



## **Brilliant Play CiC**

# **Safeguarding and Child Protection Policy**

We recognise that the welfare of our children is paramount and that it is our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

This safeguarding policy applies to all staff, including paid staff, volunteers, sessional workers, agency staff, one-off visitors, students, trustees or anyone working on behalf of the setting.

‘Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.’ ‘Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children’ July 2018 (updated July 2022).

### **Safeguarding is:**

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

### **What is child abuse and neglect?**

Child abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them, or more rarely, by others (for example, via the internet). they may be abused by an adult or adults, or another child or children.



Date of next review: January 2026

Date written/last review: January 2025

**We are clear as an organisation that  
'it could happen here'  
and are proactive in acting on our concerns.**

**Key contacts:**

**Ring 999 in an emergency or  
if the child is in immediate danger**

<b>Designated Safeguarding Lead (DSL)</b>	Claire Chapman <b>07891 669 854</b> <a href="mailto:clairechapman@brilliantplay.co.uk">clairechapman@brilliantplay.co.uk</a> <a href="mailto:manager@marblehillplaycentres.com">manager@marblehillplaycentres.com</a>
<b>Deputy Designated Safeguarding Lead (DDSL)</b>	Emily Clarke <b>07376 420 510</b> <a href="mailto:info@brilliantplay.co.uk">info@brilliantplay.co.uk</a>
<b>Single Point of Access (SPA)</b>	Telephone: <b>020 8547 5008</b> Hours: Monday to Thursday 8am to 5.15pm  Friday 8am to 5.00pm Out of hours: <b>020 8770 5000</b>  <a href="#">Making a referral if you are a professional</a>
<b>Local Authority Designated Officer (LADO)</b>	Telephone: <b>07774 332675</b> Email: <a href="mailto:LADO@achievingforchildren.org.uk">LADO@achievingforchildren.org.uk</a> <i>When making a LADO referral if there is a safeguarding concern for a child we would also make a SPA referral.</i>
<b>The Kingston and Richmond Safeguarding Children Partnership (KRSCP)</b>	Telephone number: <b>07834 386459</b> <a href="#">Kingston and Richmond Safeguarding Children Partnership</a>



### **The Designated Safeguarding Lead's roles and responsibilities include:**

- Following the Early Years Foundation Stage Statutory Framework (2023) which sets out the standards for the safeguarding and welfare requirements which all Early Years providers must meet.
- Updating safeguarding training at least every two years and attending regular KRSCP Early Years Safeguarding Forums and any other relevant training whenever necessary.
- Ensuring that the setting provides a safe and welcoming environment where all children are respected and valued and encourages a culture of listening to children.
- Ensuring all staff have appropriate safeguarding and child protection training and that training is cascaded to other staff members and records of training are kept
- Providing safeguarding and child protection induction for new staff, students and volunteers
- Providing support and expertise, supervision and advice for any staff member, volunteer or student with a safeguarding or child protection concern.
- Ensuring that the safeguarding and child protection policy is updated annually and that all staff have read and understood this policy.
- Ensuring that policies and procedures relating to safeguarding and child protection are fully implemented by the setting and followed by staff, students and volunteers.
- Embedding robust safeguarding and child protection practices across all areas of the provision.

Refer to the safeguarding processes flowchart ([see 'A' at the end of this document](#)).

**To be read in conjunction with:**

**[Working together to Safeguard Children 2023](#)**

**[Keeping Children Safe in Education 2023](#)**

**[After school clubs, community activities and tuition. Safeguarding guidelines for practitioners. 2023](#)**



And Brilliant Play CiC policies:  
Safer recruitment policy  
Code of conduct for staff and volunteers  
Behaviour Policy  
Online safety policy and procedures for responding to concerns about online abuse  
Photography and image sharing guidance  
Whistleblowing policy  
Health & Safety Policy and Procedures  
Privacy Policy (including GDPR)

## **The first section of this document gives directions on what to do:**

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**For more information on safeguarding themes please consult the second section on page 13**

**For flow charts and copies of forms to use see section three on page 44.**



**Where we work in or with another organisation such as a school we will use their Safeguarding Policy in conjunction with our own and have regard to their reporting procedures.**

## **What to do if you have a concern without a direct disclosure**

We may become concerned or worried about a child's care, behaviour, an injury to a child, something they may have said or the risk they may be being drawn into terrorism, but the child may not have directly indicated anything to suggest that they have been abused or in danger of abuse. Every case is individual and decisions to investigate or follow up a concern will be made by Single Point of Access (SPA) or a social worker.

<ul style="list-style-type: none"><li>we have a duty to act on any concern we may have as quickly as possible to prevent any further possible harm from being caused</li></ul>	<p><b>If your concern is about a child:</b></p> <p><b>Speak to the DSL as soon as you can. This can be in person at the end of session, a debrief or in private out of the session via email or text message or a phone call.</b></p> <p><b>Make a written record of your concerns ideally on an incident form but in the base case this should include as much info as possible on the who,when, what and where of the concern. Use a body key form to note any injuries you may have noted.</b></p> <p><b>You may call SPA directly (anonymously if you wish) to ask for further guidance. Contact details are on the first page of this policy.</b></p>
	<p><b>If your concern is about a staff member or other adult:</b></p> <p><b>Speak to the DSL as soon as you can. This can be in person at the end of session</b></p>



	<p>debrief or in private out of the session via email or text message or a phone call.</p> <p>If the concern relates to the DSL you can contact LADO directly via the contact on the first page of this policy.</p>
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## **What to do if a child directly discloses abuse:**

<b>We will;</b>	<b>Practitioners actions;</b>
<ul style="list-style-type: none"> <li>ensure the immediate safety of the child.</li> </ul>	<p><b>Assess if there is any immediate danger posed by information disclosed</b></p>
<ul style="list-style-type: none"> <li>seek any necessary medical treatment without delay;</li> </ul>	<p><b>Assess if any medical treatment is required and arrange for it</b></p>
<ul style="list-style-type: none"> <li>stop all other activity and focus on what the child is saying, responding to a suspicion of abuse takes immediate priority;</li> </ul>	<p><b>Ask colleagues to take over activity or supervision to allow for full attention to be given to the child</b></p>
<ul style="list-style-type: none"> <li>seek a space to talk that enables the conversation to be as private as possible;</li> </ul>	<p><b>Try and find an area to one side of the session where there is enough space to talk away from distractions</b></p>
<ul style="list-style-type: none"> <li>stay calm and will not express shock or disbelief;</li> </ul>	<p><b>You might say; I am pleased that you felt able to share this with me. You have done the right thing.</b></p>
<ul style="list-style-type: none"> <li>listen carefully to what is being said, allow the child to continue at their own pace.</li> </ul>	<p><b>Show attentiveness with active listening, eye contact and open body language.</b></p>
<ul style="list-style-type: none"> <li>repeat back to the child (as accurately as possible) what was heard, to check any understanding of what the child has said;</li> </ul>	<p><b>When it seems the child has finished say 'so what I have just heard you tell me was.....' Use the exact words the child has used in their disclosure to you (even if it is a swear word.</b></p>



