

Section 1 SAFEGUARDING AND CHILD PROTECTION

- Springwood Lead Safeguarding Officer is Catia Silva
- Springwood Lead Safeguarding Officer Deputy is the Deputy Manager
- Room Leaders/Supervisors are 3rd in charge for Safeguarding and Child Protection matters.
- Springwoods' Senior Safeguarding Officers is Rachael C. – she has overall responsibilities for ensuring safeguarding practice for all sites. She provides advice and support for all sites, ensuring staff training and knowledge is up to date.
- LADO Local Authority Designated Officer - **023 9288 2500 – for concerns about members of staff**

Our Lead Safeguarding Officers are available on site and for advice via phone outside of working hours. All staff understands they have Duty of Care, and if for some reason Springwood Safeguarding Leads or their deputies cannot be contacted in any time the staff must follow procedures themselves regards any Safeguarding or Child Protection matters.

All Springwood's Policies and Procedures have regards to Safeguarding and Child Protection. They promote staff and child's best interest and their individual rights. We intend to create an environment in which, children are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to. In order to achieve this we will:

Exclude known abusers

It will be made clear to applicants for posts within the pre-school and nursery that the position is exempt from the provisions of the Rehabilitation of Offenders Act 1974.

- We have strict recruitment policy and procedures and we always have regards to statutory legislation including DBS Code of Practice 2015, DBS checks: guidance for employers September and ID checking guidelines for DBS check applications.
- All applicants for work, whether voluntary or paid, will be interviewed before an appointment is made and will be asked to provide at least two positive references.
- All such references will be followed up.
- In the case of applicants with unexplained gaps in their employment history, or who have moved rapidly from one job to another, explanations will be sought. We challenge all gaps in employment history.
- All appointments, both paid and voluntary, will be subject to a probationary period of six months and will not be confirmed unless the pre-school and nursery is confident that the applicant has suitable performance for the position.
 - All staff on site have enhanced DBS certificate applied for before they start work with us or they will have their online update status checked when on DBS update service (consent is seek from new applicant and existing employees). If their DBS is in process when starting this staff member will be supervised at all times and until the DBS is seen and appropriate information noted - DBS references number, the date check was obtained and who obtained. This will be recorder and stored on premises.
- We will seek out training opportunities for all staff involved in the group to ensure that they recognise the possible symptoms of physical abuse, neglect, emotional abuse and sexual abuse as well as FGM and Prevent Duty awareness courses so the applicant can be safely entrusted with children.

Aim and Purpose

Springwood is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment.

- Protecting children from maltreatment
- Preventing impairment of children's health or 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
- To develop an ethos in which the children feel secure and their views are valued.
- To support the pre-school and nursery and its staff in the early recognition of the possible signs and symptoms of abuse and neglect.
- To provide a clear framework for the referral process.
- To inform staff and parents about the pre-school and nursery's responsibilities.
- To ensure there is a clear procedure to be followed in terms of child abuse and allegation against staff
- To ensure staff, apprentices, volunteers, agency staff, third party contractors and parents are aware of this procedure.
- Lead Safeguarding Officers must refresh their safeguarding training every two years and other staff every three. HOWEVER, everyone will refresh their knowledge and skills at least once a year.
- Peer on peer play and observations must be respected and supervised by staff.
- Springwood offer a lead role buddy system to meet all needs for children under child protection and raise concerns on site

Requirements

The pre-school and nursery is required-

- To have effective policy and procedures to safeguard children
- To have designate member of staff to take a lead responsibility for safeguarding children.
- To follow the Local Safeguarding Procedures as well as **Hampshire, Isle of Wight, Portsmouth & Southampton (HIPS) Safeguarding Children Partnership's** procedures and to make referrals promptly in accordance with the guidelines. **Portsmouth Local Authority is call MASH Multi Agency Safeguarding Hub, Hampshire Local Authority is call Hampshire Children's Service**
- All concerns regarding a child will be reported to Authorities with Statutory Rights for Child Protection and any allegation against staff must be reported to LADO and OFSTED and we will make a referral to DBS when person is dismiss or would have been.

Our provision has a key role in the early recognition of the signs and symptoms of abuse and neglect and the appropriate referral process.

All staff are particularly well placed to observe any outward signs of abuse, changes in behaviour or development concerns including appropriate action to be taken with suspicion of staff concerning behaviour or their action.

All staff are aware of the Safeguarding boards where relevant information are displayed and where to find them.

Procedure

- We ensure anyone applying for a job, completes an application form, with employment history along with personal information such a NI number and ID checks. Applicants is expected to disclose any suitability concerns (whether received before or during their employment at Springwood) - any convictions, cautions, court orders, reprimands or warnings. Safeguarding policies and procedures (along with all policies) are shared with new staff and understood through rigorous induction training. New enhance DBS including Barred List, is processed and references are requested. Possible employees are informed that job offer can be withdraw if DBS shows relevant information (any past convictions will be taken on account), or references are not satisfactory to Springwood, and any other relevant conditions that Springwood deem necessary, e.g. qualification certificate.
- Where enhance DBS* check will reveal any information (DBS not clean) the applicant will be questions about them. We will ask for relevant court orders, police, solicitor's letters and any that are relevant. We will consult with the Department of Education and confirm that offenses are not disqualifying the applicant to work with children and young adults. We then conduct own risk assessment to assess if the applicant is suitable for our environment.
- While in employment, we check if the DBS certificate is up to date. We do this via DBS update service where we ask all our employees to subscribe. When check shows the certificate revel new information we will

immediately speak to the employee. The employees will not be able to carry the duties until after the investigation. The new enhanced DBS check will be requested. The LADO and Department of Education will be informed and we will follow guidance given. The same will apply when Springwood's employee disclose new information to us.

- Suitably and any relevant checks are made in the United Kingdom and overseas if applicable (**Criminal records checks for overseas applicant, that is within EU, EEA and outside of these areas**). **We will adhere to new employment rules for EU, EEA and Swiss citizen in the UK as well as ANY citizen coming to work to the UK after 1st January 2021.**
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or schoolchildren on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.
- Volunteers, students on long term placement, apprentices and agency staff do not usually work unsupervised, unless deemed competent and responsible;
- and only those 17 or over and apprentice age 16 or over may be included in ratios if deemed competent and responsible.
- Springwood will not employ anyone who has been disqualified. If during employment, Springwood will become aware of relevant information, that may lead to disqualification then we reserve the right to suspend employee with full pay while investigation takes place.
- When appropriate to do so an employee can apply to OFSTED to waive their disqualifications.
- We provide regular supervisions that provide opportunity for staff, apprentices and volunteers to discuss any issues concerning children's development or well-being.
- Supervisions also provide opportunity for staff, apprentices and volunteers to raise concerns about a colleague's behaviour.
- If staff, volunteers, apprentices, students or agency staff have concerns regarding the manager's behaviour and/or conduct regarding the safety and welfare of children or any other, they must report this to the Owner - Rachael Clarke or Springwood Early Years Advisor- Karolina Klepacka. Where there are concerns about the Owner or EY Advisor, staff can report that to their line manager and/or seek advice from ACAS 0300 123 1100 and Whistleblowing Helpline 08000280285
- Any allegations of abuse made against ANY member of staff who provides direct care to children will be dealt in line with appropriate policy.
- We have procedures for recording the details of visitors to the setting.
- We take security steps to ensure we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.

***DBS MATTERS**

Springwood will always follow the statutory guidance. Springwood reserves the right to request the new enhanced DBS check at any time during employment with us. When matters are left to be decided between employee and employer, Springwood will seek advice on these matters, will risk assess the situations and will decide in the best interest of the children, employees and the business. We will follow relevant procedures for e.g. disciplinary, if necessary. All workers at Springwood will have a DBS completed before starting their work placement with us.

Prevent abuse by means of good practice

- Those providing direct care to children will not be left alone for long periods with individual children or with small groups. Children are usually within sight and hearing and always within sight or hearing.
- Children will be encouraged to develop a sense of autonomy and independence through adult support in making choices and in finding names for their own feelings and acceptable ways to express them.
- This will enable children to develop the self-confidence and extend vocabulary to resist inappropriate

approaches.

- The layout of the playroom(s) will permit constant supervision of all children.
- Each child is measured against Thresholds Chart and as advised by Local Authority <http://documents.hants.gov.uk/childrens-services/ThresholdChartJuly2015.pdf> and in more details this one if concerns are detected <http://portsmouthscb.org.uk/wp-content/uploads/2016/09/PSCB-ThresholdDocument-FINAL.pdf>

Possible Abuse and/or Safeguarding Issues

If staff have **Any concerns** about child's welfare, they must act on them immediately.

Relevant fact sheets are available at the end of this policy and procedures booklet. Any concerns will be reported to Safeguarding leads and their deputies, also where relevant straight to the Police(FGM), and/or advice will be sought from appropriate channels.

The designated safeguarding lead or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from local children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible. Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment, and allocation of appropriate service provision. Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers supports staff who have to make decisions about sharing information.

This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.

Recognising possible signs and symptoms of abuse.

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Someone may abuse or neglect a child by inflicting harm or by failing to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children. Child abuse can have major long-term effects on all aspects of a child's health, development and well being. Below possible signs and symptoms may or may not be indicators that abuse has taken place, but the possibility should be considered. The main forms of maltreatment are:

Physical Abuse

Physical abuse is deliberately causing physical harm to a child. This might involve punching, kicking, biting, burning, scalding, shaking, throwing or beating with objects such as belts, whips, or sticks. It also includes poisoning, giving a child alcohol or illegal drugs, drowning or suffocation. Physical harm may also be caused when a parent or carer fabricates the symptoms of illness in a child. In pregnancy an unborn child can be harmed by domestic violence.

Signs of possible physical abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Injuries which have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Bruises, bites, burns and fractures, for example, which do not have an accidental explanation

- The child gives inconsistent accounts for the cause of injuries
- Frozen watchfulness

Possible effects of physical abuse

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

Emotional Abuse

Emotional abuse is where repeated verbal threats, criticism, ridicule, shouting, lack of love and affection causes a severe adverse effect on a child's emotional development. It includes conveying to children that they are worthless, unloved, inadequate or valued only insofar as they meet the needs of another person. Emotional abuse may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature inappropriate expectations being imposed on a child, over protection and limitation of exploration and learning, or preventing the child from taking part in normal social interaction. It may involve seeing or hearing the ill-treatment of another person. 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 ill treatment of children, or it may occur alone.

Signs of possible emotional abuse

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

Possible effects of emotional abuse

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

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. This may involve physical contact including penetrative sex, oral sex, masturbation, kissing, rubbing, or touching outside of clothing, or it may involve non-contact activities such as involving children in watching sexual activities, producing or looking at sexual images, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Abusers can be men, women or other children.

Signs of possible sexual abuse

- Any allegations made by a child concerning sexual abuse

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

Possible effects of sexual abuse

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. Neglect is when a parent or carer fails to provide adequate food, clothing, shelter (including exclusion from home or abandonment), medical care, or protection from physical and emotional harm or danger. It also includes failure to ensure access to education or to look after a child because the carer is under the influence of alcohol or drugs. In pregnancy neglect may occur as a result of misusing alcohol or drugs.

