

# Safeguarding



## Busy Bees Safeguarding policy

Safeguarding children is vital and Busy Bees is committed to protecting the welfare of every child we care for. All employees are expected to share this commitment.

Everyone is responsible for safeguarding; therefore, it is crucial that anyone working for Busy Bees understands their responsibility.

We want to protect our reputation and live up to our values, that's why it's so important we show everyone how to deliver the very best standards of care.

### The intention of this Policy is to:

- Protect all children and young people, who use our services
- Provide all staff, students and volunteers with the principles that guide our approach to safeguarding and child protection

Busy Bees believes that a child or young person should never experience abuse of any kind. That's why we strongly promote welfare and safety across our organisational activities and operations.

We understand our duty to keep children and young people safe in all aspects of our practice. The purpose of this Safeguarding Policy is to achieve a nurturing and caring environment where children can have fun and be safe. So, to ensure their safety, we adopt the following Safeguarding Policies and Procedures.

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## Our values

Our vision is to give every child the best start in life. This is achieved by supporting the delivery of the highest standards of quality childcare whilst ensuring that we are an integral part of parents support network.

- We take care very seriously
  - We set and maintain the highest standards, its what children and parents deserve
  - We ensure that we provide outstanding value for money
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## Who is this Policy aimed at?

This Policy applies to all Busy Bees employees (at all levels and grades), the Board of Directors, volunteers, students, temporary staff or any person working on behalf of Busy Bees.

## Where does this Policy apply?

- Within centre environment
- Working with children away from the usual centre premises

## Induction and training

Once recruited, all employees complete a thorough induction which includes a section on safeguarding. Employees must familiarise themselves regularly with this Policy (especially in the event of an amendment) and understand the Safeguarding Policy and appendices.

Busy Bees employees are regularly trained to keep their knowledge current. Busy Bees employees must ensure:

- All Designated Safeguarding Leads complete DSL training every two years
- All employees complete a full day Safeguarding Course every 3 years with a refresher in between

Please check the appendices section for further guidance and information in relation to safeguarding and child protection.

We expect all staff including those not working directly with children to be alert and responsive to all aspects of safeguarding and to act in the event of concerns.

## Speak Up

Please Speak Up if you have a safeguarding concern and feel unable to tell your Designated Safeguarding Lead. The Speak Up line may be used anonymously if required.

## Definitions

**Safeguarding:** The action that is taken to promote the welfare of children and protect them from harm.

**Specifically, safeguarding means:** protecting children from abuse and maltreatment, preventing harm to children's health or development, ensuring that children grow up with the provision of safe and effective care and taking action to enable all children and young people to have the best possible outcomes (NSPCC, 2018).

**Child Protection:** This is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child (NSPCC, 2018).

## Appendices

- A - The Four Main Types of Abuse and some overarching Signs, Symptoms and Indicators of Abuse
- B - Disclosure
- C - Grooming
- D - Indirect abuse
- E - Female Genital Mutilation
- F - Breast ironing
- G - Radicalisation
- H - Fabricated or Induced illness or injury
- I - Child Trafficking & Modern Slavery
- J - County Lines
- K - Information Sharing and Busy Bees paperwork
- L - Information Sharing and Busy Bees paperwork
- L - Suitability to Staff
- M - Responding to Allegations of Abuse
- N - How to help children who may be particularly vulnerable?
- O - How to help children keep themselves safe?
- P - Safeguarding flowchart
- Q - Staff allegation flowchart
- R - Record of concern form
- S - Initial Safeguarding Report Form
- T - Notifiable Incident Timeline
- U - Chronology
- V - Roles and Responsibilities Poster

## Legal Framework

This policy is based on but is not limited to, the law and guidance detailed below. These laws and guidance seek to protect children and dictate how to best keep them safe and healthy

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Human Rights Act 1988
- Sexual Offences Act 2003
- Data Protection Act 2018
- General Data Protection Regulation 2018
- Children Act 2004 (incorporating Every Child Matters 2003)
- Safeguarding Vulnerable Groups Act 2006

