



# Bright Start Safeguarding & Child Protection Policy

## Introduction

Our overriding policy on promoting the welfare of children is based on the following hadeeth of the Prophet (peace be upon him)

ليس منا من لم يرحم صغيرنا ولم يوقر كبيرنا

***He who is not kind to our young and does not respect our elderly, then he is not from us (Musnad Abu Ya'la)***

*In line with the hadeeth above and the beautiful teachings of the Quran and our beloved Prophet (peace be upon him), we at Bright Start Childcare will ensure that our kindness and care towards setting children is true in every way possible.*

---

### Designated Safeguarding Leads:

Naziya Akhter (Nursery Manager) LEAD DSL 07877059528 akhter@brightstartchildcare.co.uk

Afia Ahmed (nursery practitioner) DEPUTY DSL – Location Room Salaam

---

Bright Start Childcare recognises its legal duty under the following and has drawn the Policy under:

- The Children Act 2004, s.175 Education Act 2002,
- The Statutory Framework for the Early Years Foundation Stage 2024, section 3 and the
- 1989 Children Act and subsequent amendments, ;
- Keeping children safe in education (updated September 2024)
- Working together to safeguard Children 2018 (Updated 2024)
- Birmingham Safeguarding Children's Partnership

Bright Start to work with other agencies in safeguarding children and protecting them from "significant harm". The framework for such procedures is defined by the government guidance entitled 'Working Together to Safeguard Children 2018 (Updated July 2024). These duties relate to all children and young people who have not reached their 18<sup>th</sup> birthday

This policy provides clear direction to staff and others involved with children about expected codes of behaviour in dealing with safeguarding and child protection issues, and the action which must be taken if there are concerns about the safety or well-being of any child. This policy also makes explicit our commitment to the development of good practice and sound procedures. This ensures that child protection concerns and referrals may be handled sensitively, professionally and in ways which support the needs of the child. **The child is at the centre at all times.**

## **Aims**

Bright Start Childcare will ensure that it provides a safe and secure environment for the children and young people whom it serves.

- Ensuring, as far as is possible, that all staff and volunteers, students are fit to be in contact with children
- Ensuring that all staff and volunteers, students know what to do when they are concerned about child protection issues.
- Ensuring the child is seen first at all times
- Ensuring staff can identify safeguarding concerns and follow next steps
- Ensure Staff understands how to document correctly with chronological order of events.

## **Who does this policy apply to?**

This policy applies to:

- all members of Bright Start Childcare's community (teacher's, staff administrators, ancillary staff, directors, volunteers, temporary staff and all other staff members, students, cleaners, cooks)
- all adults from outside the setting who have close contact with pupils (mentors, speech therapists, educational psychologists, professionals, volunteers)

## 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, WTTSC, KCSIE)

**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).

# **Safeguarding Children**

At Bright Start Childcare, we believe that **safeguarding is everyone's responsibility**. This includes teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, accident and emergency staff, pediatricians, voluntary and community workers and social workers. We believe that no single professional 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**.

### **Safeguarding and promoting the welfare of children is defined as:**

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

#### ***(Working together to safeguard children 2018 updated 2024)***

Child protection forms part of safeguarding and promoting welfare and refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**Child Abuse**

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. They may be abused by an adult or adults, or another child or children.

What is under safeguarding? And what forms of abuse are we trying to protect children from?

- Physical abuse;
- Sexual abuse;
- Neglect;
- Emotional abuse
- Child Trafficking and Modern Slavery
- Female Genital Mutilation (FGM)
- Internet safety
- Domestic violence/Domestic Abuse – see annex A for more details
- Radicalisation/Extremism – prevent duty
- Breast Ironing
- Grooming
- Fabricated or induced illnesses or injury
- County lines
- Child sexual Exploitation (CSE) and Children Criminal Exploitation (CCE)
- Mental Health
- Harmful Sexual Behaviours
- Contextual Safeguarding
- Check back of this policy Annex B for further information on signs and symptoms of abuse listed here

### **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 another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## **Sexual Abuse**

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

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

## **Neglect**

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

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

When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour or play.

Further points to take into consideration include:

- Social exclusion
- Domestic violence
- Parent or carer's drug or alcohol abuse
- Parent or carer's learning disability
- Fabricated or induced illness
- Abuse linked to spiritual possession

Where we believe a child in our care or known to us may be affected by any of these factors, we follow our procedures for reporting child protection concerns.

## **Child Sexual Exploitation (CSE) and Child Criminal Exploitation**

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 use of technology.

(working together to safeguard children updated 2024)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or 10 females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. More information include definitions and indicators are included in Annex A

## **Female Genital Mutilation and how to respond**

Female genital Mutilation (FGM) is a term for a procedure where partial or total removal of female genital organs are performed as part of a cultural belief or other therapeutic reasons.

The Female Genital Mutilation act 2003 makes it

- Illegal to practice FGM in the UK
- Illegal to assist a girl to mutilate her own genitalia

- Illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country
- Illegal to aid, abet, counsel or procure the carrying out of FGM abroad.

Female genital mutilation is physical abuse, and whilst it is perceived by parents not to be an act of hate, it is harmful, it is child abuse and it is unlawful. It has long lasting significant implications for those who have the procedure performed on them.

### **Five signs to look out for (particularly for organisations such as health and education)**

- The family belongs to a community which practices FGM.
- The family are making plans to go on holiday / requested extended leave from school.
- The child talks about a forthcoming special celebration.
- The child / woman may have difficulty walking or sitting.
- Their own mother or other siblings have had FGM.

