CHARITABLETRUST

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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C O N T E N T S

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Policy statement

Mr Bee's Family Centre recognises our responsibility to protect children from harm. We strive to promote the positive wellbeing of all children in our care by providing a nurturing and supportive environment, where children can learn safely. Our policy applies to all children, staff, volunteers, visitors, parents and students. All staff and volunteers will be trained to respond to a disclosure from a child and will know the procedure to follow.

This policy has been developed in accordance with the Statutory Framework for the Early Years Foundation Stage (EYFS), Working Together to Safeguard Children 2026, Keeping Children Safe in Education 2026 (where applicable to our provision), the Childcare Act 2006 and Norfolk Safeguarding Children Partnership procedures. We recognise that safeguarding is everyone's responsibility and that the best interests of the child are paramount.

This policy sets out our commitment to safeguarding and promoting the welfare of all children. At Mr Bee's Family Centre, we provide childcare for children from age 0-12 years. We want all children to feel safe and secure, and by following the procedures within the policy we will uphold our legal duty to safeguard children in our care.

Safeguarding Culture

Mr Bee's Family Centre is committed to maintaining a strong safeguarding culture where children's welfare is the highest priority. Every member of staff, volunteer and trustee shares responsibility for safeguarding. We promote an environment in which children feel safe, are listened to, know they will be taken seriously, and where adults act promptly on concerns. Safeguarding practice is underpinned by vigilance, professional curiosity, effective information sharing, early intervention and partnership working with families and other agencies.

Procedures

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

Roles and Responsibilities

All staff have an individual responsibility to safeguard children. Any member of staff may make a referral to Children's Social Care if they believe a child is at risk of significant harm. Staff should never assume somebody else will take action.

- Our Designated Safeguarding Lead (DSL) 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 Famly/Documents/Safety/Contingency Plan. All staff members are made aware of the contingency plan location at induction at their CENTRE.
- 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):

    Option 1: the child or young person is currently being supported by a Social Worker or Family Practitioner.

    Option 2: your call relates to Child Exploitation.

    Option 3: your call relates to Domestic Abuse.

    Option 0: for Child Protection and immediate Safeguarding Concerns

    (Please note, during busy periods, if your call is not answered within 40 minutes, a call back option will be offered)

    - 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 provides a report at each meeting with the Trustees which enables them to monitor safeguarding practice, safer recruitment, training compliance, allegations management and safeguarding culture across the organisation.
- 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 understand 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 telephones 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.
- Staff are expected to maintain professional curiosity by respectfully questioning, checking, exploring and not accepting things at face value where there are concerns about a child's welfare. Staff understand that respectful challenge and professional curiosity are essential in identifying children who may need help or protection.
- All staff understand the principles of early help (as defined in *Working Together to Safeguard Children 2026*) 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.mrbeesfscentre.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.
- All staff sign a DBS and Update Service declaration stating they are responsible for keeping this subscription active annually throughout the duration of their employment.
- The update service is checked at a minimum of once a year by the SEYP and forms part of employee contracts.
- 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 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:
  - Have an enhanced DBS check when they turn 16;
  - 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 Keeping Children Safe in Education (KCSIE) and Working Together to Safeguard Children (2024).

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.

- Staff receive regular safeguarding updates throughout the year, and safeguarding is a routine agenda item on Trustee, childcare development and team meetings, in addition to newsfeeds sent out on Famly.
- Centre Leads and Lead Practitioners undertake DSL training every 2 years and Safer Recruitment training.
- Staff recognise that abuse may occur outside the family home, including within peer groups, schools, communities or online. Safeguarding assessments will consider contextual factors affecting children's safety.
- 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 in Appendix 4.
- Safeguarding forms part of our supervision process to identify training needs.
- 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.
- Staff members' knowledge of child protection is monitored by:
  - using realistic scenarios at team meetings to help staff practice what to do in disclosures, concerns and best practice.
  - Include safeguarding as a standing item on team and childcare development meeting agendas.
  - Hold debriefs after any incidents to review how policy was followed and lessons learned.
  - Centre Leads observe staff practice for signs of effective safeguarding through daily practice and peer observations.
  - Centre Leads give constructive feedback and recognize good safeguarding practice.
  - on-the-spot safeguarding scenario questions and a record kept by the Centre Lead, including additional training that is undertaken to support individual staff.
- 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.