- Equality Act 2010
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special Educational Needs and Disability Code of Practice 2015
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2018
- Working Together to Safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2018
- Information Sharing Advice for Safeguarding Practitioners; HM Government 2015
- The Prevent Duty Guidance 2019
- Female Genital Mutilation Act as amended by the Serious Crime Act 2015
- Defining child vulnerability: Definitions, frameworks and groups Technical Paper 2 in Children's Commissioner project on vulnerable children 2017
- Keeping Children Safe in Education; 2019
- Early Years Foundation Stage 2017; Department for Education
- Early Years Inspection Handbook 2019; Ofsted
- Inspecting safeguarding in early years 2019; Ofsted
- All Wales Child Protection Procedures 2019
- Section 175 of Education Act 2002
- Common Law Duty of Care
- Children and Families Act 2014
- The Social Services and Wellbeing (Wales) Act 2014
- The Children's Rights Framework
- The Rights of children and young persons (Wales) measure 2011
- The Gender - Based violence, Domestic Abuse and sexual Violence (Wales)
- National Minimum standards
- Wales Regulations
- Curriculum for Wales - Foundation phase Framework 2015

As Safeguarding children is so broad, it's impossible to address all elements within one Policy. Therefore, please ensure you read this Policy in conjunction with the following Busy Bees Policies and Procedures:

- SEND Policy
- Equality of Opportunity Policy
- HR Policies relating to suitable recruitment & codes of conduct
- DSL Job Description

# Busy Bees Safeguarding



- Court Supervision Flow Chart
- Anti-bullying Policy
- Complaints Policy
- Speak Up Policy
- Data Protection Policy

## Safeguarding statement

We understand and adhere to the following principles:

- The welfare of the child is paramount (Children Act 1989), whilst we intend to work in partnership with parents and families, we will prioritise the child at all times
- Working in partnership with children, young people, their parents, carers, extended families and external agencies is essential in promoting welfare and safety
- All children have a right to equal protection from all types of harm and/or abuse, regardless of age, ability, special educational need, race, religion, sexual orientation or identity (or that of their parents), residency status or any other characteristic
- Some children are particularly vulnerable because of their current life circumstances or previous life experience, or that of their parents
- Some children are additionally vulnerable due to a special educational need or communication need, including those with English as an additional language, or their level of dependency. The criteria for those considered vulnerable is not exhaustive and Busy Bees acknowledges our responsibility to consider each child and young person's vulnerability on an individual basis
- Sharing information with outside agencies, such as those in the medical profession, second settings and social care services, when appropriate, is key to ensuring a meaningful approach to safeguarding

To ensure safety of children and young people, we will:

- Promote an inclusive culture where every child matter's
- Listen to the children in your care
- Value and respect their views, opinions, beliefs, values and behaviours

- Appoint a Company Safeguarding Lead
- Appoint a Designated Safeguarding Lead in each centre, as well as a sufficient amount of Deputy Designated Safeguarding Leads to ensure DSL attendance in each centre
- Operate a confidential Speak Up telephone line that all staff can access
- Obtain a clear complaints procedure
- Adopt child protection and safeguarding practices through Procedures and Policies for all staff, students and volunteers
- Understand the reporting criteria for all types of child abuse, as well as additional reporting responsibilities for particular types of child abuse. Please ensure that your staff team are aware of such reporting responsibilities
- Develop and implement a clear structure of Safeguarding referral
- Provide effective management for staff, students and volunteers through supervision, support, training and quality assurance measures
- Ensure safer recruitment for all staff, students and volunteers
- Obtain safe and secure storage of information
- Share information about safeguarding, child protection and good practice with children, their families, staff, students and volunteers, via our website, posters, Policies and Procedures, and one-to-one discussions
- Use our Safeguarding procedures to share concerns and relevant information with external agencies and, where appropriate, involve parents and carers
- Use our procedures to manage and report any allegations against staff and volunteers
- Create and maintain a culture of Equal Opportunity and manage this via our policies and procedures, in the event of discrimination or bullying
- Create and maintain a culture which promotes the difference between professional and personal relationships to ensure that the two do not become blurred
- Ensure that we provide a safe physical environment for our children, young people, students, staff and volunteers by applying compliance measure in accordance with the law and regulatory guidance

# Safeguarding



## Identifying risks to the safety and welfare of children

Risks may arise from many different sources and can be categorised in a number of different ways. Here we have outlined some of the potential risks to be aware of:

- Someone that the child knows and who is in close physical proximity
- Remote and occasionally anonymous (the internet - especially for older children)
- Other children through bullying or it may come from adults, including early year's educators or other professionals.

