raise these concerns at the supervision meetings. However, at Child's Play we have an open environment and actively encourage practitioners to raise concerns immediately with the DSL and/or DSL deputies.

Safe Recruitment

All staff and students employed or on placement in the nursery will undergo checks by the Criminal Records Bureau, DBS service prior to appointment. Staff are recruited in line with the settings recruitment policy. Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. All employees will have their right to work in the UK status checked where necessary. The 'Safer Recruitment Policy' details how we safeguard our children through the recruitment process.

Training

Mandatory training on safeguarding is provided for all staff. This includes how to recognise the symptoms of possible physical abuse, neglect, emotional abuse and sexual abuse and that all staff understand the relevant procedures to follow. All staff will receive training on induction. The designated Safeguarding Officer's will receive advanced training every two years and refresher updates annually. In house training has been given to all staff on the use of "Cause for Concern" forms which are completed in the nursery in the event that a staff member has any concern about a child.

Designated lead, Andrea Askey also has specific training with regard to safeguarding our most vulnerable child who have special educational needs and/or disabilities.

Mandatory training completed by all practitioners is managed by Lucy Askey. Safeguarding and prevent duty training is renewed annually, first aid and food hygiene is renewed every 3 years and for DSL and DSL deputies, their training is renewed every 2 years.

Supervisions are held at least every term, but if a practitioner requires additional these are provided, to discuss safeguarding concerns, child development and staff wellbeing. Staff are strongly encouraged to speak to one of the DSL if they have an immediate concern.

Record Keeping

Whenever concerns/changes are observed in a child's behaviour or physical appearance or condition a confidential record will be made and a "Cause for Concern form will be completed. These records are separate to the child's usual records of progress and development.

The record will include objective observations regarding the child's behaviour/appearance and where necessary words spoken by the child (verbatim). These files are kept in each child's safeguarding file to enable ease of cross-referencing attendance data, accident and existing injuries forms and are only accessed by the child's key person safeguarding officer or management team.

Record keeping with regards to accident and incident forms and attendance are on each child's 'Family' profile. If no concerns arise before, each child will be reviewed termly to identify any risk factors and any common trends.

Further Safeguarding Information

Staff also receive training/information on many other types of abuse as follows:

Breast Ironing/Flattening

Breast ironing (sometimes called flattening) is the pounding and massaging of a young girl's breasts to prevent and stunt breast growth. It is usually carried out by pressing, massaging, or pounding the breasts using hard or heated objects. It is a traditional practice in some parts of West Africa, usually arranged or performed by a girl's mother to make her less attractive to males by delaying the signs that a girl is maturing into a young woman. It usually starts when a girl begins to develop breasts, generally between 8 and 12 years of age.

Last updated February 2024.

Reasons for it include protecting the girl from sexual harassment and discourage pre-marital sex, unwanted pregnancy and early marriage. One of the drivers is often that the mother wants her daughter to avoid pregnancy so she can receive an education.

As breast ironing is a hidden practice, it's difficult to know how common it is. The UN estimate that nearly 4 million girls are affected. There are no official police or government figures for it in the UK, but it is widely acknowledged that it is practiced in this country.

Health Implications

Apart from severe pain, breast ironing causes:

- Burning and scarring
- Long term malformation or disappearance of the breasts
- Abscesses
- Life threatening infections
- Tissue damage
- Interference with breast feeding
- Mastitis
- Psychological problems such as anxiety, fear, depression and PTSD

It may also lead to the development of cysts, skin and breast cancer.

Signs that a girl maybe at risk of breast ironing

- She's embarrassed about her body.
- Her mother or close relative has undergone breast ironing.
- She talks about breast flattening in conversation and may tell other children about it.
- She asks a teacher or other adult for help if she thinks she's at risk.
- Her parents or family consider breast ironing integral to their cultural identity.
- Herself or her family have a limited level of integration within the community.

Signs a girl is undergoing breast ironing

- She talks about pains in her chest area, even though she might not say exactly why due to embarrassment or fear.
- She may tell a social worker, GP or other medical professional.
- She may be reluctant to undergo a medical examination.
- She maybe nervous about changing clothes for physical activities due to scars or risk of bandages being seen.

Honour Based Abuse

There is no specific offence of honour-based abuse/violence, but the Crown Prosecution Service describes it as an incident or crime which has, or may have, been committed to protect or defend the honour of the family or community. Honour can be the motivation, excuse or justification behind a range of violent acts against women and girls.

