



Inspiring and nurturing young minds
Pre-School for 2-5 year olds

Child Protection Policy

Little Companions Pre-School
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Child protection Policy detailed and Named Child Protection members

*[Visit the following link for a glossary of terms used within this document:
http://www.littlecompanions.org.uk/downloads/safeguarding_termnology.pdf]*

Our fundamental responsibility is the welfare and well-being of all the children in our care. We are aware that sadly abuse does occur within today's society.

Our key commitment is to work with children, parents, community and local Early years advisory support and then give them the very best start in life.

If we have reason to believe that a child is subject to either physical, emotional, sexual abuse or neglect, we are obliged to report any suspicions regarding abuse to the LADO – local authority designated office/ family referral and assessment team and/ or if the child is in immediate danger, the Police.

The Children's Act 1998 places a duty on Local Authorities to investigate such matters in accordance with local child protection procedures and as a setting we follow the guidelines approved by the local safeguarding board (HSCP). We will also refer to the, EVERY CHILD MATTERS AND STATUATORY GUIDANCE – **'what to do if you are worried a child is being abused - Summary'**.

The pre-school as taken on board and implements child protection procedures in the following ways:

- The Pre-school has 2 designated senior members of staff responsible for child protection NAAZISH HAQ and REEMA JUTTALA. There is always a member present on the setting at All times.
- Training and revised training on child protection updates are carried out annually for ALL staff linked to child protection. This is carried out on a face to face training. Senior members have extra training in areas such as Domestic violence, initial working together to safeguard children and any other relevant courses with the guidance of the local authority child protection support team. 2 yearly online refreshers are also mandatory for the

whole team, which is reviewed collectively in staff meetings. **AT EVERY STAFF MEETING HELD TWICE A TERM, A SUMMARY, REMINDER OF CHILD PROTECTION PROTOCOLS IS INCLUDED, ALONGSIDE ANY NEW INFORMATION, STATUTORY GUIDANCE, LEARNING FROM SERIOUS CASE REVIEWS.**

- We ensure staffing ratio's indoors as well as outdoors is maintained in line with Ofsted Guidelines.
- The main door is kept locked and all visitors are greeted at the main door by a member of staff.
- Upon release of children at the end of the session, the child is prepared and ready for the parent/ guardian collection. A key worker is always present at the main entrance and children are handed over safely with any key messages or feedback given.
- We have visitors signing in and reason for visit record book that we insist all visitors sign upon arrival.
- Volunteers and students are supervised at all times.

Staff employment and induction

Our Pre-school has a rigorous employment and induction procedure. Upon successful interview the applicant would be advised of the following:

- Manager will request two references and these will be taken into account for final decision.
- The applicant would be expected to produce a photo ID such as a current driving licence, passport or utility bill. A copy of this is made and kept in their individual file as proof of ID.
- DBS checks are done regardless if the applicant has already undergone one. All DBS numbers and date of issue is kept in a Single Central Record. DBS is renewed every 3 years.
- While DBS clearance is being processed the member of staff will be supervised and will not undertake duties such as nappy changing or tending to toileting needs.
- New staff are required to go through essential policies and these are sent via email for them to keep as a reference record. Regular staff supervision during induction is also used to clarify essential policies.

Allegations against a member of staff

To safeguard the children in our care at the setting, the pre-school takes all the necessary steps in vetting and referencing all employees. However, the pre-school takes any allegations

of abuse against a member of staff very seriously. We recognise that an allegation can come from a number of sources:

- A child
- Parents, either directly or through Ofsted or any other agencies (Children and families referral and Assessment Team).
- Current or former staff of the Pre-school.

Staff and Parents are informed that any concerns or allegations against a member of staff are to be reported to the designated person who will record concerns and inform the proprietor. If the allegation or concern is against a designated person then concerns should be reported to the deputy designated person and vice – versa. (please also refer to the whistleblowing policy) Any member staff can also contact the Local Authority Designated officer. Numbers are shown to each staff and are accessible from the policy file and also the office board.

The Person whom the allegation is made will be informed of the allegation and will be told of their best interest that they will be suspended or asked to take time off leave while a full investigation takes place.

The member of staff accused will also be told that OFSTED will be informed as well as Hillingdon Early years support team. In addition, they will be informed that investigations will be in line with the Local Safeguarding Children's Board.

Working with local agencies

We are committed to liaising closely with the Early years' team and Local Authority Designated Child Protection officer (LADO) for up to date child protection training, support and advice.

We notify the registration authority (Ofsted) of any incident or accident any changes in our arrangements which may affect the well- being of the children.

The Pre-school has procedures in place for contacting the local authority on child protection issues, including maintaining a list of names, of any key agencies such as social services and MASH referral number (local Multi-Agency Safeguarding Hub).

Responding to suspicions of Abuse

Sexual Abuse:

If any member of staff witnesses occasions where a child may indicate sexual activity, through words, play drawing or inappropriate knowledge of adult sexual behaviour. The child will be monitored through careful recording of any of these incidents. The concern would immediately be shared with the designated member of staff dealing with the management of child protection

Physical Abuse:

If a member of staff or key worker notices a sign or mark or injury to a child when they arrive. This will be discussed with the parent and recorded immediately. If an existing mark or injury is noticed on a child at any time during the course of the pre-school day. The member of staff will notify the designated child protection person and it will be immediately recorded. The matter will be discussed with the parent when they arrive and reason would be dates, recorded and the parent asked to sign. Should the incident be persistent and give cause for concern, the pre-school will contact Hillingdon Local Safeguarding board and Ofsted.

Emotional Abuse:

If we observe a child displaying extreme, adverse effect of behaviour or emotional development, caused by significant ill treatment or rejection. The key worker will record and inform the designated child protection person who will discuss this with the parent. Should the abuse be persistent or there are any queries or concerns, the guidance sought from the Local Authority Designated officer will be sought.

Neglect:

If the pre-school has good reason to suspect there has been persistent or wilful neglect of a child (ie. Exposure to any kind of danger including cold and starvation) which results in serious impact on the child's health and development, including non- organic failure to thrive. The concerns will first be discussed with the parents and the outcome recorded. Any further concerns will be dealt with using the support of the local authority safeguarding board and Ofsted will be informed.

Female Genital Mutilation (FGM)

If a Practitioner is concerned a child may be taken for FGM or is showing signs of FGM, this must be reported and documented, referral to the Local authority designated offer, MASH referral can be sought. <https://www.fgmelearning.co.uk/> - Online training completed by all staff.

Disclosures

If a child in our care makes a direct disclosure to a member of staff then we would approach the concern in the following way:

- Listen to what the child says.
- Offer reassurance by comforting and showing empathy.

- Not make any suggestions/ questions to the child regarding how the incident may have happened except to clarify what they have said.
- Keep an open mind.
- Not make any promises that what has been said by the child can be kept as a secret.
- Explain to the child that what has been said has to be written down.

Recording suspicions of Abuse and Disclosures

Staff make a record of:

- The child's full name, age and address.
- The date and time of the observation or the disclosure.
- Exact words the child says.
- Place and circumstances, including diagrams of observations and explanations given.
- The name of the person to whom the concern was reported, with date and time.
- The name of any other person present at the time.

This recording of information is to ensure that reasonable full and clear information is obtained in order to make an appropriate referral to the local safeguarding board and or MASH

These records are signed and dated and kept in the child's personal file.

Informing Parents/Carers

Parents/ guardians are normally the first point of contact.

If a suspicion of abuse is recorded, parents/carers are informed at the same time as the report is made except where guidance of the LADO does not allow this.

This will usually be the case where the parent is the likely abuser. In these cases, the investigating officers will inform the parents.

Confidentiality

*All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the LADO/ and in accordance with **General Data Protection Regulations (GDPR) (2018)** and the Human Rights Act (1998). Please read our **Privacy notice and information sharing policies**.*

Child Protection Policy (incl. Prevent, child protection for additional needs)

It is our pre-school's policy to work with the children, parents and the community to ensure the rights and safety of the children.

Procedures

In the pre-school we are committed to building a 'culture of safety' in which children are protected from abuse and harm in all areas of its service delivery.

- We ensure that all staff and parents are made aware of our safeguarding and child protection policies and procedures.
- We provide adequate and appropriate staffing resources to meet the needs of the children.
- We ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- We carry out checks on all candidates with the Disclosure Barring Service checks and rigorous reference checks before confirming posts.
- Volunteers are not permitted to work unsupervised with the children.
- We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children. Visitors to the setting are required to sign in and details are recorded.

We are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with all statutory agencies.

- We acknowledge that the abuse of children can take different forms; physical, emotional, sexual and even neglect. This can be demonstrated through things the children say, through changes in their behaviour, appearance or even play.
- Staff are required to report any suspicions they may have, that a child is a victim of abuse. Procedures for this are laid out in our Responding to suspicions of abuse and disclosures policy.

- We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone working on the premises occupied by the setting, which may include an allegation of abuse. This is explained in our Allegations against Staff Policy.

In the pre-school we are committed to promoting awareness of child abuse issues for adults, through training and learning. We are also very dedicated to empowering young children, through our curriculum by promoting their right to be strong, resilient and listened to.

- We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals. We ensure that staff are aware of procedures for reporting concerns in the setting.
- We ensure that children are constantly and adequately supervised. No child is left alone with staff or volunteers in a one to one situation without being visible to others.
- We teach the children about keeping safe to promote their personal, social and emotional development, so that they may grow to be strong and resilient and so that they develop an understanding of why and how to keep safe. We ensure that this is carried out in a way that is developmentally appropriate for the children. We create a culture of value and respect for the individual by having a positive approach to all children's heritage arising from colour, ethnicity, languages spoken at home, cultural and social background.
- All suspicions and investigations are kept confidential and shared only with those who need to know.
- We make clear to parents our role and responsibilities in relation to child protection, such as, the reporting of concerns, providing information, monitoring of the child and liaising at all times with the local children's social care team. We will continue to welcome the child and family whilst investigations are being made in relation to any alleged abuse.
- Due to the current government legislation (2015) Practitioners are aware of promoting an ethos of mutual respect and community values. Any suspicion of radicalisation or extremism suspected of any form is reported to the

child protection officer / co-managers (Naazish and Reema). These will be documented and dealt with in accordance with the setting's child protection and incident recording policy. Any external advice or intervention will be sought from the Local Authority Designated officer (LADO). All staff have undergone PREVENT training for guidance on signs of any behaviour of concern. This is annually revised during face to face training.