**Please note:** A risk to welfare may also manifest itself through a child's mental wellbeing and happiness.

### Contact Details:

<b>Company Safeguarding Lead</b> Deena Billings	deena.billings@busybees.com	01543 678592 07792472822
<b>Deputy Safeguarding Lead</b> Wendy Morland	wendy.morland@busybees.com	07850204878
<b>Deputy Safeguarding Lead</b> Toni-Marie Brown	toni-marie.brown@busybees.com	07736057685

We are committed to reviewing our Policy and Procedure annually or immediately in the event of changes to law, guidance or good practice.

**This policy was last reviewed on:** 5.02.2020

**Signed:** D.Billings

**Name:** Deena Billings

## Appendix A The Four Main Types of Abuse and how to recognise the Signs, Symptoms and Indicators of Abuse

### Types of Abuse

There are four main types of child abuse:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect

### These are defined as:

#### Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child

#### Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person. It may include not giving the child opportunity to express their views, deliberately silencing them or "making fun" of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. This may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying), causing children to frequently feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### Sexual abuse

Sexual abuse "involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming\* a child in preparation for abuse (including via the internet). \*Appendix B discusses grooming briefly.

"Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children"

#### Neglect

Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse

Basic Needs can be categorised into four main areas:

1. Physical Neglect - where a child's basic needs for food, clothing, shelter or supervise a child to ensure their safety is not met
2. Educational Neglect - where a child's parent does not ensure that they receive a suitable education
3. Emotional Neglect - where a child's needs for love, care and attention is not met. This can also translate into the definition of emotional abuse as above
4. Medical Neglect - where a child is not taken the doctor or dentist, or medical advice is ignored

(Horwath, 2007)

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## How to recognise child abuse

Recognising abuse is the most important duty that staff undertake to ensure that they are protecting children from abuse.

Not all concerns about children relate to abuse; there may well be other explanations. It is important that employees keep an open mind and consider what they know about the child and the child's circumstances.

### Please be aware of the following:

- The signs and symptoms listed in this section often help indicate child abuse, however their presence does not prove that abuse has taken place.
- Equally, the absence of these factors does not prove that abuse has not taken place.
- Some children may demonstrate all of these symptoms, whilst some will not demonstrate any symptoms at all.
- Signs and symptoms can vary depending on the age and stage of development of the child in question
- Some children may speak to you or a practitioner about their abuse (see disclosure Appendix B)

## Behaviour

Children have the same emotions, thoughts and feelings as adults and much like adults they express themselves in different ways. Children who are being abused don't necessarily behave in the same way and so we need to keep safeguarding in the forefront of our mind when a child's behaviour appears to be telling us something.

Behaviour is a way in which a child can try and communicate that something is wrong. If a child is being abused, you may notice:

- A change to their behaviour
- Unusual behaviour both for the individual child and in general
- Behaviour which you would not usually expect to see for a child of that age and stage of development

## Abuse may be a factor to consider if:

- A child's behaviour changes dramatically without an obvious reason (such as a new baby in the family or a change in family circumstances)
- A child's behaviour becomes extreme for their age group, for example, unprovoked violence, overt sexuality or total withdrawal
- A child's behaviour is not in line with their development. For example, it is not unusual for a child aged 15 months to bite, in fact, it can be developmentally normal, however a four year old biting is not expected

**Please note:** Behaviour can also be an indication of a development delay or special educational need.

## You may (or may not) see the following behaviours:

- Withdrawal
- A sudden and/or obvious change in behaviour
- Anxiety
- Being clingy and needy
- Depression
- Aggression
- Sleep problems including nightmares
- Bed wetting
- Excessive tiredness
- Eating disorders or a change in eating habits
- Frequent toileting accidents, when they have previously been dry
- Risk taking
- Absence from centre
- Obsession
- Self-harm

## Signs, Symptoms and Indicators of Physical Abuse

Children may often display bumps, bruises and grazes as minor accidents and falls easily occur during day-to-day activities, so there isn't necessarily one specific indicator that a child is being physically abused.

However, please speak to your Designated Safeguarding Lead if:

- A child often has injuries, and/or those injuries aren't where you typically expect them
- There is a pattern of injuries on certain days or particular times of the week/month/year
- The parent's explanation of the injury doesn't match the injury or you don't feel comfortable with their explanation

Set out below are some of the possible signs which may help staff recognise if a child is being physically abused.

