

SAFEGUARDING & CHILD PROTECTION

POLICY 2021



Safeguarding & Child Protection Policy

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Part One: Safeguarding Policy

1.0 Introduction

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 are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

XXX is committed to safeguarding and promoting the welfare of all its **students**. We believe that:

- *Our **children** have the right to be protected from harm, abuse and neglect*
- *Our **children** have the right to experience their optimum mental and physical health*
- *Our **children** have the right to express their views, feelings and wishes and voice their own values and beliefs*
- *Our **children** should be encouraged to respect each other's values and support each other*
- *Our **children** have the right to be supported to meet their emotional, social and mental health needs as well as their educational needs.*

Children includes everyone under the age of 18.

XXX will fulfil its responsibilities as laid out in the following documents:

- **Working Together to Safeguard Children (DfE)**
- **Keeping Children Safe in Education**
- **West Midlands Safeguarding Children Procedures**
- **General Data Protection Legislation (2018)**

2.0 Overall aims

This policy will contribute to the protection and safeguarding of our **students** and promote their welfare by:

- Adopting a whole setting approach to safeguarding
- Clarifying standards of behaviour for staff and **pupils**
- Contributing to the establishment of a safe, resilient and robust ethos in the madrasah, built on mutual respect
- Introducing appropriate work within the curriculum
- Alerting staff to the signs and indicators that all may not be well
- Developing staff awareness of the causes of abuse
- Developing staff awareness of the risks and vulnerabilities their **students** face
- Addressing concerns at the earliest possible stage
- Reducing the potential risks **students** face of being exposed to multiple harms including violence, extremism, exploitation, discrimination or victimisation
- Recognising risk and supporting online safety for students, including in the home

3.0 Guiding Principles

These are the seven guiding principles of safeguarding, as stated by Birmingham Safeguarding Children Partnership (found in **Right Help Right Time**);

- Have conversations and listen to children and their families as early as possible
 - Understand the child's lived experience
 - Work collaboratively to improve children's life experiences
 - Be open, honest and transparent with families in our approach
 - Empower families by working with them
 - Work in a way that builds on families' strengths
- Build resilience in families to overcome difficulties

4.0 Expectations

All staff and visitors will:

- Be familiar with this Safeguarding & Child Protection Policy
- Understand their role in relation to safeguarding
- Be alert to signs and indicators of possible abuse (See Appendix 1 for current definitions and indicators)
- Record concerns and give the record to the DSL or deputy DSL
- Deal with disclosures of abuse from children in line with the guidance in Appendix 2, informing the DSL immediately and providing a written account as soon as possible
- Be involved, where appropriate, in the implementation of individual interventions, Early Help Assessments and Our Family Plans, Child in Need Plans and inter-agency Child Protection Plans

For the above to be possible:

- Our staff will receive annual safeguarding training and update briefings as appropriate.
- Key staff will undertake more specialist safeguarding training
- We will follow Safer Recruitment processes and checks for all staff

5.0 The Designated Safeguarding Lead (DSL)

- The DSL will be a member of the Management Team
- Whilst the activities of the DSL can be delegated to appropriately trained deputies, the ultimate lead responsibility for safeguarding and child protection remains with the DSL. This responsibility should not be delegated.
- DSLs should help promote educational outcomes by working closely with teachers about children's welfare, safeguarding and child protection concerns.
- Safeguarding and child protection information will be dealt with in a confidential manner.
- Safeguarding records will be stored securely in a central place separate from academic records.

Designated Safeguarding Lead: Mohammed Aminur Rahman

Deputy DSL:

We will not disclose to a parent any information held on a child/young person if this would put the child at risk of significant harm

6.0 Contextual Safeguarding

Contextual safeguarding is about the impact of the public/social context on young people's lives, and consequently their safety. It seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people. As an approach it looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focussing on an individual.

7.0 Mental Health

KCSiE requires all staff to 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.