- Great Vigilance will be shown in protection of children with additional needs, educational needs and or disability needs especially those non-verbal, with greater observation to behaviour and play patterns for any signs of concerns. Any concerns will be reported accordingly.

The legal framework for our policy and procedures comes from the following legislations:

- Children Act 1989 s.47
- Protection of Children Act 1999
- Data Protection Act 1998
- The Children Act (Every Child Matters) 2004
- Safeguarding Vulnerable Groups Act 2006
- Sexual Offences Act 2003
- Human Rights Act 1999
- Equalities Act 2006
- Prevent 2015

The Prevent Duty Poster

Poster available at: http://www.littlecompanions.org.uk/downloads/Prevent-duty-poster_ver_1.pdf

The Prevent Duty

Protecting individuals vulnerable to radicalisation from being drawn into, or supporting, terrorism

Notice

There is no typical profile of a person vulnerable to radicalisation. Context is key.

What to look out for:

Online behaviours

- having more than one online identity
- spending more time online and accessing extremist online content
- downloading propaganda material

Increasingly agitated or violent behaviour

- becoming more argumentative in their viewpoints
- becoming abusive to others
- justifying the use of violence to solve societal issues

Changing associations

- changing friends
- altering their style of dress or appearance to accord with an extremist group
- using a new vocabulary
- becoming isolated from friends and family

Increasingly anti-social behaviours

- being unwilling to engage with people who are different
- being secretive and reluctant to discuss their whereabouts
- adopting the use of symbols associated with terrorist organisations

Check

Understand why changes are happening before drawing conclusions. There may be other safeguarding concerns to be aware of.

Ask yourself:

- Is there an alternative explanation?
- Are there more areas to explore?
- Does the person need my help?

Ask a colleague or line manager:

- Do you agree that this is a cause for concern?
- Have experienced anything like this before?
- What would you do in this situation?

Ask your DSL or an equivalent:

- Do you agree that this is a cause for concern?
- Do I find out more information?
- Is there anything else I should do?

Radicalisation

The process by which a person comes to support terrorism and associated extremist ideologies. It may involve:

- Extremist material online
- Public displays of hate and division
- The adoption of icons or symbolism
- Face-to-face contact
- Promoting ideologies
- Travelling to an area of conflict

Extremism

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Terrorism

An action or threat designed to influence the government or intimidate the public, in order to advance a political, religious or ideological cause.

Share

Everyone is responsible. Don't assume that someone else will do it.

1. Share the information with your DSL or equivalent.
2. Share information between practitioners and between organisations.
3. Only share relevant information.
4. Share early to reduce risk.

GDPR

The Data Protection Act (2018) does not prevent you from sharing personal information in order to keep children safe. Consent to share information is not essential.

DSL assesses

Refers to Prevent

Police gateway assessment

Channel panel
(multi-agency meeting)

Action plan
of support

Remember to keep up-to-date with extremist symbols and signs.

Scan for the full Prevent Guidance.



visit [twinkl.com/leaders](https://www.twinkl.com/leaders)



Contextual Safeguarding

What is Contextual Safeguarding?

Contextual Safeguarding is a recognition that children and young people may be at significant risk of harm due to external factors outside of the family home.

KCSiE 2019 recognise Contextual safeguarding as “Safeguarding incidents and/ or behaviours can be associated with factors outside the school or college and /or can occur between children outside the school or college. All staff, especially the designated safeguarding lead (and deputies) should be considering the context within which such incidents and/ or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether

wider environmental factors are present in a child's life that are a threat to their safety and/or welfare."

When and where does it occur?

Contextual Safeguarding recognises that the different relationships that young people form in their communities, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

Evidence shows that, for example: from robbery on public transport, sexual violence in parks and gang-related violence on streets, through to online bullying and harassment from school-based peers and abuse within their intimate relationships, young people encounter significant harm in a range of settings beyond their families.

What does this mean in practice?

The child protection system was designed to protect children and young people from risks posed by their families and/or situations where families had reduced capacity to safeguard those in their care. In traditional systems we address this by intervening with families to increase their capacity to safeguard young people from harm and/or relocating young people away from harmful contexts.

A Contextual Safeguarding system supports the development of approaches which disrupt/change harmful extra-familial contexts rather than move families/young people away from them. While parents/carers are not in a position to change the nature of extra-familial contexts those who manage or deliver services in these spaces are; and they therefore become critical partners in the safeguarding agenda.

How can this help our school?

Each school has cohorts of children, for example classes, year groups, key stages. Understanding the pattern of what is happening in each of these cohorts can be beneficial in that you can tailor your PHSE curriculum to address current issues, making your safeguarding approach responsive. This cohort based knowledge will also mean that you can then start to identify what influences there may be on individual children as the need arises.

For example...

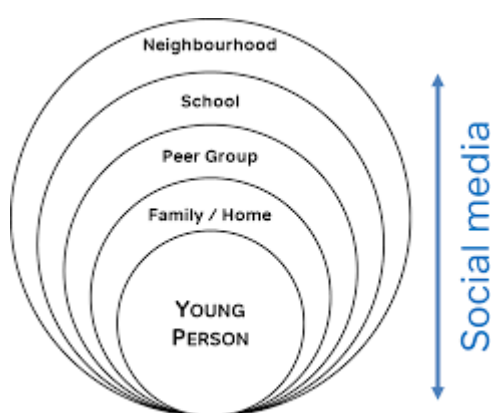
If we consider an average primary school with at least one class per year from Reception to Year 6, the needs of the children in each class are going to be very different by virtue of their age and stage of development. By the end of the first term the class teachers are likely to be aware of pieces of information which are solely relevant to their class as well as having picked up on things which are not necessarily serious enough to warrant follow-up on an individual basis, but may

benefit from a whole class approach. If this is then also joined up with an analysis of notes made when there are concerns further areas or themes may be identified.

When running this with primary schools the following examples have become apparent:

- Pupils messaging each other throughout the night on mobiles and tablets;
- A year group having a specific issue around racist incidents;
- One group of children having a greater number of parents in prison;
- Specific cohort having a high number of domestic abuse incidents.

Local knowledge can also be very important – for example what is the gang culture within your school's catchment area? What are the levels deprivation within the catchment area?



The internet

As demonstrated in the above image, social media and the internet can cut across any traditional boundaries that may have been in place. As we regularly see in the news, individuals and corporations can harness this power to influence many different people at the same time. We can no longer see children / young people having an online and an offline world as the two are inextricably linked as one. Staff are likely to hear about things that children and young people see / hear online and how this is influencing them – again this may not be enough to warrant intervention on an individual level, but may benefit from whole class input

Influence on individuals

Such information may also then be particularly relevant when children / young people are missing education, at risk of exploitation or victims of peer-on-peer abuse. Children and

Child Protection Policy

young people may encounter risk in any of these environments. Sometimes the different contexts are inter-related and can mean that children and young people may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people and help to keep them safe. Information gathered through contextual safeguarding is often relevant to the “Family & Environmental Factors” domain at the bottom of the triangle.

There is a growing need to respond to the harm that young people experience due to child criminal exploitation, child sexual exploitation and serious youth violence. This is a national issue but is one that particularly affects London and other large cities.

Further information:

Contextual Safeguarding Network:

Website

[Contextual Safeguarding - Hillingdon Safeguarding Children Partnership Arrangements \(Hillingdon LSCB\) \(hillingdonsafeguardingpartnership.org.uk\)](http://hillingdonsafeguardingpartnership.org.uk)

– Video at bottom of web page – What is Contextual Safeguarding

What is ‘disguised compliance’?

‘Disguised compliance’ is a term used to describe when a parent or carer gives the appearance of cooperation with agencies to avoid raising suspicion, to allay professional concerns and ultimately to weaken professional intervention.

Indicators from parent or carer:

- A sudden increase in school attendance
- Attendance at appointments with a range of agencies
- Selective engagement with professionals, such as school staff or health visitor
- Cleaning the house before a pre-arranged visit from a professional
- Encouraging disengagement of a parent or carer.

When does it occur and what is the impact?

It occurs when a parent/carers wants to deflect attention away from allegations of harm. It can lead to:

- Professionals not understanding the severity of harm being experienced by the child
- The focus is taken away from the child, who can go unseen and unheard
- Case drift
- Risks to the child may remain/increase
- Cases may be closed early

What can you do?

- Constantly question all assumptions and maintain 'respectful uncertainty'
- Bring in a fresh pair of eyes/talk to other professionals
- Adopt an approach of 'healthy scepticism'
- Establish facts and gather evidence
- Keep detailed records and build up a chronology
- Ensure all those with parental responsibility are informed/involved
- Ensure there are clear plans with responsibilities and timescales identified

Case study: Daniel Pelka

Daniel was a 4 year old boy who spoke no English. The school he attended spoke to his mother about his apparent obsession with food and the fact that he was taking food from other children's lunch boxes. She told the school that he must not be allowed to eat more than what was in his own lunch box because he had a 'medical problem'. Staff believed his mother when she said this was being investigated. She continued to 'work with' the deputy Head Teacher and Daniel's school attendance improved. A string of injuries which were observed by a range of school staff were not recorded. The school used Daniel's sister to speak to him but he refused to say how he had got the injuries.

