

**Bangladesh Youth League (BYL)  
Centre for Youth & Community Development (CYCD)**

**Children & Young People Safeguarding Policy & Procedures**

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**Links with other Policies**

This safeguarding policy has links with the wider safeguarding agenda:

- Child Protection Policy
  - Recruitment of staff
  - Volunteer Policy
  - Nursery & Supplementary School Code of Conduct
  - E-Safety & Social Networking
  - Whistleblowing
  - Bullying
  - Equality, Diversity & Inclusion
  - Health and Safety
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**Safeguarding Contact:**

**CYCD Safeguarding Lead: Firoza Abdool-Sathar 01582 519500**

**In the absence of the Safeguarding Lead, the following staff will act as deputies:**

<b>Fazilat Khan</b>	<b>Bangla School Co-ordinator</b>
<b>Taryn Gettleson</b>	<b>Pre-school Manager (term-time only)</b>
<b>Yasmin Akthar</b>	<b>Children's Co-ordinator</b>
<b>Rajia Begum</b>	<b>Access Disability Co-ordinator</b>

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**BYL & CYCD SAFEGUARDING POLICY**

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**PART ONE: SAFEGUARDING POLICY**

**1. INTRODUCTION**

1.1 Safeguarding is defined as –

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

(Working Together, DfE 2015)

This includes, but is not limited to safeguarding children in specific circumstances

Neglect	Physical abuse
Emotional abuse	Sexual abuse
Bullying, including online and prejudice-based bullying	Racist, disability and homophobic or transphobic abuse
Gender based violence / violence against women and girls	Radicalisation and /or extremist behaviour
Child Sexual Exploitation and trafficking	The impact of new technologies on sexual behaviour e.g sexting
Teenage relationship abuse	Substance abuse
Gang / youth violence	Domestic abuse / violence
Female Genital Mutilation	Forced Marriage
Fabricated / induced illness	Poor parenting

1.2 BYL & CYCD is committed to safeguarding and promoting the welfare of all the children and young people who use services at CYCD. We believe that:

- All children/young people have equal right to be protected from harm;
- Children/young people need to be safe and to feel safe at CYCD;
- Children/young people need support which matches their individual needs, including those who may have experienced abuse;
- All children/young people have the right to speak freely and voice their values and beliefs;
- All children/young people must be encouraged to respect each other's values and support each other;
- All children/young people have the right to be supported to meet their emotional, and social needs as well as their educational needs – a happy healthy sociable child/young person will achieve better educationally and emotionally;
- CYCD can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views and risk taking behaviours; and
- All staff, Volunteers and visitors have an important role to play in safeguarding children and protecting them from abuse.

1.3 BYL & CYCD will fulfil their responsibilities as a voluntary sector organisation working with children aged 2 – 19 (and up to 24 for young people with physical and learning disabilities) as laid out in the following documents:-

- Working Together to Safeguard Children (DfE 2015)
- Keeping Children Safe in Education: Statutory guidance for schools and colleges (DfE July 2015)
- The Procedures of Luton Safeguarding Children Board
- The Children Act 1989
- Prevent Duty, Counter Terrorism and Security Act 2015
- Serious Crime Act 2015

## 2. OVERALL AIMS

2.1 This policy will contribute to safeguarding our children and promoting their welfare by:

- Clarifying standards of behaviour for staff, volunteers and children;
- Contributing to the establishment of a safe, resilient and robust ethos in the Nursery, Supplementary School including Bangla school, children's work, youth work and Access Disability Project built on mutual respect, and shared values;
- Creating an organisational culture that is safe for children;
- Introducing appropriate work within our programmes, activities and curriculum;
- Encouraging children and parents to participate;
- Alerting staff and volunteers to the signs and indicators that all might not be well;
- Developing staff and volunteers awareness of the risks and vulnerabilities children face;
- Addressing concerns at the earliest possible stage in the least intrusive way; and
- Reducing the potential risks children face of being exposed to violence, extremism, exploitation, or victimisation

2.2 This policy will contribute to supporting children and young people by:

- Identifying and protecting the most vulnerable
- Identifying individual needs where possible; and
- Designing plans to meet those needs.