<ul style="list-style-type: none"> <li>Listen as carefully as possible and try to retain everything that has been said</li> </ul>	<p>You cannot go back to the child later (after the disclosure) and ask what happened so be prepared to retain as much as you can</p>
<ul style="list-style-type: none"> <li>limit any questions to the facts that have been presented</li> </ul>	<p>What happened? When did it happen? Where it happened? Who did it or how do you know them? Have you told anyone else?</p>
<ul style="list-style-type: none"> <li>avoid leading questions</li> </ul>	<p>Instead of 'Did Joe Bloggs do that to you?' try 'How did that happen?'</p>
<ul style="list-style-type: none"> <li>avoid questions that imply that the child is at fault</li> </ul>	<p>Instead of; 'Why didn't you say no?' or "Why didn't you tell me sooner?" try "You've done the right thing talking to me. Is there anything else you wanted to say?"</p>
<ul style="list-style-type: none"> <li>reassure the child they are not to blame, it's not their fault and they have done the right thing in telling you;</li> </ul>	<p>You might say 'I am pleased that you have been able to share this with me. You have done the right thing.'</p>
<ul style="list-style-type: none"> <li><b>not</b> promise to keep secrets and find an appropriate early opportunity to explain it will be necessary to tell someone else in order to help them and keep them safe</li> </ul>	<p>You might say, 'Now that you have shared this with me it's my responsibility to make sure we get the right help for you. This means I need to share this information with [name the DSL] so we can arrange it for you.' Reiterate that the child is not 'in trouble' and they have done the right thing.</p>
<ul style="list-style-type: none"> <li>tell the child what we will do next and with whom the information will be shared;</li> </ul>	<p>Explain what your next steps will be keeping the explanation clear 'I will speak to xx and I will let you know what will happen next.'</p>
<ul style="list-style-type: none"> <li>ask the parent or carer about what has been disclosed, so long as it does not put the child at increased risk (see Seeking consent below);</li> </ul>	<p>Talk to the DSL and decide if you should speak with the parents directly</p>
<ul style="list-style-type: none"> <li>as soon as possible, record in writing what was said, using the child's own</li> </ul>	<p>If possible get a few notes down as soon as you can (as long as children are</p>



words. will note the date, time and names mentioned, and ensure that all records are signed and dated;	adequately supervised) using the incident record form. Bullet points with the child's exact words are useful vs long paragraphs
• note anything the parent or carer says	Add this to the incident form
• contact SPA	Call as soon as you are able to, ask the DSL for support in achieving this

## **What to do if an allegation of abuse is made about an adult or volunteer**

• report the matter immediately to LADO and SPA if concerned about a child	Using the contact details on the front pages.
• treat the matter seriously;	It may be difficult to hear that an adult that you work with or know has allegedly carried out abuse however you <b>MUST</b> act swiftly
• if applicable, remove the adult from the situation;	Consider how you have a discreet conversation with the adult concerned and the impact of being an adult down in your session.
• seek any necessary medical treatment for the child without delay;	Assess if any medical treatment is required and arrange for it
• make a written record of the information	<p>Ideally use the incident form but any way of recording is ok as long as you cover;</p> <ul style="list-style-type: none"> <li>• when the alleged incident took place (time and date)</li> <li>• who was present / may have been present</li> <li>• what was said to have happened</li> </ul>





<ul style="list-style-type: none"> <li>• write down exactly what is said, not what we think they have said</li> </ul>	<ul style="list-style-type: none"> <li>• record the person's actual words</li> <li>• Do not rephrase</li> <li>• Avoid interpretations (even if it doesn't seem to make chronological sense you musn't make assumptions or connect the dots</li> <li>• if we are not sure about a word or phrase we will clearly state this in the notes</li> </ul>
<ul style="list-style-type: none"> <li>• <b>not</b> attempt to investigate the matter by interviewing any potential child witnesses or the accused person</li> </ul>	<p><b>Record the facts and information presented to you</b></p>
<ul style="list-style-type: none"> <li>• complete a Safeguarding Incident Recording Form (if not done so already) and complete a chronology from the date of incident</li> </ul>	<ul style="list-style-type: none"> <li>• <b>see section 3</b></li> </ul>
<ul style="list-style-type: none"> <li>• cooperate fully with the processes of the LADO team and with any police investigations.</li> </ul>	<p><b>If the LADO and police decide an allegation requires further investigation a multi-agency strategy meeting will be held to agree on who has responsibility for the actions, their timescales and what records are to be made</b> (see section 3)</p>
<ul style="list-style-type: none"> <li>• ensure adults involved, including those who may have been suspended, are kept informed and supported throughout the investigation</li> </ul>	<p><b>The DSL / Line manager will lead on this. You must not discuss the matter with anyone outside of the investigation and should follow guidance on confidentiality</b></p>
<ul style="list-style-type: none"> <li>• await the outcome of the investigation before taking further action;</li> </ul>	<p><b>The company policy and procedures regarding suspension whilst under investigation will be followed whilst awaiting the outcome of the investigation</b></p>
<ul style="list-style-type: none"> <li>• ensure, if it appears from the results of the investigation that the allegations are substantiated, that disciplinary action will follow, taking legal advice where necessary;</li> </ul>	<p><b>The Line manager of the employee / volunteer will follow company disciplinary procedures</b></p>



<ul style="list-style-type: none"> <li>make a referral to the Disclosure and Barring Service (DBS) if the allegation is substantiated and the person concerned is dismissed</li> </ul>	<p><b>The DSL will action this</b></p>
<ul style="list-style-type: none"> <li>inform Ofsted throughout the investigation as soon as is reasonably possible, but at the latest within 14 days of the allegations being made and actions taken. Ofsted may suspend my registration at any time if it considers children are at risk.</li> </ul>	<p><b>The DSL will action this</b></p>

**If an adult tenders their resignation this must not prevent an allegation being followed up, a formal conclusion reached and action taken.**

## **Seeking consent:**

While we would always seek to discuss any concerns with the child's parents or carers and where possible, seek their agreement to make a referral to SPA, there are cases where we must not discuss concerns with them before making a referral.

Concerns must not be discussed with parents or carers before referral in the following circumstances:

- where discussion would put a child at risk of significant harm;
- where discussion would impede a police investigation or social work enquiry;
- where sexual abuse is suspected;
- where female genital mutilation (FGM) is suspected to have been carried out or planned;
- where radicalisation or extremism is suspected within the family;
- where organised or multiple abuse is suspected;
- where fictitious illness or induced illness is suspected;
- where to contact parents/carers would place you or others at risk; or

Where it is not possible to contact parents or carers without causing undue delay in making the referral, advice should be sought from SPA.



**A decision not to see parental permission before making a referral to SPA must be recorded, and the reasons given.**

## Whistleblowing

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the settings safeguarding arrangements. Our priority is to nurture a culture in which all adults, including volunteers, feel safe to raise, without fear of reprisal, any concerns.

Practitioner has a concern	<p><b>In the first instance this should be raised with the Designated Safeguarding Lead, record your concern as detailed below.</b></p> <p><b>If the concern is regarding the Designated Safeguarding Lead call LADO on 07774 332675</b></p>
Make a record of what you have witnessed in writing	<p><b>Include:</b></p> <ul style="list-style-type: none"><li>• <b>Names of other adults /children that may have witnessed the behaviour</b></li><li>• <b>dates/times/locations</b></li><li>• <b>the nature of your concern</b></li></ul>



The DSL will contact the LADO and Ofsted	
The DSL will provide acknowledgment of your concerns	<b>This will include when and how you will be informed of outcomes and actions</b>
if not satisfied with the outcome contact Ofsted	<b>Contact Ofsted on 0300 123 1232</b>

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally.