### Bruising

- The head, ear, stomach, back and buttock areas
- Defensive wounds such as the forearm, upper arm, back of the leg, hands or feet
- Clusters of bruises on the upper arm, outside of the thigh or on the body
- Bruises which also have dots of blood under the skin
- Bruised scalp and swollen eyes from hair being pulled violently
- Bruises in the shape of a hand or an object

### Burns or Scalds

- Can be caused by hot liquids, hot objects, flames, chemicals or electricity
- On the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or legs
- A clear edge to the burn or scald
- Sometimes in the shape of an implement for example, a circular cigarette burn
- Multiple burns or scalds

### Bite Marks

- Usually oval or circular in shape
- Visible wounds, indentations or bruising from individual teeth

### Fractures or Broken Bones

- Fractures to the ribs or the leg bones in babies
- Multiple fractures or breaks at different stages of healing

### Other Injuries and Health Problems

- Scarring
- Effects of poisoning such as vomiting, drowsiness or seizures
- Respiratory problems from drowning, suffocation or poisoning

### Babies & Younger Children

- Appearing limp as though comatose
  - Respiratory problems
  - Seizures
  - Vomiting
  - Unusual responses - irritable, poor feeding, lethargic, unresponsive
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## Signs, Symptoms and Indicators of Emotional Abuse

Emotional abuse may be passive when a parent or carer does not provide the necessary level of love, support and interaction that a child needs or active abuse when a parent or carer deliberately and premeditatedly causes emotional harm to a child

Emotional abuse can involve any of the following:

- Humiliating or constantly criticising a child
- Shouting at a child, threatening a child or calling a child names
- Making the child the subject of jokes or using sarcasm to hurt a child
- Blaming or scapegoating
- Making a child perform degrading acts
- Pushing a child too hard or not recognising their limitations
- Exposing a child to distressing events or interactions such as domestic abuse or drug taking
- Failing to promote a child's social development
- Persistently ignoring them
- Being absent
- Never showing any emotions in interactions with a child - this is also known as emotional neglect

Children can show different emotions for a variety of reasons; hunger, tiredness, a change in routine, changes at home and therefore it can sometimes be difficult to identify if a child is being emotionally abused. Set out below are some of the possible signs which may help staff recognise if a child is being physically abused.

## Babies and young children who are being either passively or actively emotionally abused may:

- Be over-affectionate towards strangers or people they don't know or haven't known for long
- Lack confidence or become wary or anxious
- Not appear to have a close relationship with their parent especially when dropped off or collected from Centre
- Be aggressive or nasty towards other children and animals

- Becoming withdrawn, clingy, anxious or suddenly behaving very differently
- Becoming aggressive
- Problems sleeping
- Eating disorders
- Soiling of clothes
- Obsessive behaviour

## Signs, Symptoms and Indicators of Sexual Abuse

Set out below are some of the possible signs which may help staff recognise if a child is being sexually abused.

Children who are sexually abused may:

- Stay away from certain people
- Avoid being alone with people
- Appear frightened to socialise with others especially adults
- Show sexual behaviour which is inappropriate for their age
- Use sexual language or know information that you would not expect them to
- Sore genitals and anus
- Unusual discharge
- Copy what's happening to them in role play situations

## Signs, Symptoms and Indicators of Neglect

Set out below are some of the possible signs which may help staff recognise if a child is being neglected.

### Poor Appearance and Hygiene

A child may:

- Be smelly or dirty
- Have unwashed clothes
- Have unsuitable or inadequate clothing
- Appear hungry
- Have frequent and untreated nappy rash

### Health and Development Problems

A child may have:

- Untreated injuries, medical or dental issues
- Repeated accidental injuries caused by lack of supervision
- Recurring illnesses or infections
- Not been given appropriate medicines
- Missed medical appointment for immunisations
- Skin sores, rashes, flea bites, scabies or ringworm
- Thin or swollen tummy
- Tiredness
- Not reaching developmental milestones

### Housing and Family Issues

A child may be:

- Living in an unsuitable home environment - animal mess, no heating
- Left alone for a long time
- Taking on the role of carer for other family members including siblings

It's important to remember that some children may suffer more than one type of abuse. Staff must be sensitive to signs of abuse, particularly in children with limited or non-verbal communication.

## Appendix B Disclosure

If you're in a situation where a child discloses abuse to you, there are a number of steps you can take.