Honour-based abuse includes:

- forced marriage
- domestic violence (physical, sexual, emotional or financial)
- sexual harassment
- threats to kill

Last updated February 2024.

- denial of access to services such as phones or internet
- isolation from family and friends

Identify honour-based violence

People could be a victim of honour- based violence if they feel threatened or abused should they:

- Separate from their partner or divorce
- Start a new relationship
- Talk to or interact with men
- Become pregnant or give birth outside of marriage
- Have an interfaith relationship, or marry outside a specified religion
- Have sex before marriage
- Marry a person of their own choice
- Try to access higher education without approval of their family

What to do

Victims of honour- based violence or forced marriage should contact:

- National domestic violence helpline
- Forced marriage unit
- Find out more about honour- based violence on the refuge website

'Risk Outside the Home' theory

The 'Risk Outside the Home' theory considers the dynamic interplay between the child, family, peers, school and neighbourhood and the weight of influence presented by the attitude of their peers. Assessment of risk outside the home simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare so children's social care assessments should consider such factors.

Safeguarding incidents can be associated with, and occur between, children outside of setting. All staff, especially the designated safeguarding lead and their deputies, need to consider the context within which such incidents occur. Assessments of children must consider if wider environmental factors presented in a child's life are a threat to their safety and welfare. Extra familiar contacts are those that take place outside of the home with peers or others i.e., in the community, parks, transport hubs, school, or activity club.

Here at Child's Play, we build up excellent bonds and attachments with children and families. Risks associated with children offending, misusing drugs or alcohol, self-harming, going missing, being vulnerable to radicalisation, being sexually and/or criminally exploited, or suffering sexual violence and/or sexual harassment, including online, are known by the adults who care for them.

Children's social care assessments should consider these factors, so it's important that settings provide as much information as possible as part of a referral. This allows any assessment to consider all the available evidence and the full context of any abuse.

You can find out more on the Contextual Safeguarding Network website. Also, in the publication keeping Children Safe in education.

<https://www.barnsley.gov.uk/media/15625/contextual-safeguarding-briefing-paper.pdf>

Child Criminal Exploitation - County Lines and Cuckooing

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

Last updated February 2024.

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or “deal lines”. Children as young as 12 years old have been exploited into carrying drugs for gangs. The main county lines gangs operate from London and Liverpool but other groups work out of large cities such as Manchester, Birmingham and Reading. The gangs are able to operate more easily in quieter areas where they might not be known to police. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. This can include:

- Airbnb and short term private rental properties
- Budget hotels

The home of a drug user, or vulnerable person, that is taken over by a criminal gang – this may be referred to as cuckooing. Once in the property drugs and weapons can be stored there, as well as using it as a venue for dealing drugs and the sexual exploitation of girls and young women.

Signs that cuckooing has taken place include:

- Signs of drugs use.
- More people coming and going from the property.
- More cars or bikes outside.
- Littler outside.
- You haven't seen the person who lives there recently or when you have, they've seemed anxious, distracted and not themselves.

Potential signs of criminal exploitation:

- Having unexplained money and buying new things
- Wearing clothes or accessories in gang colours or getting tattoos.
- Using new slang words
- Spending more time on social media and being secretive about time online
- Making more calls or sending texts, possibly on a new phone or phones
- Self-harming and feeling emotionally unwell
- Taking drugs and abusing alcohol
- Committing petty crimes like shop lifting or vandalism
- Unexplained injuries and refusing to seek medical help
- Carrying weapons or having a dangerous breed of dog
- Frequently absent from and doing badly in school
- Going missing from home, staying out late and travelling for unexplained reasons.
- In a relationship or hanging out with someone older than them.
- Being angry, aggressive or violent
- Being isolated or withdrawn

(Source NSPCC)

Gender Based Abuse

Violence against women and girls (VAWG) is an umbrella term used to cover a wide range of abuses against women and girls such as domestic homicide, domestic abuse, sexual assault, abuse experienced as a child, female genital mutilation (FGM), forced marriage and harassment in work and public life. While men and boys also suffer from many of these forms of abuse, they disproportionately affect women.

Signs it may be occurring:

- Individual being isolated from family/friends

Last updated February 2024.