Signs of possible neglect

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

Possible effects of neglect

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

Protecting children at risk of radicalisation – Prevent Duty

"For early year's childcare 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 promote British values learning through play, staff modelling positive language, ideas and behaviour. We teach our children right from wrong, teaching our children to express their views and listen to others.

We learn about different cultures and religions and respecting others views and incorporate different focuses in our long-term planning, we learn by using different props and resources around our environment to help children understand about differences in the world.

For Prevent Duty related concern, we will use the same procedure as for any other safeguarding concern. All Springwood staff are trained on prevent duty.

FGM the Female Genital Mutilation Act 2003

Under the 2003 Act it is an offence for any person (regardless their nationality or residence status) to:

- Perform FGM in England, Wales and Northern Ireland
- Assist the carrying out FGM in England, Wales and Northern Ireland
- Assist a girl to carry out FGM on herself in England, Wales, Northern Ireland
- Assist (from England, Wales and Northern Ireland) a non-UK country to carry out FGM outside of the UK.
- All staff at Springwood are trained in FGM and have confidence when identify possible indicators for FGM like non-attendance of children, special holidays, female family staying over from countries outside of the UK, discussions about different types of cutting. Springwood staff will never examine the child. If any physical signs are discovered, then it is because support the child has been given in regular toilet/nappy care.

FGM helpline on: 08000283550 or email: fgmhelp@nspcc.org.uk. For FGM related concern, we will use the same procedure as for any other safeguarding concern and WILL report it to the Policy

Breast Ironing/Flattening

Professionals 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 or flattening. As with Female Genital Mutilation (FGM), breast ironing or flattening is classified as physical abuse.

Breast ironing is often a well-kept secret between the girl and her mother. This can make it difficult for professionals to identify. Care must be taken to navigate the deep-seated cultural belief and familial sensitivity of this practice. Many girls will not disclose that they are a victim of breast ironing for fear that their mother will get into trouble; or they believe it is being done for their own good.

Breast ironing is one of five UN defined 'forgotten crimes against women'. It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty. Other families may opt to use an elastic belt or binder to press the breasts so as to prevent them from growing. It should also be acknowledged that some adolescent girls and boys may choose to bind their breast using constrictive material due to gender transformation or identity, and this may also cause health problems.

Breast ironing is often carried out by the girl's mother with the belief that she is:

- Protecting her daughter from sexual harassment and / or rape
- Preventing the risk of early pregnancy by "removing" signs of puberty
- Preventing her daughter from being forced into marriage, so she will have the opportunity to continue with her education

Some signs that a girl is at risk from breast ironing include:

- Unusual behaviour after an absence from school or college including depression, anxiety, aggression, becoming withdrawn
- Reluctance in undergoing 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

Like other forms of FGM, breast ironing is an extremely painful process for the victim. Contrary to the beliefs of its proponents, breast ironing does not decrease the likelihood of its victims experiencing sexual violence or becoming sexually active. Many Cameroonian men have been unaware that the practice exists until recently, due to the growth in campaigns to tackle the issue.

The process of breast ironing combined with insufficient aftercare leaves young girls exposed to significant health risks, such as:

- Cysts and lesions
- Breast cancer
- An inability to produce breast milk
- Complete or partial eradication of single or both breasts

Where does it happen?

According to UN estimates, up to 3.8 million girls worldwide are affected. Breast ironing is particularly widespread in the West African nations of Cameroon, Guinea-Bissau, Chad, Togo and Benin.

It is thought that about 1,000 girls in West African communities across the UK have been subjected to the practice, but the figure could be much higher.

Why is it not illegal?

There is no specific law banning breast ironing in the UK and no-one has ever been prosecuted for carrying out the practice. However, offenders can be prosecuted for a range of crimes, including common assault, child cruelty and grievous bodily harm.

Professionals may be reluctant to tackle the issue because of 'cultural sensitivities' – the words 'culture', 'tradition' or 'religion' might come up when trying to explain this harmful practice, but as in the case of female genital mutilation (FGM), breast ironing is a ritualised form of child abuse.

LINKED FAITH and BELIEF

Child abuse linked to faith or belief may occur where **a child is treated as a scapegoat for perceived failure**. All agencies should be alert to the indicators and should be able to identify children at risk of this type of abuse and intervene to prevent it. Belief in witchcraft, spirit possession and other forms of the supernatural can lead to children being blamed for bad luck, being evil, and subsequently abused. Child abuse is also when others with beliefs to perform any acts to 'clean' a child, to 'protect' or 'accept' a child as e.g. part of their community or religion, or culture/tradition, etc., or even to think it is for fun, in a way that harm or can cause a harm to a child. Fear of the supernatural is also known to be used to make children comply with being trafficked for domestic slavery or sexual, criminal exploitation.

Child Witchcraft Abuse occurs when a vulnerable child is accused of using malevolent powers to harm others in the family or in the community or does not comply. Such accusations can stem from cultural or religious beliefs in the supernatural, or in the power of supernatural beings to control and harm other human beings. Additionally, a child may be believed to have its mind and body "possessed" by a malevolent, non-physical being in order to harm others. Such a child is deemed an evil, wicked/nasty child able to carry out harmful, destructive activities and is therefore subjected to abuse and harm as punishment and/or in the process of "exorcising" or to deliver them from the evil.

The term 'belief in spirit possession' is the belief that an evil force has entered a child and is controlling him or her. Sometimes the term 'witch child' is used and is the belief that a child is able to use an evil force to harm others.

The use of correct terminology will help you identify whether a child is at risk and may also assist in building a rapport with the child and carer. Terminology differs greatly between cultures and includes:

- Witch or witchcraft

- Black magic
- Evil eye
- Sorcery or child sorcerer
- Possessed by the Holy Spirit
- Kindoki and Ndoki (central Africa)
- Genies or Djinn (Arabic, Islamic)
- Demons, poltergeist (European)
- Juju and Obeah, (west Africa and Caribbean)
- High Science, voodoo (Caribbean, West Indian community)
- Dainee (Bengali)
- Dakini (in the Hindu context)

In all these cases, genuine beliefs can be held by families, carers, religious leaders, congregations, and the children themselves that evil forces are at work. Families and children can be deeply worried by the evil that they believe is threatening them, and abuse often occurs when an attempt is made to 'exorcise', or 'deliver' the child. Exorcism is the attempt to expel evil spirits from a child. (Safeguarding Children from Abuse Linked to a Belief in Spirit Possession 2007)

Risks

Children's abuse linked to accusations of 'possession' or 'witchcraft' can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. It is likely that a proportion of this type of abuse remains unreported.

Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her.

A child could be viewed as 'different' for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure/new marriages, etc.

The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

Any siblings or other children in the household may be well cared for with all their needs met by the parents and carers. The other children may have been drawn in by the adults to view the child as 'different' and may have been encouraged to participate in the adult activities.

Indicators

Concerns reported in the cases known from research have involved children aged 2 to 14, both boys and girls, and have generally been reported through schools or non-governmental organisations. The referrals usually take place at a point when the situation has escalated and become visible outside the family.

Note: This means that the child may have been subjected to serious harm for a period of time already.

The initial concerns referred have been about:

- Issues of neglect such as not being fed properly or being 'fasted', not being clothed, washed properly etc. but left to fend for themselves especially compared to the other children in the household;
- Often the carer is not the natural parent and the family structure can be complex;
- Children often appear distressed and withdrawn;
- The child is seen as the scapegoat for a change in family circumstances for the worse;
- In a group of children it may be the child who is relatively powerless vis-a-vis the parents/carers, maybe a child with no essential role in the family;

- The child is seen as someone who violates the family norms by being physically different perhaps because of illness, disability or, in some cases, a suspicion by the father of adultery by the mother.

Signs to look out for include:

- does the family come from a community or religion where such beliefs are widely accepted?
- has there been a change in the family dynamic or structure. Are the family under pressure?
- does the parent/carer put a high value on preserving family honour?
- are there reasons why the child might have been made a scapegoat?
- are there comments being made about the child being 'different'?
- is the child different from other children in the family or community e.g. disabled, epileptic, suffer an illness?
- what is the relationship between the child and their carer? Are they directly related to the child? □ what is the family structure? Are they treated differently to the other children in the household?
- is the parent or carer indicating that they are blaming the child for the family's misfortune?
- is there a lack of concern or close bond between the child and the parent/carer?
- is the parent/carer afraid to be near or alone with the child?
- is the child isolated by the family i.e. kept in a room, forced to eat alone? Where do they sleep and what conditions do they live in?
- is there an unborn child expected? There may be a belief that the evil spirit will be passed onto the expected child and this may escalate the violence against the abused child.
- is there any religious literature relating to witchcraft/possession in the house?
- are there any plans to send the child to another country (this may be for 'deliverance')?
- has the child disclosed that they are or have been accused of being 'evil', being possessed by the devil?
- does the child believe they are possessed?
- does the child talk of 'eating people' or of 'changing into an animal'?
- does the child shy away from other children, believing that he/she may infect others?
- does the parent/carer recognise their faith or community leader as all powerful? Although most faith leaders and groups will not condone the abuse or beliefs, care should be taken that the family are not being directed by powerful faith figure or involved in a place of worship that view the abuse as normal practises or are exploiting the situation or the family.
- are there concerns for the mental health of the parent/carer or substance abuse involved?
- are the family being stigmatised or shunned within their community?
- the family structure, what are the roles of the adults and who cares for the child?

Springwood will ensure we have an understanding of the family's culture. We will seek advice about a culture, religion, or set of beliefs that we do not understand, or which we are unfamiliar with. The signs may be quite evident, with some cultures believing that what they are doing is for the good of the child and that they are helping rid him/her of demons. They may not understand that what they are doing is abusive and against the law. On the other hand, the signs may be kept well hidden by a parent/carer who knows that the abuse is wrong and wants to avoid detection by the authorities.

Protection and Action to be Taken

- Where the concerns about abuse linked to witchcraft and spirit possession for the welfare and safety of the child or young person are such that a contact to MASH/Safeguarding Professional Line will be made.

An assessment should aim to fully understand the background and context to the beliefs and must involve the particular faith group or person performing or advising the family about the child in order to establish the facts i.e. what is happening to the child. The assessment may include key people in the community especially when working with new immigrant communities and different faith groups.

Issues

Whilst specific beliefs, practices, terms or forms of abuse may exist, the underlying reasons for the abuse are often similar to other contexts in which children become at risk. These reasons can include family stress, deprivation,

domestic violence and abuse, substance abuse and mental health problems. Children who are different in some way, perhaps because they have a disability or learning difficulty, an illness or are exceptionally bright, can also be targeted in this kind of abuse.

Any suggestions that the parent or carers will take the child out of the country must be taken seriously and legal advice sought regarding possible prevention. The child's sleeping and living arrangements must be inspected.

In assessing the risks to the child, the siblings or any other children in the household must also be considered as they may have witnessed or been forced to participate in abusive or frightening activities.

Law

Children Act 1989 - Section 47 of the Children Act 1989 empowers LA's to investigate a referral that a child may have suffered or is at risk of suffering harm. Whilst the Children Act 1989 does not mention the terms witchcraft or spirit possession, it does clarify what constitutes child abuse, which can include harm through witchcraft or spirit possession.

Children Act 2004 - Under Section 11 of the Children Act 2004, government bodies and agencies must 'make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.' This applies to children's services, Health bodies and Trusts and Police authorities (including transport Police).