- Listen carefully to the child. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to 'shut down', retract or stop talking
- Let them know they've done the right thing. Reassurance can make a big impact to the child who may have been keeping the abuse secret
- Tell them it's not their fault. Abuse is never the child's fault and they need to know this
- Say you believe them; a child could keep abuse a secret in fear they won't be believed. They've told you because they want help and trust you'll be able to help them
- Don't talk to the alleged abuser. Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child
- Explain what you'll do next. If age appropriate, explain to the child you'll need to report the abuse to someone who will be able to help
- Don't delay reporting the abuse - the sooner the abuse is reported after the child discloses, the better. Report this to your Designated Safeguarding Lead (DSL) as soon as possible, so details are fresh in your mind and action can be taken quickly.

## Appendix C Grooming

### What is grooming?

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Children and young people can be groomed online or face-to-face, by a stranger or by someone they know – for example a family member, friend or professional.

Groomers may be male or female and of any age. Many children and young people do not understand that they have been groomed or that what has happened is abuse.

Groomers sometimes spend a long time gaining a child's trust and that of their family, so they can spend time alone with the child. Sometimes people who work with children may use the same approach with colleagues in the work place.

### Groomers may gain trust by:

- Pretending to be someone they are not, for example saying they are the same age online
- Offering advice to the child
- Displaying a level of understanding to the child
- Buying gifts for the child
- Giving the child attention
- Using their professional position or reputation
- Taking the child on trips, outings or holidays

### They may also use:

- Secrets and intimidation to control a child to make them feel ashamed or guilty
- Online social networks with older children

### Signs, symptoms and Indicators of Grooming

It can be difficult to identify if a young child is being groomed. The general signs, symptoms and indicators of abuse referenced in Appendix A are perhaps the best indicator. Groomers often go to great lengths not to be identified.

### If an older child is being groomed they may:

- Be very secretive, especially with regards to what they are doing online
- Have older boyfriends or girlfriends
- Go to unusual places to meet friends
- Acquire new things such as clothes or mobile phones that they can't or won't explain
- Have access to drugs and alcohol

## Appendix D Indirect Abuse/Domestic Abuse

### What is indirect/domestic abuse?

Indirect abuse occurs when a child is in the same house as someone else who is being harmed. This type of abuse is often connected to Domestic Violence where a child witnesses one of their parents or siblings being abused. Please be aware that domestic abuse can seriously harm children.

Children can experience indirect abuse/domestic abuse in a variety of ways, they may:

- See abuse taking place
- Hear the abuse happening
- See injuries and/or distress
- Become hurt if they are nearby or trying to stop the abuse

### Signs, symptoms and Indicators of Indirect/Domestic Abuse

It can be difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

Children who witness domestic abuse may suffer from the signs, symptoms and indicators shown under emotional abuse, but may also:

- Become aggressive
- Display anti-social behaviour
- Suffer from depression or anxiety

## Appendix E Female Genital Mutilation (FGM)

### What is FGM?

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

FGM is mostly carried out on young girls between infancy and age 15.

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.

### Effects of FGM:

Immediate complications can include:

- Severe pain
- Excessive bleeding (haemorrhage)
- Genital tissue swelling
- Fever
- Infections e.g., tetanus
- Urinary problems
- Wound healing problems
- Injury to surrounding genital tissue
- Shock
- Death

Long-term consequences can include:

- Urinary problems (painful urination, urinary tract infections)
- Vaginal problems (discharge, itching, bacterial vaginosis and other infections)
- Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.)

- Scar tissue
- Sexual problems
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and new-born deaths
- Need for later surgeries
- Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.)

### Why is FGM carried out?

The reasons why female genital mutilations are performed vary from one region to another as well as over time and include a mix of socio-cultural factors within families and communities.

The most commonly cited reasons are:

- Where FGM is a social norm, the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. Where it is believed that being cut increases marriageability, FGM is more likely to be carried out
- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation

## Signs, Symptoms and Indicators that FGM may have been carried out on a child

Before FGM takes place, a child may talk about:

- A special holiday
- A special celebration
- Someone special coming to stay
- “Becoming a woman”

After FGM takes place, a child may:

- Have difficulty walking, standing or sitting
- Spend longer going to the toilet
- Appear withdrawn, anxious or upset
- Have a change in behaviour
- Complain of tummy ache
- Show other symptoms as detailed in sexual abuse above

## What should you do if you FGM has taken place?

FGM has been a criminal offence in the United Kingdom since 1985 and since 2003 it is also a criminal offence for UK nationals or permanent UK residents to take their child abroad to have FGM carried out.