- Being monitored where they go and what they do
- Reading texts/social media
- Jealous behaviour
- Coercive control
- Humiliation
- Control over finances/what someone can wear
- Physical, psychological, emotional, sexual abuse

Female Genital Mutilation (FGM)

Female genital mutilation is defined as all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The consequences of FGM can include:

- Death
- Severe pain and shock
- Broken limbs from being held down
- Injury to adjacent tissues
- Urine retention
- Increased risk of HIV and AIDS
- Uterus, vaginal and pelvic infections
- Cysts and neuromas
- Infertility
- Increased risk of fistula
- Complication in childbirth
- Sexual dysfunction
- Difficulties in menstruation
- Trauma and flashbacks

Many affected communities believe that FGM is a necessary custom to ensure that a girl is accepted within the community and eligible for marriage. Families who practice FGM usually see it as a way of safeguarding a girl's future. Other reasons include:

- Perceived health benefits
- Preservation of a girl's virginity
- Cleanliness
- Rite of passage into womanhood
- Status in the community
- Protection of family honour
- Perceived religious justifications

There are NO religions that advocate for FGM.

The signs a girl could be at risk of FGM:

- Her mother has undergone FGM or one of her relatives has
- Mother requests re infibulation following childbirth
- Her parents or other family members regard FGM as integral to their cultural or religious identity
- Herself or her family has only limited level of integration within the community

- She is withdrawn from PSHE or sex and relationship education, perhaps due to her parents wanting to keep her uninformed about her body, FGM and her rights.
- She makes reference to FGM in conversation, eg telling other children about it.
- She may say she's having a special procedure or attending a special occasion to become a woman
- She may ask for help from a teacher or other adult if she thinks she's at risk of FGM
- Her parents say she will be out of the country for a long time but are reluctant to say why
- She's taken to a country with high prevalence of FGM, especially during the summer holidays which is known as the cutting season.

Signs FGM has occurred include:

- Prolonged absence from school
- Frequent need to go to the toilet
- Changes in behaviour
- Mentioning something has happen to them that they are not allowed to talk about
- Difficulty in sitting down comfortably
- Complaining about pain between their legs
- Change of dress from tight to loose fitting clothes
- Urinary tract infections
- Menstrual problems

If you are concerned a girl is at risk/immediate danger of FGM a referral must be made to Safeguarding child assessment team/police. If you become aware of a known case of FGM a referral must be made to the police.

https://www.proceduresonline.com/barnsley/scb/p_fem_gen_mutil.html

Forced Marriage

A forced marriage is where **one or both people do not or cannot consent to the marriage**, and pressure or abuse is used to force them into marriage. Forcing someone to marry isn't always physical, but it is always against the law.

In an arranged marriage **the family takes the lead to find a marriage partner for their son or daughter and both parties are free to choose whether they enter into the marriage**. An arranged marriage has the consent of both parties. It is recognised under English law.

The pressure put on a person to marry can take different forms:

- physical pressure might take the form of threats or violence (including sexual violence)
- emotional or psychological pressure might take the form of making someone feel they are bringing shame on their family, making them believe that those close to them may become vulnerable to illness if they don't marry, or denying them freedom or money unless they agree to the marriage

In some cases, people may be taken abroad without knowing that they are to be married. When they arrive in that country, their passport(s)/travel documents may be taken to try to stop them from returning to the UK.

Fabricated or Induced Illness

This is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.

Signs of fabricated or induced illness:

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness. Behaviours in FII include a parent/carers who:

- Persuades healthcare professionals that their child is ill when they're perfectly healthy
- Exaggerates or lies about their child's symptoms
- Manipulates test results to suggest the presence of illness-for example, by putting glucose in urine samples to suggest the child has diabetes
- Deliberately induce symptoms of illness-for example, by poisoning her child with unnecessary medication or other substances

FII can involve children of all ages, but the most severe cases are usually associated with children under 5. FII can also link to parents fabricating allergies, especially food. This happened in the case of Daniel Pelka. He was starved and beaten to death. He was 4 years old and just started school. The school was told he many food allergies and he could not eat most things. In fact, he was being starved to death.

https://www.proceduresonline.com/barnsley/scb/files/p_fab_ind_illness.pdf

Trio of Vulnerabilities

The term is used to describe the issues:

- Domestic abuse
- Parental mental ill health
- Substance misuse (alcohol and drugs)

Children living in environments where these are all present can be at risk of significant harm.

Domestic Abuse:

This is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 yrs. or over who have been intimate partners or family members.