Contact details: 0800 028 0285 or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)



## **Confidentiality and sharing information:**

We will ensure all staff understand that child protection issues warrant a high level of confidentiality. This is not only out of respect for the child and staff involved, but also to ensure that information being released into the public domain does not compromise evidence. Staff will only discuss concerns with the designated person or manager. That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis. A GDPR Privacy Notice will be signed by all staff members.

Child protection information will be stored and handled in line with the Data Protection Act 2018 principles.

Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals. Sensitive or personally identifiable information will not be sent via standard email. A secure service must be used. We are registered with the Information Commissioner's Office (ICO) and follow the guidelines required. We will develop effective links with relevant agencies and cooperate as required with any enquiries regarding child protection matters, including attendance at case conferences.

The information contained herein will enable practitioners to respond swiftly to any concerns that may arise.



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## Child abuse and neglect

Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm. An individual may abuse or neglect a child directly, or by failing to protect them from harm. Some forms of child abuse and neglect are listed below.

- **Emotional abuse** is the persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve making the child feel that they are worthless, unloved, or inadequate. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Physical abuse** can involve hitting, shaking, throwing, poisoning, burning, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may be also caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child.
- **Sexual abuse** involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This can involve physical contact, or non-contact activities such as showing children sexual activities or encouraging them to behave in sexually inappropriate ways.
- **Neglect** is the persistent failure to meet a child's basic physical and emotional needs. It can involve a failure to provide adequate food, clothing and shelter, to protect a child from physical and emotional harm, to ensure adequate supervision or to allow access to medical treatment.

### *Signs of child abuse and neglect*

Signs of possible abuse and neglect may include:

- significant changes in a child's behaviour
- deterioration in a child's general well-being
- unexplained bruising or marks
- comments made by a child which give cause for concern
- inappropriate behaviour displayed by a member of staff, or any other person. For example, inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their role, or inappropriate sharing of images.

**Some children may be more vulnerable to abuse or neglect. Consider whether the following applies:**

- The child has additional needs or a disability
- The child holds immigrant status



- Looked after or previously looked after
- having prior experience of neglect, physical and/or sexual abuse
- lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- social isolation or social difficulties
- economic vulnerability
- homelessness or insecure accommodation status
- connections with other people involved in gangs
- having mental health or substance misuse issue
- being excluded from mainstream education, in particular attending a Pupil Referral Unit





## Children with disabilities

Adults who work with children and young people with disabilities should be aware of the additional needs children may have that could mean they are more vulnerable to abuse and/or less able to speak out if something isn't right.

Some children may be vulnerable because they:

- have additional communication needs
- they do not understand that what is happening to them is abuse
- need intimate care or are isolated from others
- are dependent on adults for care.

There are several factors that contribute to disabled children and young people being at a greater risk of abuse.

### **Communication barriers**

Children and young people with speech, language and communication needs (including those who are d/Deaf, or have a learning disability or physical disability) face extra barriers when it comes to sharing their worries and concerns.

- Adults may have difficulty understanding a child's speech so they may not realise when a child is trying to tell them about abuse.
- Adults may not have the knowledge and skills to communicate non-verbally with a child, which can make it harder for children to share their thoughts and feelings.
- Communicating solely with parents or carers may pose a risk if the child is being abused by their parent or carer.



- It can be difficult to teach messages about what abuse is or how to keep safe to children with communication needs. Without this knowledge children may not recognise that they are being abused or won't know how to describe what's happening to them.

### **Misunderstanding the signs of abuse**

It's not always easy to spot the signs of abuse. In some cases, adults may mistake the indicators of abuse for signs of a child's disability.

- A child experiencing abuse or attempting to disclose abuse may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as part of a child's disability or health condition rather than an indicator of abuse, it can prevent adults from taking action.
- Injuries such as bruising may not raise the same level of concern as they would if seen on a non-disabled child. Adults may assume that bruising was self-inflicted or caused by disability equipment or problems with mobility.



## Child Criminal Exploitation

*Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. [Serious Violence Strategy 2018, Home Office](#).*

### Defining a gang

Defining a gang is difficult. They tend to fall into three categories:

#### Peer Groups,

#### Street Gangs

#### Organised Crime Groups.

It can be common for groups of children and young people to gather together in public places to socialise. Although some peer group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a street gang.

**A street gang** can be described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity. A street gang will engage in criminal activity and violence and may lay claim over territory (not necessarily geographical but it can include an illegal economy territory). They have some form of identifying structure featuring a hierarchy usually based on age, physical strength, and propensity to violence or older sibling rank. There may be certain rites involving antisocial or criminal behaviour or sex acts in order to become part of the gang. They are in conflict with other similar gangs.

While there is a distinction between organised crime groups and street gangs based on the level of criminality, organisation, planning and control, there may be significant links between different levels of gangs. For example street gangs can be involved in drug dealing on behalf of organised criminal groups. Young men and women may be at risk of sexual exploitation in these groups.

Children may be involved in more than one 'gang', with some cross-border movement, and may not stay in a 'gang' for significant periods of time. Children rarely use the term



'gang', instead they used terms such as 'family', 'breddrin', 'crews', 'cuz' (cousins), 'my boys' or simply 'the people I grew up with'.

**An Organised criminal group** is a group of individuals normally led by adults for whom involvement in crime is for personal gain (financial or otherwise). This involves serious and organised criminality by a core of violent gang members who exploit vulnerable young people and adults. This may also involve the movement and selling of drugs and money across the country, known as county lines.

## County Lines

This is so called because it extends across county boundaries and is coordinated by the use of dedicated mobile phone lines. It is a tactic used by groups or gangs to facilitate the selling of drugs in an area outside of the area in which they live, which reduces their risk of detection. Selling drugs across county lines often involves the criminal exploitation of children and young people. Child criminal exploitation, like other forms of abuse and exploitation, is a safeguarding concern and constitutes abuse even if the young person appears to have readily become involved. Child criminal exploitation is typified by some form of power imbalance in favour of those perpetrating the exploitation and usually involves some form of exchange (e.g. carrying drugs in return for something). The exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). Young people who are criminally exploited are at a high risk of experiencing violence and intimidation and threats to family members may also be made. Gangs may also target vulnerable adults and take over their premises to distribute Class A drugs in a practice referred to as 'cuckooing'.

Children and young people can become indebted to gangs/groups and exploited in order to pay off debts. Those who are criminally exploited often go missing travelling to other towns often by rail but sometimes car or coach (some of which can be great distances from their home addresses). They may have unexplained increases in money or possessions, be in receipt of additional mobile phone and receive excessive texts or phone calls.

White British children are often targeted because gangs perceive they are more likely to evade police detection and some children may be as young as 12 although 15 to 16 years old is the most common age range. The young people involved may not recognise themselves as victims of any abuse, and can be used to recruit other young people.