### **What to do if you are concerned about a child and FGM**

Call police on **101** if you have information about FGM including where this is happening, who is carrying it out, or believe a child may be at risk. In an emergency, dial **999**.

Alternatively contact independent charity **Crimestoppers** anonymously on **0800 555 111** or the NSPCC's **FGM** Helpline on **0800 028 3550**.

It is mandatory to Call Police on 101 if you have any information about FGM  
In an emergency call 999

Alternatively contact independent charity **Crimestoppers** anonymously on **0800 555 111** or the NSPCC's **FGM** Helpline on **0800 028 3550**.

---

## **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.

## 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

## Domestic Abuse

What is indirect/domestic abuse?

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can also happen between adults who are related to one another and can include physical, sexual, psychological, emotional or financial 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

Domestic abuse can have a serious effect on a child's behaviour, brain development and overall wellbeing. It undermines a child's basic need for safety and security and can have a negative impact on a child's:

- development
- education outcomes
- mental health (Holt, Buckley and Whelan, 2008; Stanley, 2011; Szilassy et al, 2017).

**Psychological effects** of experiencing domestic abuse include:

- aggression and challenging behaviour
- depression
- anxiety - including worrying about a parent's safety
- changes in mood
- difficulty interacting with others
- withdrawal
- fearfulness, including fear of conflict
- suicidal thoughts or feelings (Diez, et al 2018; Early Intervention Foundation, 2018).

(NSPCC)

## **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)

## What is child trafficking and modern slavery?

Child trafficking and modern slavery is 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 pick pocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft

## 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.

## Mental Health

.All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education. If staff have a mental health concern about a child that is also a

safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

## **The Prevent Duty and Reporting Extremism**

The counter terrorism and security Act 2015 came into effect last year in 2015 (Updated April 2021). One of the provisions was to place a duty on certain specified authorities and organisations to prevent people from being drawn into terrorism.

This Duty is known as the 'Prevent Duty'. The Prevent Duty came into force on 1<sup>st</sup> July 2015 and provides information on what early years provider should be doing if they have concerns about any individual or family.

The risk of extremism on a child's family or individual members of the family can impact on the safety of the child. These need to be acted on.

All staff must be aware of how to identify and report any extremist behaviour. All staff should access further information about The Prevent Duty. There is no single way to identify an individual who is likely to be susceptible to an extremist ideology. Specific background factors may contribute to vulnerability and these are often combined with specific needs for which an extremist group may appear to provide answers, and specific influences such as family, friends and online contacts. The use of social media has become a significant feature in the radicalisation of young people. As we are a nursery setting with very young children, our priority will be to look out for any changes in the child's behaviour, anything they say that will seem to be suspicious, any changes in family behaviour that the child speaks about at nursery.

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

Being a nursery setting, children are of young age. However, they will still be at risk of behaviour changes influenced by what they see and hear. Staff should use their professional curiosity to be wary of children's extended families, older siblings as well as parents. Staff should see changes in emotional factors, verbal factors and physical factors.

**Always, NOTICE: issues, gather initial concerns. CHECK: with colleagues and your DSL; SHARE: proportionate response, contact CASS**

Staff should look out for.....

- Changes in family behaviour
- Changes in the children's behaviour, e.g aggression towards others
- Comments made by a child which may cause concern e.g commenting on what their mummy or daddy has said talking about fighting for 'the cause' etc
- Comments made by family members e.g about certain faiths, beliefs, cultures
- Any other signs that family members may be showing extremism.

### **What to do if you have concerns?**

If you have any concerns about a change in behaviour of any individual within the nursery environment e.g staff member, parents, extended family then you will need to do the following:

- If the child is not in immediate danger call 101 (the non-emergency police phone number)
- If the child is in immediate danger call 999
- You can email [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk) and seek further advice.
- OR call children's advice and support service (CASS) and go to option for CASS on 0121 303 1888

Bright Start identifies Naziya Akhter (Manager) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism.

## **How practitioners help children become resilient to extremist behaviours?**

Promoting Fundamental British Values should be demonstrated at the heart of the setting through practices. The Fundamental British Values are:

1. Democracy (Making Decisions together)
2. Rule of law (understanding that rules matter)
3. Individual Liberty (Freedom for all)
4. Mutual Respect and Tolerance (treat others as you want to be treated)

These areas are already embedded in the 2021 Early Years Foundation Stage guidance (EYFS), which means you will be already promoting British Values on a daily basis. This needs to be reflected in a wide range of resources and activities that reflect and value the diversity of children's experiences and actively challenge gender, cultural and racial stereotyping. Bright Start helps children gain an understanding of people, families and communities beyond their immediate experience.

.....

## **Harmful Sexual Behaviours**

### **What is harmful sexual behaviour?**

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive<sup>1</sup>.

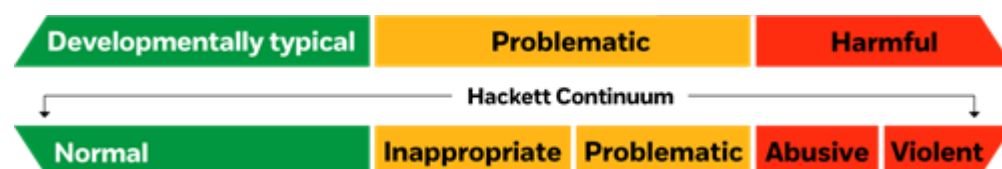
Child on Child sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development.

Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected sexualised behaviour which doesn't have an overt element of victimisation or abuse.