When Daniel died he weighed a little over a stone and a half – the average weight of an 18-month old baby. Teaching Assistant AT broke down in tears in court, when she said he wanted to eat ‘muddy and dirty’ pancakes which had been on the floor. Daniel’s mother claimed he was being treated for a rare eating disorder and school staff were not to feed him. They complied with her instructions. The family also had contact with social workers, doctors, health visitors and police. Education officials investigated Daniel’s poor school attendance and health visitors went to the home but never saw him.

What were the indicators of disguised compliance? Think about what the school could have done differently and what you would do if faced with a similar situation.

The Role of the Designated Leads

It is an Ofsted expectation that settings have a designated safeguarding lead on duty or contactable at all times. *Keeping Children safe in Education September 2018.*

The ultimate **designated lead responsibility** for child protection lies with Manager and will not be delegated. With training and support some activities of the designated safeguarding lead can be delegated to appropriately trained deputies.

The Role of the designated safeguarding lead

Manage referrals

- Refer cases of suspected abuse to the local authority Multi-Agency Safeguarding Hub (MASH), Children’s Social Care or Local Authority Designated Officer (LADO).
- Support staff who make referrals to MASH, children’s social care or LADO.
- Support staff who refer cases to the MASH or Channel programme where there is a radicalisation concern of a child or staff member.
- Refer cases where a person is dismissed or left due to risk/ harm to a child to the Disclosure and Barring Service as required; and
- Refer cases where a crime may have been committed to the Police.

Working with others

- Liaise with other professionals during on-going enquiries under section 47 of the Children Act 1989 and police investigations;
- As required, liaise with the case manager and LADO where concerns are raised about a staff member.
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff. Remaining confidential at all times.

Undertake training

The Designated Safeguarding Lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training is updated annually as appropriate.

The designated safeguarding lead should undertake:

- *Prevent* awareness training
- Working Together to Safeguard Children One Day
- Domestic abuse

In addition to the formal training set out above, designated leads should be allocated other identified training to enhance their own knowledge and skills and pass this knowledge on to the staff team, including cooks, caretakers and cleaners. This might include online training on:

- FGM, Domestic abuse
- Fabricated illness
- County Lines
- Forced marriage
- Trafficking

Meeting other designated leads at cluster meetings or simply taking time to read and digest safeguarding developments at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and intervention. For example, through locally agreed common and shared assessment processes such as early help assessments.

- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the setting's child protection policy and procedures especially new, agency and part-time staff.
- Be alert to the specific needs of children in need, those known to social care and those with special educational needs.
- Be able to keep detailed, accurate and secure written records of concerns and referrals.
- Understand and support the setting regarding the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the pre-school may put in place to protect them.

Raise awareness

- The designated safeguarding lead should ensure the setting's policies are known, understood and used appropriately.
- Ensure the setting's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly.
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the setting in this
- Link with the local HSCP to make sure staff are aware of training opportunities and the latest local policies on safeguarding and any updates regarding safeguarding in the Borough.

Child protection file

When children leave the setting ensure their child protection file is transferred to the new school or setting as soon as possible. This should be transferred separately from the main file, ensuring secure transit and confirmation of receipt should be obtained.

Availability

There must be a safeguarding lead or a trained deputy must be on duty or contactable at all times. Whilst generally speaking the designated safeguarding lead (or deputy) would be

expected to be available in person it may be that the designated safeguarding lead, in exceptional circumstances be available via phone and/or Skype or other such medium is acceptable. It is matter for the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

References: [Keeping Children Safe in Education \(2018\) -
www.gov.uk/government/publications/keeping-children-safe-in-education](https://www.gov.uk/government/publications/keeping-children-safe-in-education)

Maintaining Children's Safety and Security on Premises Policy and Procedures

It is our policy to maintain the highest possible security of our premises to ensure that each child is safely cared for during their time with us.

Procedures

Children's personal safety

- We ensure that all employees have been checked for criminal records by an enhanced Disclosure and Barring Service (DBS) check.
- Adults do not supervise children on their own and no adult should be left alone with a child at any time.
- All children are supervised by adults at all times.
- Whenever children are on the premises at least two adults are present.
- We carry out risk assessment to ensure children are not made vulnerable within any part of our premises or by any activity.

Security

- Entrance to premises is always kept locked and can only be opened from the inside which prevents unauthorised access to our premises.
- Parents are asked to sign in the children when they arrive and sign out the children when they leave so there is always a record of children on the premises and times of arrivals and departures are recorded. A register of the children is also taken by the staff at the beginning of every session.
- The arrival and departure of adults, staff, volunteers and visitors are recorded.
- All visitors are asked to sign in and out; details are recorded of all people entering the premises.
- In the pre-school area, doors are always kept closed and handles and locks are out of the children's reach. Therefore, doors can only be opened by an adult - preventing children from leaving the premises unnoticed.
- The personal possessions of staff and volunteers are securely stored in the office during sessions, therefore cannot be accessed by the children.

Uncollected Child Policy and Procedures

In the event that a child is not collected by an authorised adult at the end of a session/day, the pre-school puts into practice agreed procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child. We will ensure that the child receives a high standard of care in order to cause as little distress as possible.

Procedures

- Parents of the children starting at the setting are asked to provide the following information which is recorded on their registration form:
 - Home address and telephone number
 - Place of work, address and telephone number (if applicable)
 - Mobile telephone number
 - Names, addresses and telephone numbers of adults who are authorised by the parents to collect their child from the pre-school
- On occasions when parents are aware, they will not be at home or in their usual place of work, they must inform us in writing of how they can be contacted.
- On occasions when parents or the persons normally authorised to collect the child are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child.
- Parents are informed that if they are not able to collect their child as planned, they must inform us so that we can begin to make arrangements. We provide parents with our contact telephone number.
- We inform parents that we apply our child protection procedures as set out in our child protection policy in the event that their child/ children are not collected from the pre-school by an authorised adult within one hour after the setting has closed and the staff can no longer be on the premises.

If a child is not collected at the end of a session/day, we apply the following procedures:

- The child's file is checked for any information about changes to the normal collection routines.
- If no information is available, parents/ carers are contacted at home or at work.
- If this is unsuccessful, the adults who are authorised by the parent to collect their child from the setting are contacted.
- All reasonable attempts are made to contact the parents or nominated carers.
- The child does not leave the premises with anyone other than those named on the registration form or their file.

If no-one collects the child after one hour and there is no one who can be contacted to collect the child, we apply the procedures for uncollected children:

- We contact our local authority children's social services care team.
- The child stays at the setting in the care of two fully-vetted workers until the child is safely collected either by the parents or a social care worker.
- Social care will aim to find the parent or relative if they are unable to do so, the child will become looked after by the local authority.
- Under no circumstances do staff go to look for the parent, nor do they take the child home with them.
- A full written report of the incident is recorded in the child's file.
- Parents will be charged for the additional hours worked by our staff.
- Ofsted may be informed.

SAFE ARRIVAL AND DEPARTURE FROM PRE-SCHOOL

On arrival and collection of children from the setting, we ask parents to take special care and supervise their children at all times.

ON ARRIVAL

- Parents must bring their children right to the door and ring the bell, while supervising their child. If parents are dropping off and going then please wait until a practitioner answers the door before releasing your child into the care of the pre-school.
- For parents coming in, please ensure the door is closed behind you and sign in your child in the signing in book by the main door.
- Do also look to the Parent notice board for any updates and messages.
- Please do encourage your child to self-register as this will assist in them recognising their name independently as well as introduce them to writing control.

ON DEPARTURE

- Please do ring the Pre-school bell when coming to receive your child.
- A practitioner will let you in. If you are leaving straight away, they will bring your child to the door and safely hand over your child and sign out on your behalf.
- For those parents coming in, please sign out your child and ensure the door is closed behind you.
- Once you have collected your child and their belongings, exit safely and make sure you inform a member of staff when departing to ensure the door is locked upon exit.

We do encourage parents to come in when they can and get to know the pre-school teachers and see their child's learning environment. For sharing of any information, or queries please do use our email/calling alongside our open door policy at drop off or pick up. Alternatively we can arrange meetings at mutually convenient times either in person, online or phone call.

Little Companions thanks parents for their cooperation.

Recording and Reporting of Accidents and Incidents

We follow the guidelines of the Reporting Injuries, Disease and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and therefore we have separate procedures for dealing with this.

Procedures

- We keep an accident/injury file in the pre-school. We record all accidents and injuries which occur in the pre-school.
- The accident/injury file is kept in a cupboard and is accessible to all adults and all staff are informed how to complete an accident record.
- The accident/injury records are reviewed every half term to identify any potential or actual hazards.
- Ofsted is notified of any injury requiring treatment by a general practitioner or hospital doctor, or death of a child or an adult.
- When there is an injury requiring treatment by a general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or an adult on the premises, we make a report to the Health and Safety Executive using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

Dealing with incidents

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the reporting of Injury, Disease and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

- Any accident to a member of staff requiring treatment by a general practitioner or hospital.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
- Any dangerous occurrence is recorded in our incident book.

Our Incident Book

- We have ready access to telephone numbers for emergency services, including local police. As we are responsible for the premises, we have contact numbers for gas and electricity emergency services, carpenter and plumber.
- We keep an incident book for recording incidents including those that are reportable to the Health and Safety Executive.

Incidents we record include:

- Break in, burglary, theft of personal or setting's property
 - An intruder gaining unauthorised access to the premises
 - Fire, flood, gas leak or electrical failure
 - Attack on member of staff or parent on the premises or nearby
 - Any racist incident involving staff or family on the premises
 - Death of a child
 - A terrorist attack or threat of one
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- In the incident book we record the date and time of the incident, nature of the event, who was affected, what has been done about it – or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, should also be recorded.
 - In the unlikely event of a terrorist attack we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard fire safety policy will be followed and staff will take charge of their key children. Then a record is made in the incident book when the threat is averted.
 - In the unlikely event of a child dying on the premises, the emergency services are called and the advice of these services are followed.
 - The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

Legal Framework:

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 2013)

Further Guidance:

RIDDOR Guidance and Reporting Form

<https://www.hse.gov.uk/riddor/>

Death of a child on-site

Identifying

- If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.
- Only a medical practitioner can confirm a child has died.

Informing

- The designated safeguarding lead ensures emergency services have been contacted; ambulance and police.
- The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.
- The designated safeguarding lead calls the designated officer and informs them of what has happened.
- Confidential safeguarding incident report form prepared by the designated safeguarding lead and designated officer.
- A member of staff is delegated to phone all parents to collect their children. The reason given must be agreed by the designated officer and the information given should be the same to each parent.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

Responding

- The owners will decide how the death is investigated within the organisation after taking advice from relevant agencies.

The owners will coordinate support for staff and children to ensure their mental health and well-being.

Responding to Suspicions of Abuse and Disclosures Policy and Procedures

The abuse of children can take different forms; physical, emotional, sexual and even neglect. This may be noticed or demonstrated through the things children say, through changes in their behaviour, appearance or even play.

In the pre-school we are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur.

If any member of staff suspects a child may be a victim of abuse the procedure is as follows:

- The member of staff should make a dated record of the details of the concern.
- This should be discussed with the pre-school manager or the designated child protection coordinator.
- The information is stored on the child's personal file.
- This information should not be discussed with others in the setting.
- Concerns are referred to the local authority children's social care department and the setting will cooperate fully with any subsequent investigation.
- Care should be taken not to influence the outcome either through the way we speak to the children or by asking question of the children.

Where a child discloses information to a member of staff or makes comments that give cause for concern, 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, procedure is as follows:

- The member of staff should listen to the child, offer reassurances and give assurances that he or she will take action.
- Do not question the child.
- A written record should be made that forms an objective record of the observation or disclosure; this should include:
 1. The date and time of the observation or disclosure.
 2. The exact words spoken by the child.
 3. The name of the person to whom the concern was reported, with date and time of report.

4. The names of any other persons present at the time.
- These records are signed and dated and kept in the child's personal file which is kept securely and confidentially.
 - Disclosures or observation should be discussed with the pre-school manager or the designated child protection coordinator.
 - The pre-school manager should contact the local authority social care team and report any incidents or disclosure or concerns.
 - If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where this is deemed unsafe; if the parent is the likely abuser, in this case the investigating officer will inform the parents.
 - Ofsted are notified of any incident in the setting.

Refer to our Safeguarding policy for a list of contact details

Peer on Peer Abuse Policy and Procedure

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

At Little Companions Pre-school we continue to ensure that any form of abuse or harmful behaviour is dealt with immediately and consistently to reduce the extent of harm to the child with full consideration to impact on that individual child's emotional and mental health and well-being.

Purpose and Aim

Children and young people may be harmful to one another in a number of ways which would be classified as peer on peer abuse. The purpose of this policy is to explore the many forms of peer on peer abuse and include a planned and supportive response to the issues.

At Little Companions Pre-school we have the following policies in place that should be read in conjunction with this policy:

Child Protection Policy

E-safety policy

Behaviour management policy

Framework and Legislation

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

Introduction to abuse and harmful behaviour

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

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

Types of abuse

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

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

Physical abuse may include, hitting, kicking, nipping, shaking, biting, hair pulling, or otherwise causing physical harm to another person. There may be many reasons why a child harms another and it is important to understand why a young person has engaged in such behaviour, including accidentally before considering the action or punishment to be undertaken. The children are still young at Pre-school and learning boundaries and their age and varied development in Early years must be taken into account when providing behaviour support.

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

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

Bullying (physical, name calling, homophobic etc.)

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

In order to be considered bullying, the behaviour must be aggressive and include:

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

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

Prejudiced Behaviour

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

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

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

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

Gather the Facts

Speak to all the children involved separately, gain a statement of facts from them and use consistent language and open questions for each account. The easiest way to do this is not to have a line of questioning but to ask the young people to tell you what happened. Only interrupt the young person from this to gain clarity with open questions, 'where, when, why, who'. (What happened? Who observed the incident? What was seen? What was heard? Did anyone intervene?). This can only apply to the older children in the setting and those preparing for school.

Consider the Intent (begin to Risk Assess)

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

Decide on your next course of action

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

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

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

Informing parents

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

In all circumstances where the risk of harm to the child is evident then the school should encourage the young person to share the information with their parent or even with them (they may be scared to tell parents that they are being harmed in any way). Where school can evidence they are acting in the best interests of the young person they would not be criticised, however this would be the case if they actively breached the rights and choices of the young person.

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

Points to consider

What is the age of the children involved?

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

Where did the incident or incidents take place?

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

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

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

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

Do the young people know/understand what they are doing? E.g. do they have knowledge of body parts, of privacy and that it is inappropriate to touch? Is the young person's explanation in relation to something they may have heard or been learning about that has prompted the behaviour? Is the behaviour deliberate and contrived? Does the young person have understanding of the impact of their behaviour on the other person?

In dealing with an incident of this nature the answers are not always clear cut. If you are concerned or unsure as to whether or not there is any risk involved, please seek advice from Children's Services Social Care.

Repetition

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

Next Steps

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

For the young person who has been harmed

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

Other interventions that could be considered may target the whole pre-school, using schemes such as PALS (play and learning to socialise) role modelling, small group play and sharing strategies with parents.

If the child feels particularly vulnerable it may be that a risk assessment can be put in place for them whilst in pre-school so that they have someone named (key worker) that can support any emotional and behavioural needs.

For the young person who has displayed harmful behaviour

In this circumstance it is important to find out why the young person has behaved in such a way. It may be that the young person is experiencing their own difficulties and may even have been harmed themselves in a similar way. In such cases support such as one to one mentoring or counselling may also be necessary. Particular support from identified services may be necessary through an Interagency referral form, Team around the family, MASH - Multi agency safeguarding hub. Parents and guardians if appropriate.

Once the support required to meet the individual needs of the young person has been met, it is important that young person receives a suitable consequence for their behaviour. This is to be carried out under the guidance of the relevant referral bodies, bearing in mind the young age of the child and any child protection concerns. For the well-being of the other children and the child in question in the setting it maybe the child may need some additional supervision at the

pre-school and close partnership work with the relevant support teams, such as MASH, LADO and Social Services.

The pre-school may also choose to give some time to the child before they return to Pre-school to ensure any further concerns or investigations are concluded.

After care

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

Preventative Strategies for Schools and Settings

For all schools and settings, it is important to develop appropriate strategies in order to prevent the issue of peer on peer abuse rather than manage the issues in a reactive way.

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

This can be supported by ensuring that each school/setting has an open environment where children feel safe to share information about anything that is upsetting or worrying them. This can be strengthened through a strong and positive personal social and emotional curriculum/ five to thrive ethos. To enable such an open and honest environment it is necessary to ensure the whole workforce feels confident and enabled to talk about issues and challenge perceptions of young people including use of inappropriate language and behaviour towards one another. In order to create such an environment, it is necessary for whole staff training and CPD around negative behaviours, effective observations, being aware of signs and symptoms, embedding five to thrive practice to ensure effective interaction with the children, strategies in behaviour management and showing sustained shared thinking in a way that continues to create an open and honest environment without prejudice.

Finally, it is important children have moments in their routine within small group carpet time, golden time, boundaries and behavioural expectations, role modelling from staff with schemes such as PALS to allow children to express their feelings and emotions. Emotion displays and calming down periods also support. Staff must also ensure regular updates on referral strategies are also

carried out so all staff are consistent in their evaluations and practice of recognising peer to peer abuse.

References

Whatis.com <https://whatis.techtarget.com/definition/cyberbullying>

New Choices Inc <https://newchoicesinc.org/bullying>

This is abuse campaign
<https://www.gov.uk/government/publications/this-is-abuse-summary-report>

Stop bullying.gov
<https://www.stopbullying.gov/>

Holding Together: equalities, difference and cohesion, a resource for school improvement planning, published for Derbyshire Education Authority by Trentham Books, summer 2009.

EACH resources for LGBT
<https://each.education/resources>

Child Exploitation and Online Protection Command (CEOP)
<https://www.ceop.police.uk/safety-centre/>
<https://www.gov.uk/government/publications/sexting-in-schools-and-colleges>

Missing Child Policy

The safety of the children is the highest priority at all times both on and off the premises. In the unlikely event of a child going missing our procedure is as follows.

Child going missing on the premises

- As soon as it is noticed that a child is missing the key worker/ staff alert the pre-school manager immediately.
- The pre-school manager and other staff will carry out a thorough search of the pre-school premises and garden, ensuring that suitable number of staff remain with the children.
- The register is checked to ensure no other child is missing and the child has not been collected.
- Door and gates are checked to ensure there has not been a breach of security whereby a child could have wandered out of the premises.
- If the child is not found, the parents are contacted and the child is reported missing to the police.
- The pre-school manager will talk to the staff to find out when and where the child was last seen and record this.
- Pre-school manager will notify Ofsted of the incident.

Child going missing on an outing.

- As soon as it is noticed that a child is missing, children will be asked to stand with designated person responsible for them and a head count is carried out to ensure no other child is missing. One member of staff will search the immediate vicinity.
- If the pre-school manager is not present on the outing, the outing leader will contact the pre-school manager and report the child missing.
- The pre-school manager will contact the police and report the child missing.
- The pre-school manager will contact the parents, who will make their way either to the pre-school or the venue.
- Staff will keep the remaining children together and may take them back to the pre-school at this point.
- In an indoor venue, the staff will contact the venue security who will carry out search and also notify the police if child is not found.

- The leader and designated staff member may be asked by the police to remain at the venue until police arrive.
- Pre-school manager will notify Ofsted of the incident.

The Investigation

- Staff should remain calm and do not let the children become worried and anxious.
- The pre-school manager speaks to the parents.
- The pre-school management team carry out a full investigation into the incident taking written reports from all staff who were present on the outing.
- The key person/staff member writes an incident report detailing:
 1. The date and time of the report.
 2. What staff/children were in the group/outing and the name of the designated person responsible for the missing child.
 3. When the child was last seen in the group/outing.
 4. What has taken place in the group or outing since the child went missing.
 5. The time it is estimated that the child went missing.

