



Mr. Bee's - Family Centre

North Lynn Springwood

St Augustine's

Safeguarding Children and

Child Protection

(including managing allegations of abuse against a member of staff)

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Policy statement

Mr. Bee's is committed to ensuring the rights and safety of all children, young people and vulnerable adults and expects all adults at Mr Bee's, paid or unpaid, to share this commitment.

Mr Bee's is committed to:

- building a 'culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of our service delivery.
- Responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur and to work with statutory agencies in accordance with procedures that are in 'What to do if you're worried a child is being abused' (HMG, 2015) and Working Together to Safeguarding Children 2023.
- To promote awareness of child safeguarding issues throughout our training and learning programmes for all adults, paid or unpaid, and empowering children, young people¹, and **adults at risk** ², through our curriculum, promoting their right to be 'strong, resilient and listened to'.
- To ensure parents/carers have a clear understanding of the legal responsibilities relating to safeguarding and promoting the welfare of all children.
- To prevent impairment of health or development.
- To enable children to have optimum life chances and enter adulthood successfully.

Procedures

We carry out the following procedures to ensure we meet the above commitments, which incorporates responding to child protection concerns.

Roles and Responsibilities

- Our **DSL (Designated Safeguarding Lead)** and deputy are responsible for carrying out child, young person, or adult protection procedures and are named on the useful contact page attached to this policy.
- In the event you are unable to contact the nominated person at your centre – refer to the contingency plan, which can be found on Family/Documents/Safety/Contingency Plan. All staff members are made aware of the contingency plan location at induction at their centre.

¹ A 'young person' is defined as 16–19-year-old. In an early years setting, they may be a student, worker, or parent.

² **Legal Definition (Care Act 2014, Section 42): An adult at risk is someone who:**

- Has needs for care and support (whether or not the local authority is meeting any of those needs),
- Is experiencing, or is at risk of, abuse or neglect, and
- As a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

- If the **DSL** /Deputy cannot be contacted anyone with a safeguarding concern can contact The Children's Advice and Duty Service (CADS).
 - A staff member or volunteer can call (0344 800 8021)
 - A parent or member of the public can call (0344 800 8020).
- **If you feel a child is at risk of immediate harm, call the Police on 999.**
- The **DSL** reports to our designated officer, Karen Gibbons, who is responsible for overseeing all child, young person or adult protection matters.
- The designated Trustee for safeguarding is Jeanette Nowrung.
- The designated officer and the Trustee for safeguarding support the **DSL** to undertake their role adequately and offer advice, guidance, supervision and support.
- The Designated Officer is responsible for making sure the policy is reviewed yearly and updated when changes happen at local/national level. They ensure that all staff/volunteers/visitors/parents are aware of this policy and the procedures to follow and update them on any changes.
- The **DSP**, the deputy and the designated officer ensure they have relevant links with statutory and voluntary organisations regarding safeguarding children and make referrals to The Children's Advice and Duty Service or Local Authority Designated Officer when required.
- The **DSP**, the deputy and designated officer understands Norfolk Safeguarding Children Partnership (NSCP) safeguarding procedures and follows the Norfolk Continuum of Needs Guidance. They attend appropriate training on child protection matters **as recommended by Norfolk County Council** and refresh their knowledge of safeguarding at least annually.
- **The DSP, Centre Leads, usually the DSL, and their deputies support staff to understand and follow policies and procedures effectively by:**
 - **Sending out regular newsfeeds explaining which policies are due for review, asking for staff input and raising a change in policy form where necessary.**
 - **Sending out bi-monthly newsfeeds with policy updates. Centre Leads then ask Staff if they have understood policy, and have them sign to say they have read, understood and will follow new policy and procedures.**
 - **Attending regular supervision and appraisal to review staff understanding and implementation of policies, which includes a section to discuss safeguarding.**
 - **Centre Leads undertake spot checks to evaluate staff understanding, record outcomes and organise additional training where necessary.**
 - **Using peer observations to encourage shared responsibility and reflection.**
 - **Attend monthly Team meetings which includes Safeguarding as an agenda item and this is used to review and discuss updates policy in practice. Reflect on practice, particularly with past incidents or near misses (anonymised) to show the importance of following policies in protecting children and staff.**
 - **Attend and keep updated On-line training attended around areas outlined in the additional safeguarding concerns as outlined below.**

- All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of child abuse in categories of physical, emotional and sexual abuse and neglect and attend or update statutory training as required.
- The DSL and the Designated Officer (DO) ensure all staff members are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.
- The DSL and the Designated Officer ensure they are adequately informed if a parent is deemed an adult at risk. Our registration process involves finding out if any parents/carers have any needs or vulnerabilities, so that we may offer support in accordance with the information provided.
- The DSL will inform the designated officer at the first opportunity of every significant safeguarding concern; however, this should not delay any conversations being made to Children's Advice and Duty Service (CADS), the Local Authority Designated Officer (LADO), Ofsted or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) – see page 33 for contact telephone numbers. More information on how and when to refer to CADS can be found on the Children's Advice and Duty Service (CADS) flow chart.
- The Designated Officer ensures all safer recruitment practices are followed and further outlined in the 'Safe Recruitment' section below.
- At induction, the Senior Early Years Professional (SEYP) and the Centre Lead, ensures all staff and volunteers read, understand and sign to say they will follow our safeguarding policies and procedures and are aware of the location of the Norfolk County Council (NCC) flow chart on the process to follow if they have a concern regarding a child.
- Each year, as the Safeguarding and Child Protection is reviewed, all staff and volunteers will be asked to read, understand and sign to say they agree to adhere to the policy.
- At induction, all staff members are made aware of their professional duty to ensure safeguarding and child protection concerns are reported to the Children's Advice and Duty Service (CADS). They receive updates on safeguarding at least annually by way of refresher training, monthly team meetings and supervision.
- All staff members will be supported to feel confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but will exercise professional curiosity.
- All staff understand the principles of early help (as defined in *Working Together to Safeguard Children 2023*) and can identify those children and families who may need early help and enable them to access it.
- Staff understand the Continuum of Needs Guidance (CONG) sets out the approach to keeping children safe and protected from harm in Norfolk. It supports professionals to ensure the right help is given to the right child at the right time and for the right duration. It offers a framework to help recognise risk and agree on an appropriate

response. It is a model of staged intervention in recognition of a continuum of need.

- All staff understand their responsibilities under the General Data Protection Regulations and the circumstances under which they may share information about children and families with other agencies.
- All staff understand how to their concerns if they feel either the local authority and/or their own organisation have not acted adequately to safeguard.
- Parents and families are made aware of our Duty of Care as an early years and childcare setting in our terms and conditions together with NCC's poster which is displayed in our parent areas.
- A copy of this policy is available on our website (<http://www.mrbeefscentre.co.uk/childcare-facilities>) and on the parent board in each centre.
- We provide adequate and appropriate staffing resources to meet the needs of children.
- Centre Leads ensure robust risk assessments are completed, seen and signed by all relevant staff, which are regularly reviewed and updated in line with our Health and Safety policy.
- All staff are aware of (refer to the Maintaining Children's Safety and Security in the premises' policy):
 - our procedures for recording the details of visitors to the setting.
 - the measures put in place to control who comes into the setting and ensure no unauthorised person has unsupervised access to the children, as set out in our 'Maintaining Children's Safety and Security in the premises policy.
- All staff members are aware of the steps to be taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child (refer to use of images in our On-line Safety policy).