Children and young people typically display a range of sexualised behaviours as they grow up. However some may display problematic or abusive sexualised behaviour. This is harmful to the children who display it as well as the people it's directed towards.

Everyone who works or volunteers with children should be able to distinguish developmentally typical sexual behaviour from sexual behaviours that are problematic or harmful. This will help you respond appropriately and provide children and young people with the right protection and support.

In order to respond appropriately to a child displaying problematic or harmful sexual behaviour, you need to decide where a child's behaviour sits on the continuum.



A child's behaviour can change depending on the circumstances they are in and sexual behaviour can move in either direction along the continuum. So you should look at each situation individually, as well as considering any patterns of behaviour.

### **Indicators that behaviour is problematic or harmful**

Children naturally explore and experiment with their sexuality as they grow up. If the behaviour seems to go beyond curiosity, for example if it is obsessive or compulsive, this might indicate it is problematic or harmful.

It's important that everyone who works with children and young people has a good understanding of how children develop sexually. This can help you recognise which sexual behaviours are developmentally typical and identify if a child is displaying behaviour that is problematic or harmful.

We've put together some information about the stages of typical sexual development and behaviour for different age groups. We've included examples of behaviour that is common and uncommon, and information about what to do if you are worried that a child is displaying problematic or harmful sexual behaviour.

## **Stages of child sexual development**

All children go through phases of sexual development. Just like every other part of growing up, some children mature sooner or later than others. For example, some children may have developmental delays whilst others may reach puberty early.

In general, typical sexual behaviour should be:

- playful and curious, not aggressive or angry (National Sexual Violence Resource Centre, 2013)
- displayed towards children of a similar age, stage of development and physical size, who know each other well (National Sexual Violence Resource Centre, 2013; National Child Traumatic Stress Network (NCTSN), 2009)
- voluntary and consensual (NCTSN, 2009).

Typical sexual behaviour should not cause physical or emotional harm to anybody involved (National Sexual Violence Resource Centre, 2013).

The tabs to the left contain some examples of typical sexual behaviour for different ages

### ***What to consider***

#### **The age of the child or young person who has displayed the sexual behaviour.**

As children grow up they develop sexually. What is developmentally typical sexual behaviour for a 15-year-old may be problematic or harmful for an eight-year-old. Consider the child's developmental ability as well as their chronological age.

#### **The age of the other children or young people involved.**

If the children involved are the same age or developmental ability the behaviour may be considered developmentally typical. But if the children are of different ages or developmental abilities, the behaviour might be problematic or harmful.

#### **Is the behaviour unusual for that particular child or young person?**

If a child's behaviour is out of character, it's important to take time to consider why the child is behaving unusually.

#### **Have all the children or young people involved freely given consent?**

If the behaviour involves coercion, intimidation or forcing others to take part, it should be considered harmful.

#### **Are the other children or young people distressed?**

If the behaviour is upsetting others, this could indicate it is problematic or harmful.

### **Is there an imbalance of power?**

If the child displaying the behaviour is in a more powerful position than

the other children involved, this indicates it is problematic or harmful. This might happen if there are significant differences in age, size, power or developmental ability.

### **Is the behaviour excessive, degrading or threatening?**

Excessive behaviour means behaviour that is obsessive, persistent, compulsive or has been going on for a long time. Any behaviour that involves force, coercion, bribery or threats is harmful.

### **Is the behaviour occurring in a public or private space?**

Some behaviours, for example masturbation, might be considered developmentally typical if they are being carried out in private. But if they are being displayed in public, they would be considered problematic or harmful.

Other behaviours might give cause for concern if they are particularly secretive or are being carried out in private after intervention from adults.

### **Under 5-years-old**

At this stage, it's common to notice natural exploratory behaviour emerging when children feel safe and comfortable. This includes:

- having no inhibitions about nudity (National Sexual Violence Resource Centre, 2013; Virtual Lab School, 2021)
- touching their own private parts (NCTSN, 2009; National Sexual Violence Resource Centre, 2013; South Eastern Centre Against Sexual Assault & Family Violence (SECASA), 2017; Virtual Lab School, 2021)
- showing curiosity about other people's private parts or naked bodies (Healthy Children, 2019; NCTSN, 2009; National Sexual Violence Resource Centre, 2013; SECASA, 2017; Stop It Now, 2020; Virtual Lab School, 2021)
- talking about bodily functions, using words like 'poo' and 'wee' (NCTSN, 2009, Virtual Lab School, 2021)
- consensually role playing with their peers, exploring different relationships or roles such as 'playing house', 'playing mummies and daddies' or 'playing doctor' (Government of Canada, 2012; National Sexual Violence Resource Centre, 2013; Virtual Lab School, 2021).

Very young children can have erections, beginning from birth (Virtual Lab School, 2021).

It is uncommon for younger children to discuss specific sexual acts, use explicit sexual language or have adult-like sexual contact with other people (Stop It Now, 2007).

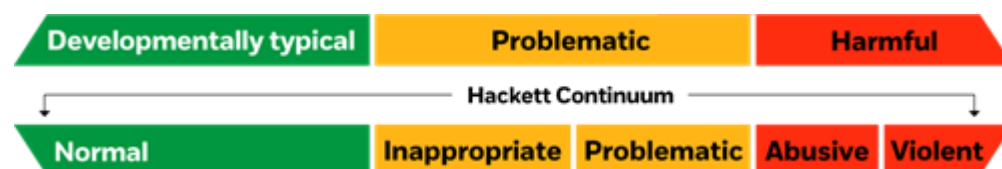
If you're worried about a child's sexual behaviour, you should act as soon as possible.