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 all staff understand that mental health concerns may be an indicator that a child has suffered or is at risk of abuse, neglect, or exploitation. While only appropriately trained professionals should diagnose mental health conditions, all staff should be alert to behaviour which may suggest a child is experiencing emotional distress or mental health difficulties.
- 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.

Procedure for handling a disclosure from a child:

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. Safeguarding records will be factual, accurate, timely, signed, dated and stored securely. Chronologies will be maintained where appropriate to assist in identifying patterns of concern.

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 talks 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. This includes:
- **Immediate Safeguarding Concerns** - where a child is at risk of significant harm, including physical, emotional, sexual abuse, or neglect.
- **Escalating Concerns** - Where previous support or interventions have not improved the situation and concerns are increasing.
- **Concerns About Parenting Capacity** - Where a parent or carer's ability to meet a child's needs is compromised due to issues such as substance misuse, mental health, or domestic abuse.
- **Professional Consultation** - Where the situation is complex and you require advice or guidance on appropriate next steps.
- **We will contact CADS on their direct line: 0344 800 8021.** We will choose from the following options:
  - **Option 1** -the child or young person is currently being supported by a Social Worker or Family Practitioner.
  - **Option 2** -your call relates to Child Exploitation.
  - **Option 3** -your call relates to Domestic Abuse.
  - **Option 0** – for Child Protection and immediate Safeguarding Concerns
  - **(Please note, during busy periods, if your call is not answered within 40 minutes, a call back option will be offered)**
- We will have the following information ready before contacting CADS which includes:
- all of the details known to you/your agency about the child (including DOB, current address, contact details for the family, the 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;
- history of the family (including significant events)
- Any and what kind of work/support you have provided to the child or family to date.
- where the child is now.
- whether you have informed parents/carers of your concern
- When considering whether to contact CADS we will consult the CADS Flowchart in Appendix 1 and CADS FAQs on the NSCP website page: How to Raise a Concern | Norfolk Safeguarding Children Partnership | PWWC
- We also consult 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 into a serious crime.
- 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 have a discussion with a Consultant Social Worker.
- A copy of the discussion will be securely emailed to us.
- We will follow the advice given.
- We will keep written dated records of all conversations with CADS on a Mr Bee's Chronological Safeguarding Feedback Sheet.
- We will not investigate and will be led by the Local Authority and/or the Police.
- 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.

Requesting Early Help support

Community-based support and targeted early help can be accessed via Request for support - Norfolk County Council. Early Help is designed to support children, young people, and families experiencing difficulties that may affect their wellbeing, development, or ability to flourish.

Early Help is designed to support children, young people, and families experiencing difficulties that may affect their wellbeing, development, or ability to flourish. It aims to:

- Prevent problems from escalating by addressing issues early.
- Support the wider family context, including parents, carers, and siblings.
- Improve outcomes such as school attendance, mental health, and relationships.
- Encourage multi-agency working, bringing together professionals to create a coordinated support plan.
- Empower families by focusing on strengths and helping build resilience.

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' set out in Appendix 5.

Abuse

Definitions of Abuse and Neglect from Working Together to Safeguard Children 2026.
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 through a kinship care arrangement, whenever possible and where this is in the best interests of the children.
- 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 2026.

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.

What is abuse and neglect?

Abuse - a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. 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 physical abuse, sexual abuse, emotional and psychological abuse, coercive and controlling behaviour and economic or financial abuse, where they see, hear, or experience its effects. Children may be abused by an adult or adults, or another child or children. This includes in teenage relationships, or under the guise of 'honour' based abuse including forced marriage and female genital mutilation, or abuse related to faith or belief such as allegations of demonic possession.

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:
The persistent emotional or psychological maltreatment of a child so as to cause 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 insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child 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 in family settings, in institutional settings, online, and technology can be used to facilitate offline abuse. Child sexual abuse material available online may have been generated in a family environment. Online abuse can also take the form of cyber grooming or self-generated sexual content under coercion. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. A child of any age or gender can be a victim of sexual abuse.

Neglect:
Is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

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

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

Child-on-Child Abuse:
We recognise that all children are capable of abusing other children. Child-on-child abuse can occur between children of any age and gender and can take place both inside and outside of our setting, including through online platforms and digital technologies. We acknowledge that such behaviour can cause significant harm and will always be taken seriously.