It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim. If a young person is arrested for drugs offences a long way from home in an area where they have no local connections and no



obvious means of getting home, this should trigger questions about their welfare and they should potentially be considered as victims of child criminal exploitation and trafficking rather than as an offender. Agencies also need to be proactive and make contact with statutory services in the young person's home area to share information.

- Child withdrawn from family;
- Sudden loss of interest in school or change in behaviour. Decline in attendance or academic achievement (although it should be noted that some gang members will maintain a good attendance record to avoid coming to notice);
- Being emotionally 'switched off', but also containing frustration / rage;
- Starting to use new or unknown slang words;
- Holding unexplained money or possessions;
- Staying out unusually late without reason, or breaking parental rules consistently;
- Sudden change in appearance – dressing in a particular style or 'uniform' similar to that of other young people they hang around with, including a particular colour;
- New tattoos with gang style symbols
- Dropping out of positive activities;
- New nickname;
- Unexplained physical injuries, and/or refusal to seek / receive medical treatment for injuries;
- Graffiti style 'tags' on possessions, school books, walls;
- Constantly talking about another young person who seems to have a lot of influence over them;
- Breaking off with old friends and hanging around with one group of people;
- Associating with known or suspected gang members, closeness to siblings or adults in the family who are gang members;
- Starting to adopt certain codes of group behaviour e.g. ways of talking and hand signs;
- Going missing;
- Being found by Police in towns or cities many miles from their home;
- Expressing aggressive or intimidating views towards other groups of young people, some of whom may have been friends in the past;
- Being scared when entering certain areas; and
- Concerned by the presence of unknown youths in their neighbourhoods.

A referral must be made as soon as possible when any concern of Significant Harm as a consequence of gang activity including child criminal exploitation becomes known. Any agency or practitioner who has concerns that a child may be at risk of harm should



contact the Single Point of Access or the police for the area in which the child is currently located. If there is concern about a child's immediate safety, the Police should be contacted on 999.



## Child Sexual Exploitation

Government guidance defines child sexual abuse (CSA) as:

**‘Involving, 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 what is happening.’**

[REF: HM Government - Working together to safeguard children](#)

Department for Education defines child sexual exploitation (CSE) as:

**Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. One of the key factors found in most cases of child sexual exploitation is the presence of some form of exchange (sexual activity in return for something); for the victim and/or perpetrator or facilitator. Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs, shelter, food or alcohol) and intangible rewards (such as status, protection or perceived receipt of love or affection).**

**It is important to note that the abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse including online.**

[REF: HM Government - Working together to safeguard children](#)

### Contextual Safeguarding

This focuses on the context in which the abuse occurs, for example in the community, at school, online or on transport.

Principle Research Fellow at the University of Bedfordshire, Dr Carlene Firmin, summarises contextual safeguarding as recognising ‘that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse’.

[REF: Dr Carlene Firmin - Contextual Safeguarding](#)



A person under the age of 18 years is regarded as a child under UK law.

Although the age of consent to sexual activity is 16 years, CSE includes young people up to the age of 18 because of the nature of the abuse.

It is important to keep in mind that 16 and 17 year olds may also experience sexual exploitation. No child consents to their own abuse. Adults always have power over young children and young people.

### **Exchange as a Key factor in child sexual exploitation**

Child sexual exploitation involves some form of exchange (sexual activity in return for something) between the victim and/or perpetrator or facilitator. Where there is no such exchange, for example, where the gain for the perpetrator is sexual gratification (or the exercise of power or control), this is described as sexual abuse (and not exploitation).

The exchange can include both tangible (such as money, drugs or alcohol) and intangible rewards (such as status, protection or perceived receipt of love or affection). The receipt of something by a child/young person does not make them any less of a victim.

It is also important to note that the prevention of something negative can also fulfil the definition of exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

### **Links to other kinds of crime**

- child trafficking
- domestic abuse
- sexual violence in intimate relationships
- grooming (including online grooming)
- abusive images of children and their distribution • drugs-related offences
- gang-related activity
- immigration-related offences
- domestic servitude

### **Potential vulnerabilities.**

Although the following vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited. *Child sexual exploitation can also occur without any of these issues.*

- having a prior experience of neglect, physical and/or sexual abuse
- lack of a safe or stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- recent bereavement or loss
- social isolation or social difficulties
- absence of a safe environment to explore sexuality





- economic vulnerability
- homelessness or insecure accommodation status
- connections with other children and young people who are being sexually exploited
- family members or other connections involved in adult sex work
- having a physical or learning disability
- being in care (particularly those in residential care and those with interrupted care histories).
- sexual identity

#### **Possible indicators of child sexual exploitation**

- acquisition of money, clothes, mobile phones, etc, without plausible explanation.
- gang association and/or isolation from peers and social networks.
- exclusion or unexplained absences from school, college or work.
- leaving home or care without explanation and persistently going missing or returning late.
- excessive receipt of texts or phone calls.
- returning home under the influence of drugs or alcohol.
- inappropriate sexualised behaviour for age or sexually transmitted infections.
- evidence of or suspicions of physical or sexual assault.
- relationships with controlling or significantly older individuals or groups.
- multiple callers (unknown adults or peers).
- frequenting areas known for sex work.
- concerning use of the internet or other social media.
- increasing secretiveness around behaviours.
- self-harm or significant changes in emotional wellbeing.
- online exploitation.

All young people are at risk from online exploitation and can be unaware that this is happening. Online exploitation includes the exchange of sexual communication or images and can be particularly challenging to identify and respond to. Children, young people and perpetrators are frequently more familiar with, and spend more time in, these environments than their parents and carers.

Online child sexual exploitation allows perpetrators to initiate contact with multiple potential victims and offers a perception of anonymity. Where exploitation does occur online, the transfer of images can be quickly and easily shared with others which makes it difficult to contain the potential for further abuse.

It must be recognised that children may also be perpetrators of abuse, sometimes at the same time as being abused themselves.



## Disordered Eating

An eating disorder is a mental health condition where a person uses the control of food to cope with feelings and other situations.

Unhealthy eating behaviours may include eating too much or too little or worrying about weight or body shape.

Anyone can get an eating disorder, but teenagers between 13 and 17 are mostly affected.

With treatment, most people can recover from an eating disorder.

The most common eating disorders are:

**Anorexia nervosa** – trying to control your weight by not eating enough food, exercising too much, or doing both

**Bulimia** – losing control over how much you eat and then taking drastic action to not put on weight

**Binge eating disorder (BED)** – eating large portions of food until you feel uncomfortably full

**Other specified feeding or eating disorder (OSFED)** A person may have an OSFED if their symptoms do not exactly fit the expected symptoms for any specific eating disorders. OSFED is the most common eating disorder.

**Avoidant/restrictive food intake disorder (ARFID)** ARFID is when someone avoids certain foods, limits how much they eat or does both. Beliefs about weight or body shape are not reasons why people develop ARFID.