Further Information

Further contacts for advice can be found from the local representatives for some faiths, from organisations such as the Churches' Child Protection Advisory Service (CCPAS) who provide information about exorcism; the African Caribbean Evangelical Alliance (ACEA); Churches Together in England and the Muslim Parliament, all of whom are consulting about and developing guidance.

[National Action Plan to Tackle Child Abuse Linked to Faith or Belief \(2012\)](#)

[Safeguarding Children from Abuse Linked to a Belief in Spirit Possession \(2007\)](#) this good practice guidance is archived but still available.

<https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief> - **This action plan was created for anyone who works with children, to raise awareness of child abuse linked to faith or belief. It will also be of interest to religious groups and communities in general.** The plan identifies problems and solutions, and includes case studies of work already being done to stop or prevent this type of abuse.

So-called 'HONOUR-BASED' violence

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

TRAFFICKING

a. *"Trafficking of persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;*

b. *The consent of a victim of trafficking in persons to the intended exploitation set forth in sub-paragraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used;*

c. *The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered “trafficking in persons” even if this does not involve any of the means set forth in subparagraph (a) of this article;*

Why do people traffic children?

Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick-pocketing, theft and working in cannabis farms. There are a number of cases of minors being exploited in the sex industry. Although there is no evidence of other forms of exploitation such as ‘organ donation or ‘harvesting’, all agencies should remain vigilant.

Why is trafficking possible?

Children may be trafficked from other countries for a variety of reasons. There are a number of factors in the country of origin which might make children vulnerable to being trafficked. The factors listed below are by no means a comprehensive list:

- poverty;
- lack of education;
- discrimination;
- cultural attitudes;
- grooming;
- dysfunctional families;
- political conflict and economic transition and
- inadequate local laws and regulations.

How are children recruited and controlled?

Traffickers use a variety of methods to recruit their victims. Some children are coerced, but most are trapped in subversive ways. For example, children may be promised education or ‘respectable’ work in restaurants or as domestic servants, or parents may be persuaded that their children will have a better life elsewhere. Many children travel on false documents. Even those whose documents are genuine may not have access to them. One way that traffickers exert control over trafficked children is by keeping their passports and threatening children that they will be deported if they escape.

Even before they travel, children may be subjected to various forms of abuse and exploitation to ensure that the trafficker’s control over them continues after the child is transferred to someone else.

Methods used to control a child include:

- confiscating the child’s identity documents;
- threatening to report the child to the authorities;
- violence, or threats of violence, towards the child;
- threats of violence towards members of the child’s family;
- keeping the child socially isolated;
- keeping the child locked up;
- telling children that they owe large sums of money and that they must work to pay this off;
- depriving the child of money; and
- frightening children with threats based on cultural or belief systems, for example, witchcraft or spirit possession.

How are children brought to the UK?

Any port of entry into the UK might be used by traffickers. There is evidence that some children are trafficked through numerous countries before arriving in the UK.

The impact of trafficking on children’s health and welfare.

Trafficked children may not only be deprived of their rights to health care and freedom from exploitation and abuse, but may also be denied access to education.

The creation of a false identity and implied criminality of the children, together with the loss of family and community, may seriously undermine their sense of self-worth. At the time they are found, trafficked children may not show any obvious signs of distress or imminent harm, but they may be vulnerable to particular types of abuse and may continue to experience the effects of their abuse in the future.

<https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practiceguidance>

Grooming

Grooming is when someone builds a relationship, trust, and emotional connection with a child or young person so they can manipulate, exploit and abuse them.

Children and young people who are groomed can be [sexually abused](#), [exploited](#) or [trafficked](#).

Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.

Any child is at risk of being groomed. And it's important to remember that both boys and girls can be groomed. Children who are groomed online could be abused by someone they know. They could also be abused by someone who commits a one-off act or a stranger who builds a relationship with them.

Some children are more at risk of grooming, particularly those who are vulnerable. Children in care, with disabilities or who are neglected can be targeted by groomers. Groomers will exploit any vulnerability to increase the likelihood a child or young person will become dependent on them and less likely to speak out.

Types of grooming

Children and young people can be groomed online, in person or both – by a stranger or someone they know. This could be a family member, a friend or someone who has targeted them – like a teacher, faith group leader or sports coach. When a child is groomed [online](#), groomers may hide who they are by sending photos or videos of other people. Sometimes this'll be of someone younger than them to gain the trust of a "peer". They might target one child online or contact lots of children very quickly and wait for them to respond.

The relationship a groomer builds can take different forms. This could be:

- ☐ a romantic relationship
- ☐ as a mentor
- ☐ an authority figure
- ☐ a dominant and persistent figure.

A groomer can use the same sites, games and apps as young people, spending time learning about a young person's interests and use this to build a relationship with them. Children can be groomed online through:

- ☐ social media networks
- ☐ text messages and messaging apps, like Whatsapp
- ☐ email
- ☐ text, voice and video chats in forums, games and apps.

Whether online or in person, groomers can use tactics like: ☐

- ☐ pretending to be younger
- ☐ giving advice or showing understanding
- ☐ buying gifts
- ☐ giving attention
- ☐ taking them on trips, outings or holidays.

Groomers might also try and isolate children from their friends and family, making them feel dependent on them and giving the groomer power and control over them. They might use blackmail to make a child feel guilt and shame or introduce the idea of 'secrets' to control, frighten and intimidate.

It is important to remember that children and young people may not understand they have been groomed. They may have complicated feelings, like loyalty, admiration, love, as well as fear, distress and confusion.

Signs of grooming

It can be difficult to tell if a child is being groomed – the signs are not always obvious and may be hidden. Older children might behave in a way that seems to be "normal" teenage behaviour, masking underlying problems.

Some of the signs you might see include:

- ☐ being very secretive about how they are spending their time, including when online
- ☐ having an older boyfriend or girlfriend
- ☐ having money or new things like clothes and mobile phones that they can't or won't explain ☐ underage drinking or drug taking
- ☐ spending more or less time online or on their devices
- ☐ being upset, withdrawn or distressed
- ☐ [sexualised behaviour](#), language or an understanding of sex that's not appropriate for their age ☐ spending more time away from home or going missing for periods of time.

A child is unlikely to know they have been groomed. They might be worried or confused and less likely to speak to an adult they trust. If you are worried about a child and want to talk to them, we have advice on [having difficult conversations](#).

If a child discloses

If a child talks to you about grooming it is important to:

- ☐ listen carefully to what they are saying
- ☐ let them know they've done the right thing by telling you
- ☐ tell them it's not their fault
- ☐ say you'll take them seriously
- ☐ don't confront the alleged abuser
- ☐ explain what you'll do next
- ☐ [report](#) what the child has told you as soon as possible.
- ☐

Effects of grooming

Grooming can have both short and long-term effects. The impact of grooming can last a lifetime, no matter whether it happened in person, online or both.

A child or young person might have difficulty sleeping, be anxious or struggle to concentrate or cope with school work. They may become withdrawn, uncommunicative and angry or upset.

Children, young people and adults may live with:

- ☐ anxiety and depression
- ☐ eating disorders
- ☐ post-traumatic stress
- ☐ difficulty coping with stress
- ☐ [self-harm](#)
- ☐ [suicidal thoughts](#)
- ☐ sexually transmitted infections
- ☐ pregnancy
- ☐ feelings of shame and guilt
- ☐ drug and alcohol problems
- ☐ relationship problems with family, friends and partners.

Report grooming

Springwood will follow its procedures for reporting grooming as it does with reporting any other possible abuse or neglect.

Whether you are a parent, carer, worried adult or young person, you can make a [report online](#).

You can also contact your local child protection services or the police to report your concerns about any type of grooming - whether it is happening online, in person or both.

It is important to remember that it is against the law to make or share images of child abuse. If you see a video or photo that shows a child being abused, don't comment, like or share it – but please Report it. You can also report

videos and images of child sexual abuse to the [Internet Watch Foundation](https://www.internetwatchfoundation.org/). NSPCC Helpline on [0808 800 5000](tel:08088005000), email help@nspcc.org.uk

If practitioners have concerns that a child may be a potential victim of **modern slavery or human trafficking** then a referral should be made to the National Referral Mechanism¹²
[https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessmentforms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slaveryengland-andwales#:~:text=The%20National%20Referral%20Mechanism%20\(%20NRM,human%20trafficking](https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessmentforms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slaveryengland-andwales#:~:text=The%20National%20Referral%20Mechanism%20(%20NRM,human%20trafficking) , as soon as possible.

CHILD SEXUAL EXPLOITATION

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity
 (a) in exchange for something the victim needs or wants, and/or
 (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:

- can affect **any child or young person** (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. Some of the following signs may be indicators of child sexual exploitation:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

CHILD CRIMINAL EXPLOITATION <https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-criminal-exploitation>

The Home Office defines Child Criminal Exploitation (CCE) as:

Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual.

Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation often happens alongside sexual or other forms of exploitation.

Child Criminal exploitation is broadier than just county lines and includes for instance children forced to work on cannabis farms, to commit theft, shoplift or pickpocket, or to threaten other young people.

Currently there is no statutory definition for Child Criminal Exploitation. However, it is covered within the Modern Slavery Act 2015 which sets out the offences of slavery, servitude and forced and compulsory labour in section 1, and human trafficking in section 2. Potential victims can be exploited in a number of ways, including sexual exploitation, forced labour, domestic servitude and criminal exploitation. Children may be forced to work in cannabis factories, move drugs, money or weapons across county lines or within their locality, launder money through their bank accounts or carry out crimes of theft or violence, particularly against other young people.

See: [Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation Procedure](#) for details of the National Referral Mechanism, which is the framework for identifying and supporting victims of human trafficking and modern slavery.

COUNTY LINES

County lines is a form of Child Criminal Exploitation. It is a term used to describe the activities of gangs and organised criminal networks who are involved in exporting illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or other forms of "deal line". These gangs are likely to exploit children and vulnerable adults to move (and store) the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. ([County lines: criminal exploitation of children and vulnerable adults, Home Office 2018](#)).

The adults running these networks remain at a distance from the frontline activity of drug dealing, reducing the risk of being caught and instead - they exploit vulnerable children who are at high risk of significant harm transporting and selling drugs, often many miles from home. Some children are forced to carry the drugs in harmful ways that are abusive and could result in their death. For example, 'plugging' is commonly used, which is when children can be forced to insert and carry drugs in their rectum or vagina.

Children may be sent to another area of the country to live with a vulnerable adult whose home has been taken over by the gang in exchange for a continued supply of drugs. This is known as 'CUCKOOING'. These environments are extremely dangerous for children who face the risk of violence from their exploiters and / or the drug users who have been cuckooed, as well as from an unsafe physical environment featuring toxic substances and used needles. Other dealers in the area may also target these children to prevent them taking over their 'patch' - exposing them to the risk of more violence.

County lines activity is dynamic, and perpetrators will change their methods of exploitation quickly. As professionals become more responsive to identifying children at risk, criminals adapt their tactics. This may be by targeting new groups of children to exploit to avoid detection or recruiting children within the local area and hence avoid the risk of them being identified when travelling. As a result a child who is exploited can leave their home or care placement in the morning, sell drugs and return the same day and so avoid being reported missing.