Child-on-child abuse can take many forms, including harmful sexual behaviour, bullying

(including cyberbullying), sexual violence, sexual harassment, physical abuse, initiation or hazing behaviours, the sharing of indecent or inappropriate images, and prejudice-based abuse, including behaviour motivated by protected characteristics such as race, religion, disability, gender, or sexual orientation. This list is not exhaustive, and any behaviour that causes harm to another child will be treated as a safeguarding concern.

We recognise that children may not always find it easy to tell staff about abuse by another child. Victims may feel embarrassed, frightened, worried about not being believed, or concerned about the consequences of reporting. We are committed to creating a safe and supportive environment where children feel able to speak up. Any concerns or disclosures will be taken seriously, and victims will be listened to, supported, and kept safe. We will respond promptly, fairly, and in accordance with our safeguarding procedures, ensuring that the needs of all children involved are considered while prioritising the safety and wellbeing of those who have experienced harm.

Child-on-Child Sexual Behaviour:
We recognise that children display a range of sexual behaviours as part of their development. It is important to distinguish between developmentally expected behaviour, problematic sexual behaviour, and harmful sexual behaviour to ensure that concerns are identified and responded to appropriately.

Developmentally expected behaviour is age-appropriate, consensual, and exploratory, and is not intended to cause harm. Such behaviour will be responded to sensitively and in line with our behaviour and safeguarding procedures.

Problematic sexual behaviour may be inappropriate for a child's age or stage of development, occur more frequently than expected, or indicate emerging concerns about a child's wellbeing or understanding of healthy relationships and boundaries. These behaviours require careful assessment, appropriate intervention, and, where necessary, support for the children involved.
Harmful sexual behaviour is behaviour that is developmentally inappropriate and may be abusive, coercive, exploitative, or harmful to another child. Harmful sexual behaviour will always be treated as a safeguarding concern. All incidents will be responded to promptly, proportionately, and in accordance with our safeguarding procedures, taking into account the needs and safety of all children involved. Appropriate referrals will be made where necessary, and support will be provided to both the child who has experienced harm and the child displaying the behaviour.

Staff will not dismiss or minimise sexual behaviours between children as harmless or as "part of growing up". All concerns will be considered in the context of the children's ages,

developmental stages, understanding, the nature of the behaviour, and any imbalance of power. We will seek advice from safeguarding partners and other relevant agencies where appropriate to ensure the most effective response.

To support staff in recognising, assessing and responding appropriately to child-on-child sexual behaviour, our setting uses the Brook Traffic Light Tool. This nationally recognised framework helps staff distinguish between developmentally expected (green), concerning or problematic (amber), and harmful (red) sexual behaviours in line with children's age and stage of development. The Traffic Light Tool supports consistent decision-making and early identification of safeguarding concerns but does not replace professional judgement or statutory safeguarding guidance. All concerns will be considered on an individual basis, taking account of the context, the child's developmental needs, consent, any imbalance of power, and the impact on those involved. Where behaviour is identified as harmful or raises safeguarding concerns, staff will follow the setting's safeguarding procedures and seek advice from the Designated Safeguarding Lead (DSL) and other agencies as appropriate.

For information on indicators of abuse consult Appendix 3.

Additional safeguarding concerns to be aware of are:

- Child Sexual Exploitation
- Child Criminal Exploitation
- FGM – Female Genital Mutilation
- Forced Marriage
- Honour Abuse
- County Lines
- Domestic Abuse
- Group-based child sexual exploitation
- Honour-based abuse
- Radicalisation
- Online Abuse
- AI Misuse
- Financial Exploitation
- Upskirting
- Nude Image Sharing
- Serious Violence
- Missing Education
- Mental Health
- Modern Slavery
- Economic Abuse Affecting Children
- Vaping/Drug Exploitation

For more information on these consult Appendix 4.

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.
- Relevant safeguarding guidance—including information for parents and staff—is made readily available via staff and parent noticeboards, as well as on Famly.
- All staff members are required to read, understand, and adhere to our safeguarding procedures, know how to respond appropriately to any concerns, and clearly identify the Designated Safeguarding Lead (DSL) and deputy DSL(s).
- 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.

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 2026*.
- 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.
- The DSL, should within 1 working day, report the allegation to the LADO in accordance with this procedure, by completing a LADO referral form.
- 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 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 report serious incidents to the Charity Commission. A serious incident is an adverse event, whether actual or alleged, which results in or risks significant:
  - harm to your charity's beneficiaries, staff, volunteers or others who come into contact with your charity through its work
  - loss of your charity's money or assets
  - damage to your charity's property
  - harm to your charity's work or reputation

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[1] can be identified and barred from working with these groups. This is in addition to OFSTED and LADO being informed at the relevant stages.