Possible reasons for ARFID include:

- negative feelings over the smell, taste or texture of certain foods
- a response to a past experience with food that was upsetting, for example, choking or being sick after eating something
- not feeling hungry or just a lack of interest in eating

Signs you may notice
<ul style="list-style-type: none"><li>• the child/young person spends a lot of time worrying about weight and body shape</li></ul>



<ul style="list-style-type: none"><li>• avoiding socialising when you food will be involved</li></ul>
<ul style="list-style-type: none"><li>• eating very little food</li></ul>
<ul style="list-style-type: none"><li>• making themself sick or taking laxatives after they eat</li></ul>
<ul style="list-style-type: none"><li>• exercising excessively</li></ul>
<ul style="list-style-type: none"><li>• having very strict habits or routines around food</li></ul>
<ul style="list-style-type: none"><li>• changes in mood such as being withdrawn, anxious or depressed</li></ul>
<ul style="list-style-type: none"><li>• Complaining of feeling cold, tired or dizzy</li></ul>
<ul style="list-style-type: none"><li>• being excessively over or underweight compared to their peer group</li></ul>
<ul style="list-style-type: none"><li>• wearing baggy or loose clothing to hide body shape</li></ul>
<ul style="list-style-type: none"><li>• being secretive or lying about food consumption</li></ul>

**Follow the guidance at the front of this document if you have a concern about a child.**



## **Extremism and radicalisation.**

**There is no single route to radicalisation. However, there are some behavioural traits that could indicate that a child has been exposed to radicalising influences.**

Radicalisation in children can happen over a long period of time. In some cases it is triggered by a specific incident or news item and can happen much quicker. Sometimes there are clear warning signs of radicalisation, in other cases the changes are less obvious.

The following behaviours listed here are intended as a guide to help you identify possible radicalisation:

### **Outward appearance**

- Becoming increasingly argumentative
- Refusing to listen to different points of view
- Unwilling to engage with children who are different
- Becoming abusive to children who are different
- Embracing conspiracy theories
- Feeling persecuted
- Changing friends and appearance
- Distancing themselves from old friends
- No longer doing things they used to enjoy
- Converting to a new religion
- Being secretive and reluctant to discuss their whereabouts
- Sympathetic to extremist ideologies and groups

### **Online behaviour**

- Changing online identity
- Having more than one online identity
- Spending a lot of time online or on the phone
- Accessing extremist online content
- Joining or trying to join an extremist organisation



It is important that we maintain good relationships with children and families to ensure that we are best placed to notice when changes occur. It is important also to remember that children approaching adolescence may exhibit some of the behaviours outlined above and this may not mean that they have been drawn into extremism or radicalisation.

Follow the procedures in section one at the front of this document if you have concerns about a child.

Prevent is one part of the government's overall counter-terrorism strategy, CONTEST. The aim of Prevent is to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable people who have already engaged in terrorism to disengage and rehabilitate

Prevent sits alongside long-established safeguarding duties on professionals to protect people from a range of other harms such as substance abuse, involvement in gangs and physical and sexual exploitation.

[The Prevent Duty 2023](#)

[Tips for talking about radicalisation](#)

[How to talk to children about extremism](#)



## Faith based abuse

Abuse linked to faith or belief is where concerns for a child's welfare have been identified, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful to a child.

Any abuse that takes place against those who are branded (or labelled) either as a witch or as having been possessed by an evil spirit is unacceptable. Significant harm (including murder) can occur because of concerted efforts to 'excise' or 'deliver' evil from a child (or vulnerable adult).

From our own experience and in consultation with communities, we know this kind of abuse is under-reported.

Spotting the signs that this abuse exists can prevent escalation from 'subtle' harms that may often go unnoticed by many, to 'extreme' situations where there is loss of life.

Witchcraft beliefs are used to blame a person (rather than circumstances) for misfortune that happens in life.

It can take place for some of the following reasons

- abuse as a result of a child being accused of being a 'witch'
- abuse as a result of a child being accused of being possessed by 'evil spirits'
- ritualistic abuse which is prolonged sexual, physical and psychological abuse
- satanic abuse which is carried out in the name of 'satan' and may have links to cults
- any other harmful practice linked to a belief or faith

The forms of abuse that can occur fall into the four main categories below.

### Physical abuse



This can involve ritualistic beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes.

### **Emotional abuse**

Emotional abuse can occur in the form of isolation. A child may not be allowed near or to share a room with family members, and threatened with abandonment. The child may also be convinced that they are possessed.

### **Neglect**

In situations of neglect, the child's family and community may have failed to ensure appropriate medical care, supervision, education, good hygiene, nourishment, clothing or warmth.

### **Sexual abuse**

Children who have been singled out in this way can be particularly vulnerable to sexual abusers within the family, community or faith organisation. These people exploit the belief as a form of control or threat.

### **Where does it happen?**

Child abuse linked to faith or belief is not confined to one faith, nationality or ethnic community. Examples have been recorded worldwide across various religions including Christians, Muslims and Hindus.

The number of known cases suggests that only a small minority of people who believe in witchcraft or spirit possession go on to abuse children and adults.

Abuse may happen anywhere, but it most commonly occurs within the child's home.

### **Common factors and causes**



A range of factors can contribute to the abuse of a child for reasons of faith or belief. Some of the most common ones are below.

### **Belief in evil spirits**

Belief in evil spirits that can 'possess' children is often accompanied by a belief that a possessed child can 'infect' others with the condition. This could be through contact with shared food, or simply being in the presence of the child.

### **Scapegoating**

A child could be singled out as the cause of misfortune within the home, such as financial difficulties, divorce, infidelity, illness or death.

### **Bad behaviour**

Sometimes bad or abnormal behaviour is attributed to spiritual forces. Examples include a child being disobedient, rebellious, overly independent, wetting the bed, having nightmares or falling ill.

### **Physical and emotional differences**

A child could be singled out for having a physical difference or disability. Documented cases included children with learning disabilities, mental health issues, epilepsy, autism, stammers, deafness and LGBTQ+.

### **Gifts and uncommon characteristics**

If a child has a particular skill or talent, this can sometimes be rationalised as the result of possession or witchcraft. This can also be the case if the child is from a multiple or difficult pregnancy.

### **Complex family structure**





Research suggests that a child living with extended family, non biological parents, or foster parents is more at risk. In these situations they are more likely to have been subject to trafficking and made to work in servitude.

### **What to look out for**

Indicators of child abuse linked to faith or belief include the following:

- physical injuries, such as bruises or burns (including historical injuries/scaring)
- a child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'
- the child or family may use words such as 'kindoki', 'djin', 'juju' or 'voodoo' - all of which refer to spiritual beliefs
- a child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children
- a child's personal care deteriorating (eg rapid loss of weight, being hungry, turning up to school without food or lunch money, being unkempt with dirty clothes)
- it may be evident that the child's parent or carer does not have a close bond with the child
- a child's attendance at school or college becomes irregular or there is a deterioration in a child's performance
- a child is taken out of a school altogether without another school place having been arranged
- Wearing unusual jewellery/items or in possession of strange ornaments/scripts.

If faith based abuse is suspected the procedure for reporting abuse outlined at the from of this policy should be followed without delay.



## Female genital mutilation

Female genital mutilation (FGM) is a form of child abuse. It is the collective name given to a range of procedures involving the partial or total removal of the external female genitalia for non-medical reasons or other injury to the female genital organs. It has no health benefits and harms girls and women in many ways. The practice, which is most commonly carried out without anaesthetic, can cause intense pain and distress and long-term health consequences, including difficulties in childbirth.