There are high levels of violence and intimidation linked to county lines activity. Children can be very quickly groomed into criminal activity, often before parents or professionals realise what is happening.

Initially they may be trusted with small activities or 'minor' tasks that may seem inconsequential to the child but which lead to a rapid escalation in demand and risk. Although the risk to the child is already present, at this point they are often unaware and may begin to believe that they have the trust and respect of their 'elders'.

One of the tactics that may be used by perpetrators involves staging a fake robbery where the drugs and money concealed on the child are stolen by their own gang. In these cases, the child believes they have lost money, drugs or phone contacts that are valuable to those running the county lines, and that they must work for free to repay the debt. Perpetrators might also threaten the safety of their family or parents, or their homes.

It is important to remember the unequal power dynamic within which this exchange occurs, and to remember that the receipt of something (e.g. money, drugs, 'status') by a child or vulnerable adult does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in county lines activity to prevent someone carrying out a threat to harm their family.

All criminally exploited children are at risk of neglect, emotional harm, sexual exploitation and abuse, as well as substance misuse and extreme forms of violence. Sexual violence can be used as a form of punishment.

Younger siblings may be recruited through fear, violence and intimidation against the family of older children who have already been exploited.

The trauma caused by intimidation, violence, witnessing drug use or overdoses and continued threats to themselves or to family members can lead to significant mental and physical ill-health of exploited children.

Who is at Risk?

Any child or young person may be at risk of criminal exploitation, regardless of their family background or other circumstances. For some, their homes will be a place of safety and security; for others this will not be the case. Whatever the child's home circumstances, the risks from exploitation spread beyond risks to the child. Their families or siblings may also be threatened or be highly vulnerable to violence from the perpetrators of criminal exploitation.

Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years;
- Can affect any vulnerable adult over the age of 18 years;
- Can still be exploitation even if the activity appears consensual;
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Can be perpetrated by individuals or groups, males or females, and young people or adults; and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Perpetrators are known to target vulnerable children and adults; some of the factors that heighten a person's vulnerability includes:

- Having prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- Social isolation or social difficulties;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other people involved in gangs;
- Having a physical disability or learning disability;
- Having mental health or substance misuse issues;
- Being in care (particularly those in residential care and those with interrupted care histories);

- Being excluded from mainstream education, in particular attending a Pupil Referral Unit. It is important when schools are considering exclusions they also consider the safeguarding risks to the child.

It is thought that 14-17 years is the most common age for children to be exploited but there are reports of children below the age of 11 years being targeted.

Male children are most commonly identified as being criminally exploited, but female children are also used and exploited. It may be that female children are identified by agencies for other reasons other than criminal exploitation but are also being criminally exploited.

Signs and Indicators

Some potential indicators of county lines involvement and exploitation are listed below, with those at the top of particular concern:

- Persistently going missing from school or home and / or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones;
- Excessive receipt of texts / phone calls and/or having multiple handsets;
- Relationships with controlling / older individuals or groups;
- Leaving home / care without explanation;
- Suspicion of physical assault / unexplained injuries;
- Parental concerns;
- Carrying weapons;
- Significant decline in school results / performance;
- Gang association or isolation from peers or social networks.

Action to be taken

If a practitioner identifies that a child is involved in, or at risk of involvement in CCE we will respond following their individual agency's MASH/Safeguarding and Child Protection Procedures, alongside any specific local guidance for identifying and responding to CCE.

The Home Office has published guidance for safeguarding agencies in the [Child exploitation disruption toolkit](#). The toolkit is primarily aimed at frontline staff, including law enforcement, social care, education, housing and the voluntary sector, working to safeguard children and children under the age of 18 from sexual and criminal exploitation. Additionally, it is intended to help all safeguarding partners to understand and access existing legislative opportunities at their disposal and to target specific risks and threats.

FABRICATED or INDUCED ILLNESS

<https://www.nhs.uk/mental-health/conditions/fabricated-or-induced-illness/overview/#:~:text=FII%20is%20a%20child%20safeguarding,follow%20local%20child%20safeguarding%20procedures>

1. Definition

Fabricated or Induced Illness is a condition whereby a child suffers harm through the deliberate action of her/his main carer and, which is attributed by the adult to another cause. 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 get medical care) to induced illness.

It is a relatively rare but potentially lethal form of abuse.

Concerns will be raised for a small number of children when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by the actions of a carer or carers having fabricated or induced illness.

It is important that the focus is on the outcomes or impact on the child's health and development and not initially on attempts to diagnose the parent or carer.

The range of symptoms and body systems involved in the spectrum of fabricated or induced illness are extremely wide.

Investigation of Fabricated and Induced Illness and assessment of significant harm to a child falls under statutory framework provided by Working Together 2015 and Safeguarding Children in whom illness is fabricated or induced.

2. Risks

There are four main ways of the carer fabricating or inducing illness in a child:

- Fabrication of signs and symptoms, including fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluids;
- Exaggeration of symptoms/real problems. This may lead to unnecessary investigations, treatment and/or special equipment being provided;
- Induction of illness by a variety of means.

The above four methods are not mutually exclusive.

Harm to the child may be caused through unnecessary or invasive medical treatment, which may be harmful and possibly dangerous, based on symptoms that are falsely described or deliberately manufactured by the carer, and lack independent corroboration.

Concern may be raised at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer.

Why does fabricated or induced illness happen?

The reasons why FII happens are not fully understood. In cases where the mother is responsible, it could be that she enjoys the attention of playing the role of a "caring mother".

A large number of mothers involved in FII have borderline personality disorders characterised by emotional instability, impulsiveness and disturbed thinking.

Some mothers/carers involved in FII have so-called "somatoform disorders", where they experience multiple, recurrent physical symptoms. A proportion of these mothers also have Munchausen's syndrome.

Some carers have unresolved psychological and behavioural problems, such as a history of self-harming, or drug or alcohol misuse. Some have experienced the death of another child.

There have also been several reported cases where illness was fabricated or induced for financial reasons. For example, to claim disability benefits.

3. Indicators

- Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering; or
- Physical examination and results of medical investigations do not explain reported symptoms and signs; or
- There is an inexplicably poor response to prescribed medication and other treatment; or
- New symptoms are reported on resolution of previous ones; or
- Reported symptoms and found signs are not observed in the absence of the carer; or
- Over time the child is repeatedly presented with a range of symptoms to different professionals in a variety of settings; or
- The child's normal, daily life activities, such as attending school, are being curtailed beyond that which might be expected from any known medical disorder from which the child is known to suffer; □ Excessive use of any medical website or alternative opinions.

There may be a number of explanations for these circumstances and each requires careful consideration and review.

Concerns may also be raised by other professionals who are working with the child and/or parents/carers who may notice discrepancies between reported and observed medical conditions, such as the incidence of fits.

The abuse that happens in fabricated or induced illness (FII) takes a range of forms and can be difficult to recognise, but there are warning signs to look out for.

Warning signs:

- symptoms only appear when the parent or carer is present
- the only person claiming to notice symptoms is the parent or carer
- the affected child has an inexplicably poor response to medicine or other treatment
- if 1 particular health problem is resolved, the parent or carer may then begin reporting a new set of symptoms
- the child's alleged symptoms do not seem plausible – for example, a child who has supposedly lost a lot of blood but does not become unwell
- the parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their views about the child's treatment are challenged by medical staff
- the child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition – for example, they never go to school or have to wear leg braces even though they can walk properly
- the parent or carer has good medical knowledge or a medical background
- the parent or carer does not seem too worried about the child's health, despite being very attentive
- the parent or carer develops close and friendly relationships with healthcare staff, but may become abusive or argumentative if their own views about what's wrong with the child are challenged
- 1 parent (commonly the father) has little or no involvement in the care of the child
- the parent or carer encourages medical staff to perform often painful tests and procedures on the child (tests that most parents would only agree to if they were persuaded that it was absolutely necessary)

Professionals who have identified concerns about a child's health should discuss these with the child's GP or consultant paediatrician responsible for the child's care. Springwood will ask for reports, assessments or letters from child's professionals.

4. Protection and Action to be Taken

Where there is a suspicion of FII, practitioners should consider this guidance carefully when fulfilling their role in assessing and investigating their concerns effectively.

Agencies and practitioners need to be mindful that where a child has suffered, or is likely to suffer, significant harm, it is essential to make a referral to Children's social care.

Children who have had illness fabricated or induced require coordinated help from a range of agencies.

5. Issues

Whilst cases of fabricated or induced illness are relatively rare, the term encompasses a spectrum of behaviour which ranges from a genuine belief that the child is ill through to deliberately inducing symptoms by administering drugs or other substances. At the extreme end it is fatal, or has life changing consequences for the child.

Contrary to normal professional relationships with parents, being challenging about suspicions from the start may scare off a parent thus making it more difficult to gain evidence. There may be an unintended consequence in increasing the harmful behaviour in an attempt to be convincing.

Parents who harm their children this way may appear to be plausible, convincing and have developed a friendly relationship with practitioners before suspicions arise. They may also demonstrate a seemingly advanced and sophisticated medical knowledge which can make them difficult to challenge. Practitioners should demonstrate professional curiosity and challenge in an appropriate way and with coordination between the agencies. **Further Information**

[Fabricated or Induced Illness](#)

[Safeguarding Children in Whom Illness is Fabricated or Induced \(supplementary guidance to Working Together to Safeguard Children\)](#), HM Government 2008

[Fabricated or Induced Illness by Carers: A Practical Guide for Paediatricians](#), Royal College of Paediatricians and Child Health, Oct 2009

DISGUISED COMPLIANCE

“Disguised compliance involves parents giving the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. Published case reviews highlight that professionals sometimes delay or avoid interventions due to parental disguised compliance.”

Disguised compliance involves parents and carers appearing to co-operate with professionals in order to allay concerns and stop professional engagement. 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.

Parents and carers may minimise concerns raised by practitioners or deny that there are any risks facing children. Parents and carers can develop good relationships with some professionals whilst criticising or ignoring others. This can divert attention away from parents' own behaviour. Parents and carers displaying disguised compliance may manipulate professionals and situations to avoid engagement or intervention. Some parents and carers may say the right things or engage 'just enough' to satisfy practitioners.

Engagement with professionals.

Some parents and carers regularly miss or cancel appointments, promising to reschedule but not attending.

Optimism

Sometimes practitioners are over optimistic about parents' and carers' progress and ability to care for the child or their promises to engage with services. Practitioners may rationalise parent's behaviour, for example seeing a failure to engage with services as a matter of 'parental choice' rather than non-compliance.

Learning from Case Reviews: https://learning.nspcc.org.uk/media/1334/learning-from-case-reviews_disguisedcompliance.pdf - Practitioners in these case reviews tended to accept information from parents and carers as fact without displaying appropriate professional curiosity and investigating further.

DOMESTIC ABUSE

The cross-government definition of domestic violence and abuse is:

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological;
- physical;
- sexual;
- financial; and
- emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life. Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

National crime agency human-trafficking NSPCC- UK domestic-abuse Signs Symptoms Effects

Refuge what is domestic violence/effects of domestic violence on children Safelives: young people and domestic abuse.

Peer on peer abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to)

- bullying (including cyberbullying);
- sexual violence and sexual harassment;
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; - sexting and initiating/hazing type violence and rituals.