2.3 This policy will contribute to the protection of children by:

- Including appropriate work within our programmes, activities and curriculum;
- Implementing child protection policies and procedures; and
- Working in partnership with children, parents and agencies.

## 3. KEY PRINCIPLES

3.1 The key principle of safeguarding, as stated by Luton Safeguarding Children Board is that safeguarding is everybody's responsibility. This is reinforced within the Statutory Guidance 'Keeping Children Safe in Education' (2015)

3.2 In addition, Luton Borough Council has identified the following key safeguarding messages which we endorse.

- Always see the child first and consider what life is like for the child, maintaining a culture of vigilance
- Provide support and intervention at the earliest possible opportunity in the least intrusive way in accordance with Luton LSCB Thresholds Framework
- Have conversations, build relationships and maintain professional curiosity

- Focus on securing improved outcomes for children and consider what difference support or interventions have made on children's lived experiences
- Build a culture of openness and transparency where all staff are able to demonstrate understanding of their role and responsibility to safeguard and promote the welfare of children
- Every child & young person is entitled to a rich and rounded curriculum.
- When issues arise, we should speak out, addressing them internally where possible and engaging in a multi agency response when required

#### 4. KEY PROCESSES

- 4.1 All staff and volunteers should be aware of the guidance issued by Luton Safeguarding Children Board Threshold Framework to ensure children in order to secure the support and intervention at the earliest possible opportunity in the least intrusive way. (<http://lutonlscb.org.uk/pdfs/threshold-framework.pdf>). This document is integral to safeguarding children in Luton educational establishments and will always be used to underpin decision making.

#### 5. EXPECTATIONS

- 5.1 All staff, volunteers and visitors will:

- Be familiar with this safeguarding policy and implement this consistently in the course of their work with children and young people;
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers.
- Be alert to signs and indicators of possible abuse (See Appendix One for current definitions and indicators);
- Record concerns and give the record to the Designated Safeguarding Lead who is **Tahir Khan, CYCD Acting Director**, and
- Recognise and respond to concerns about the behaviour of staff, volunteers children and young people which indicates they may pose a risk of harm to children following interagency procedures agreed by the LSCB;
- Deal with a disclosure of abuse from a child in line with the guidance in Appendix Two - you must inform the Designated Safeguarding Lead immediately, and provide a written account as soon as possible;

- 5.2 All staff and volunteers will receive single agency level one training at least once every three years. Key staff with designated responsibility for safeguarding will undertake higher level training and will utilise these training opportunities available from the LSCB and other organisations as agreed with the CYCD Director and Trustees.

Staff training needs will be assessed by taking into consideration LSCB priorities and local context. Plans will be put into place to ensure staff and volunteers have the appropriate training, skills and knowledge in order to undertake their safeguarding responsibilities safely and effectively.

#### 6. THE DESIGNATED SAFEGUARDING LEAD

- 6.1 **Our Designated Safeguarding Lead is Tahir Khan, CYCD Acting Director.** He will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care. Health, police etc.

This person has lead responsibility and management oversight for safeguarding and child protection. The CYCD Director, will be ultimately responsible for co-ordinating all child protection activity within CYCD.

- 6.2 When concerns about a child are raised or reported, the Designated Safeguarding Lead will decide what steps should be taken in accordance with the LSCB Thresholds Framework and initiate a response accordingly.
- 6.4 Safeguarding and child protection information will be dealt with in a confidential manner and in accordance with the LSCB information sharing guidance. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to deal with an individual child and / or family. A written record will be made of what information has been shared with whom, and when.
- 6.5 Safeguarding and child protection records will be stored securely in a central place separate from academic records.
- 6.6 Access to safeguarding and child protection records by staff other than by the Designated Safeguarding Lead will be restricted, and a written record will be kept of who has had access to them and when.
- 6.7 Parents will usually (subject to point 6.8 below) be aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff.
- 6.8 **Do not disclose to a parent any information held on a child if this would put the child at risk of significant harm.** In such circumstances advice will be sought from Children's Social Care.
- 6.9 When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there should be a full face to face handover/exchange of information with the new post holder.