In our madrasah:

- *All staff will be alert to signs of mental ill-health and 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*
- *All staff will take immediate action and speak to a DSL if they have a mental health concern about a child that is also a safeguarding concern*
- *We take seriously our organisational and professional role in supporting and promoting mental health and wellbeing of children/young people through:*
 1. **Prevention:** *creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole madrasah population, and equipping students to be resilient so that they can manage the normal stress of life effectively. This will include teaching students about mental wellbeing through the curriculum and reinforcing this teaching through activities and the ethos;*
 2. **Identification:** *recognising emerging issues as early and accurately as possible;*
 3. **Early support:** *helping students to access evidence based early support and interventions; and*
 4. **Access to specialist support:** *working effectively with external agencies to provide swift access or referrals to specialist support and treatment*

8.0 Promoting the educational outcomes of children with a social worker

Children with a social worker may face barriers to education because of complex circumstances. Effective support for children with a social worker needs education settings and local authorities to work together. All agencies can play a crucial role in establishing a culture where every child is able to make progress. Education settings and local authorities will have different responsibilities but establishing shared priorities can help to drive change for children.

We will work with partners (where appropriate) to effectively identify the needs of children with a social worker and ensure they can access interventions that make a difference to their education

9.0 Safer recruitment and selection

The madrasah has robust procedures in place to ensure that people who are not fit to work with children are deterred from applying. As such, the madrasah pays regard to the safer recruitment requirements as outlined in KCSIE. This includes but is not limited to:

- verifying candidates' identity and academic qualifications
- obtaining professional and character references
- checking previous employment history and ensuring that a candidate has the health and physical capacity for the job,
- UK Right to Work
- clear enhanced DBS check
- any further checks as appropriate to gain all the relevant information to enable checks on suitability to work with children.

All recruitment materials will include reference to the school's commitment to safeguarding and promoting the wellbeing of pupils.

The following school staff have undertaken Safer Recruitment training:

1. Mohammed Rahman

9.1 Induction

Our staff induction process will cover:

- The Safeguarding & Child Protection policy
- The Behaviour Policy
- The Staff Behaviour Policy (sometimes called a Code of Conduct)
- The role of the DSL (including the identity of the DSL and any deputies)

Copies of policies and a copy of part one of KSCIE is provided to staff at induction.

We recognise the importance of practice oversight and multiple perspectives in safeguarding and child protection work. We will support staff by providing opportunities for reflective practice including opportunity to talk through all aspects of safeguarding work within education with the DSL and to seek further support as appropriate.

10.0 The use of reasonable force

There are circumstances when it is appropriate for staff in school to use reasonable force to safeguard children and young people.

The term 'reasonable force' covers the broad range of actions used by staff that involves a degree of physical contact to control or restrain **children**.

This can range from guiding a **child** to safety by the arm, to more extreme circumstances such as breaking up a fight or where a **child** needs to be restrained to prevent violence or injury.

'Reasonable' in these circumstances means 'using no more force than is needed'. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of the classroom.

11.0 The school's role in the prevention of abuse

This Safeguarding & Child Protection Policy cannot be separated from the general ethos of the madrasah, which should ensure that **pupils**:

- are treated with care and dignity
- are taught to treat each other with respect
- feel safe
- have a voice and are listened to

We will provide opportunities for **students** to develop skills, concepts, attitudes and knowledge that promote their safety and well-being.

12.0 What we will do when we are concerned – Early Help response

Where unmet needs have been identified for a **child** utilising the **Right Help Right Time** (RHRT) model but there is no evidence of a significant risk, the DSL will oversee the delivery of an appropriate Early Help response.

The child/young person's voice must remain paramount within a solution focused practice framework.

The primary assessment document is [the Early Help Assessment \(EHA\)](#).

If a Think Family or social care response is needed to meet an unmet safeguarding need, the DSL will initiate a Request for Support, [seeking advice from Children's Advice and Support Service \(CASS\) as required](#).

The DSL will then oversee the agreed intervention from school as part of the multi-agency safeguarding response and ongoing inhouse-focused support.

13.0 Safeguarding students who are vulnerable to radicalisation

We value freedom of speech and the expression of beliefs and ideology as fundamental rights underpinning our society's values.

Pupils and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued.

Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

We will ensure our students are aware of how to protect themselves from radicalisation and who to speak to if they have any concerns.

14.0 Pupils/students who are vulnerable to exploitation, trafficking, or so-called 'honour-based' abuse (including female genital mutilation and forced marriage)

Our staff will be supported to recognise warning signs and symptoms in relation to each specific issue, and include such issues, in an age appropriate way, in their lesson plans.

When a teacher suspects or discovers that an act of FGM is going to be or has been carried out on a girl aged 18 or under, that teacher has a statutory duty to report it to the Police.

15.0 Peer on peer/child on child abuse

It is important that we recognise that children are capable of abusing their peers, and that this abuse can include bullying, physical abuse, sharing nudes and semi-nudes, initiation/hazing, upskirting, sexual violence and harassment.