FGM is carried out on girls of any age, from young babies to older teenagers and adult women, so staff and volunteers should be aware of risk indicators. These risk indicators may include:

- children talking about getting ready for a special ceremony
- family taking a long trip abroad
- child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Gambia, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- knowledge that the child's sibling has undergone FGM
- child talks about going abroad to be 'cut' or to prepare for marriage

Many such procedures are carried out abroad and staff and volunteers will be particularly alert to suspicions or concerns expressed by a female about going on a long holiday during the summer holiday period. Staff and volunteers should be aware that it is also possible for these procedures to be undertaken in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both. (See Female Genital Mutilation Statutory Guidance and Kingston and Richmond Safeguarding Children Partnership FGM Policy for further information).

<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/guidance-policies-and-procedures/female-genital-mutilation-guidance-for-professionals/>

If staff or volunteers have a concern that a girl may be at risk of FGM, they will record their concern and inform the Designated Safeguarding and Child Protection Officer immediately.

**Signs that may indicate a child has undergone FGM:**



- prolonged absence from school and other activities
- behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- bladder or menstrual problems
- finding it difficult to sit still and looking uncomfortable
- complaining about pain between the legs
- mentioning something somebody did to them that they are not allowed to talk about
- secretive behaviour, including isolating themselves from the group
- reluctance to take part in physical activity
- repeated urinary tract infection

The individual who becomes aware of a case of FGM will record their concerns on the safeguarding reporting form and inform the Designated Safeguarding Lead and Child Protection Officer who will support staff and volunteers in making a direct report to the police. If staff members or volunteers have reason to believe that a girl is at imminent risk of FGM due to an upcoming trip out of the country they must make call the police on 999. Social care and the Police will decide on the course of action which may take the form of an FGM protection order or Emergency Protection Order.

There are no circumstances in which a member of staff or volunteer will examine a girl.

## Breast Ironing (flattening)

Breast ironing (also called breast flattening) is when young girls' breasts are damaged over time to flatten them and delay their development. Sometimes, an elastic belt, or binder, is used to stop them from growing.

Breast ironing usually starts with the first signs of puberty and is most often done by female relatives. In most cases, the abuser incorrectly thinks they're behaving in the best interests of the child. They believe flattening the breasts will make the child less 'womanly'. They hope this will protect the girl from harassment, rape, abduction and early forced marriage, and help them stay in education.

Breast ironing can cause serious physical issues such as:

- abscesses (a painful collection of pus that develops under the skin)
- cysts (fluid-filled lumps under the skin that can develop into abscesses)
- itching



- tissue damage
- infection
- discharge of milk
- breasts becoming significantly different shapes or sizes
- severe fever
- the complete disappearance of one or both breasts

Although there's no specific law within the UK around breast ironing, it's a form of child abuse.

Find out what the signs of this abuse are, what you can do if you're concerned about someone and how to get help if you've been affected.

If an individual case regarding the practice of breast ironing, or concern regarding the use of a breast binder, is reported to police, it will be assessed on a case-by-case basis.

### Signs and symptoms of breast ironing

There are many signs that breast ironing could be happening to a girl. These include:

- avoiding medical examinations
- not wanting to get undressed in front of anyone
- difficulty lifting their arms as the breast area will be tender to move and touch
- walking or sitting hunched over
- some girls may ask for help, but may not say exactly what the problem is because they're embarrassed or scared
- unusual behaviour after time away from school or college including depression, anxiety, aggression and withdrawal
- a girl is withdrawn from PE and/or sex and relationship education classes



## Forced Marriage

A Forced Marriage (FM) is a marriage conducted without the valid consent of one or both parties and where duress is a factor. FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 and came into force on 16 June 2014.

The factors outlined below, collectively or individually, may be an indication that a young person fears they may be forced to marry, or that a forced marriage has already taken place. (It should not however be assumed that a young person is facing forced marriage simply on the basis that they present with one or more of these factors).

- **Family History;**

- Siblings forced to marry;
- Family disputes;
- Domestic violence and abuse;
- Running away from home;
- Unreasonable restrictions e.g. house arrest;

- **Education;**

- Truancy;
- Low Motivation/changes in motivation;
- Poor exam results;
- Withdrawal from school life;

- **Health;**

- Self-harm;
- Attempted suicide;
- Eating disorders;
- Depression;
- Isolation;

- **Employment;**

- Poor performance;
- Poor attendance;



Limited career choices;

Not allowed to work;

Unreasonable financial control e.g. confiscation of wages/income.

Reports of forced marriage, including reports from victims who fear they may be forced to marry, must be taken seriously. For young people under the age of 18 years, it will be appropriate to deal with the situation as a child protection issue and refer to the DSL or SPA.



## Honour based violence

Honour based violence' (HBV) is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.

HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. It is a violation of human rights and may be a form of domestic and/or sexual violence. There is no, and cannot be, honour or justification for abusing the human rights of others.

There isn't one specific crime of honour-based abuse. It can involve a range of crimes and behaviours, such as:

- [forced marriage](#)
- [domestic abuse](#) (physical, sexual, psychological, emotional or financial)
- sexual [harassment](#) and sexual violence ([rape and sexual assault](#) or the threat of)
- threats to kill, physical and emotional violence and murder
- pressure to go or move abroad
- being kept at home with no freedom
- not allowed to use the telephone, internet, or have access to important documents like your passport or birth certificate
- isolation from friends and members of your own family

## Warning signs

If you're concerned about someone being abused, here are some warning signs to look out for:

- acting withdrawn or upset



- bruising or other unexplained physical injury
- depression, self-harming or attempted suicide
- unexplained absence or poor performance at school or work
- their movements at home are strictly controlled
- family rows, domestic violence
- running away from home
- a family history of relatives going missing

If there are concerns about a family this should be discussed with the DSL at the earliest opportunity. Further support may be sought from SPA however if there is imminent danger the police should be called on 999.





## Peer-on-peer abuse

Children are vulnerable to abuse by their peers. Peer-on-peer abuse is taken seriously by staff and volunteers and will be subject to the same child protection procedures as other forms of abuse. Staff and volunteers may refer to the [Brook Traffic Light system](#) tool to make decisions about appropriate and inappropriate behaviour within age groups. Staff and volunteers are aware of the potential uses of information technology for bullying and abusive behaviour between young people.

Staff and volunteers will not dismiss abusive behaviour as normal between young people. All staff should understand the importance of challenging inappropriate behaviour between children and young people. Staff should also recognise that downplaying certain behaviours as “just banter” or “boys being boys” can lead to a culture of unacceptable behaviour, an unsafe environment for children and young people and a culture that normalises abuse. The presence of one or more of the following in relationships between children should always trigger concern about the possibility of peer-on-peer abuse:

- Sexual activity (in primary school-aged children) of any kind, including sexting
- One of the children is significantly more dominant than the other (eg much older)
- One of the children is significantly more vulnerable than the other (eg in terms of disability, confidence, physical strength)
- There has been some use of threats, bribes or coercion to ensure compliance or secrecy.

### ***If peer-on-peer abuse is suspected or disclosed***

We will follow the same procedures as set out above for responding to child abuse.