Under Section 74 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act 2003, it is a legal duty for people working with children to contact the police, if:

1. They are informed by a girl under the age of 18 that she has undergone an act of FGM

or

2. They observe physical signs that an act of FGM may have been carried out on a girl under the age of 18

This mandatory reporting is in addition to the usual reporting of child abuse as per the safeguarding flow chart detailed in Appendix O.

## Appendix F Breast Ironing

### What is breast ironing?

Breast ironing or breast flattening originates mainly from Cameroon and parts of Africa and involves pounding or massaging the breasts with hot objects including spatulas, rocks and hammers. The reasons for this practice relate to the desire to keep female children “childlike” therefore protecting them from unwanted male attention, rape and early pregnancy which would shame the family. Some children have breast ironing carried out by their female relatives including their mothers as a way of protecting them from forced or arranged marriage when they are young.

### The effects of breast ironing are far reaching and include:

- Abscesses
- Issues with breast feeding
- Mental health including depression
- Links to increased risk of breast cancer

Concerns have been raised that breast ironing is taking place in African communities in the United Kingdom and therefore it has been included in statutory guidance relating to “Honour Violence”. Managers are to be aware of risk according to information held by their Local Safeguarding Children Board.

## Appendix G Radicalisation, extremism and the Prevent Duty Guidance

Busy Bees understand the responsibility placed on us by Section 20 of the Counter Terrorism and Security Act 2015 as a childcare provider to prevent children being drawn into extremism and terrorism through the process of radicalisation, as per the Prevent Duty Guidance 2019.

### All staff have a statutory duty to:

- Prevent all children being drawn into any type of terrorism
- Identify those who may be particularly vulnerable to radicalisation
- Take action in the event of any concerns about a child

Busy Bees commits to place the British Values at the core of everything we do in our Nurseries on a daily basis, these include Democracy, Rule of Law, Individual Liberty & Mutual Respect and Tolerance.

All of our Centre Director and Senior Staff will attend training on Counter Terrorism, the Prevent Duty and British Values.

It can be difficult to recognise when a view of the child or the family becomes extreme and the signs, symptoms and indicators of abuse can be hard to spot. However, we have outlined some of the possible signs which may help staff recognise.

### Younger children may:

- Copy behaviour which they see at home
- Isolate themselves
- Choose only to play with certain groups of children or interact with certain staff members
- Have a noticeable change in behaviour

### Older children may:

- Isolate themselves from friends and family
- Talk as though from a scripted speech
- Be unwilling or unable to discuss their views
- Demonstrate a sudden disrespectful attitude towards others
- Show increased levels of anger
- Become secretive, especially around internet use

## Reporting

There are no mandatory reporting procedures under the Prevent Duty Guidance, 2019. However, if you believe a child is at risk from radicalisation, please follow our safeguarding procedures and seek advice and guidance from the Local Authority Safeguarding Team.

## Appendix H Fabricated and Induced Illness or Injury (FII)

### What is FII?

Fabricated or induced illness (FII) is a rare form of child abuse which occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in their child. FII can involve children of all ages, but the most severe cases are usually associated with children under five.

FII is also known as "Munchausen's syndrome by proxy" (not to be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves)

### Signs, Symptoms and Indicators of FII

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child who is not unwell and is perfectly healthy, including:

- Extreme neglect to induce illness
- Exaggeration of or inventing symptoms
- Deliberate injury to the child (included under the definition of physical abuse)
- Manipulation of test results to suggest the presence of illness - for example, by putting glucose in urine samples to suggest the child has diabetes
- Deliberately induces symptoms of illness - for example, by poisoning a child with unnecessary medication or other substances

## Appendix I Child Trafficking and Modern Slavery

### What is child trafficking and modern slavery?

Child trafficking and modern slavery are child abuse; children are recruited, moved or transported and then exploited, forced to work or sold. Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the United Kingdom to another.

### Children are trafficked for:

- Child sexual exploitation\*
- Benefit fraud
- Forced marriage
- Domestic enslavement such as cleaning, cooking and childcare
- Forced labour in factories or on farms
- Criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft

\* Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships may receive 'something' such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

### Signs, Symptoms and Indicators of Child Trafficking and Modern Slavery

It can be really difficult to spot a trafficked child, however they may show the following signs:

- Reluctant to talk to you or may have a prepared story to explain their life as taught by the traffickers
- They don't understand that they are victims
- Find it too hard to talk about their experiences – often children may suffer from Post-Traumatic Stress Disorder
- Feel guilty and confused by the abuse they have suffered

If you think any children, older siblings or young parents are at risk of any of the above, or feel they

have already been affected, then please make your DSL aware.