Safer Recruitment

- Recruitment procedures are outlined in our Safe Recruitment and Employment policy and include the use of job descriptions, personal specifications, application form, equality monitoring form, steps for interview and how suitable person checks and evidence of qualifications are collected.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Applicants are informed of the need to carry out 'enhanced disclosure' checks with the Disclosure and Barring Service before posts can be confirmed.
- We ask our employees and volunteers to keep their DBS check up to date by subscribing to the DBS Update Service throughout the duration of their employment with us (see Employment Handbook) and acquire permission to check status at least

once a year.

- Any employee who is not registered with the update service renews DBS certificate every three years.
- Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We abide by Ofsted requirements in respect of references and Disclosure and Barring Service checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the centre or has access to the children.
- Safer recruitment guidance is followed from the Norfolk Children's Safeguarding Partnerships' (NSCP) Safer Recruitment Guidance | Norfolk Safeguarding Children Partnership.
- Volunteers, trainees and students are never left alone with children or without appropriate supervision.
- Volunteers must:
 - be aged 17 or over;
 - be considered competent and responsible;
 - receive a robust induction and regular supervisory meetings;
 - be familiar with all the settings policies and procedures;
 - be fully vetted.
- Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
 - the criminal records disclosure reference number;
 - the date the disclosure was obtained; and
 - details of who obtained it.
- All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us). A suitable person declaration is completed annually, and staff members are asked to subscribe to the update service.
- We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child safeguarding concern. We will also report any concerns about an adult working with children to LADO. For further information about this please see 'allegations and concerns about adults who work with children in the setting.
- Staff and volunteers have a Code of Conduct to adhere to which sets out behavioural expectations and forms part of our safer working practices. As part of our safer working practices, they are asked to read and sign the code of conduct.

Mr Bee's is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being

abused' (HMG 2015)*.

We consult the Continuum of Needs Guidance (CONG) which sets out the approach to keeping children safe and protected from harm in Norfolk. This guidance is designed to ensure that across the continuum of need professionals consider that the right help is given to the right children at the right time and for the right duration.

Training

- Safeguarding training will be completed every 2 years. All training will cover the EYFS Training Annex C Criteria. Training will be delivered by The Safer Programme which is part of the Norfolk Safeguarding Children Partnership. This training will ensure staff can recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the guidelines for contacting CADS.
- Centre Leads and Lead Practitioners undertake DSL training every 2 years and Safer Recruitment training.
- The Designated Safeguarding Lead, together with the Designated Officer, ensures that staff members are aware and receive appropriate training in social factors affecting children's vulnerability as outlined below.
- Designated Safeguarding Lead, together with the Designated Officer, ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters as outlined below.
- A training plan is put in place at induction and updated during supervision to ensure child protection training is kept up to date, relevant and refreshed within 2 years.
- Safeguarding forms part of our supervision process to identify training needs.
- Staff members' knowledge of child protection is monitored by on-the-spot safeguarding scenario questions and a record kept by the Centre Lead, including additional training that is undertaken to support individual staff, as well as discussed as an Agenda item at Team meetings and Childcare Development meetings (refer to page 5 point 10).
- At induction, we ensure that all staff know the procedures for reporting and recording their concerns at the Centre.
- All staff complete the Prevent e-learning module at induction which includes information on how Channel links to the government's counter-terrorism strategy (CONTEST) through the Prevent strategy.
- All staff members are required to attend a workshop to raise awareness of Prevent which is monitored under supervision.

Definitions of Abuse and Neglect from Working Together to Safeguard Children 2023

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge.

- protecting children from maltreatment, whether that is within or outside the home, including online.
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- promoting the upbringing of children with their birth parents, or otherwise their family network.
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the [Working together to Safeguard Children 2023](#).

Child protection is part of safeguarding and promoting the welfare of children and is defined for the purpose of this guidance as an activity that is undertaken to protect specific children who are suspected of suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

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

Emotional abuse is the persistent emotional maltreatment of a child such as causing severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including

cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

For information on indicators of abuse consult Appendix 3.

Additional safeguarding concerns to be aware of are:

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.

Child Criminal Exploitation - A term to describe 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 into any criminal activity:

- (a) in exchange for something the victim needs or wants; and/or
- (b) for the financial or other advantage or the perpetrator or facilitator; and/or
- (c) through violence or the threat of violence.

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

Female Genital Mutilation (FGM)

FGM is a procedure where the female genitals are deliberately cut, injured, or changed, but where there is no medical reason for this to be done. It is also known as "*female circumcision*" or "cutting". FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass, or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. **It is illegal to carry out FGM in the UK.** It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out. The maximum penalty for FGM is 14 years' imprisonment.

Forced Marriage People have the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when some face physical pressure to marry (for example, threats, physical violence, or sexual violence) or emotional and psychological pressure (e.g. if they are made to feel like they are bringing shame on their family).

Forced marriage is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Honour Abuse-Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

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

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

Women and girls are the most common victims of honour-based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere the victim does not want to go
- assault/killing

County Lines - A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line.' They 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.

Domestic Abuse - The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including:

- a) physical or sexual abuse;
- b) violent or threatening behaviour;

- c) controlling or coercive behaviour;
- d) economic abuse; and
- e) psychological, emotional, or other abuse.

Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members. All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse. Young people can also experience domestic abuse within their own intimate relationships.

Online Abuse - any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. It can happen anywhere online, including social media, text messages and messaging apps, emails, online chats, online gaming and live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

Children may experience several types of abuse online: Cyberbullying, Emotional abuse- which can include emotional blackmail, Sexting-pressure or coercion to create sexual images, Sexual abuse, Sexual exploitation and Grooming-perpetrators may use online platforms to build a trusting relationship with the child to abuse them.

A child experiencing abuse online might:

- spend a lot more or a lot less time than usual online, texting, gaming or using social media
- seem distant, upset or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet

Be mindful that some of the signs of online abuse are similar to other types of abuse.

Radicalisation – see page 16.

Social and Contextual Safeguarding Matters

Staff members need to be aware of safeguarding issues and be alert to any risks, specifically issues such as child sexual exploitation, fabricated or induced illness, female genital mutilation, private fostering, etc., and the local procedures to respond to risks. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.

The government website (www.gov.uk) has broad government guidance on a variety of safeguarding matters. The following is not a comprehensive list and staff members are required to search the government website for advice on other issues.

Social Factors:

- social exclusion
- domestic violence and controlling or coercive behaviour
- mental illness
- drug and alcohol abuse (substance misuse)
- parental learning disability
- radicalisation

Contextual Factors:

- abuse of disabled children
- fabricated or induced illness
- child abuse linked to spirit possession
- faith abuse
- child sexual exploitation (CSE)
- children who are trafficked and/or exploited
- bullying including cyberbullying
- female genital mutilation (FGM)
- forced marriage
- gender-based violence/violence against women and girls (VAWG)
- honour based violence
- private fostering
- sexting
- teenage relationship abuse
- extra-familial abuse and threats
- children involved in violent offending, with gangs and county lines.

Preventing Radicalisation

The Counterterrorism and Security Act, 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. In line with this advice, Mr Bee's aim to build children's resilience to radicalisation by promoting fundamental British values and enabling children to challenge extremist views. British values are democracy; the rule of law; individual liberty and mutual respect for and tolerance of those with different faiths and beliefs, and for those without faith.

The Counterterrorism and Security Act 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. The Act will require partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate.

'Channel' is the name for the process of referring a person for early intervention and support, including:

- identifying people at risk of being drawn into terrorism
- assessing the nature and extent of that risk, and
- developing the most appropriate support plan for the people concerned.

The Channel process is about safeguarding children, young people and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from risk before a crime occurs. All staff members complete the Prevent course online during their induction process.