## **Staff personal devices. Use of electronic devices that can record, take pictures with capability to share images:**

Mobile phones , tablets and smart watches (hereafter referred to as ‘personal electronic devices’) have a place in our setting, and can be helpful in a multitude of ways. Children and staff kept safe by using them as record keeping tools, to use as a tool for information gathering to support learning or for taking pictures to share special moments with others outside of the setting such as parents or funders.

To protect staff and children, we will:

- Require staff to store their personal electronic devices in a locker or locked box during times children are present
- Smart watches may be worn
- Use electronic devices appropriately and ensure staff have a clear understanding of what constitutes misuse and know how to minimise the risk. Personal mobile phones must not be used to take pictures or videos of the children attending the setting.
- Ensure the use of an electronic device does not detract from the quality of supervision and care of the children.
- Ensure all electronic device use is open to scrutiny
- Ensure staff are vigilant and alert to any potential warning signs of the misuse of devices
- Ensure staff are responsible for their own behaviour regarding the use of mobile phones and should avoid putting themselves into compromising situations, which could be misinterpreted and lead to potential allegations
- Ensure the use of mobile devices in the setting is included as part of the risk assessment
- Ensure that no visitor to the setting uses their personal electronic device on the premises to take photographs or video while children are present

### **Cameras, photography and images:**

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. However, due to cases of abuse to children through taking or using images, we must ensure that we have safeguards in place.



To protect the children, we will:

- Obtain parents' and carers' consent for photographs to be taken or published on our website or in newspapers or publications
- Ensure the children are appropriately dressed
- Ensure the setting's designated cameras are only used in the setting
- That where professional photographers are used, parental consent will be obtained prior to photographs being taken
- Ensure that all images are stored securely.

<b>Device</b>	<b>Staff Personal Use</b>	<b>Setting designated devices</b>	<b>Children's Use</b>	<b>Parent /visitor use</b>
<b>Mobile phone</b>	No - to be stored in lockers/locked box unless for medical purposes ie diabetes monitoring	Yes for registration, photos/videos of children with consent and as main point of contact for parents	No - to be stored in lockers/locked box	Not inside setting
<b>Smart watch - no camera in built</b>	Yes in airplane mode	N/a	Yes in airplane mode	If inside setting yes
<b>Smart watch - integral camera</b>	No - store locker/locked box	N/a	No - store locker/locked box	If inside setting will never be left unsupervised
<b>Tablet</b>	No - store locker/locked box	Yes for registration, photos/videos of children with consent and as main point of contact for parents	No - store locker/locked box	If inside setting will never be left unsupervised
<b>Go pro</b>	No - store locker/locked box	Yes for photos and videos of children with consent	No - store locker/locked box	
<b>DSLR camera</b>	No - store locker/locked box	Yes for photos and videos of children with consent	No - store locker/locked box	



## Section 3

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## Safeguarding processes flowchart – Kingston and Richmond

For concerns about a child's welfare or an allegation against a staff member/adult.

Concerns should be discussed with parents unless the child is in danger.

**Call 999 if you think a child is in immediate danger**

**Early years providers:** Practitioner shares concerns with the designated safeguarding lead and/or Manager  
**Childminders:** Contact SPA or LADO directly

**SPA offer phone consultations to professionals and will provide advice and support in managing concerns**  
**Any individual with concerns can contact SPA or LADO directly**

Still has concerns

No longer has concerns

Refer to the **Single Point of Access (SPA)** for concerns about a Kingston or Richmond child:  
**Tel: 020 8547 5008**  
 Out of hours: 020 8770 5000  
 Via [online SPA referral form](#)  
 For out of borough children contact their own LA  
  
 Refer to the **Local Authority Designated Officer (LADO)** for allegations made against an adult working at or living on a childcare premises:  
**Tel: 07774 332675**  
 Via [online LADO referral form](#)  
  
**Follow any advice given by SPA or LADO.**

Ensure accurate records are collated, maintained and that they are securely stored. Use the safeguarding incident recording form to record information.

It is your duty to protect any information you send electronically and adhere to the Information Commissioner's Office guidance. Confidentiality must be maintained, adopting a 'need to know' approach.

No further child protection action

**Early Years providers:**  
 Contact Ofsted on 0300 123 1231 or your childminder agency within 14 days.  
[Ofsted online referral form](#)  
 Inform your Inclusion and Improvement Advisor

**Early Years providers:** may need to ensure services are provided and discuss this with their Inclusion & Improvement Advisor (I&I)

**SPA** decides a course of action within 24 hrs.  
**LADO** decides if an allegation meets the threshold for LADO involvement.

**SPA Outcome:**  
 Advice and signposting to universal services or;  
 Referral to Tier 2 dedicated Early Help teams or other early help services or;  
 Referral to Tier 3 statutory safeguarding team such as Referral and Assessment



### LADO Outcome:

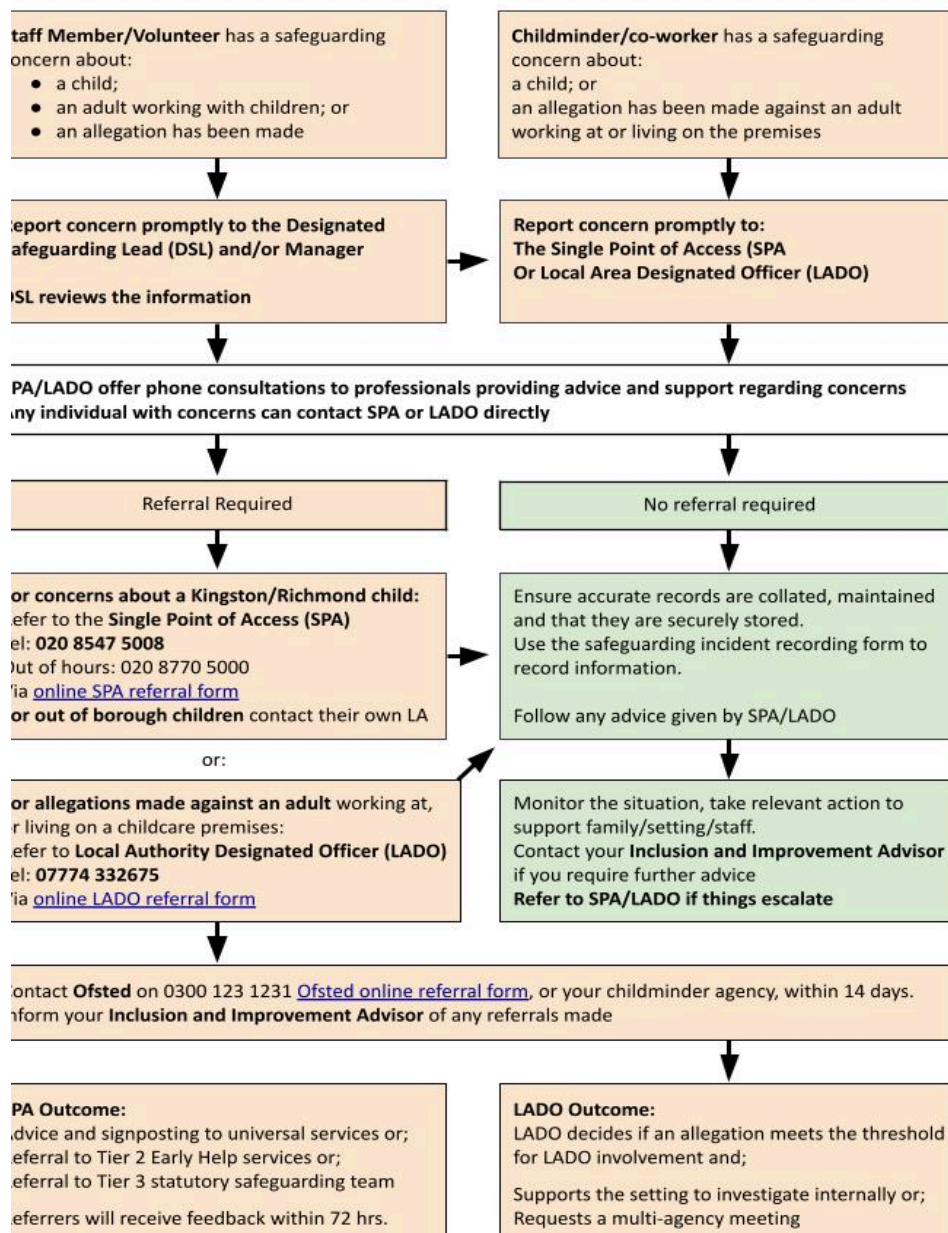
Support the setting to investigate internally or;