## Appendix J County Lines

### What is County Lines?

There is currently no legal definition, but County Lines is basically a form of exploitation, including child exploitation.

County Line gangs use children and other vulnerable people to move drugs and money to and across areas using traditional gang culture as well as targeted and specific grooming of individuals including children. Once caught up in county lines, both adults and children are at risk of extreme physical and/or sexual violence, gang recriminations and trafficking.

Families and individuals including children are being taken advantage of due to their naivety, inexperience and desire to belong or earn money and can easily be groomed into selling and transporting drugs.

### How are children being exploited?

Criminals are deliberately targeting vulnerable children. Gangs groom children into trafficking their drugs for them with promises of money, phones, friendship and belonging. In reality, children are then controlled using threats, violence and sexual abuse. The effects of this are that they live in fear and continue being exploited as they feel that they have no way to leave and live a different life – so they must keep doing what the gang wants. They, themselves are then considered criminals, when in fact they have been groomed and exploited to carry out such criminal behaviour when they do not have the age or understanding that they have been exploited.

### What are the signs of criminal exploitation and county lines?

- Returning home late, staying out all night or going missing
- Being found in areas away from home
- Increasing drug use, or being found to have large amounts of drugs on them

- Being secretive about who they are talking to and where they are going
- Unexplained absences from school, college, training or work
- Unexplained money, phone(s), clothes or jewellery
- Increasingly disruptive or aggressive behaviour
- Using sexual, drug-related or violent language you wouldn't expect them to know
- Coming home with injuries or looking particularly disheveled

## What are the likely outcomes for those involved in County Lines?

The risk to a child, young person, and their family and friends, as a result of experiencing criminal exploitation can include but is not limited to:

- Physical injuries: risk of serious violence and death
- Emotional and psychological trauma
- Sexual violence: sexual assault, rape, indecent images being taken and shared as part of initiation/revenge/punishment, internally inserting drugs
- Debt bondage- young person and families being 'in debt' to the exploiters; which is used to control the young person.
- Neglect and basic needs not being met
- Living in unclean, dangerous and/or unhygienic environments
- Tiredness and sleep deprivation: child is expected to carry out criminal activities over long periods and through the night
- Poor attendance and/or attainment at school/college/university
- Tragically the young people exploited through 'county lines' can often be treated as criminals themselves and the grooming and exploitation they have been subjected to is missed.

If you feel someone is being by exploited or associated with county lines you should

- Call the local police on 101 or in an emergency 999
- If you would rather remain anonymous, you can contact the independent charity Crimestoppers on

0800 555 111.

- If you notice something linked to the railways, you can report concerns to the British Transport Police by texting 61016 from your mobile. In an emergency dial 999.

This mandatory reporting is in addition to the usual reporting of safeguarding as per the flowcharts

## Appendix K Information Sharing and Busy Bees Paperwork

Busy Bees understands that sharing information is an essential part of our responsibility to safeguard and promote the welfare of all children. We know that practitioners play a significant role in identifying, understanding and recording safeguarding issues at an early stage, and then appropriately sharing this information.

Therefore, Busy Bees aims to adhere to the framework laid out in the 2015 Government Publication; Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers, specifically the seven golden rules to sharing information.

Please familiarise yourself with the process:

### The seven golden rules to sharing information

1. Remember that the GDPR 2018 and human rights law are not barriers to information sharing, they simply provide a framework to ensure that personal information is shared appropriately
2. Be open and honest with the individual (and/or their family where appropriate) from the outset. Explain why, what, how and with whom information will, or could be shared with, and seek their agreement, unless it is unsafe or inappropriate to do so
3. Seek advice from other practitioners if you have any doubt about sharing the information concerned, without disclosing the identity of the individual where possible
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You can share information without consent if there is good reason to do so e.g. if their safety is at risk.

5. Always consider the safety and well-being of the individual when sharing information, and others who may be affected by their actions
6. Necessary, proportional, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose, shared only with individuals who need to have it, that it's accurate and up-to-date, shared securely and in a timely fashion
7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

## Busy Bees Paperwork

If you have any concern regarding the safety or welfare of a child, please follow the Safeguarding Flowchart (Appendix O).