The madrasah's values, ethos and behaviour policies provide the platform for staff and students to clearly recognise that abuse is abuse and it should never be tolerated or diminished in significance.

We recognise the impact of sexual violence and the fact **children** can, and sometimes do, abuse their peers in this way. When referring to sexual violence this policy is referring to sexual offences under the Sexual Offences Act 2003 as described below:

- **Rape:** A person (A) commits an offence of rape if: there is intentional penetration of the vagina, anus or mouth of another person (B) with his penis, (B) does not consent to the penetration and (A) does not reasonably believe that (B) consents.
- **Assault by penetration:** A person (A) commits an offence if: s/he intentionally penetrates the vagina, anus or mouth of another person (B) with a part of her/his body or anything else, the penetration is sexual, (B) does not consent to the penetration and (A) does not reasonably believe that (B) consents.
- **Sexual assault:** A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, (B) does not consent to the touching and (A) does not reasonably believe that (B) consents.

Our DSL will follow the local good practice guide "[Responding to Sexual Behaviour in Children and Young People](#)" to enable provision of effective support to any **child** affected by this type of abuse.

16.0 Criminal exploitation

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

We will be aware of and work with the Police and local organisations to disrupt as much as possible criminal exploitation activity.

Part Two: Key procedures

Responding to concerns about a child

In our madrasah
Our DSL is **Mohammed Rahman**

CONCERN ABOUT A CHILD:
Speak to Designated Safeguarding Lead (DSL) if urgent.
Record in writing on
Notice of Concern Form and hand to DSL



**DSL(s) review concerns and decide next steps
referring to Right Help Right Time (RHRT)**

- Consider discussing concerns with parent / carers and seek consent where appropriate.
- Consider completing Early Help Assessment (EHA).



At any point consider seeking advice:
Children's Advice Support Service (CASS)
0121 303 1888

In case of emergency phone police on 999



**Universal /
Universal+**
Continue with early help
process using the EHA
as appropriate

Universal+ / Additional
Continue with early help process
using the EHA as appropriate.
Consider request for support
from Think Family (TF) service

**Complex &
Significant**
Request for Support
submitted to CASS for a
multi-agency strategy
discussion

17.0 Involving parents/carers

17.1 In general, we will discuss any safeguarding or child protection concerns with parents/carers before approaching other schools or agencies and will seek their consent to making a referral to another agency. Appropriate staff will approach parents/carers after consultation with the DSL.

However, there may be occasions when the madrasah will contact a school or agency before informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.

17.2 Parents/carers will be informed about our Safeguarding & Child Protection Policy through **the madrasah website**

18.0 Responding to an allegation about a member of staff

See also Birmingham Safeguarding Children Partnership procedures on **allegations against staff and volunteers**.

18.1 This procedure must be used in any case in which it is alleged that a member of staff, **governor**, visiting professional or volunteer 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**; or
- Behaved in a way that indicates s/he may not be suitable to work with **child**.
- Behaved towards a child or children in a way that indicated s/he may pose a risk of harm to children.
- The new provision as set out in part 4 of KCSIE should apply to anyone working in the madrasah who has behaved, or may have behaved, **in a way that indicates they may not be suitable to work with children**.

18.2 Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff to abuse **pupils**. In our madrasah we also recognise that concerns may be apparent before an allegation is made.

18.3 All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately.

22.3.1 Allegations or concerns about staff, colleagues and visitors must be reported directly to the **DSL or Manager** who will liaise with the Birmingham Children's Trust Designated Officer (LADO) Team who will decide on any action required.

22.3.2 If the concern relates to the **Manager**, it must be reported immediately to the Chair of the organisation, who will liaise with the Designated Officer in Birmingham Children's Trust (LADO) and they will decide on any action required.

22.3.3 If the safeguarding concern relates to the proprietor of the setting then the concern must be made directly to the Birmingham Children's Trust Designated Officer (LADO) Team who will decide on any action required.

19.0 Children with additional needs

19.1 Our school recognises that all **students** have a right to be safe. Some **students** may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug/alcohol abusing parents, etc.