The types of abuse that could be experienced are:

- Physical
- Psychological
- Sexual
- Financial
- Emotional
- The abuse can also include honour-based violence, FGM, and forced marriage

Symptoms of domestic violence:

- Victim may take a passive role in meetings/handovers
- Child talks of fighting/shouting that is happening at home
- Evidence of single or repeated injury/visible injury on adult
- Parent may seem frightened
- Parent may portray lack of trust in practitioner
- Child may lose bladder control
- Child may be absent from setting
- Child may become more aggressive/see aggressive behaviour as normal
- Child may become anxious and withdrawn
- Child may display scared emotions towards their parent

Please see the previous heading on domestic abuse for further information.

Substance misuse

Last updated February 2024.

Parental substance misuse' is the long-term misuse of drugs and/or alcohol by a parent or carer. This applies to the misuse of alcohol as well as problematic drug use which has serious negative consequences of a physical, psychological social and interpersonal, financial or legal nature for users and those around them. Substance misuse becomes relevant to child protection when it begins to impair their parenting capability.

This includes parents and carers who:

- Consume harmful amounts of alcohol (for example if their drinking is leading to alcohol-related health problems or accidents).
- Are dependent on alcohol.
- Use drugs regularly and excessively.
- Are dependent on drugs.

It also includes parents who aren't able to supervise their children appropriately because of their substance use (NSPCC, 2018).

Most parents and carers who drink alcohol or use drugs do so in moderation, which doesn't present an increased risk of harm to their children (Cleaver, Unell and Aldgate, 2011).

However, parents and carers who misuse substances can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children being at risk of harm.

Symptoms of substance misuse:

- Parents may present themselves as irritated, emotionally unavailable or irrational
- Lack of engagement / interest from parents on child welfare/development
- Tiredness or lack of concentration presented by parents when speaking to them
- Parents eyes maybe bloodshot or glazed
- Parent may experience abrupt weight changes
- Parent and child may look unkept
- Parent may present unusual body odours
- Child may have poor attendance
- Child may present a low self esteem

Parental mental ill-health

Parental mental illness does not always have an adverse impact on a child's development needs. However, the absence of a psychological diagnosis doesn't mean the child isn't at harm. Mental ill-health covers a wide range of conditions from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder.

Symptoms of parental mental ill health:

- A child acting as a young carer for a parent or sibling
- A child may miss nursery regularly as they are being kept at home as a companion for a parent
- Continuous low mood and low self esteem
- Moving or speaking more slowly than usual
- Avoids contact with key person
- Loses temper very quickly at mild things
- Child's physical and emotional needs neglected (may associated with parental depression)
- Seems distant from child.

https://www.proceduresonline.com/barnsley/scb/p_ch_par_mental_health.html

Child Sexual Exploitation (CSE) and Child Trafficking

Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they're being abused.

Signs of sexual exploitation can include:

- Unhealthy or inappropriate sexual behaviour.
- Being frightened of some people, places or situations.
- Bring secretive.
- Sharp changes in mood or character.
- Having money or things they can't or won't explain.
- Physical signs of abuse, like bruises or bleeding in their genital or anal area.
- Alcohol or drug misuse.
- Sexually transmitted infections.
- Pregnancy.

Child trafficking and modern slavery are child abuse. Many children and young people are trafficked into the UK from other countries like Vietnam, Albania and Romania. Children are also trafficked around the UK.

It may not be obvious that a child has been trafficked, but you might notice unusual or unexpected things. They might:

- spend a lot of time doing household chores
- rarely leave their house or have no time for playing
- be orphaned or living apart from their family
- live in low-standard accommodation
- be unsure which country, city or town they're in
- can't or are reluctant to share personal information or where they live
- not be registered with a school or a GP practice
- have no access to their parents or guardians
- be seen in inappropriate places like brothels or factories
- have money or things you wouldn't expect them to
- have injuries from workplace accidents
- give a prepared story which is very similar to stories given by other children. – (NSPCC)

To understand this topic further 'Three girls' is a true story documentary that you can find and watch online/catch up.

Discriminatory Abuse

In UK law, it's illegal to discriminate against anyone based on these protected characteristics:

- Age
- Gender reassignment
- Marriage status (including civil partnerships)
- Being pregnant or on maternity leave
- Disability
- Race (including skin colour, nationality, or a person's ethnic or national origin)
- Religious belief
- Sex, and sexual orientation

Last updated February 2024.