[1] Include children who are young carers; are privately fostered; are missing education; have SEND; have social workers; have experienced domestic abuse; are looked after; have previously been looked after; are at risk of exploitation.

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.

Low-level concerns may relate to behaviour which creates a sense of unease, even if no specific incident has occurred.

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 or 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.

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. Staff recognise that persistent absence, repeated unexplained absence or patterns of irregular attendance may indicate safeguarding concerns including neglect, exploitation or abuse and should always be considered alongside other information. More information on how we monitor attendance can be found in our Attendance Policy which was adopted on 17.7.2026.

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 bought 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 additional 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 record 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/carer 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.

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 Safeguarding Services to Children, Young People, Parents and Carers (2024)'.

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 Designated Safeguarding Lead (DSL) will contact the DSL at the receiving school or setting to ensure the chronological record and file are securely transferred in an agreed manner.

- **Retention Period:** The nursery will retain a secure electronic copy of the child's chronological and safeguarding records until they reach **25 years of age**.
- **Transfer Protocols:** When sharing information or transferring records, we will strictly follow the NCC Early Years information sharing flowchart. Information sharing between our centre and a school will be documented using the NCC File Transfer Record and Receipt Form.
- **Proof of Transfer:** We will retain a copy of the chronological record alongside evidence of a successful transfer. This must include a written confirmation of receipt from the receiving school and/or tracking evidence of recorded delivery if physical postage was required.

Unknown or Sudden Departures

In line with Norfolk County Council guidance, if a child leaves our setting and there are outstanding safeguarding concerns, the DSL will take the following actions:

1. **Unknown Destination:** If the child's new setting is unknown, the DSL will immediately inform the relevant member of the Norfolk County Council CADS team.
2. **Departure Without Notice:** If a child leaves without notice, the DSL will contact the CADS team to notify them of the situation.

Note: The CADS team will only be notified in these scenarios if there are active or historic safeguarding concerns regarding the child.

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.

Online safety is viewed as a safeguarding issue. Risks include:

- content
- contact
- conduct
- commerce

In addition to these, staff recognise that emerging technologies—including artificial intelligence (AI), live streaming, gaming platforms, and encrypted messaging services—introduce unique challenges. Specifically, staff understand that generative AI can increase safeguarding risks through the creation of harmful, inappropriate, or misleading content, and they remain vigilant to its potential misuse in relation to grooming, exploitation, bullying, image generation, and misinformation

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 Famly 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 carried out into 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 Famly 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.

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
- Code of Conduct
- Supervision, Appraisal and Personal Development
- Lone Worker Policy
- Induction of staff, volunteers and managers
- Code of Conduct
- Student placement
- The role of the key person and settling in
- Working in Partnership with parents and other agencies
- Confidentiality, recording, information sharing and Client Access to records
- Health and Safety – General
- Recording and Reporting of Accidents and Incident (including RIDDOR)
- Online Safety
- Maintain children's safety and security on premises
- Critical Incident
- Supervision of children on walks, outings and school runs
- Attendance

Legal framework

- The Online Safety Act 2023
- The Prevent Duty Guidance (2023)

- Clare's Law Domestic Violence Disclosure Scheme (DVDS)
- Sarah's Law The Child Sex Offender Disclosure Scheme
- Domestic Abuse Act 2021
- 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) Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC (norfolklscp.org.uk)
- Working Together to Safeguard Children (HMG 2026)
- Norfolk Safeguarding Children Partnership (NSCP) norfolklscp.org.uk
- The Disclosure and Barring Service Regional Outreach Service (www.gov.uk)
- https://norfolklscp.org.uk/about/policies-procedures/safer-workforce/83-allegations- against-persons-who-workvolunteer-with-children
- Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC (norfolklscp.org.uk)
- Policies & Procedures | Norfolk Safeguarding Children Partnership (norfolklscp.org.uk)
- Early Years Foundation Stage 2026
- https://norfolklscp.org.uk/media/ubbphlng/the-management-of-allegations-against- people-working-with-children-procedure-february-2023.pdf
- Prevent duty guidance: Guidance for specified authorities in England and Wales (2023) https://assets.publishing.service.gov.uk/media/65e5a5bd3f69457ff1035fe2/14.258_HO_Prevent+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 2026
- Education Inspection Framework (Ofsted 2019)
- **Working Together to Safeguard Children: A guide to multi-agency working to help, protect and promote the welfare of children** (HM Government / DfE, **2026**).
- Information sharing advice for safeguarding practitioners (DfE 2024)
- Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2020)
- 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): Guidance** (Ministry of Justice, HM Prison Service, and Probation Service / HM Government, updated 2024).