Parental consent for radicalisation referrals

NCSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may

be committed. Advice should be sought from **DSL**s and local agencies responsible for safeguarding, as to whether or not consent should be sought on a case-by-case basis. **DSL** and the **DSLs** should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referrals can be sought from the relevant local agency without specific details such as the names of the family being given in certain circumstances. Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but Norfolk procedures should be followed regarding this.

The Prevent Duty in Norfolk-Responding to a Concern-Notice – Check – Share

A staff member or volunteer working with a child or young person could be the person to notice that there has been a change in the individual's behaviour that may suggest they are vulnerable to radicalisation. Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

Check -The next step is for the staff member or volunteer to speak to the manager or **DSL** to better understand the concerns raised by the behaviours observed to decide whether intervention and support is needed. In many cases there will be an explanation for the behaviours that either requires no further action, or a referral not related to radicalisation or extremism.

Share - Where the staff member or volunteer still has concerns that the individual may be vulnerable to radicalisation, then the organisation's safeguarding procedures will be followed, and this safeguarding concern will be reported to the Children's Advice and Duty Service (CADS).

Following this the Prevent referral form should be completed, which can be downloaded from here [referral form](#) and sent to: [**preventreferrals-NC@Norfolk.police.uk**](mailto:preventreferrals-NC@Norfolk.police.uk)
An initial assessment of the referral will be carried out prior to any further information gathering on the individual.

For urgent radicalisation concerns contact Norfolk police on 101 or, in an emergency, 999.

Additional information and guidance on Prevent is available on the Norfolk County Council website.

Non-emergency advice or support?

If it's not an emergency, please get in touch by emailing prevent@norfolk.police.uk.

You can also contact the Norfolk Police Prevent team on 01953 423905 or 01953 423896.

Concerns about children affected by gang activity/serious youth violence

All staff members should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst very young children are very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer. DSLs should be familiar with their NCSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence

Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

Forced marriage became criminalised in 2014. There are also civil powers, for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.

Risks in relation to forced marriage are high and it is important that all staff ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour-based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency the police should be contacted on 999.

The Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are below.

- Telephone: +44 (0) 20 7008 0151
- Email: fmu@fco.gov.uk
- Email for outreach work: fmuoutreach@fco.gov.uk

Duty of Care

It is a legal requirement that any member of staff or volunteer working in a day-care setting registered under the Children Act 1989, whether paid or unpaid, accepts the responsibility to pass on information and concerns regarding a child who may have been abused or is likely to be abused. Social Workers have a legal duty under the Children Act 1989 to investigate such information and concerns and take any action necessary to protect a child.

Staff members undertake induction and training which provides guidance which will support them in quickly identifying the maltreatment of a child and knowing what to do should they suspect a child is at risk of harm. All staff members are aware through their training a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect as defined earlier in this policy.
- We ensure that all staff understand the additional vulnerabilities that arise from special educational needs and/or disabilities, plus inequalities of race, gender, language, religion, sexual orientation or culture, and that these receive full consideration in relation to child, young person or vulnerable adult protection.
- When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through:
 - Significant changes in their behaviour;
 - Deterioration in their general well-being;
 - Their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
 - changes in their appearance, their behaviour, or their play.
 - Unexplained bruising, marks or signs of possible abuse or neglect; and
 - Any reason to suspect neglect or abuse outside of the centre.

- We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.
- We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using our provision, such as abuse of children who have special educational needs and/or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including through internet abuse; Female Genital Mutilation and radicalisation or extremism (see paragraphs above - this is not an exhaustive list).
- In relation to radicalisation and extremism, we follow the Prevent Duty guidance and NSCP procedures on responding to radicalisation.
- Where such evidence is apparent, the person dealing with the incident completes a Cause for Concern Form outlining the details of the concern, attaching any original notes to the form. Reports must immediately be taken to an **DSL** (list at back of this policy).
- Adults, paid or unpaid, must immediately report any concerns directly to the **DSL** or deputy whose names appear at the bottom of this policy and in the centre on the Duty of Care in Early Years and Childcare settings poster.
- The **DSL** when considering whether to contact CADS will consult the CADS Flowchart in Appendix 1 and the Norfolk Continuum of Needs Guidance to decide the cause of action to be taken and seek advice from external agencies where necessary.
- After conversations with the Children's Duty and Advice Service (CADS), if a referral is made, we co-operate fully in any subsequent investigation. (In some cases, this may mean the police, or another agency identified by CADS).
- We take care not to influence the outcome either through the way we speak to children or by asking children questions.
- We take account of the need to protect young people aged 16-18 as defined by the Children Act 1989. This may include students or school children 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 considered, 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. Information can be shared without explicit consent if seeking consent would expose the child or anyone else to significant harm or jeopardise a criminal investigation in respect of evidence gathering – please see duty of care section on **application** form.

- We follow the detailed procedures set out by the NSCP's Policies and Procedures as outlined on their website when seeking a conversation with CADS.
- All staff members are also aware that **adults can also be at risk of harm** and when needed we will seek guidance from the Norfolk Safeguarding Adults Board Norfolk Safeguarding Adults Board (NSAB). We will contact Norfolk Adult Social Services if we are concerned about an adult's wellbeing or safety: [Report a concern - safeguarding - Norfolk County Council](#)
- All records and information are stored in a separate file with limited access, to protect the child. A 'need to know' label is placed beside the child's name on their general file which indicates that another agency is involved, and information will be shared with appropriate staff members and agencies as outlined in our Information Sharing and Looked After Children policies.

Disclosures:

Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals 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; that member of staff:

- offers reassurance to the child;
- **remain calm**, listen **and be supportive** of the child (at their level and show concern in non-verbal responses);
- **Do not ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions.** If they are not sure what the child said, or what they meant, they may prompt the child further by saying 'tell me more about that' or 'show me again'.
- **Do not stop or interrupt a child who is recalling significant events.**
- if appropriate, use wishes and feelings age-appropriate activity to talk to the child;
- **Let the child go at their own pace**
- Never promise the child confidentiality– it must be explained that information will need be to be passed on to help keep them safe; and give reassurance that she or he will take action.

After the initial disclosure, staff speak immediately to the designated safeguarding lead, **who will decide on what action to take**. They do not question further or attempt to interview a child.

Recording suspicions of abuse and disclosures:

The staff member makes a written record that forms an objective record of the observation or disclosure that includes:

- The child's name;
- The age of the child;
- The date and time of the observation or the disclosure;
- Writes objective record of the observation or disclosure;
- Records of what happened immediately before the child made disclosure or caused you to become concerned;
- The exact words spoken by the child as far as possible;
- The name of the person to whom the concern was reported, their role, **signed and dated (and time) in ink**; and
- The names of any other person present at the time.

This information is used to complete a Cause for Concern Form (all original notes attached) and passed to the **DSL** immediately. These records are stored in the child's safeguarding file which is only accessible by **DSL** s.

All members of staff are required to know the procedures for recording and reporting child abuse and to whom they should report. Child Protection Flow Charts, as well as being attached to this policy, are in the centre office, staff room and parent areas and the **DSL** and Deputy are named on the 'useful contacts page' at the end of this policy. The setting contingency plan which is stored in the main office (an e-copy can be found on the operational plan on Famly) outlines who to contact in the absence of the **DSL** BUT if you are unable to contact any of the named individuals YOU MUST contact CADS directly yourself if you feel child is at immediate risk of harm.

Children often appear with bruises and scratches and staff/volunteers are not expected to treat all of these as a sign of child abuse. The majority of injuries to children happen in understandable and accidental ways which will be explained by listening to the child and verified by talking to the parent/carer. However, there may be occasions when something happens which are particularly worrying.

This may include a child who:

- is unwilling to talk about an injury and gives an explanation which does not make sense;
- has a series of unexplained bruises;
- has mood changes and he or she becomes withdrawn or tearful.
- is fearful of going home.