## 7. THE CYCD Executive Committee and BYL Trustees

- 7.1 **The CYCD Executive Committee, which consists of elected Trustees from Bangladesh Youth League and Bengali Women's Project** will ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training are effective and comply with the law at all times
- 7.2 The Executive Committee will ensure that:
  - CYCD contributes to inter-agency working in line with statutory guidance Working Together to Safeguard Children 2015.
  - CYCD safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by the Local Safeguarding Children Board (LSCB).
  - CYCD has an effective safeguarding policy in accordance with the procedures of Luton Safeguarding Children Board. These describe the procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the LSCB. The Executive Committee will ensure that the Policy is updated annually, and is available publicly upon request

- That the CYCD Director ensures that safeguarding policies and procedures which have been adopted by the Executive Committee are consistently implemented
- CYCD has an appropriate staff behaviour policy (sometimes called the code of conduct) which should amongst other things include - staff/child relationships and communications including the use of social media, and that the code of conduct differentiates between Nursery & Supplementary School and children's, youth work and Access Disability Project.
- CYCD has procedures for managing allegations and concerns about adults that work or volunteer with children and that these include the procedures for making referrals to the DBS in accordance with legal duties
- CYCD operates, "safer recruitment" procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers;
- The Designated Safeguarding Lead attends appropriate refresher training every two years;
- The Director and all other staff who work with children undertake training at three yearly intervals which is informed by the local context of CYCD together with LSCB local priorities
- Temporary staff and volunteers are made aware of our arrangements for child protection and their responsibilities;
- CYCD remedies any deficiencies or weaknesses brought to its attention without delay; and
- CYCD has procedures for dealing with allegations of abuse against staff, volunteers and contractors.

7.3 The Executive Committee reviews its policies/procedures annually

7.4 The Nominated Trustee for child protection at CYCD is **Mr Irak Chowdhury, Chair of BYL**. The Nominated Trustee is responsible for liaising with the CYCD Director over all matters regarding child protection issues. The role is strategic rather than operational – they will not be involved in concerns about individual children.

7.5 Ensure that procedures are in place to manage allegations against other children that are commensurate with Luton LSCB procedures such as those for sexually problematic and harmful behaviours.

7.6 Ensure that there are processes in place which enables children and young people to express their wishes and feelings and provide feedback.

## 8. A SAFER CULTURE

The culture at CYCD is one that is safe for children and unsafe for adults that may pose a risk to children. There is a belief that safeguarding is the responsibility of all adults working or volunteering within the organisation and that all concerns will be reported to the designated senior manager (usually the CYCD Director) in accordance with the procedures of the organisations. Essential to this is professional curiosity, openness and transparency where the focus remains on the children attending the CYCD.

### Safer Recruitment and Selection

8.1 CYCD pays full regard to Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes

undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS).

- 8.2 All recruitment materials will include reference to our commitment to safeguarding and promoting the wellbeing of children

**Staff support**

- 8.3 We recognise the stressful and traumatic nature of safeguarding and child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

**9. OUR ROLE IN THE PREVENTION OF ABUSE**

- 9.1 We will provide opportunities for children to develop skills, concepts, attitudes and knowledge that promote their safety and well-being together with preparing children for life in modern Britain and embedding these values in our work across the organisation.

- 9.2 All our policies which address issues of power and potential harm to ensure a whole organisation approach such as

- Safe Recruitment
- Code of Conduct
- E-Safety & Social Networking
- Whistleblowing
- Health and Safety
- Bullying
- Equality, Diversity & Inclusion

- 9.3 Our safeguarding policy cannot be separated from the general ethos of CYCD, which should ensure that children are treated with respect and dignity, taught to treat each other with respect, feel safe, have a voice, and are listened to.

**10. SAFEGUARDING CHILDREN WHO ARE VULNERABLE TO EXTREMISM,**

- 10.1 Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism.

- 10.2 CYCD values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both children and staff 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. Essential to CYCD is fundamental British values of Democracy, Rule of Law, Equality of Opportunity, Freedom of Speech and the rights of all Women and Men to live free from persecution of any kind and it would be expected that views and opinions expressed would be commensurate with these.