- https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief
- 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)
- https://www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage
- 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
- Statutory Framework for the Early Years Foundation Stage (EYFS) 2026
- Norfolk Safeguarding Children Partnership (NSCP) Policies and Procedures

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.
- Safeguarding CADS Flowchart Process - see Appendix 1.
- Useful Contacts and Websites – see Appendix 2.
- CADS Professional Guide
- CADS FAQS
- Worried about a child?
- Requesting Support
- When to call CADS
- NSCP See something, hear something, say something poster

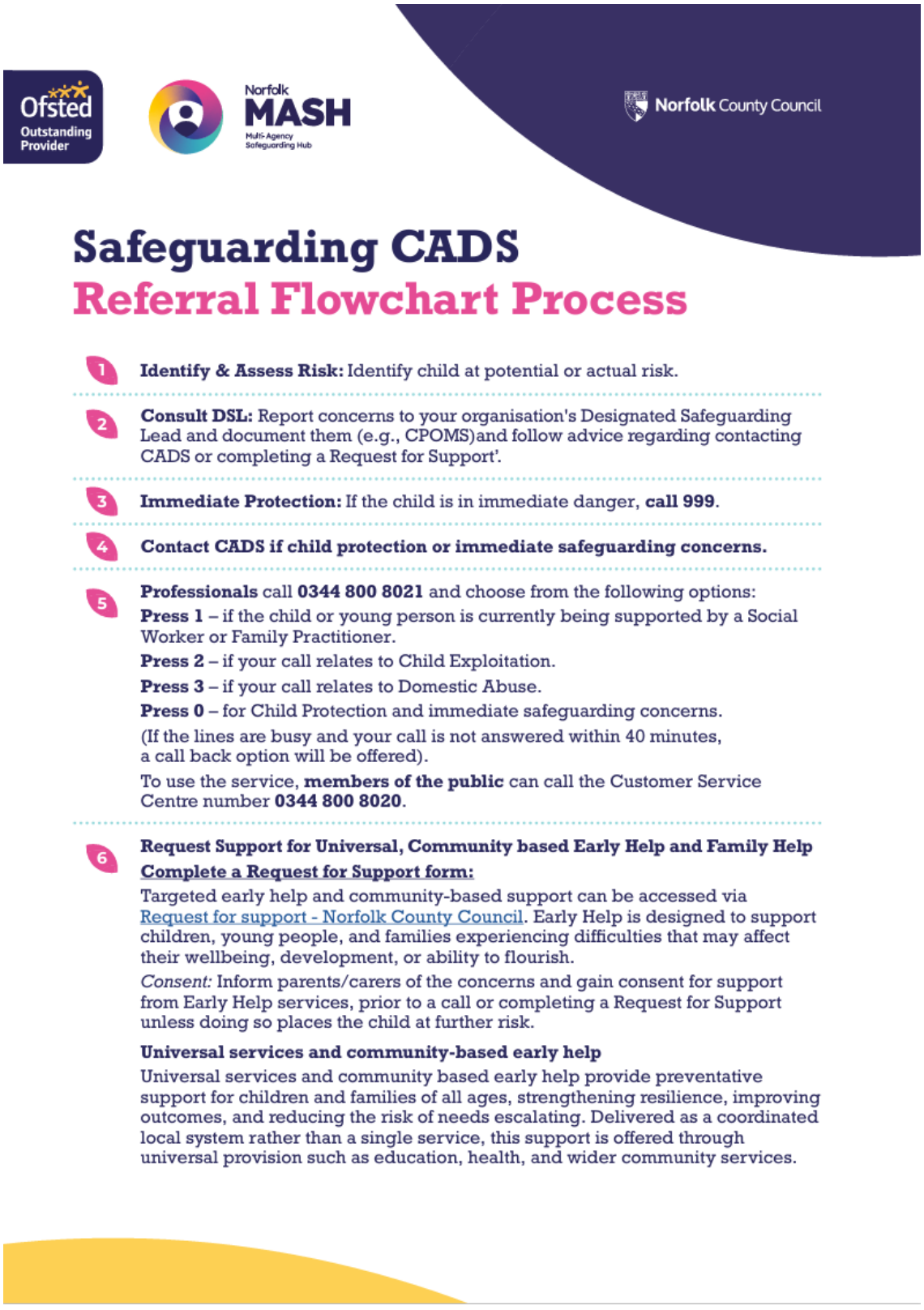
Re: Safeguarding Children and Child Protection

This policy was reviewed at a meeting of:	Mr. Bee's Family Centre
Held on:	14th July 2026
Date to be reviewed:	August 2027

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:	

Adopted: 6.11.2009
Last Reviewed: 14.7.2026
Next Review: August 2027

Appendix 1-Safeguarding CADS: Referral Flowchart Process:
(Hard Copy available on Safeguarding Notice Boards)



Adopted: 6.11.2009
Last Reviewed: 14.7.2026
Next Review: August 2027

Norfolk MASH
Multi-Agency Safeguarding Hub

It includes services like Best Start Family Hubs, youth and housing support, and after school provision.

Best Start Family Hubs offer a clear pathway from pregnancy to age 19 (or 25 for young people with SEND), bringing together multi agency partners to provide accessible, ongoing community support and to safeguard families, including those transferring from targeted or specialist services.

Family Help – targeted early help, safeguarding, and promoting the welfare of children

Family Help is offered where universal services and community based early help have not achieved sufficient or sustained improvement, or where a child and family present with multiple, complex, or escalating needs. Delivered through a coordinated, multi agency approach led by Children's Services and its partners, Family Help provides structured support to address identified risks and concerns. Family Help will only be initiated where there is an agreed Family Plan, or a Graded Care Profile (GCP) in cases of neglect, which has been shared with CADS.

Family Help is a voluntary, consent based approach that supports families to build capacity, improve outcomes, and reduce risks, including families in kinship arrangements and those requiring additional support during pregnancy, with the aim of preventing the need for statutory child protection intervention.

Consent: Inform parents/carers of the concerns and gain consent for support from Early Help services, prior to a call or completing a Request for Support unless doing so places the child at further risk.

7. **CADS:** A member of the team responds to the call or Request for Support and decides on next steps.

8. **Information Gathering:** MASH partners (police, health, social care) share information if required.

9. **Outcome & Action:**
   Information, advice and guidance
   Community based Early Help
   Family Help

10. **Feedback:** Following a call CADS provides feedback to the referrer regarding the outcome.

Norfolk County Council

Adopted: 6.11.2009
Last Reviewed: 14.7.2026
Next Review: August 2027

Appendix 2 - Useful Contacts and Websites:

	Name:	Contact Information:
DSL **North Lynn** (7:30-6:00)**:**	Lisa Webster Deputy: Clarissa Barker	01553-777097
DSL **Springwood** (7:30-6:00):	Matthew Foulkes Deputy: Karen Gibbons	01553-766661
DSL **St. Augustine's** (9:00-3:30)**:**	Rebecca Ford 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/answerQuestionnaire?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
- Congenital Dermal Melanocytosis (CDM) may be mistaken for bruises. 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. CDM most prevalent among Asian groups. Nearly all East Asian infants are born with one or more spots. It 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

Appendix 4 – Contextual Safeguarding concerns to be aware of:

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 Domestic Abuse Act 2021 introduced the statutory definition of domestic abuse (section 1 of the Act). 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 such as 'honour' abuse, faith- or belief-based abuse, forced marriage, female genital mutilation or reproductive coercion, harassment and stalking.

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, 234 As set out in the Serious Crime Act 2015 Section 76, a child cannot be considered a victim of coercive or controlling behaviour if (see sub section 3) "A" has parental responsibility for "B" (the child) and if "B" is under the age of 16. To note, children aged 16 to 17 can be considered victims of coercive or controlling behaviour in their own personal relationships. 235 Controlling or coercive behaviour: statutory guidance 236 Domestic Abuse Act 2021: statutory guidance 237 Criminal exploitation of children and vulnerable adults: county lines guidance (Home Office) 238 Domestic Abuse Act 2021 164 hear or experience the effects of abuse.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support. The 'Domestic Abuse Act 2021: statutory guidance' provides further advice for frontline professionals who have responsibility for safeguarding and supporting victims of domestic abuse, including children. This guidance provides further information about the different forms of domestic abuse (including teenage relationship abuse and child to parent and carer abuse) and the impact of domestic abuse on children.

Group-based child sexual exploitation – Group-based is defined as two or more individuals (whether identified or not) who are known to (or associated with) one another and are

known to be involved in or to facilitate the sexual exploitation of children. Being involved in the sexual exploitation of children includes e.g. introducing them to other individuals for the purpose of exploitation, trafficking a child for the purpose of sexual exploitation, taking payment for sexual activities with a child or allowing their property to be used for sexual activities with a child, etc. This can be perpetrated within or beyond the family, by both children and adults, and groups can be organised or loosely linked.

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

Radicalisation -When we talk about radicalisation it means someone is being encouraged to develop extreme views or beliefs in support of terrorist groups and activities. radicalisation and the potential path towards terrorism and extremism can occur through face to face or online interactions. It is sadly the case that it is becoming easier than ever to be groomed by terrorist recruiters on the internet and to find extremist materials. Encouraging susceptible individuals to commit acts of terrorism on their own initiative is a deliberate tactic seen in emerging ideologies and seen in their propaganda. This is exacerbated by online environments which bring together and facilitate individuals sharing and validating thoughts and ideas.

Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. The importance of noticing the hallmarks of concern within these online communities, in friends or wider social spaces as well as work and educational settings has probably never been as important as it is now. 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.

It's often the case that professional curiosity and belief in your own ability to determine if something just doesn't sit right is sometimes a good check point to flag up where something may be going wrong,

especially in the early stages of radicalisation.

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.

AI Misuse - The rapid advancement of artificial intelligence has introduced new safeguarding risks, including the creation of deepfakes, non-consensual manipulated imagery, and automated online harassment. Young people can be targeted or manipulated using these technologies, leading to reputational damage, severe emotional distress, and targeted bullying.

Financial Exploitation - Financial exploitation involves manipulating or coercing young people into illegal monetary activities, such as money laundering or acting as "money mules." Criminals often target vulnerable youth through social media, offering quick cash in exchange for using their bank accounts, which can result in criminal records and financial ruin.

Upskirting - Upskirting involves taking a sexually intrusive photograph underneath a person's clothing without their consent or knowledge, typically using a mobile device. This violation of privacy is a criminal offense and causes deep psychological distress, humiliation, and a profound sense of violated safety for the victim.
Nude Image Sharing - The non-consensual sharing or threatened sharing of intimate images—often referred to as youth-produced sexual imagery or sextortion—involves distributing nude or semi-nude photos without permission. This form of digital abuse can spread rapidly online, leading to severe emotional trauma, public shaming, and long-term psychological impacts.

Serious Violence - Serious violence involves physical harm inflicted using weapons, gang-related activity, or coordinated physical attacks. Young people can become perpetrators, victims, or witnesses of such violence, leading to severe physical injuries, trauma, legal consequences, and long-lasting danger to their communities.

Missing Education - Missing out on education—whether through persistent truancy, exclusion, or illegal home education arrangements—deprives young people of vital academic learning and social development. Lack of educational engagement significantly increases a child's vulnerability to criminal exploitation, isolation, and long-term disadvantage.

Mental Health - Mental health challenges among young people encompass issues like anxiety, depression, self-harm, and severe emotional distress. Pressures from social media, academic stress, and external trauma can deeply impact a young person's well-being, highlighting the critical need for accessible support networks and early intervention.

Modern Slavery - Modern slavery involves the severe exploitation of children for labour, criminal activity, domestic servitude, or sexual exploitation. Traffickers and criminal networks often target vulnerable, isolated, or disadvantaged youth, stripping them of their freedom and subjecting them to extreme control and abuse.

Economic Abuse Affecting Children - Economic abuse in the context of children involves controlling, exploiting, or restricting a young person's access to financial resources, allowances, or economic independence. This can also manifest as adults or peers coercing them into incurring debt or using their financial identity for illicit purposes.

Vaping/Drug Exploitation - Vaping and drug exploitation occurs when criminal groups—such as county lines networks—groom and coerce young people into storing, transporting, or selling substances and illicit vape products. This form of exploitation puts youth at high risk of physical danger, addiction, criminalization, and severe violence.

Appendix 5 – Concerns about Radicalisation and Extremism

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 referrals 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**
An initial assessment of the referral will be carried out prior to any further information gathered 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.