- Gender

Discrimination may take on a number of forms. Here are some examples:

- **Direct Discrimination.** Treating someone with a protected characteristic less favourably than others.
- **Indirect Discrimination.** Putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage.
- **Harassment.** Unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates a hostile environment for them.
- **Victimisation.** Treating someone unfairly because they've complained about discrimination or harassment.

Upskirting

Upskirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) this can be for sexual gratification, or to cause humiliation, distress or alarm.

Child Abuse linked to Faith

Abuse can be separated into five different areas;

- Abuse as a result of a child being accused of being a 'witch' (witchcraft)
- Abuse as a result of a child being accused of being possessed by 'evil spirits'
- Ritualistic abuse which is prolonged sexual, physical and psychological abuse
- Satanic abuse which is carried out in the name of 'Satan' and may have links to cults
- Any other harmful practice linked to a belief or faith This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

Signs and symptoms can include:

Physical: This can involve beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes.

Emotional: Emotional abuse can occur in the form of isolation. A child may not be allowed near or to share a room with family members and threatened with abandonment. The child may also be persuaded that they are possessed. The act of telling a child that they are possessed by an evil spirit or told that they are a witch can be emotionally abusive.

Neglect: In situations of neglect, the child's family and community may have failed to ensure appropriate medical care, supervision, education, good hygiene, nourishment, clothing or warmth.

Sexual: Children who have been singled out in this way can be particularly vulnerable to sexual abusers within the family, community or faith organisation - National FGM Centre

A child may also tell you they are bad luck or have to be punished and/or be made or wear a particular piece of jewellery to 'ward off bad spirits'.

CALFB can be linked to a variety of different religions and beliefs.

Infant Oral Mutilation (IOM)

Last updated February 2024.

Infant Oral Mutilation is the technical name for a cultural practice prevalent in many parts of Africa, involving the removal of infant's healthy deciduous teeth. Babies as young as six days old have these baby teeth removed from under their gums.

The most common presentation is the absence of the baby eye teeth, accounting for 95% of "nylon teeth" extractions in Tanzania and Uganda. IOM is three times more common in the lower jaw than the upper, probably because the swelling caused by the unerupted tooth bud is more easily seen and felt there.

The possible signs of IOM include:

- missing primary
- signs of dental surgery with severe inflammation, trismus (from swelling), lacerations and swellings in floor of mouth, remnant of charcoal powder at holes in oral mucosa, pain, bleeding, shock, inability to breast feed and/or abscess.

Child on Child Abuse

Keeping Children Safe in Education (2021) says that child on child abuse is most likely to include, but may not be limited to:

- Bullying (including cyberbullying, prejudice-based bullying and discriminatory bullying)
- Abuse in intimate personal relationships between peers
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- Sexual violence, such as rape, assault by penetration and sexual assault (this may include an online element which facilitates, threatens and/or encourages sexual violence)
 - In cases of child-on-child sexual violence and sexual harassment, including when this occurs online, staff should consider what support might be needed for the child or learner who has perpetrated the abuse as well as the victims of the abuse. All victims should be assured that they are taken seriously. Abuse that happens online or outside the school or college should not be downplayed or treated less seriously.
 - The Sexual Abuse Cycle will be considered in these cases and will be considered when considering the events from the perpetrator.
- Sexual harassment such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse; causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- Consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; and
- Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Child to Parent Abuse (CPA)

Child-to-parent-abuse (CPA or adolescent-to-parent abuse (APA) is any behaviour used by a child or young person to control, dominate or coerce parents, and is more common than you might imagine. It can include emotional, verbal, physical or financial abuse and includes "coercive control", or in other words, the parent or other adult is compelled to change their own behaviours for fear of further abuse.

SEND and Safeguarding

There are several factors that contribute to disabled children and young people being at a greater risk of abuse.

Communication barriers

Children and young people with speech, language and communication needs (including those who are Deaf and/or have a learning disability or physical disability) face extra barriers when it comes to sharing their worries and concerns.

- Adults may have difficulty understanding a child's speech so they may not realise when a child is trying to tell them about abuse.
- Adults may not have the knowledge and skills to communicate non-verbally with a child, which can make it harder for children to share their thoughts and feelings.
- Communicating solely with parents or carers may pose a risk if the child is being abused by their parent or carer.
- It can be difficult to teach messages about what abuse is or how to keep safe to children with communication needs. Without this knowledge children may not recognise that they are being abused or won't know how to describe what's happening to them.

Misunderstanding the signs of abuse

It's not always easy to spot the signs of abuse. In some cases, adults may mistake the indicators of abuse for signs of a child's disability.