- 10.3 The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people



vulnerable to future manipulation and exploitation. CYCD is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

- 10.4 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix Four.
- 10.5 CYCD seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to all extreme religious ideology of any kind, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

**Risk reduction**

- 10.6 The CYCD Director with the CYCD Executive Committee will assess the level of risk CYCD and put actions in place to reduce that risk. In addition, the school Prevent Action Plan template may be used to demonstrate how the organisation is fulfilling the prevent duty.

**Response**

- 10.7 CYCD has appointed its Director as the Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism. The responsibilities of the SPOC are described in Appendix Five.
- 10.9 When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC and to the Designated Safeguarding Lead if this is not the same person. If a child or Young Person is thought to be at risk of radicalisation, a referral to Channel Panel will be made using the Early Help Assessment form.
- 10.10 Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.
- 10.11 Staff will receive WRAP training in order to raise awareness of Prevent and to understand their role in ensuring vulnerabilities are recognised and appropriate support or intervention is secured.

**11. SAFEGUARDING CHILDREN WHO ARE VULNERABLE TO EXPLOITATION, FORCED MARRIAGE, FEMALE GENITAL MUTILATION, OR TRAFFICKING**

- 11.1 Our safeguarding policy above through CYCD's values, ethos and behaviour policies provides the basic platform to ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other.
- 11.2 CYCD keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.
- 11.3 Our staff are supported through training to recognise warning signs and symptoms in relation to specific issues, include such issues in an age appropriate way in their curriculum,

- 11.4 We work with and engage young people, families and the community to talk about such issues,
- 11.5 Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible. However, if a child is thought to be at risk of significant harm and discussing this with the parent may increase the risk of harm, advice will be sought from Children's Social Care Rapid Intervention and Assessment Team and a referral will be made
- 11.6 Our Designated Safeguarding Lead knows where to seek and get advice as necessary.

## **12. WHAT WE DO WHEN WE ARE CONCERNED**

- 12.1 All concerns will be viewed alongside the LSCB Thresholds Framework in order to ensure the appropriate support or intervention is provided at the earliest opportunity in the least intrusive way.
- 12.2 Where risk factors are present but there is no evidence of a particular risk then our DSL /SPOC advises us on preventative work that can be done to engage the child into mainstream activities and social groups. The DSL may well be the person who talks to and has conversations with the child's family, sharing our concern about the young person's vulnerability and how the family and CYCD can work together to reduce the risk.
- 12.2 Additional support or advice for this work may be sought from the Early Intervention Hub / Stronger Families team. In cases where it is not possible to obtain consent from the Parent / Carer the school / academy will seek advice from the Early Help Hub.
- 12.3 CYCD will review each case to ensure that any support or intervention provided has impacted positively on the welfare / safety of the child or young person and that improvement is sustained.
- 12.4 In consultation with the LSCB Thresholds Framework, if the concerns about the child or young person indicate that they may be at risk of, or suffering significant harm a referral will be made to the Rapid Intervention and Assessment Team. The parent will be informed of the referral unless informing the parent may place the child / young person at increased risk of harm.
- 12.6 If CYCD are concerned that a child / young person has experienced or is at risk of FGM a Child Protection referral will be made to the Rapid Intervention and Assessment Team in accordance with interagency procedures produced by the LSCB
- 12.7 If CYCD are concerned that a child may be at risk of significant harm in relation to radicalisation or involvement in violent extremism a child protection referral will be made to the Rapid Intervention and Assessment Team

### **13. INVOLVING PARENTS / CARERS**

- 13.1 In general, we will discuss any safeguarding and child protection concerns with parents / carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents / carers after consultation with the Designated Safeguarding Lead. However there may be occasions when we will contact another agency **before** informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.
- 13.2 Parents / carers will be informed about our safeguarding policy through:
- *CYCD Website*
  - *Parents / Carers information sheet*
  - *Nursery & Supplementary School Prospectus*
  - *Parents / Carers newsletters*

### **14. MULTI-AGENCY WORK**

- 14.1 We work in partnership with other agencies in the best interests of the children.
- 14.2 We will co-operate with any child protection enquiries conducted by children's social care: CYCD will ensure representation at appropriate inter-agency meetings such as team around the family meetings, initial and review child protection conferences, together with core group meetings where appropriate for us to do so. We will provide reports, if requested to do so.
- 14.3 Where there are concerns about a child who may be at risk of or experiencing Child Sexual Exploitation, in addition to the processes referred to above CYCD will make a referral to the Child Sexual Exploitation Panel in accordance with Local procedures.
- 14.4 Where there are concerns that a child or young person may be, or is at risk of becoming involved in gang related activity, a referral will be made to the MAG panel in accordance with Local procedures
- 14.5 If a child has been exposed to domestic abuse or violence CYCD will contribute to the Multi Agency Risk Assessment process, if requested, as appropriate. This is in addition to providing early help and support in accordance with the Luton LSCB Threshold Framework.

### **15. OUR ROLE IN SUPPORTING CHILDREN**

- 15.1 We will offer appropriate support to individual children who have experienced abuse or who have abused others.
- 15.2 Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within CYCD.

## **16. RESPONDING TO AN ALLEGATION OR CONCERN ABOUT A MEMBER OF STAFF**

*CYCD will comply with the LSCB procedures for managing allegations about adults that work or volunteer with children in all circumstances*

- 16.1 This procedure should be used in any case in which it is alleged that a member of staff, Trustee, visiting professional, contractor 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 pose a risk of harm to children
- 16.2 Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff and volunteers at CYCD to abuse children.
- 16.3 All staff and volunteers working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors must be reported direct to CYCD Director unless the concern relates to CYCD Director. If the concern relates to the CYCD Director, it must be reported immediately to the Chair of Trustees (BYL).
- 16.4 If the CYCD Director is not available, ie due to illness or leave, the member of staff should report their concerns to the most senior member of staff available to discuss the concerns.
- 16.5 Should the school dismiss a member of staff/volunteer as a result of a substantiated allegation, or should a member of staff/volunteer resign before an investigation has been completed, in accordance with Statutory Duty a referral to the Disclosure and Barring Service will be made. If the member of staff is a qualified teacher, the school will in accordance with published guidance from the Department for Education consider whether a referral to the National College of Teaching and Leadership (NCTL) should be made.

## **17. CHILDREN WITH ADDITIONAL NEEDS**

- 17.1 CYCD recognises that while all children have a right to be safe, some children 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.

## **18. CHILDREN IN SPECIFIC CIRCUMSTANCES**

- 18.1 Guidance on children in specific circumstances is in Luton Safeguarding Children Board / Luton Borough Council procedures as listed below
- Abuse Linked to Spiritual Belief
  - Child Sexual Exploitation
  - Safeguarding Children vulnerable to Gang Activity
  - Supporting individuals vulnerable to violent extremism
  - Children of Parents who Misuse Substances
  - Children of Parents with Learning Difficulties

- Working with parents/carers with mental health problems
- Working with parents/carers with disabilities
- Disabled Children
- Protocol for dealing with domestic violence when children are involved
- E-Safety – Children Exposed to Abuse through the Digital Media
- Female Genital Mutilation
- Forced Marriage / Honour Based Violence
- Safeguarding children who may have been trafficked
- Protocol & Guidance; Working with Sexually Active Young People

## APPENDICES

## APPENDIX ONE

### 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; or
- 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; or
- 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 penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit act 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 open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- 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 children’s social care. 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.

The intelligence reporting form on the LSCB website will be used to share information with Police and children's social care that raises a concern around CSE.

In addition to making referrals to children's social care, referrals of children thought to be at risk of, or experiencing CSE will be referred to the Child Sexual Exploitation panel.

## **5. EMOTIONAL ABUSE**

Emotional abuse is 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 children 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 the 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 also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber 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

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;
- Behaviours such as 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 communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

## **6. RESPONSES FROM PARENTS**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four 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.

## **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 might not be of concern on an ambulant child such as the shin, might be 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 TWO

### DEALING WITH A DISCLOSURE OF ABUSE

#### When a child tells me about abuse s/he has suffered, what must I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is 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 all you have heard.
- 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.