Requests a multi-agency meeting

Referrers will receive feedback within 72 hrs.

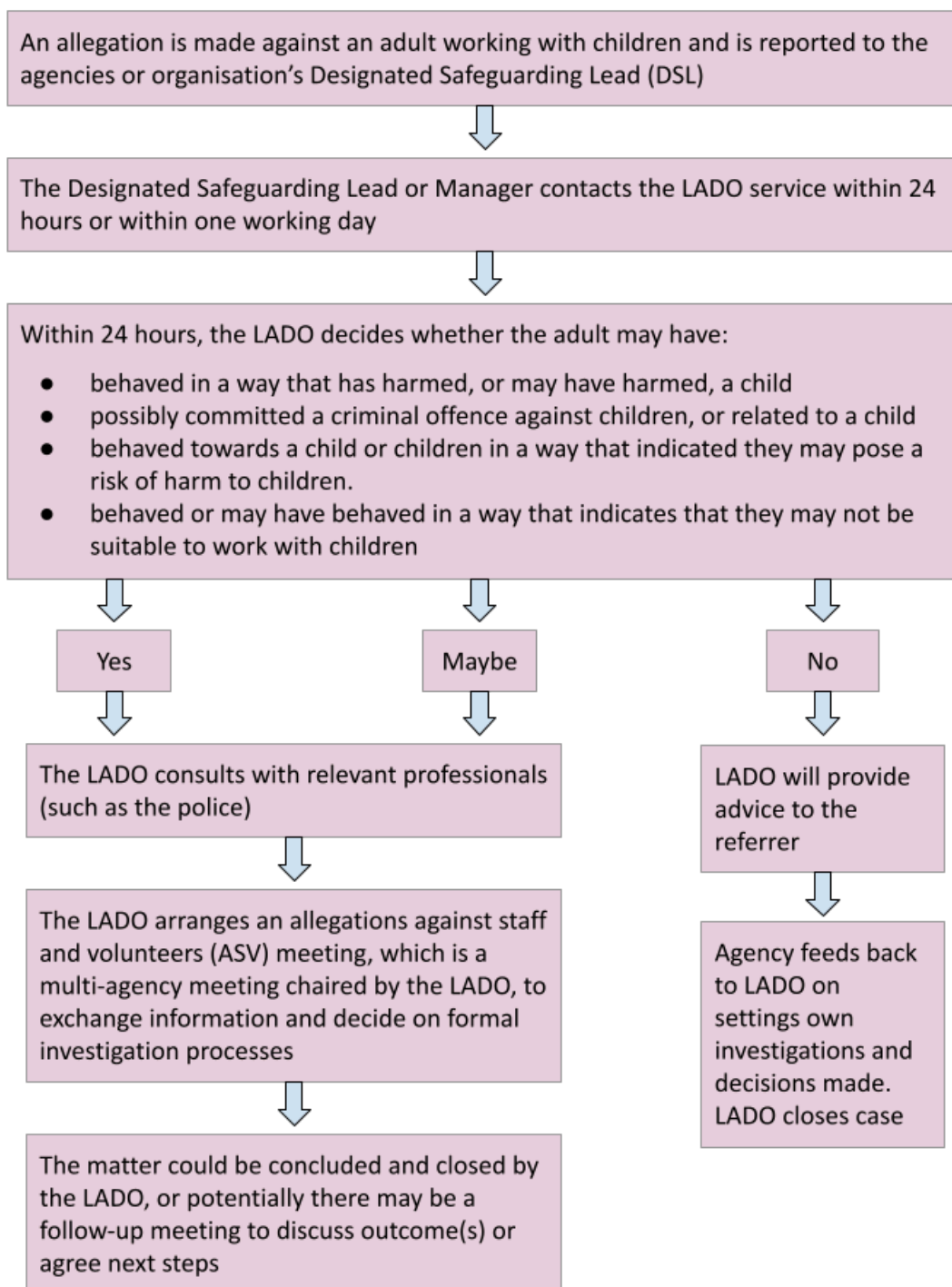
The Early Years' Service is available for advice and support at any point during this process.

For concerns about a child's welfare or an allegation against a staff member/adult.  
Concerns should be discussed with parents unless the child is at significant risk of harm.  
**Call 999 if you think a child is in immediate danger**





### Allegations against staff - LADO Procedure Flowchart







## Safeguarding incident recording form

<b>Name of setting:</b>			
<b>Date of incident:</b>		<b>Time of incident:</b>	
<b>Staff name/s</b>			
<b>Name(s) of child or children involved</b>	Name: Date of birth:  Name: Date of birth:		
<b>Give details of incident:</b>			
<b>Immediate actions</b>			
<b>When and how were parents informed?</b>	<b>How</b>  <input type="checkbox"/> Face to face on the day <input type="checkbox"/> By phone at the time of incident <input type="checkbox"/> Other Confirmation given in writing within three days	<b>Details</b>  	
<b>If parents were not informed of a referral, please state the reason:</b>			
<b>Which agencies were informed</b> Please note referrals regarding children should be made to the local authority safeguarding team where the child or family lives			
SPA, Out of Hours Team, Other local authority			



Date and Time: Name/Organisation: Contact number: Details of advice given: Date followed up in writing:	
<b>LADO</b>	
Date and Time: Name: Contact number: Details of advice given: Date followed up in writing:	
<b>Police</b>	
Date and Time: Name/Organisation: Contact number: Details of advice given: Date followed up in writing:	
<b>Early Years' Service</b>	
Date and Time: Name: Contact number: Details of advice given: Date followed up in writing:	
<b>Ofsted or registering body</b>	
Date and Time: Name/Organisation: Contact number: Details of advice given: Date followed up in writing:	
<b>Other</b>	
Date and Time: Name/Organisation: Contact number: Details of advice given: Date followed up in writing:	



## Safeguarding record – Chronology from date of incident

Name of child or adult: \_\_\_\_\_

Date and time	Name	Comments, records, contacts	Actions required	Date action completed