- A child experiencing abuse or attempting to disclose abuse may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as part of a child's disability or health condition rather than an indicator of abuse, it can prevent adults from taking action.
- Injuries such as bruising may not raise the same level of concern as they would if seen on a non-disabled child. Adults may assume that bruising was self-inflicted or caused by disability equipment or problems with mobility.

(source: NSPCC)

English as an Additional Language and Safeguarding

If children are unable to communicate in English or have limited English they would not be able to tell someone they are being abused.

Look for signs of injury and or changing in behaviour.

Private Fostering

Private Fostering is a casual arrangement, where a person, who is not a blood relative and has no legal order in place, authorising the care of a child, under 16 (18 with a disability) for whom they provide care for an uninterrupted period of 28 days (S. 66 Children Act 1989).

If the person providing care is either a grandparent, aunt or uncle, cousin or older sibling, this is not Private Fostering.

If there is any kind of Legal Order in place, whereby the Court has awarded responsibility to the adult to care for the child, this is not Private Fostering.

Things to consider:

The child might refer to the person as Aunt or Uncle – but are they – or are they just a family friend?

LAST updated February 2024.

The child might refer to the person as dad or mum – but are they – have you asked for proof of PR – if you are a professional and you provide a service to the child or family?

Why Barnsley local authority need to know:

It is imperative that the local authority are notified if a child is living with someone who is not their parent or a connected person for longer than 28 days. The local authority needs to be satisfied that the placement is suitable and the child is safe. To be defined as 'Private Fostering' the child must be living with that person for longer than 28 days and this should be continuous but can include short breaks.

Children Going Missing

Children who go missing from the setting will receive well-coordinated responses that reduce the harm or risk of harm, by contacting the relevant local services. Risks are well understood, and their impact is minimised because at Child's Play we have very good relationships with our children and families. Staff are alert to signs that children who are missing might be at risk of abuse, neglect and/or exploitation. Upon a child's induction we collect more than one emergency contact number for each child.

If in the event that a child goes missing from home/education Child's Play will:

- Contact 999 if we deem the child is at significant harm.
- Contact children's social service duty team.
- Depending on the contextual environment and risk outside the home theory different agencies may be contacted e.g., if we were concerned a child was at risk of radicalisation then the Channel team will be contacted immediately.

Staff are aware of, and implement in full, local procedures for children who are missing from home and/or from education. Comprehensive records are held and shared between the relevant agencies.

All attendance is logged and monitored on Family, and every term (if no cause for concern has arisen) is cross referenced with accident, incident, medication and existing injury forms.

Transient Families & Homelessness

Children and families who move more frequently between local authorities include homeless families, asylum seekers and refugees, gypsy, traveller and Roma families and families experiencing domestic abuse.

A parent's homelessness or placement in temporary accommodation, often at a distance from previous support networks, can result in or be associated with transient lifestyles. There is a risk the family will fall through the net and become disengaged from health, education and other support systems. There may also be a reduction in previously available family/community support.

Temporary accommodation, for example bed and breakfast accommodation or women's refuges, may present additional risks e.g., where other adults are also resident who may pose a risk to the child.

Families that move frequently can find it difficult to access the services they need. For those already socially excluded, moving frequently can worsen the effects of this exclusion and increase isolation.

Some families in which children are harmed move home frequently to avoid contact with concerned agencies, so that no single agency has a complete picture of the family.

Disguised Compliance

Disguised compliance involves parents and carers appearing to co-operate with professionals in order to allay concerns and stop professional engagement (Reder et al, 1993). This can mean that social workers and other practitioners may be unaware of what is happening in a child's life and the risks they face may be unknown to local authorities. Practitioners need to be able to recognise disguised compliance when working with families and be aware of what actions to take in situations where they suspect parents or carers of disguised compliance.

Escalation Policy

The steps to be taken when there are disagreements between practitioners (from different agencies) in relation to concerns about the safety and welfare of a child or young person, and/or action being taken to safeguard them. This process ensures that all professionals have a quick and straightforward means of resolving professional differences in order to safeguard the welfare of children. Case Reviews have highlighted a lack of awareness and use of escalation within agencies. This can lead to drift and delay and means that practitioners are not able to satisfactorily resolve professional disagreements and safeguard children effectively.

Should events occur where this policy is necessary, please refer to the Barnsley Safeguarding Children's Partnership Escalation Policy.