Examples of incidents which may need investigating include:

- a child has specific injury, mark, bruise or burn on their body which are the result of an intentional act such as hitting, biting or violent incident which may have been carried out by the parent, adult in the household or an older sibling.
- a child having specific injury, mark, bruise or burn; or
- a child tells about a worrying incident; or
- someone else tells of their concerns about a child; or
- there is a more general concern that has built up over a period or possibly if a child starts to self-harm (which will be reflected in existing injury/accident/incident; unusual behaviour concern and cause for concern forms, procedures for which are outlined below).
- specific safeguarding concerns as outlined above.

Decision making (all categories of abuse)

If we feel a child is at risk of immediate harm, we will call the Police **immediately** on 999.

Contacting Children's Advice and Duty Service-CADS

- If the **DSL** is concerned whether a child or children is experiencing or likely to suffer significant harm, we will telephone (CADS) immediately on 0344 800 8021
- When considering whether to contact CADS we will consult the CADS Flowchart in Appendix 1 and the Norfolk Continuum of Needs Guidance 2023 produced by the Norfolk Safeguarding Children Partnership (NSCP)
- We will gain consent from the parent to contact CADS, **unless the concerns being raised suggest that the child or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if the parent is informed. Reasons for not seeking consent should be clearly stated when speaking with CADS and recorded on a Concerns referred to Children's Advice and Duty Service (CADS) form.**
- **We will complete a Concerns referred to Children's Advice and Duty Service (CADS) form to ensure information is ready before contacting CADS which includes:**
 - all of the details known to you/your agency about the child;
 - their family composition including siblings, and where possible extended family members and anyone important in the child's life;
 - the nature of the concern and how immediate it is;
 - Any and what kind of work/support you have provided to the child or family to date.
 - where the child is now and whether you have informed parents/carers of your concern
- CADS will advise us of the action required to resolve the concerns either directly or with the support of partner agencies, not necessarily Children's Services. Or a formal referral, recording the level of need, **into the Family Help Team.**

- A consultation feedback letter will be provided as a record of all conversations and provide a clear audit trail of the outcome agreed.
- We will not investigate and will be led by the Local Authority and/or the Police.
- We will keep written dated records of all conversations with CADS on a Mr Bee's Chronological Safeguarding Feedback Sheet.
- We understand if we are unhappy about a decision made by CADS we can use the Resolving Professional Disagreements policy on <https://norfolklscp.org.uk/>
- Parents or members of the public can contact CADS on 0344 800 8020

Concerns about Radicalisation and Extremism

If we have concerns that a child or young person could be vulnerable to radicalisation, we will follow the procedure 'Notice – Check – Share' already highlighted above.

Children with a Social Worker

If we have concerns about a child, who we know already has a social worker or practitioner, we will call that worker. If we do not know the worker or their contact details, we will contact Customer Services on 03444 800 8020 and they will help to make sure our call gets put through to the right person.

If a conversation with CADS takes place, the Mr Bee's Designated Officer for Safeguarding must be informed.

Staff are alert to indicators that a family may benefit from early help services and should discuss this with the DSP, also completing Cause for concern form if they have not already done so.

Professional disagreement/escalation process

- If a staff member disagrees with a decision made by the DSL not to make a referral to social care they must initially discuss and try to resolve, it with them.
- If the disagreement cannot be resolved with the DSL and the educator continues to feel a safeguarding referral is required, then they discuss this with the Designated officer.
- If issues cannot be resolved the whistle-blowing policy should be used, as set out below and our Whistle Blowing policy.
- Supervision sessions are also used to discuss concerns, but this must not delay making safeguarding referrals.
- Any concern about the referral process and response should be addressed via the NSCP's Resolving Professional Disagreement policy, found on the NSCP website: Resolving Professional Disagreements Policy | NSCP.

Informing parents

- Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child at risk or interfere with the course of a police investigation. Advice will be sought from CADS if necessary.
- Parents are informed when we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants a conversation with CADS, parents are informed before contacting CADS, except where it is believed that the child may be placed at risk.
- Parents are not informed prior to making a referral if:
 - there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious crime may have been committed, as it is important that any potential police investigation is not jeopardised
 - there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
 - contacting the parent puts another person at risk; situations where one parent may be at risk of harm, e.g., abuse; situations where it has not been possible to contact parents to seek their consent may cause delay to the referral being made
- Further information on information sharing can be found in our Information Sharing policy.

Liaison with other agencies

- We work within the NSCP guidelines.
- We have a copy of 'What to do if you're worried a child is being abused*' for parents and staff on parent and staff notice boards.
- All staff members are required to read this publication; be familiar with what to do if they have concerns; and know who the DSL is and deputy DSL.
- We have procedures for contacting Children's Services on child protection issues to ensure that it is easy, in any emergency, for the Centre and Children's Services to work well together. It is for this reason we maintain a list of names, addresses and telephone numbers of social workers who have been allocated for a Child in Need (Section 17), a Child Subject to a Child Protection Plan (Section 47) or a child who is looked after and is subject to a Care order. If it is not possible to contact the child's allocated Social Worker or their manager, then CADS should be contacted.
- We notify the registration authority (Ofsted and the LADO – see useful contact numbers and websites attached to this policy) of any incident or accident and any changes in our arrangements which may affect the wellbeing of children or where an allegation of abuse is made against a member of staff (whether the allegations relate

to harm or abuse committed on our premises or elsewhere) Notifications to Ofsted are made as soon as is reasonable practicable but at least 14 days of the allegations being made.

Early Help:

Early Help is about giving information, advice and guidance to families as soon as there is a worry in a child's life. This can be for children of any age up to 18 and can help with the worries adults may have, such as finances and mental health, which may impact on the children.

At times, a family network (friends, families and the community) is not available and more support may be needed. Mr Bee's can signpost families to get help and support from organisations such as Just one Norfolk; Early Childhood and Family Service (ECFS) and Family information service, to name a few.

Applying for an early help assessment will bring together family, friends and workers to pull together and meet to identify what support is needed. An early help assessment plan (EHAP) looks at what is working well for a family and what is not working so well – it can be coordinated by any professional person who is working with a family, including Mr Bee's, and ensure everyone's view, including children and young people is taken into consideration. Meetings take place and discussions take place to identify what support is needed and how everyone will work together to help achieve the family goals. Once the goals are achieved the plan will end. If new problems come up in the future, the process can start again.

Parents are made aware of the Centre's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the DSL must always seek consent from the child's parents to share information with the relevant agency.

If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to override a parental decision to withhold consent.

If a parent withholds consent, this information is included in any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless doing so may place a child at risk of harm).

Long term concern for child's welfare:

Attendance:

Regular attendance not only promotes good outcomes for children, but monitoring absence can lead to early identification of more serious concerns for a child or family. As such, monitoring attendance has a vital part to play in keeping a child or other family members safe from harm. The following procedure must be followed to record, and report concerns about a child's absence:

- Every child's attendance is recorded electronically on Famly, ensuring sign in and out times is recorded accurately.
- When a child is absent and the parent has contacted the centre, the reason for absence is recorded on the child's profile on Famly.
- When a child is absent and no call received, a courtesy call is to be made by the key person to check on the child and enquire as to when they are likely to return – this should be recorded on the child's profile.
- In the absence of the key person, the shadow key person or room lead should make the call.
- All attempts to contact parents should be recorded on the key person's next steps and observation sheet.
- If no contact is made with the child's parents and the DSL has reason to believe that the child is at risk of significant harm, [the Children's Advice and Duty Service will be contacted, or in an emergency the Police.](#)
- If the child has current involvement with children's social care the social worker is notified on the day of the unexplained absence.
- When a child is absent on a regular basis, the key person should make every effort to discuss the matter with the family and take steps to encourage and support improved attendance.
- Any discussions around attendance should be recorded on the child's observation and next step record.
- In cases where absence forms a regular pattern (unusual occurrence) or where there are any concerns about a child (cause for concern) after they return, the Key Person should complete the appropriate record and report to the DSP.
- The DSL will thoroughly investigate the absence, recording the family's explanation for absence on the appropriate form.
- Any further concerns by the DSL will be initiated following the process of reporting a concern about a child as outlined on Norfolk County Council's flow chart which is displayed in the office and staff room at each centre.