### Step three: taking appropriate action

Your response to a child displaying sexualised behaviours should vary depending on:

- the child's age
- their stage of development
- where their behaviours sits on Hackett's sexualised behaviour continuum.

Your approach should focus on the needs of the children involved at all times.



### Developmentally typical (green) behaviours

It's normal for children to be curious about their own and other people's bodies. The process of experimentation and exploration mean that children and young people might get it wrong from time to time but this doesn't necessarily indicate a serious concern.

[> Learn more about developmentally typical sexual behaviours](#)



## Bullying and Cyber Bullying: peer on peer abuse

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable (Oxford English Dictionary, 2021).

It can involve people of any age, and can happen anywhere – at home, school or using online platforms and technologies (cyberbullying). This means it can happen at any time.

Children can abuse other children. This is generally referred to as child on child abuse and can take many forms. It can happen both inside and outside of school/college and online. It



is most likely to include, but may not be limited to: bullying (including cyberbullying, prejudice-based and discriminatory bullying); abuse in intimate personal relationships between children/young people; physical abuse; sexual violence, such as rape, assault by penetration and sexual assault; sexual harassment; non-consensual sharing of nude and semi-nude images and/or videos; causing someone to engage in sexual activity without consent; upskirting; and initiation/hazing type violence and rituals.

## Signs of bullying

No single sign will indicate for certain that your child's being bullied, but watch out for:

- belongings getting 'lost' or damaged
- physical injuries, such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to whoever's bullying them)
- being nervous, losing confidence, or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

## Who's at risk

Any child can be bullied for any reason. If a child is seen as different in some way, or seen as an easy target they can be more at risk.

This might be because of their:

- race or ethnic background
- gender
- sexual orientation.

Or it could be because they:

- appear anxious or have low self-esteem
- lack assertiveness
- are shy or introverted.

Popular or successful children are also bullied, sometimes because others are jealous of them. Sometimes a child's family circumstance or home life can be a reason for someone bullying them.

Disabled children can experience bullying because they seem an easy target and less able to defend themselves.

<p><b>Verbal abuse:</b></p> <ul style="list-style-type: none"> <li>• name-calling</li> <li>• saying nasty things to or about a child or their family.</li> </ul>	<p><b>Physical abuse:</b></p> <ul style="list-style-type: none"> <li>• hitting a child</li> <li>• pushing a child</li> <li>• physical assault.</li> </ul>
<p><b>Emotional abuse:</b></p> <ul style="list-style-type: none"> <li>• making threats</li> <li>• undermining a child</li> <li>• excluding a child from a friendship group or activities</li> </ul>	<p><b>Cyberbullying/online bullying:</b></p> <ul style="list-style-type: none"> <li>• excluding a child from online games, activities or friendship groups</li> <li>• sending threatening, upsetting or abusive messages</li> <li>• creating and sharing embarrassing or malicious images or videos</li> </ul>
<p><b>Signs and indicators</b></p> <ul style="list-style-type: none"> <li>• being reluctant to go to school</li> <li>• being distressed or anxious</li> <li>• losing confidence and becoming withdrawn</li> <li>• having problems eating and/or sleeping</li> <li>• having unexplained injuries</li> <li>• changes in appearance</li> <li>• changes in performance and/or behaviour at school.</li> </ul> <p>Adults may notice that a child isn't spending time with their usual group of friends, has become isolated or that other children's behaviour towards a child has changed.</p>	<ul style="list-style-type: none"> <li>• 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games</li> <li>• voting for or against someone in an abusive poll</li> <li>• setting up hate sites or groups about a particular child</li> <li>• creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.</li> </ul>

If you notice any of the symptoms and signs please report to your DSL Naziya Akhter or Afia Ahmed

## ***How to respond***

- Listen to what children and young people have to say and respond calmly and non-judgementally.
- Talk to children about sexual development and healthy relationships. This might include having discussions with older children and young people about behaving responsibly and safely (for example, two 15-year-olds having consensual sex might benefit from a conversation about contraception and consent).
- Talk to parents and carers about developmentally typical sexualised behaviours and explain how they can have discussions about appropriate sexual behaviour with their children.
- Let children and young people know they can always talk to you if they are ever worried about anything.
- Remind children and young people they can contact Childline if they need confidential help and advice. Calls to [0800 1111](tel:08001111) are free and children can also contact Childline online or get information and advice on the [Childline website](https://www.childline.org.uk). You can download or order Childline posters and wallet cards to keep on display and give to children and young people.
- Talk to your nominated [child protection lead](#) if you're unsure or have any concerns. Sharing information can help to identify any patterns or escalation of behaviour. If you are a lone worker or have concerns you can always call the NSPCC helpline for advice and support on [0808 800 5000](tel:08088005000) or by emailing [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

## **Responding to a child protection issue**

A child protection issue may come to the notice of a staff member or volunteer in several ways –

- A child or adult may make a direct allegation; or
- A child or adult may make a comment which seems to suggest abuse; or
- A child may have bruises or marks; or
- A child's behaviour may suggest the possibility of abuse; or
- Something about an adult's behaviour may suggest that they are not a suitable person to care for children.
- A Child may present with mental health difficulties
- Staff may notice any of the signs and symptoms of different types of abuse. (please see appendix for full list)
- Staff may notice abuse mentioned above and the signs have been observed.

Staff and volunteers/students should know how to respond to each of these situations.