Managing People

Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.

- The staff will feel worried about the child, especially the designated staff responsible for the safety of the child. They may blame themselves and their feelings of distress and anxiety rise as the length of time the child is missing increases. The outing leader, manager and other staff should ensure that the staff feels supported while they are feeling vulnerable.
- The parents will feel angry and distressed. They may want to blame staff and single out members they feel are to blame, they may direct their anger at the outing leader and/or the pre-school manager. When dealing with a distraught and angry parent there should be two members of staff who should try to calm and reassure the parent. No matter how understandable the parents' anger may be, aggression or threats against staff are not to be tolerated and police should be called if necessary.

E-safety Guidelines

At Little Companions we ensure children and staff adhere to e-safety guidance. Staff and Parents are aware of mobile phone/photography and social media policies. In addition, children are made aware of passwords on any ICT equipment such as laptops, iPads used in activity within the setting.

We have signs illustrating passwords, awareness of using the computer safely, language such as 'log on, and log off'. There is no free usage of internet, and activities over the internet are carried out with supervision with limitation to access of sites.

No confidential information is stored on the main laptop profile which is accessible to the children. If staff use any electronic devices with the children, they are used under their supervision with specific planned activities on age appropriate resources.

Little Companions staff, volunteers and any other visitors including parents are reminded of E-safety policy and guidance within the setting. Especially with regard to the prohibition of using any device with sharing and imaging capabilities without prior consent. Such devices include mobile phones, tablets, cameras and smart watches.

Child Trafficking

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation.

Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed, or that what has happened is abuse.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour.

Young people who are being sexually exploited may:

- be involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- go missing from home, care or education

Things you may notice - trafficking

If you're worried that a child is being abused, watch out for any unusual behaviour.

- withdrawn
- suddenly behaves differently

- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- missing school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm or thoughts about suicide

Sexual exploitation can happen to any young person – whatever their background, age, gender, race or sexuality or wherever they live.

Risk factors include:

- a history of abuse, particularly sexual abuse
- recent bereavement or loss
- homelessness
- low self-esteem or self-confidence
- being a young carer
- being in or leaving care
- links to a gang through relatives, peers or intimate relationships

- living in a gang-affected neighbourhood
- lacking friends from the same age group

What research tells us about risk factors. Gender, age, ethnicity and missing children

In 2011, the Child Exploitation and Online Protection Centre (CEOP) published a thematic assessment analysing 2,083 victims of child sexual exploitation (CEOP, 2013). The study found that:

- **the majority of victims were girls**
However in 31% of cases, gender was unknown. It is likely that male victims are under-represented due to difficulties in identifying sexual exploitation in boys and young men.
- **14 and 15 year olds are most likely to be noticed by authorities**
Some victims of sexual exploitation were as young as 9 or 10 years old, however young people most commonly came to the attention of statutory and non-statutory authorities aged 14 or 15.
- **the majority of victims were white**
61% of the victims were white, 3% were Asian and 1% were black. Ethnicity was unknown in 33% of cases. Children from minority ethnic backgrounds are likely to be under-represented in statistics face because of barriers to reporting and accessing services.
- **children who go missing are risk of sexual exploitation.**
Information about whether children went missing was incomplete but 842 children were reported as missing on at least one occasion. We don't know whether these children were sexually exploited before, during or after they went missing.

Offending behaviour

Other research has shown that there are links between child sexual exploitation and youth offending.

Private fostering

Private fostering is where a parent asks another adult to care for their child for 28 days or more in the other adult's home.

This is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

It does not apply where the child is placed in foster care by the council.

Children who are privately fostered

- Children from abroad who have come to England for education or for medical treatment.
- Children living with a friend's family after separation, divorce or arguments at home.
- Teenagers living with the family of a boyfriend or girlfriend.
- Children whose parents come from abroad to study or work (or both), but find it difficult to find time to care for them due to those commitments.

Responsibilities of the birth parent(s)

- Provide the foster carer(s) with as much information about the child as possible - health records, dietary needs and preferences, school records, hobbies, religion and ethnicity.
- Inform the local authority - stating why, and giving the name and address of the person whose care the child has been moved into.

Responsibilities of the foster carer(s)

- Inform the local authority (Hillingdon Council) at least six weeks before the child arrives, unless it is an emergency, in which case within 48 hours of the fostering arrangement beginning. **This must be done even if payment is not involved.**

Responsibilities of Hillingdon Council

- Ensure the foster home and household are suitable to care for the child.
- Regularly visit the child(ren), the private foster carer.
- Offer support and advice about looking after someone else's child and how to meet the child's day-to-day needs - physical, emotional, educational and cultural.

- Help the foster carer(s) and birth parent(s) to work together for the benefit of the child, and take action if the care provided is unsatisfactory.

If you are involved, or likely to be involved, in private fostering or if you require further advice please contact the referral and assessment team.

Checks cannot be made if we, the local authority, are not aware of the arrangements.

Referral and assessment team

- Tel: 01895 556644
- Email: lbhmash@hillingdon.gov.uk.

The National Concerns of County Lines

Research shows Children as young as 7 - 12 years old being exploited or moved by gangs to courier drugs out of their local area; 15-16 years is the most common age range - both males and females being exploited

White British children being targeted because gangs perceive they are more likely to evade police detection but a person of any ethnicity or nationality may be exploited, the use of social media is used to make initial contact with children and young people

Class A drug users being targeted so that gangs can take over their homes (known as 'cuckooing').

County lines exploitation is widespread, with gangs from big cities including London, Manchester and Liverpool operating throughout England, Wales and Scotland. Gangs are known to target vulnerable children and adults; some of the factors that heighten a person's vulnerability include:

Having prior experience of neglect, physical and/or sexual abuse lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example) poverty - homes not nice places to be in

- social isolation or social difficulties
- economic vulnerability
- homelessness or insecure accommodation status
- connections with other people involved in gangs
- having a physical or learning disability
- having mental health or substance misuse issues;
- being in care (particularly those in residential care and those with interrupted care histories)
- being excluded from mainstream education, in particular attending a Pupil Referral Unit

Cuckooing

What is Cuckooing?

'This usually involves identifying vulnerable people who may use drugs and alcohol, or people who may be vulnerable due to mental or physical health impairments, single mothers and female sex workers. The dealers then coerce, and sometimes threaten the vulnerable person into allowing them to take control of their home so they can use it to store and sell drugs.

Involvement in Cuckooing

The victims of cuckooing tend to live in social housing and the dealers will either stay in the property to deal drugs themselves or will get the householder to deal on their behalf, travelling back and forth to their home areas to restock.

Some of the dealers are criminals by choice and some have been coerced and exploited by organised crime groups or gangs to work for them.

People targeted are often unable to protect themselves from being exploited as they may be: Drug users or ex-addicts

Who might be at risk of cuckooing?

People with mental health issues

People with physical disabilities or cognitive impairments

People with learning disabilities

Single mothers

Female sex workers

Older people who are socially isolated

Criminals use a range of clever tactics to manipulate and exploit others, such as: Offering drugs in exchange for use of the person's home

Offering friendship or sex

Giving gifts or paying bills

Using coercion, force or threats of violence

Gangs are also known to utilise consenting adults to assist criminal activity. The common form of assistance provided by them is allowing the use of their home address to running and holding drugs. It is important to think about any children who may reside in the property who will be affected and

possibly involved as a runner. In addition women are reported to be used to book hotels, hire cars and identify addresses for cuckooing.

Women who have entered into relationships with gangs members are often subject to coercion and control and domestic abuse. In some cases women can be sexually assaulted or threatened with sexual assault and can be exploited for sex in payment for drugs.

How to spot signs of Cuckooing?

Sometimes, the person being exploited has no idea that they're being used or is simply too afraid to speak up, which can make it very difficult to spot what's going on.

If you're concerned that someone you know is a victim of cuckooing, look out for the following warning signs:

The person's address has been taken over and they appear scared, threatened or coerced

- Increased callers at a property
- Increase in cars/taxi's pulling up for short periods of time
- Different accents being spoken at a property
- Increased antisocial behaviour at a property
- Not seeing the person for long periods of time
- Unfamiliar vehicles regularly seen at the property
- Windows covered or curtains closed for long periods
- Having more money, clothes, jewellery or other items that they usually couldn't afford, such as a new phone
- Becoming unusually withdrawn or other changes in behaviour
- Misusing drugs or alcohol

The most common form of cuckooing is where drug dealers take control of the victim's home and use the premises to store, prepare or distribute drugs often as part of county lines networks. Violence is used regularly in order to establish and maintain county lines, it is directed towards drug users who fail to pay their debts or individuals who are accused of stealing from the gang, such as runners.

How to deal with cuckooing

If you suspect or know of someone that is being cuckooed, it is extremely important that you keep the police informed of any exploitation or criminality so that they can begin a multi-agency approach in tackling the issue. The effective intervention by local multi-agency collaborations is essential to safeguarding any children and vulnerable adults and their properties from cuckooing and other associated county lines criminal activities.

Multi-agency safeguarding coupled with law enforcement intelligence and operations will generate effective disruption outcomes.

The government provides guidance for agencies dealing with issues such as cuckooing:

- Criminal Exploitation of Children and Vulnerable Adults (Home Office).
- County Lines (National Crime Agency).

If you believe that a child, young person or adult is at immediate risk of harm you should call the Police on 999.

Fabricated Illness

Fabricated or induced illness (FII) may be recognized by a GP if, after carrying out examinations and tests, there appears to be no explanation for the child's symptoms

They will also look out for one or more of the following warning signs:

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

Patterns and levels of abuse

The patterns of abuse found in cases of FII usually fall into one of six categories. These are ranked as follows, from least severe to most severe:

- exaggerating or fabricating symptoms and manipulating test results to suggest the presence of an illness
- intentionally withholding nutrients from the child or interfering with nutritional intake
- inducing symptoms by means other than poisoning or smothering, such as using chemicals to irritate their skin
- poisoning the child with a substance of low toxicity – for example, using laxatives to induce diarrhoea
- poisoning the child with a poison of high toxicity – for example, using insulin to lower a child's blood sugar level
- deliberately smothering the child to induce unconsciousness
- Previous case reports of FII have uncovered evidence of:
 - parents or carers lying about their child's symptoms
 - parents or carers deliberately contaminating or manipulating clinical tests to fake evidence of illness – for example, by adding blood or glucose to urine samples, placing their blood on the child's clothing to suggest unusual bleeding, or heating thermometers to suggest the presence of a fever
 - poisoning their child with unsuitable and non-prescribed medicine
 - infecting their child's wounds or injecting the child with dirt or faeces (stools)
 - inducing unconsciousness by suffocating their child
 - not treating or mistreating genuine conditions so they get worse
 - withholding food, resulting in the child failing to develop physically and mentally at the expected rate

It's not fully understood why some parents or carers fabricate or induce illness in their child.

However, it's likely the parent or carer will have a history of previous traumatic experiences. Recent studies have shown that mothers who carry out the abuse have abnormal "attachment" experiences with their own mothers, which may affect their parenting and relationship with their children. An example of this is repeatedly seeing a doctor to satisfy an emotional need to get attention for the child.

Child abuse - One study found that almost half of mothers who were known to have fabricated or induced illness in their child were victims of physical and sexual abuse during their

own childhood. However, it's worth noting that **most people who are abused as children don't go on to abuse their own children.**

Previous medical history - One or both parents may have a history of self-harm or drug or alcohol misuse. Some case studies also revealed that the mother may have experienced the death of another child, or a difficult pregnancy.

Personality disorder - A high proportion of mothers involved in FII have been found to have a personality disorder and, in particular, a borderline personality disorder. Personality disorders are a type of mental health problem, where a person has a distorted pattern of thoughts and beliefs about themselves and others. These distorted thoughts and beliefs may cause them to behave in ways that most people would regard as disturbed and abnormal.

A borderline personality disorder is characterised by emotional instability, disturbed thinking, impulsive behaviour, and intense but unstable relationships with others. It's important to note that not all mothers with borderline personality disorder go on to abuse their children.

Sometimes, people with personality disorders find reward in behaviour or situations that other people would find intensely distressing. It's thought that some mothers who carry out FII find the situation of their child being under medical care rewarding. Other mothers who've been involved in FII have reported feeling a sense of resentment towards their child because they have a happy childhood, unlike their own.

Role playing - A further theory is that FII is a kind of role playing. It allows a mother to adopt the role of a caring and concerned mother, while at the same time allowing her to pass the responsibility of caring for a child onto medical staff.

Escapism - Another theory is that FII is a way for the mother to escape her own negative feelings and unpleasant emotions.

By creating a permanent crisis situation surrounding her child, she's able to focus her thoughts on the treatment of her child, while keeping her own negative feelings and emotions at bay.

Child Protection Actions

It can be very difficult to confirm a suspected case of fabricated or induced illness (FII). Healthcare professionals will naturally assume that a parent or carer will always act in the best

Child Protection Policy

interests of a child in their care, unless there's compelling evidence to suggest otherwise. If FII is suspected - If a healthcare professional suspects FII, they'll usually refer the case to a community paediatrician.

A consultant will examine the medical evidence to determine whether there's a clinical explanation for the child's symptoms. They may also seek further specialist advice and arrange further testing. If the consultant also suspects FII, they'll put together a detailed record of all the available information related to the child's medical history. This is called a chronology.

They'll also contact the local authority's child protection team MASH to inform them that concerns have been raised about the child's safety and that an investigation is underway. MASH are teams consisting of a number of different professionals. They're employed by local authorities responsible for protecting children from abuse and neglect.

Other agencies involved with the child's welfare, such as their nurseries, school or social services, may be contacted in case they have information that's relevant to the chronology, such as the child often being absent? The full chronology is a critical part of the assessment process. Once complete, the information will be presented to MASH and the police. MASH, police and medical staff meet to discuss the best way to proceed with the case.

Covert (secret) video surveillance may be used to collect evidence that can help to confirm a suspected case of FII. However, only the police have the legal authority to carry out covert video surveillance, which may be used if there's no other way of obtaining information to explain the child's symptoms. This is rare in practice.

Child protection plan - If the child is thought to be at immediate risk of physical harm, social services will remove them from the care of the parent or carer. The child may be placed in the care of another relative or in foster care by social services.

In many cases of suspected FII, the child is already in hospital. They'll be moved to a safe place inside the hospital so that their medical assessment can continue. Alternatively, the carer may be banned from the child's ward. A child will be taken into care in almost all cases involving physical harm, and in around half of cases where the mother is only fabricating, not inducing, symptoms of illness.

As the child is commonly at risk of significant physical or mental harm, a child protection plan is drawn up. This plan takes into account the child's health and safety needs, as well as their educational or social needs. For example, the child may have been deprived of regular education because their parent or carer kept them away from school.

As part of the child protection plan, the parent or carer may be asked to have a psychiatric assessment or family therapy. If they refuse to comply with the child protection plan, the child may be removed from their care.

Forced Marriage & Honour Based Abuse (Violence)

People from a broad spectrum of religious/national and community groups are potential victims of honour based abuse and forced marriage. Find out more about support available here.

Forced Marriage

A Forced Marriage is a marriage in which one or both parties do not (or in some cases of people with learning disabilities, cannot) consent to a marriage, often pressure, coercion or abuse is used. A forced marriage is different to an arranged marriage where a person fully consents to their parents, a friend or a third party (such as a matchmaker) identifying a spouse (who is also in agreement to the marriage) and makes arrangements for a marriage between the two people to take place.

The pressure put on people to marry against their will can include physical abuse, emotional, psychological or financial abuse, blackmail and threats.

Forced marriage is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. It is a criminal offence to force someone to marry against their will, this includes:

- Taking someone overseas to force them to marry
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured or not)
- Breaching a Forced Marriage Protection Order

Anybody convicted of forcing someone into marriage could be jailed for up to seven years.

Refusing to marry can place victims at serious risk of harm, known as 'honour based violence', which could even result in death.

If you or someone you know is being forced into a marriage against their will there are a number of services that you can contact who will be able to provide help:

The Forced Marriage Protection Unit:

<https://www.gov.uk/guidance/forced-marriage>

Telephone: 020 7008 0151

From overseas: +44 (0)20 7008 0151

Karma Nirvana

0800 5999 247

<https://karmanirvana.org.uk/>

Hillingdon Independent Domestic Violence Advocates (IDVA) – 0208 246 1745

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If you have concerns about a child being forced into marriage against their will or believe they are at risk of harm, contact Hillingdon MASH to make a safeguarding referral (01895) 556633.

<https://hillingdonsafeguardingpartnership.org.uk/professionals/useful-guidance/mash/>

The Police – 999 (always call the police if the situation is an emergency)

Honour Based Abuse (Violence)

Honour based abuse (also known as Honour based violence) is a crime or incident that may be committed in the misguided belief that the honour of a person, family or community is being protected. Honour based abuse is frequently perpetrated by family members or close acquaintances who incorrectly think that someone, through their actions or behaviour, has brought shame or dishonour upon the family or community group and that these actions warrant a violent punishment. Honour based abuse should never be underestimated; just the perception or rumour of someone acting in a way that is deemed 'immoral' may be sufficient enough for a perpetrator to commit a crime or even a murder. Such behaviour may include:

- Wearing clothes or taking part in activities which might not be considered traditional within a particular culture
- The existence of a boyfriend or girlfriend from a different culture, religion, caste or country
- Wanting to get out of an arranged marriage
- Wanting to get out of a forced marriage
- Pregnancy outside of marriage
- An interfaith relationship
- Leaving a spouse or seeking a divorce
- Kissing or intimacy in a public place

Honour based abuse cuts across all cultures and communities and men, women and children are victims.

Honour based crimes do not always involve direct 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 you don't want to go
- Assault

Victims are sometimes persuaded to return to their country of origin under false pretences, when in fact the intention could be to kill them. Victims of domestic violence who have fled or are trying to flee their abusive marriage are often perceived by relatives as bringing shame upon their own blood family; therefore they may be at risk not only from their spouse and in laws, but also from their own parents, siblings, cousins and wider community members resulting in the victim becoming isolated, depressed and on some occasions resulting in them committing suicide.

Honour based abuse affects the whole community, not just those involved or victimised directly.

If you believe that you or someone you know is at risk of honour based abuse or violence, you should notify the police straight away. You do not have to wait for a crime to be committed before you speak to the police about any fears you may have around honour based abuse. The police take all instances of honour based abuse seriously and are dedicated to supporting and protecting victims of abuse.

You can also speak to a number of other services to seek support and advice:

Karma Nirvana – **0800 5999 247**

Hillingdon IDVA – 0208 246 1745

The Police – 999 (always call the police if the situation is an emergency)

http://safe.met.police.uk/crimes_of_honour/get_the_facts.html

If you have concerns about a child being at risk of honour based abuse or believe they are at risk of harm, contact Hillingdon MASH to make a safeguarding referral (01895) 556 633.

<https://hillingsonsafeguardingpartnership.org.uk/professionals/useful-guidance/mash/>

Unaccompanied asylum seekers

Media fact sheet on unaccompanied asylum seekers (UASC) and trafficking.

Hillingdon as a port of entry

- Hillingdon is home to one of the world's busiest international airport - London Heathrow.
- This presents Hillingdon with some unique challenges, specifically ensuring children and young people arriving at the airport are safe.
- On arrival in the UK, the UK Border Agency (UKBA) refers unaccompanied children to the local authority. These could be either unaccompanied asylum seeking children (UASC) or unaccompanied minors who are not claiming asylum but require some care.
- UKBA refers a child or young person to the council when they assess that the child may be vulnerable or at risk of harm.
- The local authority, along with other partners, assesses the young people and decides upon the best care plan or next steps for each individual.
- The local authority has a duty to safeguard all young people in its care and ensure all young people are safe and supported by working closely with partners.

Trafficking of Children and Young people

Trafficking is an issue for all local authorities but is more prominent where there are major ports of entry.

The 'trafficking' of children is a complex issue with no one-size-fits-all response and is often linked to people smuggling, 'facilitation' and private fostering. Trafficking is an international issue which requires a co-ordinated response across a number of agencies.

Are young people always trafficked from overseas?

No, young people can be trafficked from within the UK as well as from overseas and are trafficked out of as well as into the UK. Sometimes young people are also trafficked in the company of family members or adults which can make this a difficult crime to identify.

Why are young people trafficked?

Young people can be trafficked for a number of reasons and there is no simple answer to this question. Trafficking of children includes exploitation, which can range from unpaid domestic service (including within their own families), benefit fraud, or employment below minimum wage with no access to schooling; through to trafficking for the sex industry and other criminal activities.

Whose responsibility is it to protect young people who are trafficked?

It is a co-ordinated effort from a number of agencies. The first agency that young people come into contact with on their arrival into the UK is the UKBA who make the initial decisions and refer young people to the local authority where necessary. Local authorities work closely with partner agencies through the Local Safeguarding Children Board to put in place arrangements to combat trafficking. This includes the prevention and deterrence of trafficking through co-ordinated overseas and point of entry policing activity (including action by immigration services, law enforcement agencies, airport authorities, and overseas embassies).

Why does trafficking remain such a big problem? Why is it a problem in Hillingdon?

A challenge, particularly for port-of-entry authorities, which have large numbers of unaccompanied minors, is identifying those who are at risk of trafficking. First and foremost, they are children so are placed in appropriate accommodation, residential care and foster care appropriate to their individual needs. Local authorities do not have the statutory powers to place children in more secure settings and even if they did, the effectiveness of such arrangements would be questionable, as the traffickers will wait for the completion of the detention period. These young people cannot be locked up even for their own safety, but staff talk frankly with them and advise them to stay rather than leave and potentially put themselves in danger. Only a court can enforce a more secure set up and it requires a high level of evidence to deprive children of their liberty.

Are all children and young people referred to Hillingdon Council trafficked?

No, children and young people referred to Hillingdon could be unaccompanied without being trafficked. Hillingdon Council has a duty to care for any minor who requires looking after and therefore any unaccompanied young person would be referred to the council.

What is Hillingdon doing to combat the issue of trafficking?

Hillingdon works with the young people in terms of managing their risk at point of entry into the UK; engaging with the young person about potential risks and also managing their contact with strangers. Trafficking is a relatively newly identified challenge for all agencies both locally, nationally, and internationally with examples of good practice across all agencies, and we keep under review trends and share best practice.

A multi-agency, fortnightly operational meeting is held to discuss the risks and needs of all children arriving at the airport in the previous two weeks. This enables key information and intelligence to be shared, and protective measures to be applied to those children most at risk.

What is an unaccompanied asylum seeking young person?

An unaccompanied asylum seeking child is a young person who is separated from both parents, is not being cared for by an adult and is applying for asylum in their own right, under the relevant legislation.

What happens when a young person arrives unaccompanied at Heathrow airport?

The UKBA is the first organisation which deals with the young person when they arrive at Heathrow and will do an initial assessment on the child. The UKBA makes the decision which young people are to be referred to the local authority.

How is the assessment made?

Young people are assessed in terms of their age and need. A young person believed to be under the age of 16 would be taken care of in one of the local authority's children's homes. A young person believed to be over the age of 16 would be referred to one of the local authority's assessment centres where their care needs would be assessed. The local authority can in some cases have a duty of care for young people up until the age of 24 depending on their circumstances and need.

Do all unaccompanied young people seek asylum?

No, not all do. Some do at the point of entry and some do after they enter the country. However, some young people never seek asylum after they enter the country and could, for example, simply have come for a holiday or to study.

How does Hillingdon fund the care that it needs to provide for the additional young people that come through the airport?

Hillingdon is provided with limited funding from the Home Office, but the amount of funding is not sufficient for the numbers of young people it cares for due to its position in relation to Heathrow. Last year, Hillingdon had a shortfall of approximately £2m and has in the past lobbied government to recognise the concern of the local authority and agree that funding should be needs based, rather than per capita to ensure these costs are recoverable. As this is a national issue, Hillingdon have been working with other port authorities to agree a funding structure which does not have to be covered by local council tax payers.

Facts and figures

How many young people are trafficked each year and where are they from?

The numbers and nationalities of trafficked young people varies over time. In most years there are more than 20 nationalities represented among potential victims of trafficking but not all young people are trafficked from abroad and arrive at Heathrow Airport.

How many unaccompanied asylum seeking children come through Heathrow each year?

The numbers of unaccompanied asylum seeking children (UASC) varies over time and is collated on entry by the UK Border Agency.

What is the number of young people that come through Heathrow that Hillingdon Council provide a service to?

- In 2010-11, we provided a service to 364 young people coming through Heathrow, of whom 205 claimed asylum.
- In 2011-12, Hillingdon provided a service to 241 young people arriving at Heathrow. Of these young people 98 claimed asylum.
- In 2012-2013, Hillingdon provided a service to 198 young people arriving at the Airport. Of these 89 claimed asylum.
- As at 31 October 2013, Hillingdon have provided a service to 109 young people at the Airport. Of these, 53 have claimed asylum.

How many young people go missing from the London Borough of Hillingdon's care?

It is not unusual for children in care, or local authority accommodation to be absent, and not return at agreed times. Due to their vulnerability and as a precautionary measure, all such occurrences are reported to the police.

It is very rare that children go missing and don't return at all. They are usually found elsewhere or return within 48 hours.

In this current year, 2013-2014, there are two young people who have gone missing, and reported formally as still missing. Both of these are 17 years of age.

In 2012-2013, eight young people went missing between 16 -18 years of age, but five of these have come to notice subsequently as adults.

This information is collated by the police.

How many young people suspected of being trafficked go missing from the London Borough of Hillingdon's care?

Young people who are being trafficked do sometimes go missing, and are reported to the police. Last year, 2011-2012, there were four young people who went missing, who were believed to be trafficked.

This information is collated by the police.

Why do trafficked young people go missing?

Usually children and young people go missing because they have been instructed to do so by adults who have arranged and organised their entry into the UK. Threats, coercion, and promises of a better life motivate children and young people to abscond. Often children and young people do not know the real reason that they have been brought to the UK and do not realise they are in danger.

How does the local authority stop children and young people from absconding?

The London Borough of Hillingdon has been very successful at reducing the numbers of children and young people absconding. This has been achieved by providing a 24/7 response service that engages with children and young people as soon as they are referred.

In order to prevent children and young people absconding, the local authority works hard to help them to understand the dangers of trafficking and encourages them to choose to stay put.

How many potential victims of trafficking has Hillingdon dealt with?

Hillingdon staff use the trafficking toolkit as a means of identifying potential victims of trafficking, and a referral is then made to the UK Human Trafficking Centre [UKHTC] via the National Referral Mechanism [NRM], which came into effect in April 2009. Since that Hillingdon has made the following number of referrals.

- April 09 - March 10: 13
- April 10 - March 11: 10
- April 11 - March 12: 8
- April 12 - March 13: 8
- April 13 - to date: 5

Myth busters

- **Myth - Only port authorities have the problem of trafficking**
Fact - All local authorities have to worry about trafficking. Trafficking is not something that only happens at ports, although it should be noted that this is a major concern for Hillingdon. Trafficking does occur 'in country' as well with British nationals, as well as young people of other nationalities.
- **Myth - Trafficked children just come through the airport**
Fact - Young people can be trafficked in a number of ways, not just through the airport. Some young people are trafficked within the UK and some out of the UK.
- **Myth - All unaccompanied minors are unaccompanied asylum seeking children**
Fact - When young people arrive unaccompanied, they do not necessarily seek asylum. They may be here to see friends or family or to study.
- **Myth - Unaccompanied asylum seeking children are all trafficked**
- **Fact** - Young people may come into the country unaccompanied and seek asylum for a number of reasons - not just because they are being exploited. When a child arrives in Hillingdon, they are assessed for risk of being exploited but in many instances this is not the case.

Contacts

- UKBA - press office (policy): 020 7035 3535
<https://www.gov.uk/government/organisations/uk-border-agency>
- National Crime Agency (operational enquiries for UKBA): 0207 979 5835
- UK Human Trafficking Centre: 0114 252 3891
<https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/modern-slavery-and-human-trafficking>
- Metropolitan Police Press Bureau: 020 7230 2171
- **Hillingdon Safeguarding Children Partnership (HSCP)**
<https://hillingdonsafeguardingpartnership.org.uk/>
- **Hillingdon Stronger Families Hub**: 01895 556006
<https://www.hillingdon.gov.uk/article/7935/About-the-Stronger-Families-Hub-and-making-referrals---Information-for-professionals#cookie-consents-updated>

Child abuse linked to faith or belief

Witchcraft – advice for practitioners

Child abuse linked to a faith or belief occurs across the country. In such cases a parent or carer has come to view a child as 'different'. They have attributed this difference to the child being possessed and as such will attempt to exorcise the child.

There is a variety of definitions associated with abuse linked to faith or belief. The National Action Plan includes the following when referring to Child Abuse Linked to Faith or Belief (CALFB).

Belief in concepts of:

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs).
- The evil eye or *djinn*s (traditionally known in some Islamic faith contexts) and *dakini* (in the Hindu context).
- Ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies.
- Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

Reasons for the child being identified as 'different' may be a disobedient or independent nature, bed wetting, nightmares or illness. Attempts to exorcise the child may include:

- Beating
- Burning
- Starvation
- Cutting or stabbing
- Isolation within the household

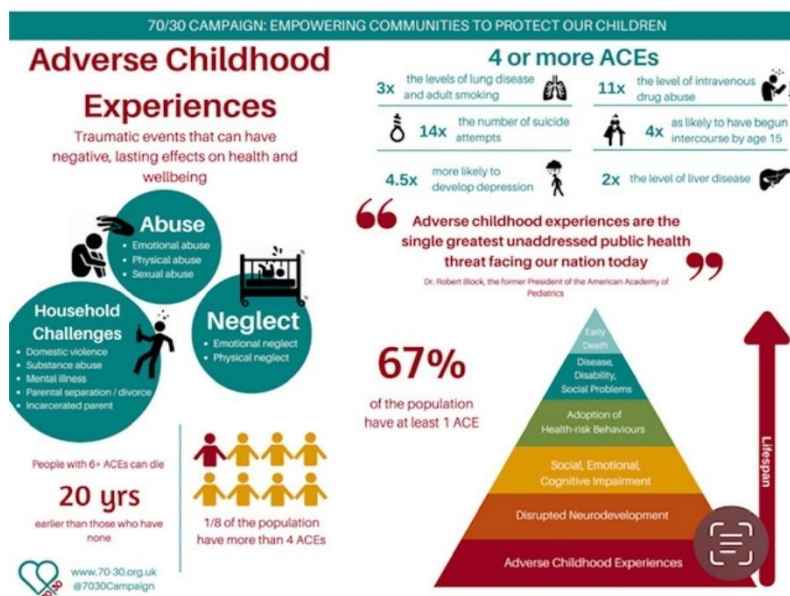
Children with a disability may also be viewed as different, and various degrees of disability have previously been interpreted as 'possession', from a stammer to epilepsy, autism or a life limiting illness.

Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful incidents or environments which children experience and which have the potential to cause long-lasting trauma.

Psychological trauma is what happens when a person is overwhelmed by stress and feels that he or she is unable to return to a “safe” state. When this occurs, it can cause lasting harm to the brain’s stress responses, potentially leaving those affected by trauma feeling like they are fighting old dangers years after they’ve passed.

In the infographic below, we show a variety of ACEs and the impact they can have on peoples' lives.



ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect

- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- substance use problems
- mental health problems
- instability due to parental separation or household members being in jail or prison

ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.

Please note the examples above are not meant to be a complete list of adverse experiences. There are many other traumatic experiences that could impact health and wellbeing.

How big is the problem?

ACEs are common. About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

Preventing ACEs could potentially reduce a large number of health conditions. For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.

Some children are at greater risk than others. Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.

What are the consequences?

ACEs can have lasting, negative effects on health, well-being, as well as life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and foetal death), involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

ACEs and associated social determinants of health, such as living in under-resourced or racially segregated neighbourhoods, frequently moving, and experiencing food insecurity, can

cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can change brain development and affect such things as attention, decision-making, learning, and response to stress.

Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.

How can we prevent adverse childhood experiences?

ACEs are preventable. There are a number of factors that may increase or decrease the risk of perpetrating and/or experiencing violence. To prevent ACEs, we must understand and address the factors that put people at risk for or protect them from violence.

Preventing ACEs

Preventing ACEs		
Strategy	Approach	
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies 	
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention 	
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement 	
Teach skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches 	
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs 	
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centred services • Treatment to lessen the harms of ACEs 	

Preventing ACEs

Preventing ACEs		
	<ul style="list-style-type: none">• Treatment to prevent problem behaviours and future involvement in violence• Family-centred treatment for substance use disorders	

Raising awareness of ACEs can help:

- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Let's help all children reach their full potential and create neighbourhoods, communities, and a world in which every child can thrive

Adverse Childhood Experiences (ACEs)

This course is aimed at practitioners, professionals and volunteers who work with children, young people and their families.

Over approximately 50 minutes, this online training covers the following modules:

1. Introduction to ACEs: By the end of this section you will be able to identify adverse experiences that can impact on a child's development and their response to stress.
2. Brain Development in the Early Years: By the end of this section you will understand the importance of healthy brain development in a child's early years and the impacts of toxic stress.
3. The Impact of Childhood Adversity: By the end of this section you will understand that experiencing adversity in childhood can have a significant impact over a person's life course resulting in ill health, poor wellbeing and in some cases premature death.

4. Social, Health and Community Impacts of ACEs Early Trauma: By the end of this section you will be able to identify a range of social and community impacts resulting from ACEs.
5. Protective Factors: By the end of this section you will be able to give key examples of 'Protective Factors' that can help prevent ACEs and different strategies that can help build resilience.
6. Looking at ACEs Through a Trauma Informed Lens: By the end of this section you will understand what it means to look at adverse childhood experiences through a 'trauma informed lens'.
7. Building Resilience: By the end of this section you will understand how building resilience can help mitigate the impact of ACEs.

To access the E-Learning please go to the following link: www.acesonlinelearning.com

LGBTQ+ terminology and definitions

What is gender identity?

Gender identity refers to whether someone thinks of themselves as male, female, both male and female or neither. Some people consider their gender identity to be fluid, partially male and partially female, or they may consider themselves to be non-binary (neither male nor female). Other people's gender identity is different to the one they were assigned at birth (usually based on physical sex appearance), or they may have ambiguous or dual sex appearance (intersex).

It is important to respect the young person's identity as it is now.

Bullying and harassment

Sometimes people deliberately use the incorrect pronoun, first name or gender identifier in an attempt to bully or belittle a student.

Transphobic incidents or crimes must be recorded and dealt with in the same manner as other incidents that are motivated by prejudice or hate e.g. racist, homophobic and disablist incidents. If a child reports bullying that is due to them identifying as transgender, the school must report this to DSL

Terminology

LGBTQ+ terminology is fluid and identity labels can mean different things to different people. Below is a list of some definitions to help support you, your colleagues and LGBTQ+ communities in school. (Compiled from a number of LGBTQ+ sites)

- Ally – a straight and/or cis person who supports the LGBT community
- AFAB – assigned female at birth
- AMAB – assigned male at birth
- Androgynous - term used to describe an individual whose gender expression and/or identity may be neither distinctly "female" nor "male," usually based on appearance.

- Asexual – someone who doesn't experience sexual attraction
- Bisexual – someone who experiences sexual and/or romantic feelings towards more than one gender
- Cisgender/Cis – someone who identifies with the sex they were assigned at birth
- Closeted – someone who isn't open about their identity.
- Deadnaming (birth naming) – calling someone by the name they were given at birth, but no longer use.
- Drag - Used by people who present socially in clothing, name, and/or pronouns that differ from their everyday gender, usually for enjoyment, entertainment, and/or self-expression.
- Gay (Homosexual) – someone who identifies as male and is attracted to others who identify as male.
- Gender Dysphoria - used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. (Clinical Diagnosis)
- Gender Identity – someone's personal feeling of identity. A way for them to express how they feel.
- Gender Reassignment – another way to describe the transition of someone who identifies as transgender.
- Heterosexual (Straight) – someone who is attracted to the gender they consider to be the opposite of their own.
- Intersex - used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.
- Lesbian – someone who identifies as female and is attracted to those who identify as female.
- Non-Binary – someone whose gender identity doesn't fit within the boundaries of male or female.
- Outing - when a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent.
- Pansexual – someone whose sexual and romantic attraction isn't limited to gender boundaries.

- Passing - if someone is regarded, at a glance, to be a cisgender man or cisgender woman.
- Queer – previously used in a derogatory way, recently to be reclaimed by LGBT individuals but still considered offensive to some.
- Questioning – the process of exploring one's sexual orientation or gender identity.
- Sex – assigned to someone based on primary sex characteristics (genitals).
- Transgender (Trans) - an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.
- Transgender Man – someone who was AFAB, but now identifies as male.
- Transgender Woman – someone who was AMAB, but now identifies as female.
- Transitioning – the process of changing one's gender.
- Transsexual – a medical term referring to someone who has transitioned.
- Female-to-Male (FTM) – used by someone transitioning from AFAB to male.
- Male-to-Female (MTF) – used by someone transitioning from AMAB to female.

The Law

- Equality Act 2010 - states it is unlawful to discriminate against a person because of gender reassignment; one of the 9 protected characteristics
- The Gender Recognition Act 2004 - affords legal recognition to people who are transgender who currently have or have had gender dysphoria
- The Public Sector Equality Duty (PSED) 2011 - in place to promote equal opportunities and eliminate discrimination deemed as unlawful between those who identify with a particular protected characteristic and those who do not
- The General Data Protection Regulation (GDPR) 2018 - any information regarding the individual will only be shared with others with the documented consent of the individual themselves
- Gender Recognition (disclosure of information) Order 2005 - Staff members can be prosecuted where a Gender Recognition Certificate and a person's history is disclosed inappropriately as this is classed as a criminal offence and can carry a financial penalty in line with the Data Protection Act 1998

Incapacitated parent/carer

Incapacitated refers to a condition which renders a parent/carer unable to take responsibility for their child; this could be at the time of collecting their child from the setting or on arrival. Concerns may include:

- appearing drunk
- appearing under the influence of drugs
- demonstrating angry and threatening behaviour to the child, members of staff or others
- appearing erratic or manic

Informing

- If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated safeguarding lead as soon as possible.
- The designated safeguarding lead assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made using the Safeguarding incident reporting form.
- If intervention is required, the designated safeguarding lead speaks to the parent in an appropriate, confidential manner.
- The designated safeguarding lead will, in agreement with the parent, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated safeguarding lead and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.

- If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Recording

- The designated safeguarding lead completes Safeguarding incident reporting form and if social care were contacted a Confidential safeguarding incident report form is completed by the designated officer. Any forms are shared with the owners of the setting
- Further updates/notes/conversations/ telephone calls are recorded.