Recording and reporting of existing injuries/accidents and incidents:

Recording and reporting of existing injuries/accidents and incidents may lead to a concern for a child's welfare over a period. Each staff member is provided with guidance on completion of forms at induction and made aware of the location of all forms to be completed by the Room and Centre Lead which include:

- If any child sustains an injury outside of the centre even if it is accidental and it is noticed upon arrival, the member of staff greeting the parent must discuss it with parent/carer upon arrival. This will be recorded on an accident/incident form on Famly (tick noticed on arrival box) and the parents to acknowledge before they leave the centre.
- If an injury is found later in the day, this should be brought to your room leader's attention immediately and the parent contacted to discuss. Again, this should be recorded on an accident/incident form on Famly and acknowledged before the child is collected.
- Once an existing injury has been recorded, the person completing the form should seek advice and guidance from a **DSP**.
- The **DSL** has access to all existing injury records that are entered for their areas and are responsible for checking forms to ensure they are completed in full, provide clarity and ask further questions where needed. In some cases, this may include exercising their duty of care and seeking advice from CADS.
- If a child has an accident at the centre, or is involved in an incident, it is to be recorded as an accident/incident on Famly and parent asked to inform anyone else who may collect the child on that day where appropriate. Before the child is collected, the accident/incident form must be acknowledged by the parent.
- If the child leaves the centre and the accident/incident form has not been acknowledged, the person completing end-of-day tasks should telephone the parent requesting that they acknowledge this. The accident/incident record should be edited stating the date and time parent was contacted by telephone together with any additional notes (i.e., no answer – message left on answer phone).
- If a child is involved in an accident/incident during breakfast club, in addition to recording on Famly in the usual way, a 'school notification slip' should be completed and taken to the school to make them aware of the accident/incident and returned to the centre with a signature and the name of the teacher informed (remember to take a pen if handover takes place on the playground). This slip is to be filed into the child's personal file in the office.
- If a child is involved in an accident/incident on route to the school, the child should be taken directly to the qualified first aid person at the school. A 'school notification slip' should be completed as above (member of staff should keep supply of them) and accident/incident form should be recorded on Famly on return to the centre. Again, the slip should be filed in the child's personal file in the office.
- If more than one child is involved in an accident/incident, individual forms are to be completed. Each form should **ONLY** include the name of the child for whom the parent needs to sign and information regarding the other child kept confidential.
- In the event a parent queries an incident and/or accident which has not been witnessed and recorded in the usual way, the accident and incident form should be completed immediately (outlining the parents' concerns and/or the child's injury at the time of

reporting) and investigated by the room lead and must be brought to the attention of the Centre Lead (or person in charge) immediately.

- The Centre Lead ensures all accident/incident records are reviewed daily to ensure all records have been acknowledged by the parent/carers and used to identify areas of risk within the setting or health and welfare concerns for an individual child.
- In the case of serious injury, diseases and dangerous occurrences a Serious Incident form will need to be completed - please refer to the 'Recording and Reporting of Accident and Incidents (including RIDDOR)' policy.

Safeguarding Incident Report Form: a staff member completes the first page if they are concerned about a change in a child's behaviour (clinginess and/or soiling themselves) or any other occurrence which may not be within the child's usual behaviour. The form is then to be immediately passed to the **DSL** who will consider the actions to be taken and recorded on the second page of the form. The completed form is kept on the child's safeguarding file; the child protection chronology record updated and kept for use in the future. These records will support staff members in identifying the cause of the change in behaviour and be in a better position to support the child.

Cause for Concern Form: This form is completed if several Safeguarding Incident Report forms give rise to a concern for the child's welfare (usually by the Safeguarding Lead Practitioner). It should be completed by a staff member where there is an urgent cause for concern and immediately passed to the **DSL** for action (see flow chart). The designated officer for safeguarding reviews the Cause for Concern forms during routine visits.

Concerns and Referral Recording Form: This is to be completed by the person making the referral, usually the **DSL**. It will ensure that all the relevant details are at hand BEFORE seeking advice from CADS.

Allegations Against People Working or Volunteering with Children

- Mr Bee's aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children who attend our Centres. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.
- Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned.
- We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children. We work to the thresholds for harm as set out in '*Working Together to Safeguard Children 2023*'.
- An allegation may relate to a person who works / volunteers with children who has:
 - behaved in a way that has harmed a child, or may have harmed a child and/or;

- possibly committed a criminal offence against or related to a child and/or;
 - behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
 - behaved or may have behaved in a way that indicates they may not be suitable to work with children.
- The fourth bullet point above recognises circumstances where a member of staff (including supply staff) or volunteer is involved in an incident outside of workplace which did not involve children but could have an impact on their suitability to work with children; this is known as transferrable risk.
 - At Mr Bee's we recognise our responsibility to report / refer allegations or behaviours of concern and / or harm to children by adults in positions of trust known to us, but who are not employed by our organisation to the Local Authority Designated Officer (LADO) service directly at lado@norfolk.gov.uk
 - We will take all possible steps to safeguard our children and to ensure that the adults at Mr Bee's are safe to work with children. When concerns arise, we will always ensure that the safeguarding actions outlined in the local protocol and procedures NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children and The Management of Allegations Against People Working with Children Procedure are adhered to and will seek appropriate advice.
 - If an allegation is made or information is received about *any* adult who works/volunteer in our Centre which indicates that they may be unsuitable to work / volunteer with children, the member of staff receiving the information will inform the Centre DSL immediately. This includes concerns relating to agency, supply and specialist staff, students and volunteers.
 - Should an allegation be made against the Centre Lead / DSP, this will be reported to the Senior Early Years Professional (SEYP). If SEYP is not contactable on that day, the information must be passed on to and dealt with by Jeanette Nowrung, Trustee for Safeguarding.
 - The DSL, should within 1 working day, report the allegation to the LADO in accordance with this procedure, by completing a LADO referral form.
 - The LADO referral form can be downloaded here under the LADO tab, along with more information: <https://norfolklscp.org.uk/people-working-with-children/how-to-raise-a-concern>
 - For further information on the role/remit of Norfolk LADO Service, please see NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children and The Management of Allegations Against People Working with Children Procedure
 - We respond to any disclosure by children or member of staff of an allegation of abuse by a member of staff, volunteer or student within the setting or anyone working on the premises which may have taken, or is taking place, by first recording the details of any such alleged incident.

- All adults who come into contact with children whether paid or unpaid will be made aware of the steps that will be taken if an allegation is made.
- The LADO will be involved in the management and oversight of individual cases – providing advice and guidance to staff members, liaising with the police and other agencies, and monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.
- If the LADO is contacted, the designated officer for safeguarding must be informed at the first opportunity, however this should not delay any referrals being made
- Where the management committee and children's social care agree it is appropriate in the circumstances, the Senior Early Years Professional will suspend the member of staff (pay to be negotiated) or the volunteer, for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place but is to protect the staff as well as children and families throughout the process.
- We ensure that all parents know how to complain about the behaviour or actions of staff, volunteers or students within the setting, or anyone working on the premises, which may include an allegation of abuse.
- We follow the guidance of the NSCP when responding to any complaint that a member of staff, or volunteer within the setting, or anyone working on the premises occupied by the setting, has abused a child (see flowcharts in office).
- We also report any such alleged incident to Ofsted and what measures we have taken within 14 days. We are aware that it is an offence not to do this.
- **As a registered charity, we are required to report serious incidents which result in:**
 - harm to our charity's beneficiaries, staff, volunteers or others who come into contact with our charity through our work
 - loss of our charity's money or assets
 - damage to our charity's property
 - harm to our charity's work or reputation.