20.0 Links to additional information about safeguarding issues and forms of abuse

- 25.1 Staff who work directly with children/young people, and their leadership team should refer to this information
- 25.2 Guidance on children in specific circumstances found in Annex A of KCSIE (latest Version) and additional resources as listed below:

Issue	Guidance	Source
Abuse	<p>http://westmidlands.procedures.org.uk/pkphz/regional-safeguarding-guidance/abuse-linked-to-faith-or-belief</p> <p>http://westmidlands.procedures.org.uk/pkost/regional-safeguarding-guidance/domestic-violence-and-abuse</p> <p>http://westmidlands.procedures.org.uk/pkphl/regional-safeguarding-guidance/neglect</p> <p>Children who abuse others West Midlands Safeguarding Children Group</p>	West Midlands Safeguarding Children Procedures
Bullying	<p>http://westmidlands.procedures.org.uk/pkphh/regional-safeguarding-guidance/bullying#</p>	West Midlands Safeguarding Children Procedures
Children and the Courts	<p>https://www.gov.uk/government/publications/young-witness-booklet-for-5-to-11-year-olds</p> <p>https://www.gov.uk/government/publications/young-witness-booklet-for-12-to-17-year-olds</p>	MoJ advice
Missing from Education, Home or Care	<p>http://westmidlands.procedures.org.uk/pkpls/regional-safeguarding-guidance/children-missing-from-care-home-and-education</p> <p>http://westmidlands.procedures.org.uk/pkotx/regional-safeguarding-guidance/children-missing-education-cme</p>	West Midlands Safeguarding Children Procedures
Family Members in Prison	<p>https://www.nicco.org.uk/</p>	Barnardo's in partnership with Her Majesty's Prison and Probation Service (HMPPS)
Drugs	<p>http://policeandschools.org.uk/KNOWLEDGE%20BASE/Psychoactive%20Substances.html</p> <p>http://policeandschools.org.uk/KNOWLEDGE%20BASE/alcohol.html</p>	Birmingham Police and Schools Panels

Issue	Guidance	Source
	http://westmidlands.procedures.org.uk/pkpzo/regional-safeguarding-guidance/children-of-parents-who-misuse-substances	
Domestic Abuse	http://westmidlands.procedures.org.uk/pkost/regional-safeguarding-guidance/domestic-violence-and-abuse	West Midlands Safeguarding Children Procedures
Child Exploitation	http://westmidlands.procedures.org.uk/pkpll/regional-safeguarding-guidance/child-sexual-exploitation <u>Birmingham Criminal Exploitation & Gang Affiliation Practice Guidance (2018)</u> https://www.birmingham.gov.uk/downloads/file/11545/birmingham_criminal_exploitation_and_gang_affiliation_practice_guidance_2018	West Midlands Safeguarding Children Procedures WMP, BCSP, BCT
Homelessness	https://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets	HCLG
Health & Wellbeing	http://westmidlands.procedures.org.uk/pkpht/regional-safeguarding-guidance/self-harm-and-suicidal-behaviour	West Midlands Safeguarding Children Procedures BCC Education Safeguarding
Online	http://policeandschools.org.uk/onewebmedia/Searchin%20Screening%20&%20Confiscation%20Jan%202018.pdf <u>Online safety: Children exposed to abuse through digital media West Midlands Safeguarding Children Group</u> <u>Teaching online safety in school</u>	BCC Education Safeguarding Birmingham Police and Schools Panels DfE
Private Fostering	https://www.birminghamchildrenstrust.co.uk/info/11/fostering/23/let_us_know_if_you_re_looking_after_someone_else_s_child	BCC
Radicalisation	http://westmidlands.procedures.org.uk/pkpzt/regional-safeguarding-guidance/safeguarding-children-and-young-people-against-radicalisation-and-violent-extremism	West Midlands Safeguarding Children Procedures
Violence	http://westmidlands.procedures.org.uk/pkplh/regional-safeguarding-guidance/sexually-active-children-and-young-people-including-under-age-sexual-activity https://www.birmingham.gov.uk/downloads/file/8321/responding_to_hsb_school_guidance	West Midlands Safeguarding Children Procedures BCC Education Safeguarding

Issue	Guidance	Source
	<p><u>https://www.birmingham.gov.uk/downloads/file/9504/children who pose a risk to children</u></p> <p><u>http://policeandschools.org.uk/KNOWLEDGE%20BASE/secondary_menu.html</u></p> <p><u>http://westmidlands.procedures.org.uk/pkpzs/regional-safeguarding-guidance/children-affected-by-gang-activity-and-youth-violence</u></p> <p><u>https://www.gov.uk/government/policies/violence-against-women-and-girls</u></p> <p><u>Honour-based violence West Midlands Safeguarding Children Group</u></p>	<p>Birmingham Police and Schools Panels</p>