## **Any safeguarding concerns must be reported to your DSL promptly.**

### **Worried about a child?**

**All child protection concerns must be reported to CASS, or to the police, on the same day. The designated safeguarding Lead is to advise staff and volunteers on these issues and should be available at all times when advice and assistance is likely to be needed. The designated safeguarding Lead must provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required.**

**If you have any concerns about the safety and/or welfare of a child or young person telephone the Children's Advice & Support Service (CASS) on 0121 303 1888 or via secure email; [CASS@birminghamchildrenstrust.co.uk](mailto:CASS@birminghamchildrenstrust.co.uk).**

**Outside of normal office hours please call 0121 675 4806 for the Emergency Duty Team**

CASS details are available in the nursery rooms, staff room, kitchen and on the safeguarding board, located in the reception area.

Staff and volunteers should not try to investigate whether or not a child has been abused: this responsibility lies with the CASS and the police. All child protection concerns must be passed on to CASS without delay. The designated safeguarding Lead is responsible for making this contact.

If the designated person does not feel that there is any cause for concern but a staff member or volunteer disagrees, the concerns must be passed on to CASS 0121 303 188. Child protection is the individual responsibility of each person working with children. When any person is concerned about a child protection issue, the concern must be reported.

The staff member or volunteer should write down what the child said or the details of any significant marks or behaviour which were observed, noting any names, dates and times. A note should also be made of any witnesses - did anyone else hear what the child said, see the marks or notice the behaviour? This should be done as soon as possible, while the details are still fresh. The notes must record exactly what the child said, not what the staff member or volunteer thinks was meant.

All allegations and suspicions are to be treated seriously and reported accordingly.

### **How to request support for a child or family if you are concerned**

If there is no immediate danger but you are concerned please report this to your DSL and she will need to complete a Request for Support form as soon as possible. This form is for professionals who have identified that children or families require either social work assessment or intensive family support (including Think Family) and your DSL will follow the Right Help Right Time.

This short and simple form uses a 'Signs of Safety and Wellbeing' approach to identify strengths, highlight concerns and suggest what may need to happen next.

The form has been produced with partners, responding to feedback from practitioners and building on current practice, continuing to identify strengths and needs in a family.

### **If a child makes a direct allegation**

Staff and volunteers must not promise to keep anything as a secret until they know what it is. When an abusive or exploitative relationship exists, the setting cannot agree to keep this secret.

The staff member or volunteer should let the child speak but should not question them. The basic rule is to ask only questions which are necessary to clarify whether the child is alleging that abuse has taken place. If, at any time, it becomes clear that there has been a misunderstanding and that the child is not alleging that abuse has taken place, you should re-assess the situation as it may not be appropriate to follow this procedure.

If the child is clearly alleging abuse, CASS and or LADO team will interview them and any further questions must be left for them. This does not mean that you should tell the child to say nothing more until the authorities arrive. Allow the child to speak for as long as they want to.

If a child makes a serious allegation about an adult or about an older child, further enquiries should be made. You should always take the child seriously, but this does not necessarily mean accepting everything that the child says as a fact.

If the child makes a clear allegation about a specific person, do not try to question that person yourself.

### **If a child's comments seem to suggest abuse**

If the child seems to be suggesting abuse, but it is not clear, the staff member or volunteer should:

- Quickly try to create a situation in which the child can talk freely;
- Let the child speak, and ask questions only if they are necessary to clarify whether or not the child is trying to say that they have been abused;
- Listen carefully, remembering that a young child may not have the vocabulary to explain clearly what it is that distresses them; and
- If it is clear that the child is alleging abuse, avoid asking any further questions.

Staff and volunteers must not promise to keep anything as a secret until they know what it is. When an abusive or exploitative relationship exists, the setting cannot agree to keep this secret.

If a child makes a serious allegation about an adult or about an older child, further enquiries should be made. You should always take the child seriously, but this does not necessarily mean accepting everything that the child says as a fact.

If, as a result of what the child has said, you are suspicious about a particular person, do not try to question them about this yourself.

### **If a bruise or mark, or the child's behaviour, causes suspicions**

There are a number of things which may raise questions in your mind; you may see that a child has bruises or other marks, or may notice something unusual in the child's behaviour. Often these observations could have several different explanations and you may be unsure whether you should be concerned or not. Staff and volunteers are not expected to be experts in identifying child abuse, but they should document and report any concerns they have about a child.

If a staff member or a volunteer is concerned, they should try to be clear in their own mind exactly what it is that is disturbing them.

It may be appropriate to ask the child or the parent about a mark or about unusual behaviour. Suspicion may be aroused more by an evasive or unconvincing answer than by the mark or behaviour itself.

If a staff member or a volunteer is concerned, they should note the names of anyone else who saw the mark, behaviour etc. that caused the concern.

If you are suspicious about a particular person, do not try to question them yourself.

### **Co-operating with child protection enquiries**

Child protection enquiries are carried out by CASS. Staff and volunteers are expected to co-operate with enquiries, as far as is reasonable within the role of the setting and of the staff member or volunteer.

## **Allegation for people in positions of trust**

### **If suspicion falls on a member of the setting's staff or a volunteer**

An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

If an allegation is made about a member of staff or a volunteer, this will be referred to the LADO team in children's social care on 0121 675 1669. You should also inform the duty line. You may also

call CASS team 0121 303 1888 and out of hours citywide out of office hours 0121 675 4806 if the child is harmed in any way.

The LADO Team can be contacted on 0121 675 1669 or  
via email: [Ladoteam@birminghamchildrenstrust.co.uk](mailto:Ladoteam@birminghamchildrenstrust.co.uk).

If an allegation is made about a member of staff or a volunteer, or for any other reason suspicion falls on a member of staff or a volunteer, the setting will follow the advice of the LADO/CASS until the enquiries are complete. It will often be necessary to suspend the staff member or volunteer from involvement in any contact with children on behalf of the setting. This action is intended to safeguard the welfare of children and does not assume that the person is guilty. The setting will recognise the person's need for support at this time and help them to identify suitable sources of support.

When suspicion falls on a staff member or volunteer, there are three possible outcomes:

- It may be proved to the setting's satisfaction that the person has abused one or more children,
- It may be proved to the setting's satisfaction that the person is not guilty of abuse, or
- The enquiries may be inconclusive, leaving suspicion, but no proof about the person's behaviour.

The last of these possibilities always raises sensitive issues and the setting will always keep the welfare of children first in making any future decisions

## **What is LADO**

### **LADO - Local Authority Designated Officers (Position of Trust - Child Safeguarding Concerns)**

Birmingham City Council have a Local Authority Designated Officer (LADO) Team who will:

- Receive reports about allegations and to be involved in the management and oversight of individual cases;
- Receive reports about allegations and to be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations, including faith based educational settings;
- Liaise with the police and other agencies; Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process;
- Provide advice and guidance to employers in relation to making referrals to the Disclosure and Barring Service (DBS) and regulatory bodies such as Ofsted, the GMC etc. and
- Chair strategy meetings where there is concern about a person in a position of trust.

The LADO Team can be contacted on 0121 675 1669 or  
via email: [Ladoteam@birminghamchildrenstrust.co.uk](mailto:Ladoteam@birminghamchildrenstrust.co.uk)

### **Unsuitable staff**

Questions about the suitability of a staff member or a volunteer to work with children should not be limited to situations in which there is positive evidence of abuse. Other pointers include failure to respond appropriately to the needs of children, neglecting some children in favour of others and failure to respect the wishes of parents. Bright Start Childcare expects high standards of care from its staff and volunteers and failure to meet these standards may lead to disciplinary procedures and/or dismissal.

If a staff member or a volunteer appears to be unsuitable to care for children, we will consider whether there are implications for the welfare and safety of other children. If so, these concerns will be discussed with CASS

### **The Designated Senior Person for Child Protection and Nominated Person for Overseeing Child Protection**

Bright Start Childcare has a Designated Safeguarding Lead whose responsibility is to take the lead on safeguarding and child protection issues at the setting. The designated senior person for safeguarding and child protection is:

Mrs Naziya Akhter LEAD DSL  
Mrs Afia Ahmed DEPUTY DSL

A nominated person from the board of directors is designated to oversee the work of the DSL and general safety and well-being of children at the setting. The nominated director is:

Syed Aman Ali

### **Procedures for the Designated Safeguarding Lead**

The designated safeguarding lead receiving an allegation of abuse should:

1. take any steps needed to protect any child involved from risk of immediate harm. This may involve allocating appropriate members of staff, if possible a person chosen by the child, to stay with him/her. Similarly, an inspector receiving an allegation of abuse at the end of the day may stay with the child
2. concerned until suitable arrangements for his/her safety have been made.
3. not interview or investigate the allegation further, but refer the matter to CASS within 24 hours. This is done initially via call and a referral form must be sent also which is accessible in the Birmingham children's safeguarding board website.
4. not himself/herself contact parents, other staff, police, doctor or alleged perpetrator or witnesses direct, but consult the CASS and follow their advice in relation to:
  - a. informing child's parents (there are circumstances where it would be inappropriate to inform parents immediately after an allegation has been made)
  - b. medical examination or treatment for the child (there are circumstances when medical evidence will be needed).
  - c. immediate protection that may be needed for a child who has become a victim of abuse, a child who has given information about abuse and a child against whom an allegation has been made (each of these may now be at risk).

**Note:** Contacting CASS will initiate an independent investigation if this proves to be necessary and the Team Leader will arrange within the pre-set time limits the involvement of the relevant specialist police personnel and if necessary, a meeting of the agencies who may need to be involved, together with the setting.



5. inform the child's parents or adult who made the initial allegation of what the next steps are to be, having agreed this with CASS. It is helpful if the call to the CASS could be made while the pupil or adult is waiting so that he/she can be told of the likely next steps immediately after the call.
6. inform the manager (unless he/she is the subject of any of the allegations or suspicions) of the allegations and the action taken as above and agree necessary further action in line with these standards.
7. if necessary, suspend from duty pending investigation, any staff member who is alleged to have abused a child or children. There should be no hesitation in suspending without pre-judgement of guilt where there is concern about possible abuse.
8. take any necessary steps for the longer term protection and support of each pupil who has made allegations of abuse, or is alleged to have suffered from abuse, taking his/her wishes fully into account. This may involve the pupil receiving continuing support and protection with the staff member chosen by himself/herself, or temporarily allow the child to have leave from the setting.
9. take any necessary steps to protect and support a child who has made an allegation of abuse. The allegation may not later be substantiated, but even if it is, the setting continues to have a statutory welfare responsibility towards this pupil while he/she is a pupil at the setting.
10. ensure that any child being interviewed by the police has available a supportive member of staff of his/her own choice to accompany him/her if this becomes necessary.
11. notify the Department of Education of any allegation that is being investigated by the CASS as well as Ofsted.
12. ensure co-operation by the setting in any subsequent investigation by CASS

### **Selection and Deployment of Staff and Volunteers**

#### **Roles**

All paid staff and volunteers are assigned clear roles. The abuse of children is most easily concealed where there is confusion about roles, responsibilities and accountability. Paid staff receive a job description and volunteers will also receive a written outline of what is expected from them. All job descriptions state clearly the staff member's responsibilities for the protection of children. This is reflected in the code of conduct. Safeguarding is utmost priority.

All new staff, where possible will need to take training on introduction to safeguarding, Early Help training, right help right time training and also WRAP training. This will equip staff to have a fuller understanding of safeguarding. Staff are informed of documents such as working together to safeguard children 2018;

All staff during supervision will be asked to disclose anything that will affect the DBS status, this also includes declaring also about anyone living with them.

Job descriptions contain a written description of the work the person is expected to do and the policy guidelines they must follow.

Code of Conduct must be read and adhered to by all staff members.

This might include, amongst other things:

A description of the work they will undertake with children, with reference to any relevant guidelines produced by the setting for safeguarding the welfare of those children;

A clear statement that they will abide by the setting's policies and procedures;

A statement of their duty to protect children in contact with the setting from abuse, and reference to the action to be taken if abuse is suspected;

The person to whom they will be accountable for their work - their line manager or supervisor; and

The person(s) whose work they will supervise (if any).

Job descriptions are reviewed regularly and whenever the tasks change significantly.

## **Recruitment and selection**

In recruitment and selection procedures for staff and volunteers, we recognise that some applicants may already have shown themselves to be unfit to care for children. Such people may be very plausible in the way that they present themselves.

In the process of recruiting and selecting staff and volunteers, we:

- Require the applicant to give all previous names used, and details of all addresses in the last 5 years;
- Require the applicant to provide the names of at least two referees –
  - If the applicant is currently working with children in a paid capacity, or has previously done so, one of the referees should be the current or most recent employer and the other should also be a person who can comment on their work with children.
  - Other forms of checks should be done to find out about the character of the staff.
  - If the applicant is seeking to volunteer, or seeking paid work with children, for the first time, both references should be from people who can provide information which is relevant to their character, attitudes, behaviour etc. towards children.
  - No one will be accepted on to the staff or as a volunteer unless satisfactory references have been received. When previous references relating to similar organisations are not available, the selection criteria and the induction process will take account of this.
- Ask for evidence of any qualifications which the applicant claims to hold;
- Ask for evidence of identity and address;
- Ask for evidence of paediatric first aid certificate
- Interview the applicant in person. At the interview we will:
  - Discuss with the applicant the details of the job/task that they have applied for – what is to be done, where and when;
  - Identify what relevant experience the applicant has, how long ago this was and what were the circumstances, including the circumstances in which they left any relevant employment;
  - Seek information about what the applicant has been doing for the last two years;
  - Seek an explanation of any gaps in the applicant's employment history;
  - Seek information about the level of contact between the applicant and his/her referees. If the referees are not suitable, it may be appropriate to invite the applicant to nominate different referees;

## **Criminal convictions**

During interview process the staff may be checked through list 99 to clear anything that may make them unsuitable where needed. Once staff has successfully passed through interview stage DBS check will be done before commencing training.

Enquiries into an applicant's background will include enquiries into any criminal convictions they

may have. This will include a check with the Disclosure and Barring Service:

Applications to the Disclosure and Barring Service must be countersigned by a person who is registered with the department.

When accepting placement students, we will confirm with the training establishment that an appropriate criminal records check has taken place.

We expect references and also further checks to find out background and character of staff/ volunteers and students

### **Behaviour of Staff and Volunteers**

High standards of conduct are expected from staff and volunteers at all times. A code of conduct is available from the setting.

### **Staff Development**

All staff and volunteers will serve a probationary period in which the person's performance is closely monitored.

All staff and volunteers will receive regular supervision through observation and discussion of their work. This is a very valuable way of encouraging good staff and deterring potential abusers.

Introduction to child protection training will be provided – all staff and volunteers should:

- Be aware that abuse can be found in any community;
- Be aware that abuse does not always occur in the child's home - it may take place at the setting, in the homes of friends, in places of entertainment and in public places;
- Know about safe child care practice – how to avoid situations that may cause misunderstandings and misrepresentations; and
- Know how to respond if, while representing the setting, they find evidence that a child may have been abused.

We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect, FGM, Prevent, child sexual exploitation and that they are aware of the local authority guidelines for making referrals.

All staff are sent to trainings to solidify their understanding of safeguarding. They will attend introduction to safeguarding, Early Help, Right Help right time training, strengthening families training (Subject to availability)

We ensure that all staff know the procedures for reporting and recording their concerns in the setting.

Designated senior leads undergo relevant training every two years to ensure that they are fully aware of their responsibilities.

General staff undergo necessary child protection training at least every year and they are refreshed about any new safeguarding issues through the DSLs

Aside from training, safeguarding and child protection will be factored into staff meetings and supervision meetings to remind staff of the importance of ensuring the safety and well-being of children.

## Early Help – Right Help Right Time

### **What is Early Help?**

Early Help means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child's life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own. It also applies to all children and young people, with any form of need

Early Help requires that agencies should work together as soon as a problem emerges or a need is identified to ensure the child gets the right response, and the right services, from the right people at the right time. Our aim is to meet need early and avoid a problem escalating or the need increasing.

Early Help is provided to prevent or reduce the need for specialist interventions unless they are absolutely the correct response to meet the need and resolve the problem.

Staff are trained to use Right help Right time needs/ signs of safety wellbeing framework and well being assessment framework as tools for early help

In Practice staff assess needs of children and families on entry and use this as next steps to get individual support for each family to meet need needs of child.