Springwood treats any such harm seriously. Springwood has appropriate policies in place to support children's behaviour, emotions or recognising needs for support, etc. It has a system in place to observe what reason is causing it (communication, language, etc) and to educate children of how to respond to unwanted behaviour from other children (child will snatch the toys – we support both children with what right behaviour could be, model the language and play and support the understanding of why it is necessary to report/talk to adults and ask for help).

Sexual violence and sexual harassment between children

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk. Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is **not an inevitable part of growing up**;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Children missing from education

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school's or college's unauthorised absence and children missing from education procedures.

Children with family members in prison

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation, and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children. Springwood will seek advice from appropriate sources and will work closely with family. Appropriate plans will be put in place if necessary.

Babysitting policy

- Springwood members **will not offer** babysitting services to families who attend Springwood. The reasons for this is to support our Safeguarding policy, Springwood aims to safeguard all staff and children. Offering babysitting services would put staff in an unpredictable position therefore, not protecting staff, children and Springwood as a business.
- If Springwood is informed that such services are offered outside of Springwood disciplinary action will be taken.

UPSKIRTING

‘Upskirting’ is a form of sexual harassment and since April 2019 has been listed a criminal offence.

Upskirting normally involves taking a picture under a person’s clothing without them knowing with the intention of viewing their genitals or buttocks to obtain sexual gratification, or to cause upset, humiliation, distress or alarm to the victim. This includes instances where culprits say images were just taken ‘for a laugh’ or when paparazzi are caught taking intrusive images. It creates 2 new offences under the Sexual Offences Act 2003. The changes will cover England and Wales; ‘upskirting’ is already a specific offence in Scotland.

Upskirting often occurs in a public crowded place, queues, making it hard for the victim to know that a photograph is being taken, victims are often distressed and feel humiliated. Police and prosecutors have now updated their guidance to ensure the law is properly enforced – with offenders facing up to two years in jail and being placed on the sex offenders register. The law was changed following campaigning from Gina Martin and other victims, MPs and charities who worked closely with Ministers to create the new law and protect more victims.

NON-RECENT CHILD ABUSE

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it's their fault. But this is never the case: there's no excuse for abuse. They might have known they were abused for a very long or only recently learnt or understood what happened to them. Whether the abuse happened once or hundreds of times, a year or 70 years ago, whatever the circumstances, there's support to help. It's never too late.

The effects can be short term but sometimes they last into adulthood. If someone has been abused as a child, it's more likely that they'll suffer abuse again. This is known as revictimization.

The long term effects of abuse and neglect can include:

- emotional difficulties like anger, anxiety, sadness or low self-esteem
- mental health problems like depression, eating disorders, self harm or suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories
- poor physical health
- struggling with parenting or relationships.

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/non-recent-abuse/>

It's never too late to report abuse you experienced.

Some people report non-recent abuse to stop the offender abusing other children. Some find that reporting gives them a sense of closure and helps them to start moving on.

If you do decide to, you can speak to the police about what happened to you. You can report abuse to the police no matter how long ago it happened. You can start by calling [101](tel:101) and briefly explaining what you're calling about. They'll make sure you're put through to the right team who can support you.

It's normal to be anxious about reporting and worry about what might happen. If you don't feel comfortable contacting the police or want to find out more about your options, you can contact us. We're here to support you, no matter your worry. Call us on [0808 800 5000](tel:08088005000), email help@nspcc.org.uk or fill in our [online form](#).

How child abuse affects brain development

This Brain Builders video explains how experiences in the first years of our lives affect how our brains form.

It might help you better understand why you feel a certain way or struggle with some things - <https://www.youtube.com/watch?v=hMyDFYskZSU>

Responding and Recording disclosure raised directly by the child or suspicion of abuse

Where a child makes comments to a member of staff that gives cause for concern (disclosure), or possible signs or symptoms have been observed that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect Springwood staff will:

- Listen to the child, offer reassurance and give reassurance that action will be taken.
- Not ask Lead question the child - The signs of child abuse might not always be obvious and a child might not tell anyone what is happening to them. You should therefore **question behaviours** if something seems unusual but do not ask lead question as – “did mummy do it”.
- Make a written record using **Record of Child Protection Concerns PART1 and PART1Body Map** that forms an objective record of the observation or disclosure that includes:
 - The date and time and moment (what child was doing) of the observation or disclosure took place.
 - The exact words spoken by the child as far as possible.
 - The name of the person to whom the concern was reported, with the names of any other person(s) present at the time.
- If for some reason you haven't got access to the form please write above details down on the piece of paper and ASAP attached to the form completing rest of the details.
- This information will be passed immediately onto the Springwood Lead Safeguarding Officer or LSO deputy – if they cannot be contacted at the time of incident they must act as their duty of care and informed LSO of action already taken as soon as reasonably practical (via phone, email, text message).
- The LSO will provide advice and support
- Springwood LSO will fill **PART 2 of the Record of Child Protection Concerns form along with Inter Agency Referral form and will** take further action.
- **Children's Social Services may request a copy of Inter Agency Referral form or can ask you to fill one online.**
- **Inter Agency Referral** form always must be completed even if not requested by Children's Services and stored in safeguarding children's file.
- **Prevent National Referral Form**
- The LSO may seek advice from Professional Line Team where there is uncertainty about whether what has been said or seen indicates abuse. This will not constitute as a referral.
- The Communication Log will be used to record ANY action taken - communication with any professionals – phone calls, emails, visits, with dates and signatures.
- When contacting the Professional Line/Children Social Service, the LSO will make a clear statement of -Known facts
 - Suspensions and allegations
 - Any contact with the family
 - Family personal details, own and others if appropriate
- All these records are signed and dated and kept in the safeguarding children files, which are kept securely and confidential. Staff involved **will not discuss the concerns with those who do not need to know.**
- We will work in partnership with all agencies in order to protect the child and the family; this may mean the Police or another agency identified by the Local Safeguarding Children's Board.
- We take care not to influence the outcome either through the way we speak to children or by asking them questions.

The Communication Log

Communication Logs are used for recording safeguarding and child protection related information, they must be used to record details such as: any absences, existing injuries, the number of separate accidents and incidents the child had each half term, wetting/soiling accidents – record conversation afterwards, any conversation with parent regards changes in behaviour (e.g. seems unsettle), phone calls to professionals, referrals, complaints, etc.

When recording Safeguarding information please do not put details of conversations. This will only be e.g phone call to social worker XZ, time, date, who phoned, the details of conversation will be on a separate sheet in Safeguarding folder.

Informing parents

- Parents are usually contacted immediately and in most cases after the initial phone call to professional line, where advice is needed whether to question/inform parents/carers.
- If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where we believe, or have been advised not to do so by informed authorities (social service, police, LADO), that by doing so we may put child in greater danger - this will usually be the case where the parent is the likely abuser. In this case investigating officers will inform the parents.

Looked-After Children

Springwood is committed to providing a quality provision based on equality of opportunity for all children and their families. All our staff are committed to doing all they can to enable 'looked after' children in their care to achieve and reach their full potential.

Children become 'looked after' if they either have been taken into care by the local authority, or have been accommodated by the local authority (a voluntary care arrangement). Most looked after children will be living in foster homes, but a smaller number may be in a children's home, living with a relative or even placed back home with their natural parent(s).

Springwood recognises that children who are being looked after have often experienced traumatic situations; separation, domestic abuse, physical, emotional or sexual abuse or neglect, etc. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken in to the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has an impact on their emotional well-being.

Most local authorities do not place children under five with foster carers who work outside the home; however there are instances when this does occur or where the child has been placed with another family member who works.

We place emphasis on promoting *children's right to be strong, resilient, and listened to*. Our policy and practice guidelines for looked after children are based on these two important concepts, *attachment and resilience*. The basis of this is to promote secure attachments in children's lives as the basis for resilience. These aspects of well-being underpin the child's responsiveness to learning and are the basis in developing positive dispositions for learning. For young children to get the most out of educational opportunities they need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them.

- The term 'looked after child' denotes a child's current legal status; this term is never used to categorise a child as standing out from others. We do not refer to such a child using acronyms such as LAC.
- Springwood do offer places for 0 -8 years old. In such cases, the child should have been with the foster carer for a minimum of one month and show signs of having formed a secure attachment to the carer and where the placement in the setting will last a minimum of three months. We will also seek an opinion from the child's social worker on whether the relationship is positive and if all aspects of the child settling into foster family is going well.
- We will always offer 'stay and play' provision for a child who is still settling with their foster carer, or who is only temporarily being looked after.
- Where a child who normally attends our setting is taken into care and is cared for by a local foster carer we will continue to offer the placement for the child.

Procedures

- Every child is allocated a key person before they start and this is no different for a looked after child. The key person, along with the Manager and the Safeguarding Lead needs to make sure they have the information, support and training necessary to meet the looked after child's needs.
- The nominated person for looked after child(ren) is the child's(ren's) key person, Safeguarding Lead and Manager if Manager is not a Safeguarding Lead already, unless otherwise agreed.
- Safeguarding Lead or Manager along with Key person, if necessary, will attend care plan meeting, where relevant, and will continue to support the child in the setting.
- Nominated persons will liaise with agencies and other professionals involved with the child and his or her family and ensures appropriate information is gained and shared.
- Springwood recognises the role of the Local Safeguarding Children Board and Children's Services department as the child's 'corporate parent' and the key agency in determining what takes place with the child.
- Regards decisions related to the Springwood, like registration form, attendance, etc. including relevant permissions, like Tapestry, outing, etc., the child's (dren's) social worker will be contacted to confirm who acts on behalf of the child and to establish first and emergency contact points and any other relevant information essential for us. This information MUST be confirmed in writing.
- At the start of a placement Springwood will hold a meeting that will determine the objectives of the placement and draw up an SSP Setting Support Plan, that incorporates the child's learning and wellbeing needs. This plan will be reviewed regularly and when needed, and at least once every Term.
Most information can be noted on child's registration form. Any other needs will be noted on appropriate forms e.g IEP.
- The care plan needs to consider such issues for the child as:
 - the child's emotional needs and how they are to be met;
 - how any emotional issues and problems that affect behaviour are to be managed;
 - the child's sense of self, culture, language(s) and identity – and how this is to be supported;
 - the child's need for sociability and friendship;
 - the child's interests and abilities and possible learning journey pathway; and - how any special needs will be supported.
- In addition the SSP will also consider:
 - how information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with whom and how it will be recorded and stored;
 - what contact the child has with his/her previous carer or birth parent(s) and what arrangements will be in place for supervised contact.
 - what written reporting is required;
 - wherever possible, and where the plan is for the child's return home,
 - agreement with social worker, and as part of the plan, if previous carer or birth parent(s) should be involved in the setting's activities that include parents, such as outings and fun-days, alongside the foster carer.
- The settling-in process for the child is agreed. It should be the same as for any other child, unless otherwise agreed. It is even more important that the 'proximity' stage is followed until it is visible that the child has formed a relationship with his or her key person sufficient to act as a 'secure base' to allow the gradual separation from the foster carer. This process may take longer in some cases, so time needs to be allowed for it to take place without causing further distress or anxiety to the child.
- Further observations about communication, interests and abilities will be noted to form a picture of the whole child in relation to the Early Years Foundation Stage prime and specific areas of learning and development as stated in Early Outcomes for Children 2013.
- Concerns, other than safeguarding, about the child will be discussed with the foster carer, unless otherwise agreed.
- If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the Safeguarding Folder and reported to the child's social care worker according with the setting's safeguarding and child protection procedures.