Low level concerns about adults working or volunteering with children that do not meet the harm threshold for a LADO referral

A low-level concern is any concern, doubt, or sense of unease, no matter how small, that someone may have acted in a way that is inconsistent with Mr Bee's code of conduct.

Behaviour that might be considered as inappropriate often depends on the circumstances. A low-level concern may not be seen as immediately dangerous or intentionally harmful to a child, but it can soon escalate and become a serious safeguarding concern.

Examples of such behaviour could include:

- Being overfriendly with children

- Excessive 1-1 to attention beyond what is required for their role
- Having favourites
- Adults taking photographs of children on their mobile phone
- Engaging with a child on a one-to-one basis in a secluded area
- Using inappropriately sexualised, intimidating or offensive language
- Inappropriate sharing of images
- Humiliating children

This list of examples is not exhaustive, and low-level concerns can arise from various forms of behaviour.

Low-level concerns may arise in several ways and from several sources. For example: suspicion; complaint; or disclosure by a child, parent or other adult within or outside of the organisation.

At Mr Bee's we promote an open and transparent culture in which all concerns about all adults working in or volunteering on behalf of our organisation are dealt with promptly and appropriately.

Through induction, we ensure all staff/volunteers understand the importance of self-referring, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

Managing a Low-Level Concern

At Mr Bee's staff/volunteers are expected to report all low-level concerns immediately to the DSL.

If reported to the DSL they will inform the Senior Early Years Professional of the concern. The Senior Early Years Professional will be the ultimate decision maker in respect of all low-level concerns.

At Mr Bee's, we understand the importance of recording low-level concerns and the actions taken in light of these being reported. We will review the records we hold to identify potential patterns and take appropriate action. This could be through a disciplinary process, or where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, where it should be referred to the LADO.

If Mr Bee's is in any doubt as to whether the information which has been shared about a member of staff/volunteer as a low-level concern in fact meets the harm threshold, they would consult with the LADO on lado@norfolk.gov.uk

Making a Barring Referral to the DBS

- If an allegation has been made about a staff member or volunteer, then Mr Bee's has a legal duty to make a barring referral if the following conditions are met:

Condition 1

- you withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. Examples: dismissed, re-deployed, retired, been made redundant or retired.

Condition 2

- You think the person has carried out 1 of the following:
 - engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk of harm or;
 - satisfied the harm test
 - received a caution for, or a conviction for, or been convicted for a relevant offence
- More information on Barring Referrals can be found [online](#). If we need guidance on making a Barring Referral, we will contact the [East of England DBS Outreach Advisor](#) for support. A Barring Referral can be completed online via the DBS [website](#) (<https://www.submit-a-barring-referral.service.gov.uk/start>).
- The named person for making barring referrals is Karen Gibbons, the Senior Early Years Professional, unless the referral is against the named person in which case the referral will be made by Jeanette Nowrung, the designated Trustee for Safeguarding.
- There could be times when we might consider that we should still make a referral in the interests of safeguarding children even if the legal duty to refer has not been met. This could include acting on the advice of the police or a safeguarding professional, or in situations where there may not be enough evidence to dismiss or remove a person from working with vulnerable groups. DBS are required by law to consider any and all information sent to them from any source. This includes information sent to them where the legal referral conditions are not met. If we do make a referral to DBS where the referral conditions are not met, we will do so in consideration of relevant employment and data protection laws.

Disciplinary action

Where a member of staff or volunteer has been dismissed due to engagement in activities

that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service of relevant information. This will ensure individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups. This is in addition to OFSTED and LADO being informed at the relevant stages.

Confidential Records and Information Sharing

All personal information is held securely and in line with the Data Protection Act 2018 including GDPR and guidance from the Information Commissioner's Office (ICO), however, we are obliged to share confidential information without authorisation from the person who provided it or to whom it relates if it is in the public interest. That is when:

- it is to prevent a crime from being committed or intervene where one may have been or to prevent harm to a child or adult; or
- requesting consent would expose the child or anyone else to significant harm or jeopardise an investigation in respect of evidence gathering.

All staff understand their responsibilities under the General Data Protection Regulations and the circumstances under which they may share information about you and your child with other agencies.

When sharing information with any organisation, we will first consider the principles outlined by Government Guidance. We will consult the 7 golden rules for information sharing from ['Information Sharing Advice for Safeguarding Practitioners'](#).

Any information recorded will be kept in a separate file, in a secure cabinet, labelled with the child's name and not with the child's academic file. These records, known as 'safeguarding records', will be the responsibility of the DSL and Deputy DSP. Child protection information will only be shared within the centre based on the 'need to know in the child's interests' and on the understanding that it remains strictly confidential. Staff and volunteers MUST respect this and not share sensitive information with unauthorised others – any breach in confidentiality may lead to disciplinary action and/or dismissal. Any doubts regarding the sharing of information or keeping it confidential is brought to the attention of the Centre Lead, DSL or Deputy DSL immediately (please refer to our Confidentiality Policy and Information Sharing Policy).

Only child protection information will be kept in these files which may include records of concern, copies of referrals, invitations to child protection conferences, core groups and reports will be stored here (this is not an exhaustive list). All our safeguarding files will include a Chronological Record recording significant events in the child's life as it relates to safeguarding and child protection.

When a child leaves our setting, the **DSL** will contact the DSL (Designated Safeguarding Lead) at the new school/setting and will ensure that the chronological record and file is forwarded to the receiving school in an appropriately agreed manner. **When we are asked to share information about a child in our care or transfer their records we will follow the NCC Early Years information sharing flowchart. When sharing information between our centre and a school we will use the NCC File Transfer Record and Receipt Form.** We will retain a copy of the chronological record with notes to demonstrate how the file has been transferred; this may be in the form of a written confirmation of receipt from the receiving school and/or evidence of recorded delivery if it is necessary to post documents. In situations whereby a child leaves our setting, and we are not sure of the setting the child is transferring to, the **DSL** will ensure the relevant member of the Norfolk County Council CADS team is informed. Likewise, if a child leaves without notice, we will contact the CADS team to notify them of the situation. In both cases, CADS would only be notified if there are safeguarding concerns.

An electronic copy of the chronological record will be created and saved securely onto Head Office server and kept in line with safeguarding file retention set by Norfolk County Council. The hard copy of the chronological record will be kept in the safeguarding cabinet and securely disposed of after one year.

Online Safety (see separate policy):

Online safety includes the use of photography and video, the internet and social media sites, mobiles phones and smart watches. The Centre Lead/Lead Practitioner, as the designated person for safeguarding (**DSL**), has the responsibility for ensuring that **all procedures outlined in our Online Safety policy** are followed which include:

- **A risk assessment for staff/volunteers' use of their own devices in the workplace.**
- **Parental consent for taking images/videos of children and how these will be stored and kept safe.**
- **Personal mobile phones and internet-enabled devices are not used by staff during working hours. These are only permitted during designated breaks and areas where children are not in attendance.**
- **Access to the internet by the children.**
- **Children who bring in their own devices.**
- **Outlining online usage in the code of conduct.**
- **Steps taken to prevent unauthorised images of children while at the centre, including by other parents.**
- **The ICT Code of conduct outlines the behavioural expectations of staff online.**

Working with families

- **We believe in building trusting and supportive relationships with families, staff and**

volunteers in the group.

- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, providing information, monitoring of the child, and liaising at all times with Children's Services. This is outlined in our terms and conditions which parents sign before care begins and by electronically confirming they have received a copy of any updated policy on our Family app.
- We also outline in our terms and conditions how we share information with the relevant authorities if we have concerns about the welfare of their child, and that we do not have to seek consent from them if there are serious concerns about harm or likely harm.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social care worker in relation to the setting's designated role and tasks in supporting that child and their family, after any investigation.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility in accordance with our Information Sharing policy and procedures but only if appropriate under the guidance of the NSCP.

Planning

- The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being within sight and/or hearing of other staff or volunteers.

Curriculum

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

Whistle blowing (See separate policy for more information).

There is a clear whistleblowing process for staff to raise concerns about poor or unsafe practice in the setting's safeguarding provision. At induction, all staff and volunteers are asked to read the Whistleblowing policy and have access to the Employee Handbook on Family which signposts staff to the Whistleblowing policy.

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements
- a miscarriage of justice has occurred, is occurring or is likely to occur
- the health and safety of any individual has been, is being or is likely to be endangered
- the working environment has been, is being or is likely to be damaged;
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed

Centre Closure:

In the event there is disruption in business and children are unable to attend any of the Mr Bee's Centres, an action plan will be drawn up by the Senior Early Years Professional and Trustees which will outline appropriate steps to be taken, particularly with regard to safeguarding and how we will continue to support families who are:

- supported by the child social care system
- with education, health and care (EHC) plans
- otherwise identified as vulnerable

Mr Bee's will follow recommended guidance by Norfolk County Council and the Norfolk Safeguarding Children Partnership and complete the Safeguarding Checklist which will be shared with all employees at Mr Bee's.

Appendix

1. CADS Flowchart
2. Useful Contacts and Websites
3. Indicators of Abuse

Mr. Bee's Policies linked to safeguarding:

Our safeguarding policy should be read in conjunction with the other following policies which also fall under our safeguarding umbrella:

- Whistle blowing
- Valuing diversity and promoting equality
- Identification, assessment and support for children with SEND Identification, assessment and support for children with SEND
- Promoting Positive Behaviour
- Managing children with allergies, or who are sick or infectious (including reporting notifiable diseases) and administering medicines
- Making a complaint
- Uncollected Child
- Missing Child
- Fire Safety and Emergency Evacuation
- Intimate Care and Nappy Changing
- Admissions and Registration
- Safer Recruitment and Employment
- Supervision, Appraisal and Personal Development
- Lone Worker Policy
- Emergency Cover Policy
- Induction of staff, volunteers and managers
- **Code of Conduct**
- Student placement
- The role of the key person and settling in
- Partnership with parents
- Confidentiality, recording, information sharing and Client Access to records
- Health and Safety – General
- Recording and Reporting of Accidents and Incident (including RIDDOR)
- On-line Safety
- Maintain children's safety and security on premises
- Critical Incident
- Supervision of children on walks, outings and school runs

Legal framework

- Domestic Abuse Act 2021
- The Online Safety Act 2023
- Clare's Law Domestic Violence Disclosure Scheme (DVDS)
- Sarah's Law The Child Sex Offender Disclosure Scheme
- General Data Protection Regulation 2018
- Data Protection Act (2018)
- General Data Protection Regulations (GDPR) (2018)
- Counter-Terrorism and Security Act 2015
- Modern Slavery Act 2015
- Care Act (2014)
- Equality Act (2010)
- Childcare (Disqualification) Regulations (2009)
- Childcare Act (2006)
- Equalities Act (2006)
- The Children Act (2004) s11
- Sexual Offences Act (2003)
- Freedom of Information Act (2000)
- Human Rights Act (1998)
- Children Act (1989) – S47
- The Child Abduction Act 1984

Further Guidance

- The Norfolk Continuum of Needs Guidance (2023)
- Working Together to Safeguard Children (HMG 2023)
- [Norfolk Safeguarding Children Partnership \(NSCP\) norfolkscp.org.uk](https://norfolkscp.org.uk)
- [The Disclosure and Barring Service Regional Outreach Service \(www.gov.uk\)](https://www.gov.uk)
- <https://norfolkscp.org.uk/about/policies-procedures/safer-workforce/83-allegations-against-persons-who-work-volunteer-with-children>
- [Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC \(norfolkscp.org.uk\)](https://norfolkscp.org.uk)
- [Policies & Procedures | Norfolk Safeguarding Children Partnership \(norfolkscp.org.uk\)](https://norfolkscp.org.uk)
- Statutory Framework for the Early Years Foundation Stage 2021
- <https://norfolkscp.org.uk/media/ubbphlng/the-management-of-allegations-against-people-working-with-children-procedure-february-2023.pdf>
- What to Do if You're Worried a Child is Being Abused (HMG 2015)
- Prevent duty guidance: Guidance for specified authorities in England and Wales (2023)
https://assets.publishing.service.gov.uk/media/65e5a5bd3f69457ff1035fe2/14.258_HO_Pr_event+Duty+Guidance_v5d_Final_Web_1_.pdf
- Channel duty guidance: Protecting people susceptible to radicalisation
https://assets.publishing.service.gov.uk/media/651e71d9e4e658001459d997/14.320_HO_Channel_Duty_Guidance_v3_Final_Web.pdf
- Keeping Children Safe in Education 2025
- Education Inspection Framework (Ofsted 2019)
- Statutory guidance on inter-agency working to safeguard and promote the welfare

of children (DfE 2015)

- Information sharing advice for safeguarding practitioners (DfE 2018)
- Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2016)
- NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk
- Government help and advice: www.gov.uk/female-genital-mutilation
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf
- Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)
- Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 200)
- Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)
- Safeguarding Disabled Children: Practice Guidance (DfE 2009)
- Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)
- Child sexual exploitation: definition and guide for practitioners (DfE 2017)
- Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf
- <https://www.norfolk.gov.uk/care-support-and-health/protecting-someone-from-harm/help-an-adult-at-risk-of-harm>
- The GCP2 assessment tool for neglect - <https://learning.nspcc.org.uk/research-resources/2022/graded-care-profile-2-case-study-evaluation>
- <https://www.charitysafeguarding.dcms.gov.uk/handling-safeguarding-allegations-charity?page=1>
- <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees#handle-and-report-incidents-and-concerns>

Forms:

- Cause for Concern (Safeguarding)
- Form for reporting concerns to CADS (NSCP 2024)
- Chronological Safeguarding Feedback Sheet Record
- Staff Safeguarding Log
- LADO Referral Form (e-copy available from How to Raise a Concern | Norfolk Safeguarding Children Partnership | PWWC (norfolklscp.org.uk))
- Parent / Key Person Communication Log
- Staff Communication Log
- [NCC File Transfer Record and Receipt Form](#) [Safeguarding Guidance and Reporting - Norfolk Schools and Learning Providers - Norfolk County Council](#)

Flow Charts and Posters:

- Duty of Care in early years and childcare settings
- Managing Allegations and concerns about adults who work with children in a group setting.
- CADS Flowchart – see Appendix 1.
- Useful Contacts and Websites – see Appendix 2.
- CADS Professional Guide
- CADS FAQs
- NSCP See something, hear something, say something poster

Re: Safeguarding Children and Child Protection

This policy was reviewed at a meeting of:

Mr. Bee's Family Centre

Held on:

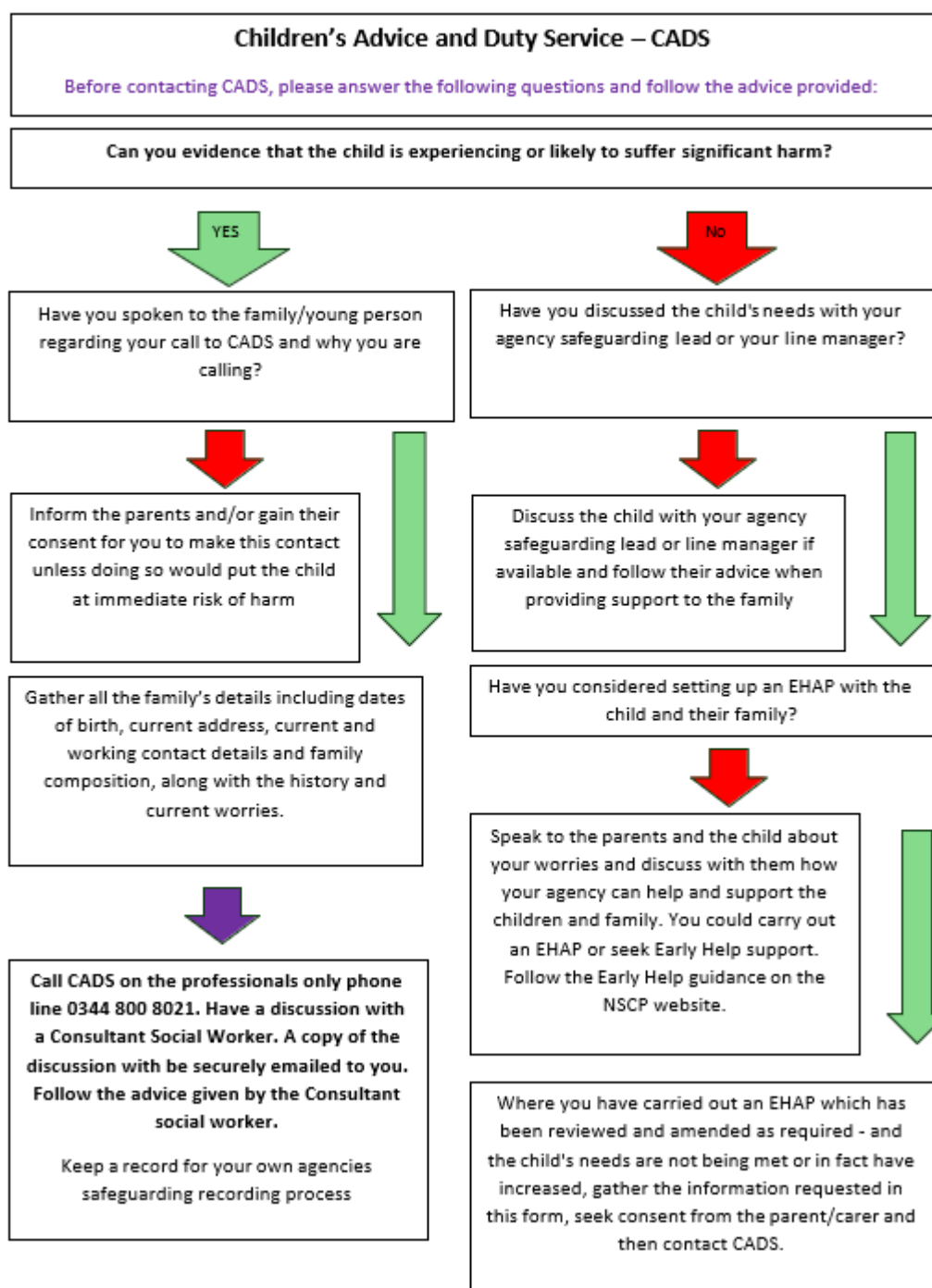
6th August 2025

Date to be reviewed:

August 2026

Signed on behalf of the Board of Trustees:	
Name of role of signatory:	Jeanette Nowrung, Chairperson
Signed by Senior Early Years Professional:	
Individual Centre Lead's Signature:	
North Lynn:	
Springwood:	
St Augustine's:	

Appendix 1-The Children's Advice and Duty Service Flowchart



Appendix 2 - Useful Contacts and Websites:

	Name:	Contact Information:
DSL North Lynn (7:30-6:00):	Lisa Webster Deputy: Rebecca Ford / Clarissa Barker	01553-777097
DSL Springwood (7:30-6:00):	Matthew Foulkes Deputy: Sophie Bailey	01553-766661
DSL St. Augustine's (9:00-3:30):	Jess Smith Deputy: Sharlie Kirk	01553-816907
Mr Bee's Designated Officer for Safeguarding:	Karen Gibbons Senior Early Years Professional	01553-777097 / 766661 / 692797
Trustee for Safeguarding:	Jeanette Nowrung	01553-770439 or 815644
Children's Advice and Duty Services (CADS):	Consultant Social Worker Staff Member / Volunteer Parent / Member of the Public	0344 800 8021 0344 800 8020
LADO:	How to make a referral can be found at:	How to Raise a Concern Norfolk Safeguarding Children Partnership PWWC (norfolklscp.org.uk) lado@norfolk.gov.uk
OFSTED:	--	0300 123 1231
Safer Programme	--	safer@norfolk.gov.uk 01603 228966
Health and Safety Executive (HSE):	Fatal or major incidents only: All others complete online at:	0345 300 9923 http://webcommunities.hse.gov.uk/connect.ti/concernsform/answerQquestionnaire?qid=594147
Police:	Non-emergency Emergency Services	101 999
Norfolk County Council Early Years:	Main number	01603 222300
Early Help	West Norfolk and King's Lynn	01553 669276
NSCP	Resolving Professional Disagreements	Resolving Professional Disagreements Policy NSCP (norfolklscp.org.uk)
The Charities Commission	Reporting a serious incident	https://rsi.charitycommission.gov.uk/web/register/report-a-serious-incident

Appendix 3 - Indicators of Abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below *may* be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation.

Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- *Babies* – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- *Toddler/Pre-School* – head banging, rocking, bad temper, 'violent', clingy. Spectrum from overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- *School age* – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- *Adolescent* – depression, self harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

Neglect

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing, severe failure to meet a child's needs. The majority of these signs and symptoms can occur across any age group. Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness

- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

Physical Abuse

- Always obtain a medical diagnosis regarding any suspected abusive injury
- No injury is 100% symptomatic of abuse
- Look for unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries

Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:
- Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference
- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes
- Consider the age of child:
- Any bruising to a young baby
- It is unusual for a child under the age of 1 year to sustain a fracture accidentally
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described
- Bruising:
- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury
- Bruises on black children will be more difficult to identify
- Mongolian blue spots may be mistaken for bruises. The Mongolian spot is a congenital developmental condition exclusively involving the skin. Usually, as multiple spots or one large patch, it covers one or more of the lower back, the buttocks, flanks, and shoulders. Mongolian spot is most prevalent among Asian groups. Nearly all East Asian infants are born with one or more Mongolian spots. Mongolian blue spot usually fades over the years and is most frequently gone by the time the child reaches adolescence
- Recent research indicates that bruises can not be aged accurately. Estimates of the age of the bruise are currently based on an assessment of the colour of the bruise with the naked eye
- Other injuries:
- Bite marks may be evident from an impression of teeth
- Small circular burns on the skin suggest cigarette burns
- Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
- Red lines occur with ligature injuries
- Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate
- Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
- Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury

- Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

Sexual Abuse

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a trusted adult
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

Behavioural changes in older children might involve:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections

- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls