



Policy 2 Safeguarding Children and Child Protection Policy

1. Culture of safety, equality and protection

Although Daisy Programme does not work directly with children under 16, we do work with children and young people over the age of 16 years, parents and the community to ensure we support children's rights and create and maintain the safest possible environment for children. Occasionally children will be present with their parent or carer when attending Daisy activities.

We create this culture by:

- Recognising that all children have the right to freedom from abuse and harm
- Promoting joint working with parents and carers in the interest of children's welfare
- Following safe recruitment procedures which ensure that staff are carefully selected, vetted and have the relevant qualifications and experience.
- Ensuring that all staff are aware of and accept responsibility for helping to prevent the abuse of child
- Designating a Safeguarding Lead who takes specific responsibility for children's protection, safety and well-being
- Supporting all staff in bringing concerns to the Designated Safeguarding Lead
- Responding quickly and appropriately to all suspicions or allegations of abuse
- Providing parents, carers, and children with the opportunity to voice any concerns they may have. This includes having knowledge of, and ensuring children have access to their preferred methods of communication and that staff are trained in a variety of communication tools.
- Adopting positive behaviour management strategies which are non-violent and do not impose humiliation
- Reviewing the effectiveness of the Daisy Programme's Safeguarding Children and Child Protection Policy and Procedures and updating when appropriate.
- Working in partnership with external Daisy Programmes partners and Staff and volunteers to ensure that children are protected

2. Board / Senior Daisy Programme

Leigh Taylor, Project Manager leads on safeguarding in Daisy Programme and takes responsibility for Daisy Programme safeguarding arrangements. She is the accountable person that will ensure that children's welfare is promoted in the provision of all services to children.

3. Procedures

All staff and volunteers should be familiar with the leaflet

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused-2> (HM Government, March 2015) and Daisy Programme whistle-blowing procedures in the Hub.

4. Named person's role and responsibilities

It is the role of the Designated Safeguarding Lead (DSL – Leigh Taylor – Project Manager) to act as a source of support and guidance on all matters of child protection and safeguarding within the setting. In the absence of the DSL, staff should report any concerns to the Deputy Safeguarding Lead (Jo Jacklin – Project Officer) who will act in accordance with this policy and Norfolk County Council Child Protection Procedures and will report back to the DSL.

Everyone in the Daisy Programme should know who the Designated Safeguarding Lead (DSL) is and how to contact them.

It is not the role of the Designated Safeguarding Lead to decide whether a child has been abused or not. This is the task of Children's Social Services who have the legal responsibility. But it is the responsibility of the Designated Safeguarding Lead to ensure that concerns are shared, and appropriate action taken.

The designated member of staff is responsible for:

- Liaising with the CADS (Norfolk Children's Advice and Duty Service)
- Ensuring that all staff receive appropriate child protection training so that they are up to-date with current legislation, policy and practice and are able to respond sensitively and appropriately to any child protection concerns.
- Ensuring that all staff new to Daisy Programme receive induction training to enable them to understand and adhere to the organisation's policies, including reporting and whistleblowing procedures.
- Ensuring that child protection referrals are made using the format agreed by Norfolk's CADS.
- Ensuring the Daisy Programme's child protection and safeguarding policies and procedures are maintained, up-to-date and are disseminated and adhered to by staff and volunteers.

5. Procedures to follow if you suspect that a child is at risk of harm

We have a statutory duty to notify agencies if we have a concern about children's safety and welfare (Working Together to Safeguard Children 2018).

- Where there is a concern about a child's welfare or wellbeing or a concern that a child is in need of protection, this should be recorded on the safeguarding report form and then passed on to the *Designated Safeguarding Lead* for action (or if unavailable then seek advice from CADS)
- Records should be kept securely in the office filing cabinet
- All staff and volunteers must be aware that they must report concerns immediately to prevent further harm
- All records of concerns, emails, notes of phone conversations and actions are filed confidentially and securely
- The flowchart for '*Making a child protection referral to children's social care*' is displayed and attached to this policy on page 10. This Safeguarding Policy is also accessible to any parents and carers using our services
- Concerns will be discussed with parents unless this would put the child at further risk of serious harm and unless we are advised otherwise by CADS the recording forms will be shared with parents

6. Managing a 'disclosure'

Staff should:

- Stay calm and listen to the child
- Ask questions for clarification only. Avoid asking questions that suggest a particular answer or "leading" the child
- Consider how to explain to the child about our policies and procedures so that they know what is going to happen
- Tell them who you are going to tell so that they can be made safe – children may fear that what they have said will be passed on to everyone and they need to know that this will not be the case

- If the child has disclosed sexual abuse, ask them when it happened but nothing more. Whether a child is asked this question will depend upon the child's age and understanding
- Tell them that they were right to tell you and it was not their fault and they are not bad
- As soon as possible take care to record in writing what was said using the child's own words. Record the date, time, setting, any names mentioned, to whom the information was given, and other people present. Sign and date the record
- Record any subsequent events and actions
- It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with the Designated Safeguarding Lead.

You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interests of the child / young person, these concerns should be raised with the Designated Safeguarding Lead and followed through appropriately.

7. Recording and reporting

Recording is central to safeguarding and protecting children. It is not always possible to know whether a small or vague concern may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason, it is vital that concerns are recorded accurately so that they can be monitored, and emerging patterns noticed.

The Designated Safeguarding Lead will follow procedure as set out here:

<https://www.norfolkscb.org/wp-content/uploads/2015/04/CADS-flowchart-FINAL.pdf>

8. Training

All members of staff and volunteers will regularly access appropriate safeguarding training as set out by Norfolk County Council Safeguarding Children Partnership and ensure their knowledge is up to date on safeguarding issues. Daisy Programme will ensure that the training made available will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.

9. Safer recruitment

Safe recruitment and selection practice is vital to safeguarding and protecting children. All staff and volunteers are carefully selected. Daisy Programme's recruitment procedures are in line with the NSCB safer recruiting guidelines.

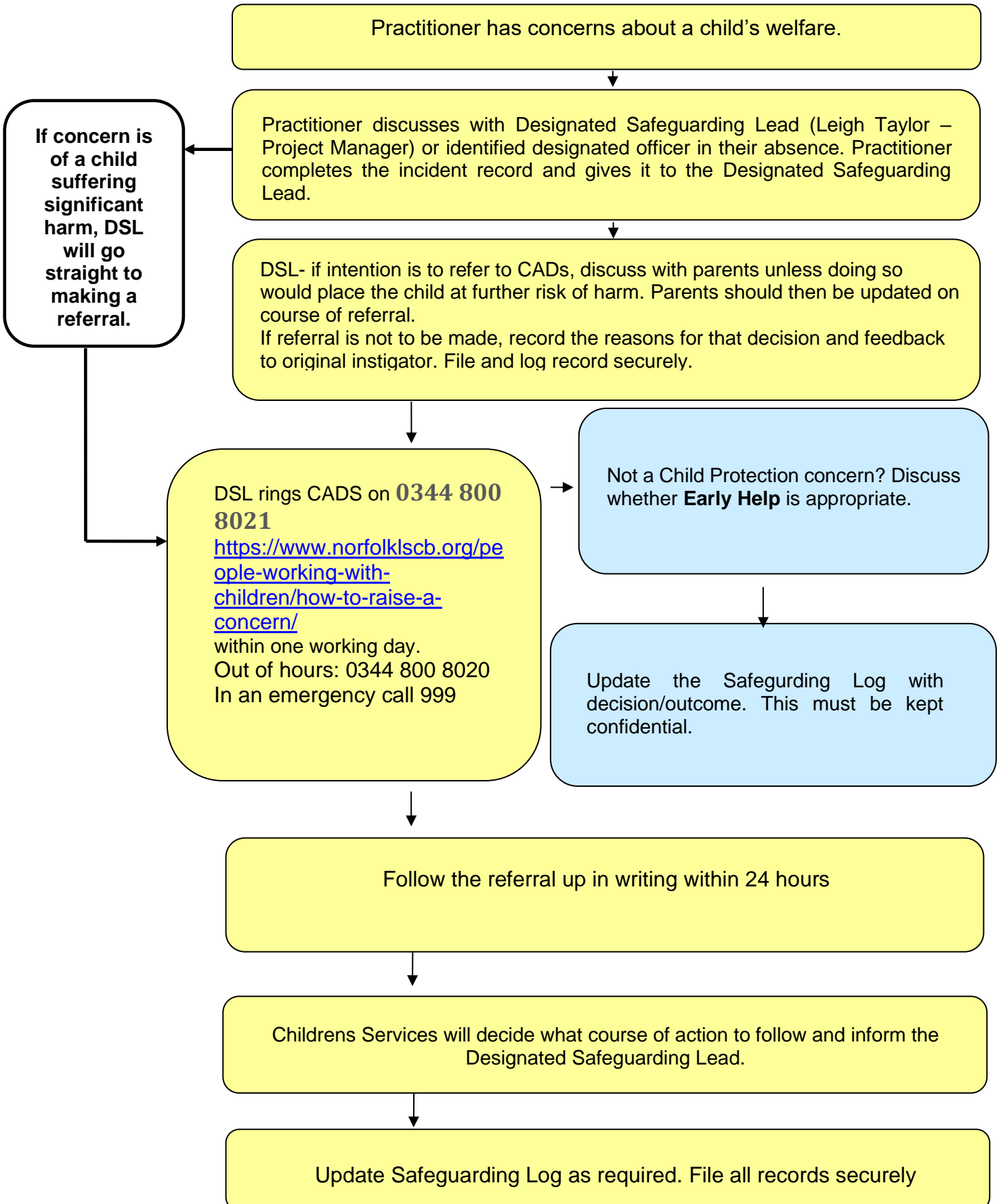
- DBS checks are carried out in accordance with legislation for all staff, student on placements, volunteers and session counsellors before they are allowed to work with us.
- DBS disclosures are recorded in staff and volunteer files.
- All new members of staff, volunteers, students on placement and session counsellors complete the induction process and sign to agree they have understood our policies, procedures and basic safeguarding practices.

10. Responding to allegations made against a member of staff/volunteer

Despite all efforts to recruit safely there will be occasions when allegations are made of abuse by staff or volunteers against children. All staff must be vigilant in relation to inappropriate behaviour displayed by members of staff, or any other person working with the children. Examples include inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual roles and responsibilities; or inappropriate sharing of images.

All concerns about staff should be reported immediately to the designated safeguarding lead and the whistle-blowing policy should be followed. It is the responsibility of this designated safeguarding lead to report allegations to, and otherwise liaise with, the local authority designated officer (LADO) who has the responsibility to manage and have oversight of allegations against people who work with children

The DSL will liaise with the Local Authority Designated Officer (LADO) who will manage any allegation.



Understanding and identifying abuse and neglect

The four main categories of child abuse are **physical, sexual, emotional abuse** and **neglect**.

a) 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 fabricates the symptoms of, or deliberately induces illness in a child

Some possible signs of physical abuse:

- Unexplained injuries, for example, bruising, bite marks, burns and fractures, particular if recurrent.
- Improbable explanations given for injuries.
- Several explanations provided for an injury.
- Refusal to discuss injuries.
- Untreated injuries.
- Withdrawal from physical contact.
- Admission of punishment which seems excessive or inappropriate
- Shrinking from physical contact or flinching
- Fear of going home or of a parent/carer being contacted
- Fear of undressing or changing or being changed
- Fear of medical help
- Aggression/bullying
- Over-compliant behaviour or a 'watchful attitude'
- Running away
- Significant changes in behaviour with no explanation
- Unexplained patterns of attendance
- Covering up i.e. wearing seasonally inappropriate clothing
- Signs of physical discomfort without explanation
- Female genital mutilation- partial or total removal of the external female genitalia or injury to the female genital organs

b) Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve: Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person; Imposing age or developmentally inappropriate expectations 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; Seeing or hearing the ill-treatment of another e.g. where there is domestic abuse;

Serious bullying, causing children frequently to feel frightened or in danger; exploiting and corrupting children.

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

Some possible signs of emotional abuse:

- Continual self-deprecation, low self esteem
- Fear of new situations, beyond what would be appropriate
- Inappropriate emotional responses to new, difficult or painful situations
- Self-harm (this can present in young children as well as older ones)
- Compulsive stealing, scrounging

- Obsessive behaviours such as rocking or thumb-sucking
- Detachment – ‘Don’t care’ attitude
- Social isolation – does not join in and does not have friends
- Attention-seeking behaviour beyond what would be age appropriate
- Eating problems including lack of appetite or over-eating
- Depression, withdrawal
- Inability to concentrate
- Obsessive masturbation in public
- Acting out aggression between parents or talking about domestic violence at home
- Attaching inappropriately to strangers or people that they do not know well

c) Sexual Abuse and Exploitation

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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or 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.

In addition; sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003

Some possible signs of sexual abuse:

- Continual or excessive masturbation.
- Asking if you will keep a secret if they tell you.
- Unexplained sources of money, sweets or presents.
- Reluctance to get changed for an activity.
- Chronic ailments such as stomach-ache or headaches.
- Involving other children in sexual activity.
- Self-harm.
- Bruises, bites or marks on the body
- Scratches, abrasions or persistent infections in anal or genital regions
- Age-inappropriate sexual awareness, may be evident in play, drawings, vocabulary, writing or behaviour towards children or adults
- Attempts to teach other children about sexual activity
- Attempting to coerce other children into sexualised games or behaviours
- Refusal to stay with certain people or to go to certain places
- Aggression, anger, anxiety, tearfulness

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number

of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some possible signs of sexual exploitation

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss school or education or don't take part in education

d) 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 of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected. Once a child is born, neglect may involve a parent 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);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs

Some possible signs of neglect:

- Constant or frequent hunger
- Small stature or growth or, in babies or young children, not meeting milestones with no medical explanation
- Poor personal hygiene – in babies or young children this might present as always having nappy rash or regularly being left in dirty, soiled clothes/underwear
- Frequently being sent to school or nursery when ill
- Inappropriate clothing (too large, too small, clothes for the opposite gender)
- Frequent lateness or non-attendance
- Medical needs not met, or treatment not sought
- Low self-esteem, sense of unworthiness
- Poor social and peer relationships
- Constant tiredness or hunger
- Compulsive stealing or scrounging
- Constant lack of response or interest from parent/carer
- Under-achieving at school or nursery
- High and unusual levels of anxiety or being preoccupied

Bullying

Bullying can also be a type of abuse. Bullying is the abuse and/or intimidation by a person, or people against another or others. It may be a specific act or it may be institutional. It is an abuse of a perceived power relationship. Children can also bully other children. Bullying may include verbal abuse and intimidation, acts of physical or sexual abuse and coercion, e-bullying, through texting, filming on mobiles and posting on social networks. Whatever its form it is unacceptable. It must be challenged and appropriately addressed.

Some possible signs of bullying:

- Reluctance to attend activities previously enjoyed.
- Tearfulness, depression, erratic emotions, loss of concentration.
- Stomach aches, headaches, difficulty in sleeping, bed-wetting, bruising, cuts scratches, damaged clothing, bingeing on food, alcohol or cigarettes.
- Shortage of money, frequent loss of possessions.
- Asks for money or starts stealing (to pay bully/ies)
- Drop in performance.

Domestic Violence

The Home Office definition of Domestic violence and abuse is:

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional. “

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

This definition includes so called *honour* based abuse, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. All agencies need to work together to identify and protect these children/young people.

It has been widely understood for some time that coercive control is a core part of domestic violence and it is important to recognise coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control.

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship. Seeing or overhearing violence to another person in the home has adverse effects on a child’s development and welfare. Unborn children are also at increased risk; domestic violence is a prime cause of miscarriage, still birth, premature birth, foetal psychological damage, foetal physical injury and foetal death.

Children of all ages living with a parent, most often the mother, who is experiencing domestic violence, are vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect.

Significant harm

The legal definition of significant harm includes “the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home”.

Staff and volunteers should apply the Norfolk Safeguarding Children Partnership guidance <https://www.norfolkscb.org/about/policies-procedures/7-4-domestic-violence-and-abuse/> to all situations of domestic violence, for example, where it is perpetrated by women or girls against men and boys, within same sex relationships and from a child.

Staff and volunteers should be aware of the possibility that adolescents could be experiencing violence within intimate partner relationship.

Female Genital Mutilation (FGM)

The World Health Daisy Programme defines FGM as: “all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons”

FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical and emotional abuse. Where a child is thought to be at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

13. Forced Marriage

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.

Suspicious that a child may be forced into marriage include: A family history of older siblings leaving education early and marrying early; depressive behaviour including self-harming and attempted suicide; being kept at home by their parents; being unable to complete their education; a child always being accompanied including to school and doctors' appointments; a child talking about an upcoming family holiday that they are worried about; a child directly disclosing that they are worried they will be forced to marry.

Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim, so an appropriate initial response is vital. Staff and volunteers should not minimize the potential risk of harm or attempt to be a mediator. Staff and volunteers should see the child immediately, on their own, in a secure and private place and contact Daisy Programme's Designated Safeguarding Lead.

14. Honour Based Abuse

The Norfolk Police definition of so-called honour-based abuse is: 'a crime or incident, which has or may be committed to protect or defend the honour of the family and/or community'. Honour based violence cuts across all cultures and communities.

The perceived immoral behaviour could include: Inappropriate make-up or dress; the existence of a boyfriend; kissing or intimacy in a public place; rejecting a forced marriage; pregnancy outside of marriage; being a victim of rape; interfaith relationships; leaving a spouse or seeking divorce.

A child who is at risk of honour-based abuse is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. These include: House arrest and excessive restrictions; denial of access to the telephone, internet, passport and friends; threats to kill; pressure to go abroad. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

When receiving a disclosure from a child, Staff and volunteers should recognise the seriousness / immediacy of the risk of harm. Staff and volunteers should not minimize the potential risk of harm or attempt to be a mediator. Staff and volunteers should see the child immediately, on their own, in a secure and private place and contact the agency's named child protection person.

When FGM, Forced Marriage or Honour Based Violence is suspected the Police must be contacted immediately. Report any concerns to the Designated Safeguarding Lead without delay and before the child has left your company.

Vulnerability of Disabled Children

Research indicates that children with special educational needs or disabilities are more vulnerable to abuse. This may be for the following reasons:

- Attitudes and assumptions can lead to the denial or failure to report abuse
- Reluctance to challenge carers – misplaced empathy
- Seeing abuse as attributable to the stress and difficulties of caring for a disabled child
- Beliefs that abuse does not impact on disabled children in the same way
- Double standards – unsatisfactory situations accepted for disabled children
- Dependency – exposure to a wide range of carers for personal and intimate care
- Isolation – easier for abuse and neglect to remain hidden
- Lack of participation and choice in decision making – disempowered and less likely to complain
- Especially vulnerable to bullying and intimidation
- Behaviours misconstrued as part of child's disability
- Communication barriers – may make it difficult to tell others what is happening
- Judgements made about a child's ability to communicate not based on accurate information and specialist advice
- Child's preferred method of communication not recognised / equipment and / or facilitation not available
- Communication aids don't contain the necessary words to help a child describe an experience of abuse

In addition to the above some possible signs of abuse for disabled children are:

- Bruising on sites that may not be concerning on a non-disabled child
- Not getting enough help with feeding
- Over or under medicating
- Poor hygiene and personal care arrangements
- Rough handling / excessive restraint
- Lack of stimulation
- Unwillingness to learn a child's means of communication
- Ill-fitting equipment / invasive procedures which are unnecessary or carried out against the child's will