- Regular contact should be maintained with the social worker through planned meetings that will include the foster carer.
- Transition to school will be handled sensitively and the key person will liaise with the school, passing on relevant information and documentation.
- Any communication regarding child will be noted in Communication Log.

Children known to social care other than Looked-After Child

- Parents/Carers must disclose relevant information to Springwood and the fact the child, siblings or anyone within close family was subject to Child protection, Care Plans or any other relevant to Social Service involvement.
- Registration Form asks for any previous or current involvement of Social Care,
- Any previous involvement will be followed up with the phone call to Social Care asking about details of the case and confirmation that case was closed or dismissed.
- Any current involvement will be followed up with the phone call to Social Care asking about details of the case. Springwood will stay in touch with social worker and will work closely with them to ensure appropriate details are shared to ensure Springwood can offer best possible care to the child.
- Key person will be aware that the child is known to Social Care.
- Safeguarding Lead, Manager, and Key Person is responsible for monitoring and recording patterns of attendance.
- Pre-existing injuries will be recorded and challenged. ▪ Any concerns will be shared immediately with the LSO and child's Social Worker.

Lost Children

In the case when it appears that child is lost we will follow below procedures:

Person in charge will carry out a numerical check and if a child is thought to be missing all members of staff are to be alerted.

- Key workers will be aware of the presence of their key children.
- Exits will be checked first to see if it/they are insecure.
- A search of the premises will be carried out in order to find the missing child.
- If exits have been breached all staff are informed then a nominated member of staff will collect the remaining children into one area whilst the rest of the staff make a thorough search of the surrounding area, including gardens and linked school's site until the child is found.
- If the child is not found then a nominated member of staff will phone the parent/carer to alert them that their child is missing from premises.
- The remaining staff will continue to search until the child is found with one staff member making the journey to the child's home, on foot.
- If steps taken fail to locate the child then police must be called and that is before staff will attempt to make the journey to child's home.
- Call to children's social care will be made to inform them about the incident and that police are involved and action taken.

- Ensure all details are recorded in the incident book which, should include the last definite sighting of the child along with anything unusual that occurred that day relating to the child's behaviour.
- Inform Owner and in-house advisor as soon as practical.
- Do not say anything, which might invalidate our insurance by implying that liability is accepted.
- Staff can only be apologetic, without reviling any unnecessary information. The fact that social services and the police have been informed can be shared and that full investigation is now in hand.
- Relay accurate information as quickly as possible to other parents to avoid the spread of gossip. This usually will be done in writing. ▪ Ofsted, insurance and whoever must know will be informed in a timely manner.

Uncollected Children

It is very important to collect child on time. Springwood recognises that this can cause distress to a child. It also has impact on Springwood staff who A) sometimes must vacate the property by certain time B) they become distressed, as they cannot collect own children on time from education or other childcare facilities.

If a child is not collected then we will adopt the following procedures in order to minimise the concern both for the child and the carer.

- Staff will try remaining on the premises until collection from appropriate carer or institution with statutory right.
- If not possible to stay inside the premises, they will try to find safe place nearby.
- Staff is not allowed to take child with them, either staff's house or car, or to drop them off. Advice from Police or Social Service will be followed.
- The late collection fee is £5 for every 15 minutes.
- Contact numbers will be called in the order as set out by parents/carers on their child's registration form. ▪ Staff will phone The Police and social services if collection is unduly delayed and where attempts to contact parents and child's emergency contact.- **If Springwood is not informed about the delay and we have made everything to contact parents/emergency contact then 30 minutes after normal collection time Social Service and police will be called. If a child is regularly not collected on time preschool will monitor and record attendance and social services will be informed where necessary.**

NON-ATTENDANCE DUTIES

Non-attendance of children is taken seriously with our settings. We have a duty of care to ensure all children are safe, therefore our policy and procedures for child absences read as follows:

If your child is unwell to attend nursery and preschool, parents/carers must:

- Report the absence of the child as early as possible on the day/days they are expected to attend.
- Provide a reason why they cannot attend (example of illness)
- If the child is attending the GP or hospital, parent/carers must provide an update to the setting on the same day.
- If the child and family continue to be unwell, notice is given to the nursery each day the child remains unwell, to ensure the setting can risk control an outbreak of illness across the setting.
- Medication can be administered to the child on their return but must be prescribed by a GP.

We understand early years education is not compulsory for children under 5 years, however to ensure all children who are registered with us are kept safe, If parents do not inform the setting of the child's absence, the setting has the duty to:

- Call the family asking why the child has not attended. This will be completed by lunchtime.
- If we are unable to contact the first emergency contact, we will call the 2nd and 3rd contacts on our files.
- After efforts are made to call the family on day 1, and no response is received by day 2, if the DSL is concerned for the child, they may arrange a home visit to the family to check in on the child (and only if staffing levels allow us to leave site).
- For children with open social care files (CP/CIN): the DSL will contact their social workers straight away, if the child is a no-show or if anything concerns us.

Alcohol/other substances

- To safeguard children within preschool and nursery, it will not be acceptable for any person that works with or is in association with children in this establishment to be under the influence of alcohol or other substances
- Any person found to be under the influence of alcohol or other substances would be suspended from work.
- Our policy is to suspend the member of staff on full pay for the duration of the investigation.
- Disciplinary action may occur following an investigation.
- If you suspect that parent/carer is under influence of any substance, they alternative arrangement must be discuss with the person. Police will be called if necessary.

Camera, Mobile phone and recording devices

- The setting forbids the use of personal cameras, mobile phones and recording devices by staff members, students and volunteers whilst on duty including parents or visitors.
- The setting monitors the use of I Watches and any similar IT watches or devices. Watches are disconnected from phones on arrival by staff member and taken off Bluetooth or taken off by staff member. Mangers monitor the use of watches during opening hours.
- The preschool phone has a camera facility and is the main contact for staff needs.
- Photographs that are taken for achievement records are taken in full view of other staff, and not to be taken near the toilets or nappy area
- All staff, students and volunteers who are working with children are required to sign in all devices containing a camera (iPad/camera/phone) for the Management to acknowledge.
- Personal devices will be stored securely on the premises.
- Staff members, students and volunteers may access their personal devices whilst off duty and on their lunch breaks outside of the play spaces.
- Any member of staff who does not comply with the 'camera, mobile phone and recording device policy' will be dealt with in line with the settings grievance and disciplinary procedures.
- Children will only be photographed or recorded using a camera/recording device that has been agreed by Management.
- Children will only be photographed or recorded if parental consent has been obtained.

- Parents and visitors are informed that the use of mobile phones within the setting is not allowed and this is acknowledged when they sign our visitors book. Phones are handed over to staff members to store on arrival.
- Children do not bring mobile phones or other ICT devices (tablets, cameras etc.) with them to the setting.

Laptop Policy

- Permission has been granted to the Early Years Advisor (Karolina Klepacka) to use her private laptop for work on premises. She will manage her laptop's security settings to ensure that information related to Springwood Preschools and Nurseries are only available to people she choose to share them with and her camera will have be covered. She may store children's and staff's personal details for job related matters.
- Springwood Laptop, when on premises, can be shared among the staff for work purpose only. ▪ Users must never load program files or applications on laptops without the permission of the Management or Owner. ▪ Users will log out every time they are away from the laptop.

Lone Working Policy:

There is an exception if a visitor's company or organisation operates a lone working policy that requires contact with their office periodically throughout the day or his/her profession require the use of their laptop or tablet or phone. Visitors will be advised of a quiet space where they can use their mobile phone (office or outside) where there are no children present. When using laptops or tablets the camera must be covered. The devices or their mobile phone must Never be used for social use and to photograph and/or record children while on Springwood premises. All visitors will be never left unsupervised on premises.

Safe Sleep Policy

Reviewed October 2024

Policy statement for Springwood Preschool and Nursery LTD for sites Busy Bee Preschool- Denmead and Springwood Preschool- Copnor.

Our policy requires that senior management discuss our Safe Sleep Policy with a child's parent/carer before admission – it is included in our enrolment pack. Parents/carers must sign a statement that they have received a copy of the policy, understand, and agree with our procedures and understand as a pack away setting, we do not provide cots for babies, we provide travels cots on request and pushchairs.

Aim of this policy

Springwood Nursery and Pre-school LTD will ensure children are kept safe when sleeping onsite. We will ensure when a child falls asleep at the setting, measure are put in place to monitor the child, check on the child whilst sleeping, keeping them safe. The aim of this policy is to assist staff to take proactive steps to lower the risk of Sudden Infant Death Syndrome (SIDS). All staff working in our setting are required to receive training on this policy during their induction and training regarding Sudden Infant Death Syndrome.

How is this policy implemented?

When introducing or sharing this policy with our parents/carers the following will be discussed:

- on entry we will ask about the child's sleep routine at home and sleeping position;

- tell parents/carers that “Back to Sleep” is recommended by the Foundation of Sudden Infant Death Syndrome (FSIDS);
- inform parents/carers that even though most children will be fine, there is a higher risk of SIDS when an infant is placed to sleep on their stomach or side; advising parent’s to put children to sleep on their backs.
 - some children have medical conditions that require stomach sleeping. If the parent/carer insists that their child be placed on his/her stomach or side to sleep, they will be asked to provide a note from the child’s doctor that specifies the sleeping position;
 - if parents/carers have further questions about SIDS and infant sleeping position, they will be given the telephone number for the FSIDS and the national Back to Sleep campaign.
 - staff will keep a note of when a child sleeps using our sleep log, and using a timer., ie. duration, confirming checks have been carried out, additional comments and recording that the parent has been informed.

Our procedure for safe sleep policy:

- all key persons will receive training on our Safe Sleep Policy and SIDS risk reduction.
- children will always be placed on their backs to sleep unless there is a signed sleep position medical waiver on file. Staff will be informed accordingly if this is the case.
 - travel cots and pushchairs will be provided for children who sleep, these will be regularly checked and cleaned to ensure the mattress or pushchair has not split, and are not dirty
 - Bedding will be clean, and each child will have their own set of blankets/sheets, which will be washed weekly.
- FSIDS recommends that babies are placed on their backs to sleep, but when they can easily turn over from the back to stomach, they can be allowed to adopt whatever position they prefer.
 - visual supervision is always required. At least every 10 minutes the staff will visually check on the child; looking for the rise and fall of the chest and if the sleep position has changed. We will be especially alert to monitoring a sleeping child during the first weeks he/she is in our care.
 - no smoking is permitted on the premises and staff who smoke will ensure that their clothes and breathe do not smell of smoke when caring for children within the setting.
- all parents/carers of children cared for in this setting will receive a copy of our Safe Sleep policy before admission and sign a statement to agree for their child to sleep in a push chair or travel cot.

Sudden Infant Death Syndrome (SIDS) SIDS is the unexpected death of a seemingly healthy baby/child for whom no cause of death can be determined based on an autopsy, an investigation or the place where the baby/child died and a review of the baby’s/child’s medical history. In the belief that proactive steps can be taken to lower the risk of SIDS in childcare settings and that parents/carers and childcare professionals can work together to keep children safer while they sleep.