Appendices

Appendix 1

Definitions and indicators of abuse

1. Neglect

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger
- Stealing, scavenging and/or hoarding food
- Frequent tiredness or listlessness
- Frequently dirty or unkempt
- Often poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention seeking behaviour
- Illnesses or injuries that are left untreated
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- The child is regularly not collected or received from school
- The child is left at home alone or with inappropriate carers

2. Physical abuse

Physical abuse 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, such as a hand or a belt
- Bite marks
- Round burn marks
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given

- Changing or different accounts of how an injury occurred
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

3. Sexual abuse

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate
- Thrush, persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusual compliance
- Regressive behaviour, enuresis, soiling
- Frequent or openly masturbating, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises or scratches in the genital area

4. Sexual exploitation

Child sexual exploitation occurs when a child or young person, or another person, receives "something" (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to Birmingham Children's Trust. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- Entering and/or leaving vehicles driven by unknown adults
- Possessing unexplained amounts of money, expensive clothes or other items

- Frequenting areas known for risky activities
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.
- Missing for periods of time (CSE and county lines)

5. Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent adverse effects on the child/young person's emotional development. It may involve conveying to children/young people 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/young person 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 the child/young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/young person participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children/young people frequently to feel frightened or in danger, or the exploitation or corruption of children/young people. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
- Over-reaction to mistakes
- Delayed physical, mental or emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

6. Responses from parents/carers

Research and experience indicate that the following responses from parents may suggest a cause for concern across all five categories:

- Delay in seeking treatment that is obviously needed
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- A persistently negative attitude towards the child
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home; or
- Violence between adults in the household
- Evidence of coercion and control.

7. Disabled children

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

Appendix 2

Dealing with a disclosure of abuse

When a student tells me about abuse they have suffered, what should I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell them you are pleased that they are speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record in writing, all you have heard, though not necessarily at the time of disclosure.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.
- If the disclosure relates to a physical injury do not photograph the injury but record in writing as much detail as possible.

NB - it is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately after a disclosure

You should not deal with this yourself. Clear indications or disclosure of abuse must be reported to Birmingham Children's Trust without delay, by the DSL or in exceptional circumstances by the staff member who has raised the concern.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a **young person** who has been abused can be traumatic for the adults involved. Support for you will be available from your DSL or manager.

Appendix 3

Allegations about a member of staff, governor or volunteer

1. Inappropriate behaviour by staff/volunteers could take the following forms:
 - **Physical**
For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects, or rough physical handling.
 - **Emotional**
For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.
 - **Sexual**
For example, sexualised behaviour towards pupils, sexual harassment, inappropriate phone calls and texts, images via social media, sexual assault and rape.
 - **Neglect**
For example, failing to act to protect children/young people, failing to seek medical attention or failure to carry out an appropriate risk assessment.
 - **Spiritual Abuse**
For example, using undue influence or pressure to control individuals or ensure obedience, follow religious practices that are harmful such as beatings or starvation.
2. If a child makes an allegation about a member of staff, visitor or volunteer the **Manager** must be informed immediately. The **Manager** must carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The **Manager** should not carry out the investigation him/herself or interview pupils. However, they should ensure that all investigations including for supply staff are completed appropriately.
3. The **Manager** should exercise and be accountable for their professional judgement on the action to be taken as follows:
 - If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns the **Manager** will notify Birmingham Children's Trust Designated Officer (LADO) Team¹ (Tel: 0121 675 1669). The LADO Team will liaise with the Chair of Governors and advise about action to be taken and may initiate internal referrals within Birmingham Children's Trust to address the needs of children likely to have been affected.
 - If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil. These should be addressed through the school's own internal procedures.
 - If the **Manager** decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child's safeguarding file. The allegation should be removed from personnel records.
4. Where an allegation has been made against the **Manager**, then the **Chair of the organisation** takes on the role of liaising with the LADO Team in determining the appropriate way forward. For details of this specific procedure see the Section on **Allegations against Staff and Volunteers** in the West Midlands Child protection procedures.

¹ In other authorities the LADO service is referred to as the Position of Trust Team (POT)

Approved by: Chair of Organisation

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Signed: M A Rahman