Shared information is documented on Busy Bees Record of Concern (Appendix Q). This will be completed by Designated Safeguarding Lead if concerns do not meet the Local Authority thresholds. The Initial Safeguarding Report Form (Appendix R) is to be completed when a referral to Social Care Services is to be made.

Please use the Chronology (Appendix T) to record any event which is noted on either the Busy Bees Record of Concern (Appendix Q) or the Initial Safeguarding Report Form (Appendix R), as well as child absences or anything else of relevance.

The Notifiable Incident Timeline (Appendix S) must be completed for an incident which is reportable to any governing body and LADO/Child Protection. If you are unsure, please refer to your Area Director for clarification.

## The Safeguarding File

As soon as a Designated Safeguarding Lead is alerted to a Safeguarding concern of any kind a safeguarding file will be created. The safeguarding file is used for logging, monitoring, collating and storing information about a child.

What constitutes a 'concern' for one child may not be a 'concern' for another. The Designated Safeguarding Lead must always remember that needs may be different depending on the individual circumstances. Therefore, please use professional judgement when making decisions relating to sharing information.

Busy Bees Safeguarding files are kept separately from the child's main file in a locked cabinet.

## Court Orders

If a Court Order names or affects a child for any reason, the Centre Director must follow the Busy Bees Court Order Flow Chart. Please refer this matter to your Area Director for confirmation of appropriate information share.

The Centre Director must strictly follow the rules set out in the Court Order, irrespective of requests by family members or outside agencies. **Appendix L Suitability of Staff**

Busy Bees understands the importance of the safe recruitment of staff. We are committed to employing the very best individuals who are suitable to work with children in our care.

This commitment includes consideration of the Early Years Foundation Stage Safeguarding and Welfare Requirements stipulation which states that "A registered provider of childcare work may be disqualified because they live in the same household as another person who is disqualified or because they live in the same household where a disqualified person is employed".

## This is achieved by:

- Clear, consistent and robust interview process
- Reference collection and reviewing employment history
- All staff will complete an Enhanced Disclosure and Barring Service (DBS) check
- Review identification
- Check all staff have a Right to Work in the United Kingdom
- Review professional qualifications and completion of the Busy Bees Induction Programme

## Once recruited, all employees must:

- Attend Safer Recruitment training (only applicable to Centre Directors)
- Complete a declaration each year which enables them to work with children - any changes to circumstances must be discussed with a supervisor or Manager

**Please note:** All staff are subject to our Safer Recruitment procedure, irrespective of culture, religion, background, age and gender.

## Appendix M How to respond to Safeguarding allegations

The safety and wellbeing of the children is of paramount importance. In the event of allegation against a member staff, please report this to your Designated Safeguarding Lead and follow the Staff Allegation Flow Chart (Appendix P).

The staff member in question will be asked to leave the building immediately.

## Appendix N Children who may be particularly vulnerable

Whilst all children are vulnerable to harm, some children may have increased risk of abuse. This could be due to a range of individual, societal and economic issues.

Each Busy Bees Centre maintains a Vulnerable Persons Register to acknowledge children who may be particularly vulnerable and crucially, our heightened responsibility for them. Vulnerable adults, such as those with Special Educational Needs and Disabilities, individuals carrying out apprenticeships and anyone under the age of 18, are also listed.

The following list details all children who we believe to be particularly vulnerable, but this list is not exhaustive. In fact, any child could be considered more vulnerable than another for whatever circumstance - this should also be included on Busy

Bees Vulnerable Persons Register:

- Disabled or have Special Educational Needs
- Children "looked after" by the Local Authority
- Children who have previously been "looked after" by the Local Authority
- Privately fostered children
- Affected by domestic abuse
- Affected by substance misuse/drug use
- Affected by mental health issues including self-harm and eating disorders.
- Affected by poor parenting
- At risk of Fabricated or Induced Illness
- At risk of gang and youth violence
- Part of an asylum-seeking family
- Live transient lifestyles
- LGBT (lesbian gay bisexual transgender)
- Living in chaotic and unsupportive home situations
- Do not have English as a first language

## Appendix O How can we help children keep themselves safe?

We have an important role to help children keep themselves safe and support them to do so in age appropriate techniques, this includes:

- Placing Human Rights and British Values at the heart of everything we do
- Supporting children to have a positive sense of self through using their own voice
- Understanding emotions through stories and songs
- Helping them to form positive relationships with others