Management of allegations against employed staff or young person

LADO

There is distinction between an allegation, a concern about the quality of care or practice or a complaint. Any concern and/or complaint may escalate to allegation. PLEASE NOTE THAT: Once contacted the LADO will determine the distinction between a complaint, a concern about the quality of practice and an allegation.

An **allegation** may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children, which can include numbers of concerns:

- Children's Social Care involvement with their own child
- Being the perpetrator of domestic abuse
- Mental ill health or substance misuse issues **that may impact the care of children**
- Criminal proceedings for hate crime
- Membership of organisations with terrorist or extreme right-wing links believed to cause harm to others. An example of **concern** about the quality of care or practice may relate to a person who has:

- behave in a way that discriminate the child or family, or members of staff in any way
- has disregards to job description
- has disregards to Springwood's policies and procedures, especially Safeguarding and Child Protection policy and procedures
- behave in a way that that shows careless behaviour towards the child in any aspect
- behave in a way that compromise child and others safety

The list is not exhaustive

A **complaint** received about member of staff or any who had or has access to the premises (e.g. outside contractors), will be dealt in timely manners. Will seek advice from outside agencies if necessary and will follow our policies. If complaint relates to allegation statements the complaint will be dealt appropriately.

The following process should be followed:

With concern and complain it is more likely that member of staff may be asked to stop performing duties, until more advice is sought on the matters (It does not mean they will be send home straight away). Risk assessment may be performed. Appropriate statements from members involved will be taken in all circumstances and an investigation will take place.

The LSO must be informed.

- a) Any allegation of abuse made against employed adult or young person, or third party will be dealt with fairly, quickly and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.
- b) Person, more likely will be suspended, with pay if relevant, until the end of investigation. Third party, students, agency staff will be dismissed and their college/employer contacted.
- c) All allegations of serious harm or abuse must be reported to the LSO immediately who must inform the Local Authority Designated Officer (LADO) within 24hrs to determine the next steps. If the allegation is made against the LSO, the most senior member will inform the LADO.

There may be up to three strands in the consideration of an allegation:

- a police investigation of a possible criminal offence;
 - enquiries and assessment by children's social care about whether a child is in need of a protection or in need of services; and
 - consideration by an employer of disciplinary action in respect of the individual
- d) The setting will notify OFSTED of any allegations (including complaints that are safeguarding and child protections matters, and if concerns are escalated to allegation) of serious harm or abuse by a person working or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). Ofsted will be informed as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
 - e) Allegations will be treated seriously and the decision to inform parents or carers, if they do not already know, will be made in conjunction with the LADO. In circumstances where the Police or children's social care is involved, the LADO will consult with these agencies as to how the parents should be informed.
 - f) The person of concern will be informed of the allegation as soon as appropriate after the LSO has consulted with the LADO. In circumstances where a strategy meeting is required with Police and children's social care, such person should not be informed until those agencies have agreed that information can be disclosed to the

individual. If the person is a member of a union or professional association, they should be advised to seek support from that organisation.

- g) A full investigation of the allegation will be carried out by the appropriate agencies in liaison with the LADO and the LSO.
- h) The LADO will chair meetings to consider the strategy and action plan. The action plan will be reviewed through meetings until the conclusion of the investigation. The LADO's role is to monitor and oversee the investigation and conclusion of the case. The following definitions should be used when determining the outcome of allegation investigations:
 - Substantiated: there is sufficient evidence to prove the allegation;
 - Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
 - False: there is sufficient evidence to disprove the allegation;
 - Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence;
 - Unfounded: to reflect cases where there is no evidence or proper basis which supports the allegation being made.
- i) If a substantiated allegation is serious enough to warrant dismissal, the LADO will advise who should be making referrals to the Disclosure and Barring Service and the registered body.
- j) If it is decided on conclusion of the investigation that the member of staff should return to work, the owner, in-house advisor and manager if appropriate will consider how best to facilitate this. Help and support will be provided to the individual to return to work and depending on the individual's circumstances, a phased return with the provision of a mentor will be considered.
- k) On the conclusion of a case in which an allegation is substantiated, the owner, in-house advisor and manager if appropriate will oversee a review of the circumstances of the case to determine whether there are any improvements to be made to the organisations procedures or practice to help prevent similar events in the future.
- l) Any other breach of Springwood safeguarding and child protection policy will be disciplinary matters and in some cases, due to severity of such breach instant dismissal will be issue. The investigation procedures will not be necessary if immediate evidence are provided or presented.

LADO – Reporting Procedures

If you are unsure whether the allegation meets the LADO referral criteria, you should contact them immediately to seek further guidance.

Contact should be made via phone and/or email, using the ' **LADO NOTIFICATION FORM**'



ALLEGATIONS OR CONCERNS ABOUT A PERSON WORKING WITH CHILDREN. LADO NOTIFICATION FORM

This form has been designed to help all agencies working with children record and refer information if it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

Every agency that employs or places people to work with children should designate a senior manager to deal with allegations against staff and volunteers. In the event of an allegation being made that meets any of the above criteria, the manager should complete this form and **without delay** e-mail it to the Local Authority Designated Officer (LADO)*. The Safeguarding Lead should then telephone the LADO immediately to discuss the next course of action.

**Do not assume that the form has been received*

The form must be saved prior to sending if using a non secure email (i.e. not GCSX). This will avoid possible data corruption.

LADO: Hayley Cowmeadow

Tel: 023 92882500 E-mail: lado@secure.portsmouthcc.gov.uk

**If you think a child is at immediate risk of significant harm phone
Children's Social Care and/or Police immediately**

MASH (Multi-Agency Safeguarding Hub): 023 9268 8793 OR 0845 671 0271

pccraduty@portsmouthcc.gcsx.gov.uk

Out of Hours Service: 03005551373

Police – 101 (999 if an emergency)

When receiving an allegation:-

- Treat it seriously and keep an open mind
- **Do not** investigate
- **Do not** make assumptions or offer alternative explanations
- **Do not** promise confidentiality
- Record the details using the child/adult's own words
- Note time/date/place of incident(s), persons present and what was said ▪ Sign and date the written record
- Do not inform the subject if this might place the child at risk of further harm or jeopardise any future investigation

Further information about allegations procedure can be found at: HIPS SAFEGUARDING CHILDREN PARTNERSHIPS website and local to Portsmouth website - <https://hipsprocedures.org.uk/search?kw=LADO>

Full Form can be found in Safeguarding and Child Protection Files and at the end of the Policy booklet.

CYBER-BULLING and ONLINE SAFETY

We play an essential role in helping young children learn the foundations of safe online behaviour. Even if children don't have access to technology within your setting, they will may be using it at home, with their friends or in other public spaces. Children are naturally curious in understanding the world we live in; it is our responsibility to enable them to do so, including helping them to recognise the value of technology and use it safely. Role modelling safe use of the internet should become part of our everyday practice.

Online safety is also highlighted within the Early Years Foundation Stage (EYFS) and Early Years Inspection Handbook.

Early Years settings are increasingly using devices, such as tablets, directly with children. This can be a great way of role modelling positive use of technology; however, if the activity is not suitably planned it can cause issues.

Early years children could be at risk of:

Content (what they may see):

- Exposure to inappropriate videos. pictures or messages which might upset, worry or frighten them
- Imitating harmful or inappropriate behaviour they see online

- Searching for inappropriate content on purpose or stumbling upon it by accident. This would include using voice activated tools to search for content
- Inadvertently giving apps or websites permission to share their location or other personal information □
 Spending real money via in-app or in-game purchases Contact (who might communicate with them):
- Being abused online (including sexually) by people they don't know, such as when gaming or using video chat
- Being abused online (including sexually) by people they know, such as friends and family members □
 Sending images or information to people on the device's contact list Conduct (how they might behave):
- Exhibiting unhealthy behaviours and boundaries around their use of screens
- Being unkind to each other online as well as offline; this could be using mean words or by excluding others from their games
- Using words or terminology which are not appropriate for their age
- Engaging in unhealthy relationships
- As part of natural development, early years children may exhibit curiosity about their own and others' private body parts; if this occurs via technology children may be at risk of taking inappropriate or indecent images and videos of themselves – the Brook traffic light tool can help practitioners to determine whether sexual behaviour is normal healthy sexual development or harmful behaviour which is a cause for concern.

Springwood strategies to minimise risk include:

- We have **Camera, Mobile phone and recording devices, Tablet and Laptop** policy and procedures.
- Check apps, websites and search results before using them with children.
- Children will be supervised when accessing the internet and they have no access by them self.
- Ensure safety modes and filters are applied - default settings tend not to ensure a high level of privacy or security.
- Role model safe behaviour and privacy awareness. We talk to children about safe use.
- Check privacy settings to make sure personal data is not being shared inadvertently or inappropriately.
- Online is accessed for educational purposes and never for personal use.

More information and practical advice, access the Childnet '[Educators pack for online safety awareness](#)' What online risks might children experience at home?

Risks could be posed to early years children because of the online behaviour of their parents/carers; this could include over-sharing information about their children (or other children) online, and could, for example, include information which could identify a child or the nursery that they attend. Whilst sharing of images of children is a matter for parents and carers, care should be taken with privacy settings so there is some control over the image and who has access to it.

Some parents/carers could also place their children at risk due to their own personal vulnerabilities, for example they may be at risk of exposure to radicalisation. Additionally, children could be neglected because of their parents or carers overuse of the internet, or because of parents or carers failing to safeguard them online.

You also be a source of help and support for parents or carers about keeping their children safe online at home; some useful links which might be helpful can be found below.

Resources for settings to use for education

Childnet: Storybooks for early years and KS1 pupils

- [Smartie the Penguin](#)
- [Digiduck Stories](#) Thinkuknow:
- [Resources for early years and KS1 pupils from NCA-CEOP UKCIS](#)

- [Education for a Connected World' Framework](#) - this framework provides information on the skills and competences that children should have across 8 different areas of online safety Resources for settings to use with parents and carers
- AskAboutGames: [Supporting families with video games](#)
- Childnet: [Keeping under-fives safe online](#)
- Internet Matters: [Guidance for parents of pre-schoolers](#)
- London Grid for Learning: [Portal](#) linking to various resources on parental engagement around online safety
- NSPCC: [Guidance for parents on keeping children safe online](#)
- Parent Zone: [Digital Parenting magazine](#)
- [Parent Info](#)
- Thinkuknow: [Guidance and information for parents/carers](#) from NCA-CEOP [What do I need to be aware of when using social media in my personal life?](#)

Using social media can be great but it can have risks for early years practitioners. The boundaries between the offline and online world are easily blurred; this can have potentially serious consequences for professionals.

- Make sure you read and understand your setting's policies and procedures fully;
- Ask management any questions relating to Data Protection and General Data Protection Regulation if in doubt;
- Report any concerns about yourself, a child or family you care for, friends, etc., or any website where you believe may be upsetting or potentially harmful.

Protect your online reputation

- Content posted online can be copied, shared or misinterpreted and can potentially be public and permanent. This can influence personal and professional perceptions about you, or a child both positively and negatively.
- It is important to role model positive behaviour and be professional online; posting derogatory comments is never acceptable. Staff should uphold the reputation of their setting, professionally and personally. Disciplinary or legal action could be taken if you post something online which brings the profession or Springwood into disrepute.
- Ask yourself when posting pictures or comments online; "would I say or do this in a face to face situation?" and "would it be appropriate for a child, their parents/carers or my manager to see this?". If the answer to either of these questions is no, it's probably best not to share it online in the first place!
- Peak with your friends and family about your online reputation; it's important that they understand what photos of you can and can't be posted on social media. [Manage online relationships](#)
- You must not add parents of children at your setting as friends online; this can blur professional relationships and put you at risk of allegations. If there is a pre-existing relationship or situation which means this is not achievable, you must discuss this with our Safeguarding Lead so we are aware and can give you advice.
- Do not give out your personal contact details to children or parents/carers; professional communication should always be through a work provided email, setting-approved digital platform or phone number.
- If you are concerned about something you see on social media, such as comments posted by a parent, make sure you report it to our Safeguarding Lead. If you are concerned about content posted by a colleague, follow your setting's allegations policy.

What should I do if I'm worried about a child or a colleague online?

If you are concerned about a child online, follow our safeguarding and child protection procedures and report and record to our SL.

You can also contact a helpline for support and advice:

- Professionals Online Safety Helpline – Advice and support for professionals working with children with any online safety issues children in their care may face – 0344 381 4772 or helpline@saferinternet.org.uk

- NSPCC helpline – Advice and support for anyone who is worried about a child or needs information about child protection – 0808 800 5000

Be aware that early years children may take or share photos of their private body parts; these photos would likely, in a legal context, be considered to be indecent images of children. If you are aware of indecent images of a child, do not print, forward, save or share these images (this is illegal); report concerns immediately.

What should I do if I have a concern?

Here are some important things to consider in the event of a concern about a child:

- If you are worried about a child for any reason, it is important to tell someone straight away. Follow your setting's safeguarding child protection policy and report concerns immediately so that the correct steps are taken from the start.
- Ensure that you are familiar with reporting procedures in your setting and that confidentiality is not promised to the child, or parent or carer in question as this could compromise subsequent investigations.
- Ensure that the child's own words are used and are not changed in any way when recording a concern; avoid asking leading questions.
- A calm and non-judgemental approach is key, particularly if it is about a sensitive issue.

If you are concerned about the behaviour of a colleague online, follow your allegations procedures and report and record to our Safeguarding Lead. If you are unhappy with the response you receive, follow our whistleblowing policy. You can also contact the NSPCC whistleblowing helpline.

Where else can I get information about keeping myself safe online?

The first point of contact will be to speak with our Safeguarding Lead and discuss the setting's policies and procedures. If you are a member of a professional union, they may also have additional advice regarding online safety.

You may find that local support is provided to staff working in early years settings, such as via your local authority.

A glossary of terms associated with online safety can be found in the Education for a Connected World Framework.

National organisations which provide advice to professionals working with children include:

- [Childnet](#)
- [London Grid for Learning](#)
- NCA-CEOP www.thinkuknow.co.uk and www.ceop.police.uk/Safety-Centre □ [UK Safer Internet Centre](#)

Cyberbullying is bullying online and any form of anti-social behaviour over the internet or via a mobile device. It is an attack or abuse, using technology, which is intended to cause another person harm, distress or personal loss.

Forums and tools used often vary and include a range of electronic devices often linked to forums or chat rooms. The tool may be a computer or laptop, a mobile phone, a camera or recording device, a tablet or games-console or simply email or mobile text messaging. Typically, the bullies use Social Networking sites such as Facebook, Twitter and other interactive forums to target an individual or group. Some examples of cyberbullying can include:

- Spreading malicious and abusive rumours and gossiping
- Emailing or texting you with threatening or intimidating remarks
- Mobbing (a group or gang that target you)
- Harassing you repeatedly
- Intimidation and blackmail
- Stalking you on-line and continually harassing you
- Posting embarrassing or humiliating images or video's without your consent
- Posting your private details on-line without consent
- General Bullying or Stalking
- Grooming (enticing or goading you on-line to self-harm or commit a crime)
- Setting up a false profile, Identity fraud or identity theft
- Using gaming sites to attack or bully you

- Theft, Fraud or deception over the internet

Supporting documents

- Education Act 2002
- Children Act 1989 s47 and s17.
- General Data Protection Regulation 2016 ➤ Data Protection Act 2018.
- Protection of children Act 1999.
- Children Act (every Child Matters) 2004.
- Safeguarding Vulnerable Groups Act (2006)
- Childcare Act 2006
- Working together to safeguard children 2018
- Keeping children Safe in Education
- What to do if you're worried a child is being abused 2015.
- Protocol for the management of actual or suspected bruising in infants who are not independently mobile 4LSCB February 2018
- The Childcare (Disqualification) Regulations 2009 (Amended Regulation 2018) (2018)
- Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018 ("the 2018 regulations") and obligations under the Childcare Act 2006 in schools.
- Prevent Duty Guidance: *for England and Wales* (HMG 2015)
- Counter - Terrorism and Security Act 2015
- The Prevent Duty. *Departmental Advice for Schools and Childcare Providers.* (DfE 2015) ➤ FGM Act 2003

Further guidance:

- Equalities Act (2010)
- Data Protection Act (1998) Non Statutory Guidance
- Information Sharing. *Advice for Practitioners Providing Safeguarding Service for Children, Young People, Parents and Carers.* (4 July 2018)
- Children and Families Act 2014
- Serious Crime Act 2015
- Portsmouth Children's Trust and Portsmouth Safeguarding Children's Board Protocol and Guidance 2015
- Local Safeguarding – HIPS SAFEGUARDING CHILDREN PARTNERSHIP <https://hipsprocedures.org.uk/skyyso/safeguarding-partnerships-and-organisational-responsibilities/hampshire-isle-of-wight-portsmouth-southampton-hips-safeguarding-children-partnership-arrangements>
- PSCP PORTSMOUTH – <https://www.portsmouthscp.org.uk/wp-content/uploads/2021/05/Portsmouth-SafeguardingChildren-Partnership-PSCP.pdf>
- HSCP Hampshire - <https://www.hampshirescp.org.uk/procedures/local-procedures/>
- Disclosure and Barring Service: www.gov.uk/disclosure-barring-service-check
- Statutory Framework for Early Years Foundation Stage 2021
- ONLINE SAFETY – For Practitioners: <https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-guidance-for-practitioners> For Managers: <https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations-for-managers>

Contacts

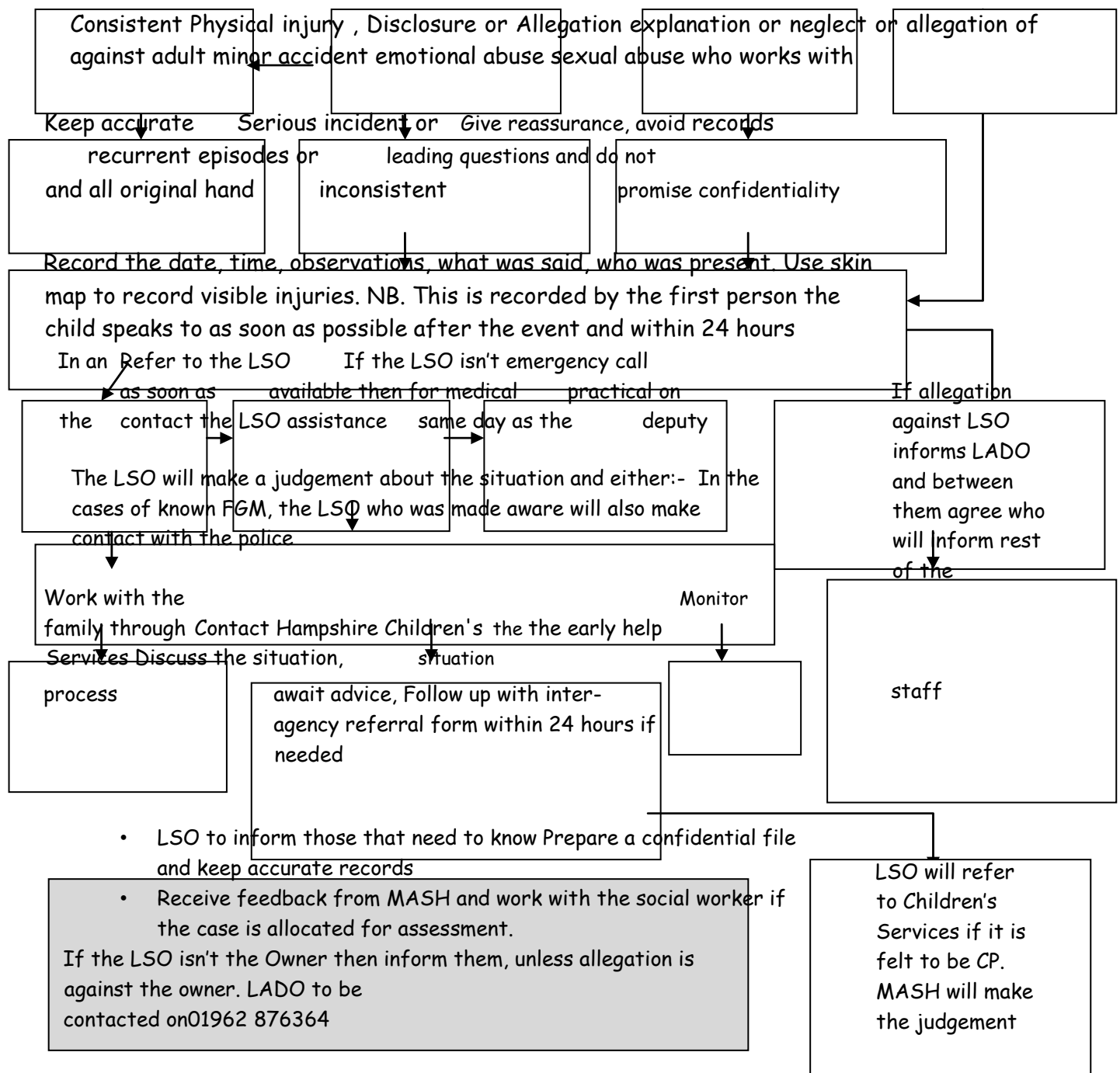
- Lead Safeguarding Officer – Perie Lamont
- Lead Safeguarding Officer Deputy – Deputy Manager
- ➤ Children's Social Care Professional helpline 01329225379
- ➤ **Portsmouth Multi Agency Safeguarding Hub (MASH):**

023 9268 8793 OR 0845 671 0271 EMAIL: pccraduty@portsmouthcc.gcsx.gov.uk

Out of hours :03005551373

- Local Authority Designated Officer (LADO): Reebecca Paradise 023 9288 2500 lado@portsmouthcc.gov.uk
- Linked with LADO is Quality and Sufficiency Officer 023 9284 1974 eydelivery@portsmouthcc.gov.uk
- ➤ Police (non-emergency): 101
- OFSTED: Piccadilly Gate, Store Street, Manchester, M1 2WD 03001231231 enquiries@ofsted.gov.uk
<https://contact.ofsted.gov.uk/contact-form>
- NSPCC Child Line under 18 0800 1111
- NSPCC FGM fgmhelp@nspcc.org.uk
- Prevent Duty advice and information service 020 7697 2595

Flow chart for monitoring and reporting possible signs of abuse or disclosure



and communicate with the
setting