NB It is not CYCD staff or volunteer'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 afterwards

**You must not deal with this yourself.** Clear indications or disclosure of abuse must be reported to children's social care without delay, by the CYCD Director.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from you're the CYCD Director.

## APPENDIX THREE

### 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 inappropriate 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. Excessive or aggressive shouting
  - **Sexual**  
For example sexualised behaviour towards peers, sexual harassment, sexual communication including via social networking, email, text, grooming behavior, sexual assault and rape.
  - **Neglect**  
For example failing to act to protect a child or children, failing to seek medical attention or failure to meet a child's basic needs
2. If a child makes an allegation or raises a concern about a member of staff, governor, visitor or volunteer the CYCD Director should be informed immediately

**The CYCD Director will not carry out the investigation him/herself or interview children or young people.**

3. If a child makes an allegation of physical abuse against an adult that works with children and there are visible bruises, marks or injuries. Or if a child makes an allegation of sexual abuse against an adult that works with children Child Protection procedures will be followed and a referral made to the Rapid Interventions and Assessment Team.
3. The CYCD Director must exercise, and be accountable for, their professional judgement on the action to be taken, as follows –
4. Where an allegation has been made against the CYCD Director, then the Chair of the Governing Body 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 procedures of Luton Safeguarding Children Board

## APPENDIX FOUR

### INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:  
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:  
The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Children may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the child is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging; Personal Circumstances – migration; local community tensions; and events affecting the child’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
  - Unmet Aspirations – the child may have perceptions of injustice; a feeling of failure; rejection of civic life;
  - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
  - Special Educational Need – children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
  - Being in contact with extremist recruiters;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature;
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations; and
  - Significant changes to appearance and / or behaviour;
  - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

**APPENDIX 5**

**RECORDING PROCEDURE**

	<b>Who</b>	<b>Action</b>	<b>Detail</b>
1.	Person with concern	Complete a recording form	Any member of staff, volunteer or visitor who identifies or receives a concern about the safety or welfare of a child should complete a Safeguarding Children Recording Form (unless the concern is of an urgent nature in which case appropriate action should be taken immediately and the form completed afterwards).
2.	Person with concern	Take the form to the Designated safeguarding Person	On completion of the form the person should take it to the setting's Designated Senior Member of Staff for Child Protection. If this person is unavailable the form should be taken to whoever acts in his or her absence.  Important: The form is designed to facilitate a discussion about the concern or incident. The form <u>must not</u> be left for the Designated Person to access at a later date, for example in their pigeonhole or post tray. This may cause a critical delay in dealing with the concern and impact on confidentiality
3.	Person with concern and Designated CP Person	Discuss concern with the Designated Person and agree actions	The person who has made the recording should discuss the concern with the Designated Person. They should agree together, in conjunction with the LSCB Inter-Agency Safeguarding Procedures and Thresholds Framework what action should be taken and by whom (see Suggested Actions). These actions should be recorded on the Concerns Chronology Form, and all parties should agree how and when the actions will be reviewed.
4.	Designated CP Person	Add a summary to the Child Concerns Chronology	A summary of the concern and the actions agreed should be added to the chronology of concerns sheet and the recording form placed behind this chronology
5.	Person with concern and Designated CP Person	Review the actions	The review discussion should consider if the previously agreed actions have been completed and if further action or review is required. The key points of this discussion should be recorded on the back of the original Safeguarding Recording Form.

Appendix 6

CYCD Safeguarding Recording Form

<b>Child name:</b>		<b>Child date of birth</b>	
<b>Name of Adult reporting:</b>		<b>Position held by adult reporting</b>	
<b>Date of concern/disclosure</b>		<b>Time of concern/disclosure</b>	

**Describe the incident/reason for concern (describe the incident, reason for concern, any identifiable impact on child):**

**Does the child have any bruises, marks or injury? If yes, please describe what and where**

**Take this form to the CYCD Director (Designated Safeguarding Person)**

Notes from the meeting must be recorded.

<b>Actions to be taken</b>	<b>Timescales</b>	<b>Completed</b>

Signed by adult reporting \_\_\_\_\_ Date \_\_\_\_\_

Signed by CYCD Director \_\_\_\_\_ Date \_\_\_\_\_