Please see appendix for Right Help Right Time information

### **Miscellaneous**

- The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being visible to others.
- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and that they develop an understanding of why and how to keep safe.
- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.
- We ensure all staff and parents are made aware of our safeguarding policies and procedures.
- We provide adequate and appropriate staffing resources to meet the needs of children.
- Volunteers do not work unsupervised unless they have been through our rigorous vetting procedures.
- We have procedures for recording the details of visitors to the setting.
- We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
- We take steps to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child. A related policy is available outlining guidelines for the use of cameras and mobile phones in the setting.

### **Useful Contact Numbers**

#### **Education**

Education Welfare Service

Birmingham City Council

Inclusion Support Education Centre (ISEC), Perry Common Road, Erdington B23 7AT

Email Address:

[EWSHelpHO@birmingham.gov.uk](mailto:EWSHelpHO@birmingham.gov.uk)

Telephone Number:

0121 303 8900

#### **Children's Services**

1. CASS 0121 303 1888
2. Out of hours duty line 0121 675 4806
3. LADO team in children's social care 0121 675 1669
4. Birmingham Safeguarding Children Partnership
5. NSPCC

## **Useful documents**

Keeping children safe in education (2024) (updated again to come in effect from September 2024)

Early years statutory framework 2024

Working together to safeguard children 2018 Updated February 2024

Coronavirus updates in early years settings – [www.gov.uk](http://www.gov.uk)

Date agreed: December 2024    Date for Review: as and when safeguarding elements change otherwise September 2025

**Amended and updated by: Naziya Akhter – nursery manager**

### **Code of Practice**

It is the policy of Bright Start Childcare to provide a safe and secure environment in which children can thrive and develop and where all aspects of their welfare will be protected.

Bright Start Childcare will minimise the situations in which the abuse of children might occur.

Any child using the services of Bright Start Childcare, and anyone acting on behalf of such a child, may complain to management about any aspect of the service they receive. There will be a simple and well publicised process for this and complainants will have a right of appeal to an independent person/agency if they are dissatisfied with the way a complaint is handled.

Any child, and anyone acting on behalf of such a child, using the services of Bright Start Childcare may disclose to a staff member or volunteer any abuse they may be suffering elsewhere in their lives and staff and volunteers will be vigilant for the signs of abuse.

Any indications that a child may be suffering from abuse will immediately trigger Bright Start Childcare's child protection procedures. These procedures are consistent with the good practice guidelines of Birmingham Safeguarding Children Board.

In recruiting staff and volunteers, Bright Start Childcare will follow a systematic selection process designed to assess the applicant's suitability for the post and to work with children.

Checks will be made to ensure that all the information provided by any potential member of staff or volunteer of Bright Start Childcare is accurate and, within the limits of procedures available, staff and volunteers will be checked for any offences they may have committed against children.

No member of staff will be appointed to any position in Bright Start Childcare without two suitable references being provided. All referees must be persons who can comment on relevant and recent aspects of the applicant's work with children.

All staff appointments to Bright Start Childcare will be subject to a probationary period during which they will closely supervised.

All paid staff and volunteers of Bright Start Childcare will have clear roles detailed for them.

The supervision of staff and volunteers will be used as a means of ensuring that the children using the services of Bright Start Childcare receive adequate and appropriate protection.

Where staff occupy high risk posts or are working in high risk settings or situations, Bright Start Childcare will be extra vigilant in its supervisory role.

Induction programmes for all new staff and volunteers will include basic information on recognising and responding to child protection issues. Staff at all levels of the organisation will be encouraged to undertake further training on child protection issues, and in appropriate circumstances this training will be compulsory.

Bright Start Childcare will ensure that issues of child protection receive continuous attention and will regularly review the way that the organisation operates to support this principle.

### Summary for safeguarding:

- All staff, volunteers, students, cleaners, cooks, directors, teachers will have clear understanding of safeguarding policies and procedures
- ALWAYS see the child first. Child centred setting in every way, from child protection issues, to welfare, to learning to interest. Everything.
- Every staff must be clear on how to report a safeguarding concern
- Staff must be clear on how to look for the signs of abuse and any other safeguarding concerns
- Staff will be informed of changes and updates from the Birmingham Children's safeguarding partnership website (Birmingham)
- Staff will attend trainings as and when required
- Regular questioning around safeguarding will be asked so staff are up to date and confident with safeguarding policies and procedures
- Clear understanding of the child protection issues and welfare requirements
- All staff sent to introduction to safeguarding and where possible: Right Help right time, Understand clear indicators of abuse, early help, signs of child protection issues, FGM,



sexual exploitation, Radicalisation (prevent duty training), Child trafficking and modern slavery, breast ironing, fabricated and induced illness and mental health of children.

- Further checks for new applicants must be carried out to find out about their character and background as well as references and where training possible new staff should attend introduction to child protection as soon as possible.
- Staff/management should know how to log any concerns correctly (also Cr8 and Cr10 forms). Close follow ups to ensure multi agency working and clear communication so no gaps are there
- Clear procedures for Prevent Duty and how to report any extremist behaviour; vulnerabilities to look out for; Notice + Check + share method for communication
- Bright Start identifies Naziya Akhter (Manager) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism..
- Designated Safeguarding Leads : Naziya Akhter (Nursery Manager) DLS
- LEADER, Afia Ahmed DSL DEPUTY
- KCSiE 2024 writes about the importance of the context in which school safeguarding must be considered, including behaviours that are associated with factors outside the school which can occur between children outside of these environments i.e. where children are at risk of abuse and exploitation outside of their families.
- KCSiE 2024 also writes about the impact of abuse, neglect, Domestic abuse or other potentially traumatic adverse childhood experiences on mental health, behaviour and education.