



Safeguarding and Child Protection Policy

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Section 1: Introduction

At Babyzone the safety and welfare of children is of the utmost importance. We are committed to safeguarding and protecting all children and understand that this is the responsibility of everyone. We will give equal priority to keeping all children safe regardless of their age, disability, gender, race, religion or belief. We also recognise that some children are additionally vulnerable because of the impact of discrimination, previous experiences, their level of dependency, communication needs or other issues.

Parents/carers and families attend Babyzone with their children and remain responsible for the welfare of their children at all times. Babyzone does not undertake any activities with children in the absence of their parents/carers but does have the opportunity to observe the children's welfare within their family context. Babyzone staff should never be alone with a child in any circumstance.

Section 2: Purpose and Aims

The purpose of this policy is to ensure that all staff, volunteers, trustees and external agencies, including partners delivering on behalf of Babyzone are aware of their legal and personal responsibilities to ensure the safeguarding and welfare of children. Staff and volunteers in this organisation accept and recognise their duty to develop awareness of issues which cause children harm.

Babyzone's safeguarding and child protection policy is compulsory reading for all staff, trustees and volunteers and each individual must sign to say they have read and understood the document. It is also on our website (<http://babyzone.org.uk>). The Designated Safeguarding Lead of each Babyzone site will keep a signed paper record from each member of their staff. The Safeguarding Officer and Safeguarding trustee will also ensure that these records are in place.

Babyzone will review this policy annually or sooner in light of new legislation, guidance (statutory and non-statutory) and best practice in safeguarding and child protection.

There are a number of elements to this policy and the following procedures are implemented in order to uphold our duty of care:

- Ensure safer recruitment practice in checking the suitability of all our staff and volunteers to work with children
- Ensure all staff are appropriately trained
- Raising awareness safeguarding/child protection issues amongst all staff and volunteers and of what to do if they have concerns. This includes raising awareness of any current issues such as: child abduction and community safety incidents; Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE), county lines; modern slavery; cybercrime; domestic abuse, homelessness, so-called 'honour-based' abuse (including Female Genital Mutilation (FGM) and Forced Marriage); preventing radicalisation; self-harm and suicidal ideation, sexual violence and sexual harassment (harmful sexual behaviour).
- Ensure that volunteers are appropriately supervised
- Ensure that all visitors to Babyzone have their DBS certificates checked where necessary and/or are appropriately supervised
- Ensure that our procedures and expectations for identifying and reporting/recording cases, or suspected cases, of abuse to relevant agencies are robust
- Ensure that our links with relevant agencies are effective and that we co-operate and work in a partnership regarding child protection matters
- Ensure we respond appropriately to any concern or allegation made about a member of staff, volunteer or partnership worker
- Ensure staff follow accepted 'safe practice' principles when engaging with children and their families.

In this policy a child is defined as,

"Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection" (Working Together to Safeguard Children, 2018).

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;

- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

Child protection is defined for the purposes of this policy as:

“The activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. Different types of abuse (e.g. physical, emotional, sexual or neglect) may constitute significant harm” (Working Together to Safeguard Children, 2018).

Section 3: Our Legal Responsibilities

Safeguarding is everybody’s responsibility. Everyone who comes into contact with children and their families has a role to play in safeguarding children, child protection should take priority over all other work.

(Working Together to Safeguard Children, July 2018)

The Children Act (1989) makes it clear that people who work with children have the responsibility to keep them safe. This is supported by the United Nations Convention on the Rights of the Child (to which the UK is a signatory) which sets out the rights of children to be free from abuse. The document 'Working Together to Safeguard Children (2018) sets out the arrangements for how all organisations must work together to safeguard and promote the welfare of children.

Section 4: Safer Recruitment

The safe recruitment of staff at Babyzone is the first step in safeguarding and promoting the welfare of children.

In our recruitment and selection of staff and volunteers we will at all times adhere to the government guidance contained within ‘*Working Together to Safeguard Children*’ (July 2018 – amended July 2022)

We will ensure that:

- For good practice, our interview panel includes at least one member who has completed safer recruitment training
- For all posts, paid and voluntary, the appropriate Disclosure and Barring Service (DBS) information has been received
- All new members of staff or volunteers are made familiar with Babyzone’s policies and procedures including the safeguarding and child protection policy. They will be asked to sign to confirm that they have read, understood and will adhere to the policy. The Designated Safeguarding Lead of each Babyzone site will keep a signed copy of the policy from each member of staff and the Safeguarding Officer and Safeguarding trustee will also ensure that these records are in place.

Please also see the Babyzone Safer Recruitment Policy.

Section 5: Child Protection Procedures

If you believe a child is at immediate risk of harm, call 999

It is not the individual staff member, volunteer or partnership worker's role to investigate suspected abuse, but it is their responsibility to recognise it and report it as appropriate to the Designated Safeguarding Lead.

When you become aware there is a safeguarding issue;

Do not delay

- Tell the Designated Safeguarding Lead as soon as you can (See **Appendix C for DSL information and Key contact details**)
- If the DSL is not available, staff should take advice from the local safeguarding support organisation or if it is an emergency, the police should be called immediately
- Early referral gives more time to offer help to the child and family before the situation becomes more serious
- When the matter is already severe or serious, early referral gives more time for others to protect the child
- The Designated Safeguarding Lead may also consult the local safeguarding support organisation.

Make a written record

- At the earliest opportunity make a written record of your concerns, record facts accurately and do not express opinion. These notes will help to ensure accuracy in recalling events later. Notes should be legible, signed and given a date and time. Do not use audio to record disclosures.
- Do not take photographs of any physical injuries but you can make a record of locations on a body map.
- Any original notes must be given to the Designated Safeguarding Lead as soon as possible and kept.

5.1: Responsible Persons

Each Babyzone site has a Designated Safeguarding Lead, usually the Head of the Babyzone.

The Designated Organisational Lead for Safeguarding at Babyzone is Jessica Barnaschone (jessica@babyzone.org.uk)

The lead Trustee for Safeguarding at Babyzone is **to be confirmed**.

5.2: Concern from something the child says

At Babyzone, we do not undertake activities with children in the absence of their parents/carers but there may be times when a child approaches a member of staff and a concern is raised from something they have said.

- **Listen** - do not ask questions or interrogate the child
- **Remain calm** - if you are shocked, upset or angry the child will sense this and this could stop them from saying more
- **Reassure** – the child has done nothing wrong - tell them that it is alright to talk
- **Do not promise to keep it secret** - tell the child that you will have to tell someone else who will be able to give help and advice

5.3: Young parents under the age of 18

This section should be read in conjunction with *A framework for supporting teenage mothers and young fathers* (Public Health England, 2019) which contains some useful information about young parents under 18 years of age.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf

Young parents are very welcome at Babyzone. As defined previously within this policy, a child is anyone who has not yet reached their 18th birthday and so there are sometimes young parents attending Babyzone who are considered children themselves. If you become aware of a safeguarding issue involving a young parent, it must be treated in the same way as any other child safeguarding concern and the same procedures must be followed. The Designated Safeguarding Lead will encourage the young parent to cooperate in the safeguarding referral process if appropriate (please see the section below on **Gaining personal details in order to make a referral** for further information.)

Section 6: The role of the Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead has a responsibility for Safeguarding and Child Protection. Their duties are outlined below:

Manage referrals

The Designated Safeguarding Lead (DSL) will refer cases:

- of suspected abuse and neglect to the local authority safeguarding partnership department as required and support staff who make referrals to the same
- to the Channel programme (a confidential, voluntary multi-agency safeguarding programme that supports people who are vulnerable to radicalisation) where there is a radicalisation concern as required and support staff who make referrals to the Channel programme
- where a person is dismissed or has left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- where a crime may have been committed to the Police as required.

The Designated Safeguarding Lead at Babyzone will also inform the Designated Safeguarding Lead at the corresponding Youth Zone of any safeguarding concerns raised and any referrals made.

Gaining personal details in order to make a referral

Babyzone advocates a barrier-less approach which ensures that **all** families can access the early years provision available. In this way, personal details are not recorded for families who attend Babyzone. In the event that a safeguarding referral needs to be made, the Designated Safeguarding Lead should talk to the family privately alongside another member of staff, offer support and build a relationship of trust in order to gain the personal details required for a referral to be accepted.

The following personal details are required in order to make a successful referral:

- Full name
- Date of birth
- Address

In the event that a family do not want to share their personal details and support the referral process and the level of concern is not high, the Designated Safeguarding Lead will keep a record of any concerns raised and hope to build a relationship of trust with that family over time in order to make a referral in the future.

In the event that a family do not want to share their personal details and support the referral process and the level of concern is very high, the Designated Safeguarding Lead will need to call the police and ask for assistance.

Working with others

The Designated Safeguarding Lead (DSL) will:

- act as a source of support, advice and expertise for all staff
- act as a point of contact with the safeguarding partners
- inform the Designated Safeguarding Lead at the Youth Zone of any safeguarding concerns raised and any referrals made

Information sharing and managing the child protection file

The Designated Safeguarding Lead is responsible for ensuring that child protection files are kept up to date. Information should be kept confidential and stored securely.

Records will include:

- a clear and comprehensive summary of the concern including dates
- details of how the concern was followed up and resolved
- a note of any action taken, decisions reached and the outcome
- signed documents by the DSL

The file will only be accessed by those who need to see it with written permission from the DSL.

Raising Awareness

The Designated Safeguarding Lead (DSL) will:

- ensure each member of staff and volunteer has access to, and understands Babyzone’s safeguarding and child protection policy and procedures, especially new staff
- ensure Babyzone’s safeguarding and child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly
- ensure the safeguarding and child protection policy is available publicly
- link with the safeguarding partners to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements

Training, knowledge and skills

The Designated Safeguarding Lead (DSL) will undergo training to provide them with the knowledge and skills required to carry out the role. The DLS will undertake Prevent awareness training (The Prevent strategy, published by the Government in 2011, is part of our overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.)

Training should provide DSLs with a good understanding of their own role, how to identify, understand and respond to specific needs that can increase the vulnerability of children, as well as specific harms that can put children at risk, and the processes, procedures and responsibilities of other agencies.

- understand the importance of the role the Designated Safeguarding Lead has in providing information and support to safeguard and promote the welfare of children.
- understand the importance of information sharing, both within Babyzone and with the safeguarding partners, other agencies and relevant organisations
- obtain access to resources and attend any relevant or refresher training courses
- encourage a culture of listening and being observant amongst all staff and volunteers

Providing support to staff

Training will support the Designated Safeguarding Lead in developing expertise, so they can support and advise staff and help them feel confident on welfare, safeguarding and child protection matters. This includes specifically to ensure that staff are supported during the referrals processes

Holding and sharing information

The Designated Safeguarding Lead will be equipped to:

- understand the importance of information sharing, both within Babyzone, and with safeguarding partners, other agencies and organisations
- understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR); and

- be able to keep detailed, accurate, secure written records of concerns and referrals and understand the purpose of this record-keeping
- **The Data Protection Act 2018 and UK GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.**

Section 7: Allegations involving staff, volunteers or partnership workers

Allegations or concerns made about a member of staff, volunteer or any partnership worker must immediately be notified to the Designated Safeguarding Lead. However, if the Designated Safeguarding Lead is implicated in the concerns, the staff member, volunteer or partnership worker should discuss the concerns directly with the Local Authority Designated Officer (LADO), using the reporting channels detailed in Appendix B.

This guidance should be followed where it is alleged that anyone working at Babyzone has:

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

The Designated Safeguarding Lead will always consult the Local Authority Designated Officer (LADO) within one working day (contactable through the Children's Services - see Appendix B). The LADO will conduct any investigation and involve other agencies as appropriate

Following consultation, the Designated Safeguarding Lead will decide on appropriate action, which may include consideration of disciplinary proceedings. It is important to bear in mind that although the concern may relate to an individual child, other children may also be at risk .

Babyzone will promote an open and transparent culture in which all concerns about all adults working in or on behalf of Babyzone (including volunteers and partnership workers) are dealt with promptly and appropriately. This should encourage an open and transparent culture; enabling Babyzone to identify concerning, problematic or inappropriate behaviour early; minimise the risk of abuse; and ensure that adults working in or on behalf of Babyzone are clear about professional boundaries and act within these boundaries, and in accordance with the ethos and values of the charity.

Section 8: Whistleblowing

All staff, trustees, volunteers and partnership workers at Babyzone should feel able to raise concerns about poor or unsafe practice and potential failures in Babyzone's safeguarding systems and know that such concerns will be taken seriously.

A whistleblowing disclosure must be about something that affects the general public such as:

- a criminal offence has been committed, is being committed or is likely to be committed
- a legal obligation has been breached
- there has been a miscarriage of justice
- the health or safety of any individual has been endangered
- there has been risk or actual damage to the environment
- you believe someone is covering up a wrongdoing

Where a staff member feels unable to raise an issue directly with Babyzone, or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

The NSPCC whistleblowing helpline is available as an alternative route for staff that do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by Babyzone.

Staff can call 0800 028 0285 – line is available from 8:00am to 8:00pm, Monday to Friday or email: help@nspcc.org.uk.

Section 9: Confidentiality of information

The children and families who attend Babyzone have the right to expect that all staff will deal sensitively with their situation. It is important that information is only available to those who need to know it and will have gained written and recorded permission from the DLS to do so. Safeguarding/Child Protection issues relating to individual cases **must not** be subject to open discussion amongst Babyzone staff.

All personally identifiable information will be kept securely, following Babyzone's obligations under the latest Data Protection Act in England (2018) and the General Data Protection Regulations (GDPR) set out by the European Union.

Members of staff should also remember not to promise to keep any 'secrets' for children or families who make a disclosure.

Appendix A: Types of abuse and signs of abuse

Appendix B: Safeguarding and child protection flow chart: What to do if you become aware of a safeguarding issue

Appendix C: Key contact details for safeguarding and child protection

Appendix D: Child Protection/Welfare Concern Reporting Form

Appendix A: Types of abuse and signs of abuse

Abuse - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Knowing what to look for is vital to the early identification of abuse and neglect. All staff and volunteers should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. All staff and volunteers should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

The following definitions of abuse and types of abuse are taken from *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (July 2018)*

The indicators of abuse are taken from the OnSide Youth Zone's Safeguarding Policy and www.nspcc.org.uk **Please note that these lists are not exhaustive.**

Physical abuse

Physical abuse involves any action that causes physical harm to a child including fabricating the symptoms of or deliberately inducing illnesses.

May involve:
hitting shaking,
throwing,
poisoning, burning
or scalding,
drowning,
suffocating, or
otherwise causing
physical harm to a
child.

Indicators:

- Unexplained recurrent injuries including bruises, broken or fractured bones, burns or scalds, bite marks, scarring
- The effects of poisoning such as vomiting, drowsiness or seizures
- Breathing problems from drowning, suffocation or poisoning
- Improbable explanations or refusal to explain injuries
- Head injuries in babies and toddlers can be signs of abuse.
- Visible signs include swelling, bruising, fractures, being extremely sleepy or unconscious, breathing problems, seizures, vomiting, unusual behaviour such as being irritable or not feeding properly
- Wearing clothes to cover injuries, even in hot weather
- Absconding
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Bruises seen on parts of the body not normally harmed through play, such as in or around the mouth.

Please note: A Mongolian blue spot is a type of birthmark that is present at birth or appears soon afterwards, either single or multiple in number. It is flat, blue-grey in colour and can vary from a very dark blue to a lighter grey.

The colour is usually the same over the whole birthmark, with no lighter or darker areas as is sometimes seen in brown birthmarks. Mongolian blue spots can vary in size, but most are a few centimetres across. They can appear anywhere on the body but are most common at the base of the spine, the buttocks or on the lower back.

If in doubt speak to the Designated Safeguarding Lead.

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.

May involve:

- conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- seeing or hearing the ill-treatment of another
- serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger,
- the exploitation or corruption of children.

Indicators:

- Very low self-esteem, often with an inability to accept praise or trust in adults
- Excessive clinging and attention seeking behaviour
- Is overly-affectionate to strangers or people they don't know well
- Overanxious – being excessively 'watchful' (hyper vigilant), constantly checking or being overanxious to please
- Withdrawn / socially isolated
- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression behaviour
- Has difficulty making or maintaining relationships
- Does not have a close relationship or bond with their parent
- Is aggressive or cruel towards other children or animals

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.

May involve:

- maternal substance abuse during pregnancy
- failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- failing to protect a child from physical and emotional harm or danger
- failing to ensure adequate supervision (including the use of inadequate care-givers)
- failing to ensure access to appropriate medical care or treatment
- neglect of, or unresponsiveness to, a child's basic emotional needs

Indicators:

- Constant hunger and complaints of tiredness
- Poor personal hygiene (being smelly or dirty)
- Poor state of clothing (having unwashed clothes, having the wrong clothing such as no warm clothes in winter)
- Untreated medical problems (including having frequent and untreated nappy rash in infants)
- Regular illness or infections
- Repeated accidental injuries, often caused by lack of supervision
- Skin issues such as sores, rashes, flea bites, scabies or ringworm
- Thin or swollen tummy
- Compulsive scavenging
- Destructive tendencies
- Below average weight / height
- Reluctant to go home

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.

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.
- 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
- grooming a child in preparation for abuse

Please note:

- Sexual abuse can take place online, and technology can be used to facilitate offline abuse.
- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to their age, or acting out precocious sexual behaviour with others
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-harm, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Having nightmares or bed-wetting
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a specific person
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; oversensitive or overreacting to criticism
- Reluctance to go home

Child sexual exploitation: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Wearing

Key areas of safeguarding and child protection risk which might be seen at Babyzone

In addition to the four types of abuse described above, there are key safeguarding issues and child protection risks that are more likely to be seen at Babyzone. These are:

Child trafficking

Trafficking is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for sexual exploitation, benefit fraud, forced marriage, domestic slavery like cleaning, cooking and childcare, forced labour in factories and agriculture, committing crimes, like begging, theft, working on a cannabis farm or moving drugs.

Traffickers often groom children, families and communities to gain their trust. They may also threaten families with violence or threats. Traffickers often promise children and families that they'll have a better future elsewhere.

Trafficking is also an economic crime. Traffickers may ask families for money for providing documents or transport and they'll make a profit from money a child "earns" through exploitation, forced labour or crime. They'll often be told this money is to pay off a debt they or their family "owe" to the traffickers.

Criminal exploitation and county lines

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or "deal lines". Children as young as 12 years old have been exploited into carrying drugs for gangs. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs.

Domestic abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse.

Signs that a child has witnessed domestic abuse can include:

- anxiety, depression
- attention seeking
- bed-wetting, nightmares or insomnia.
- constant or regular sickness, like colds, headaches and mouth ulcers
- eating disorders
- problems in school or trouble learning
- tantrums.
- withdrawal

**FGM
Female Genital
Mutilation**

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names.

FGM is a form of child abuse. It's dangerous and a criminal offence in the UK. We know there are no medical reasons to carry out FGM, it is often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades. We know children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained and it is used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life, including when a baby is new-born and during childhood.

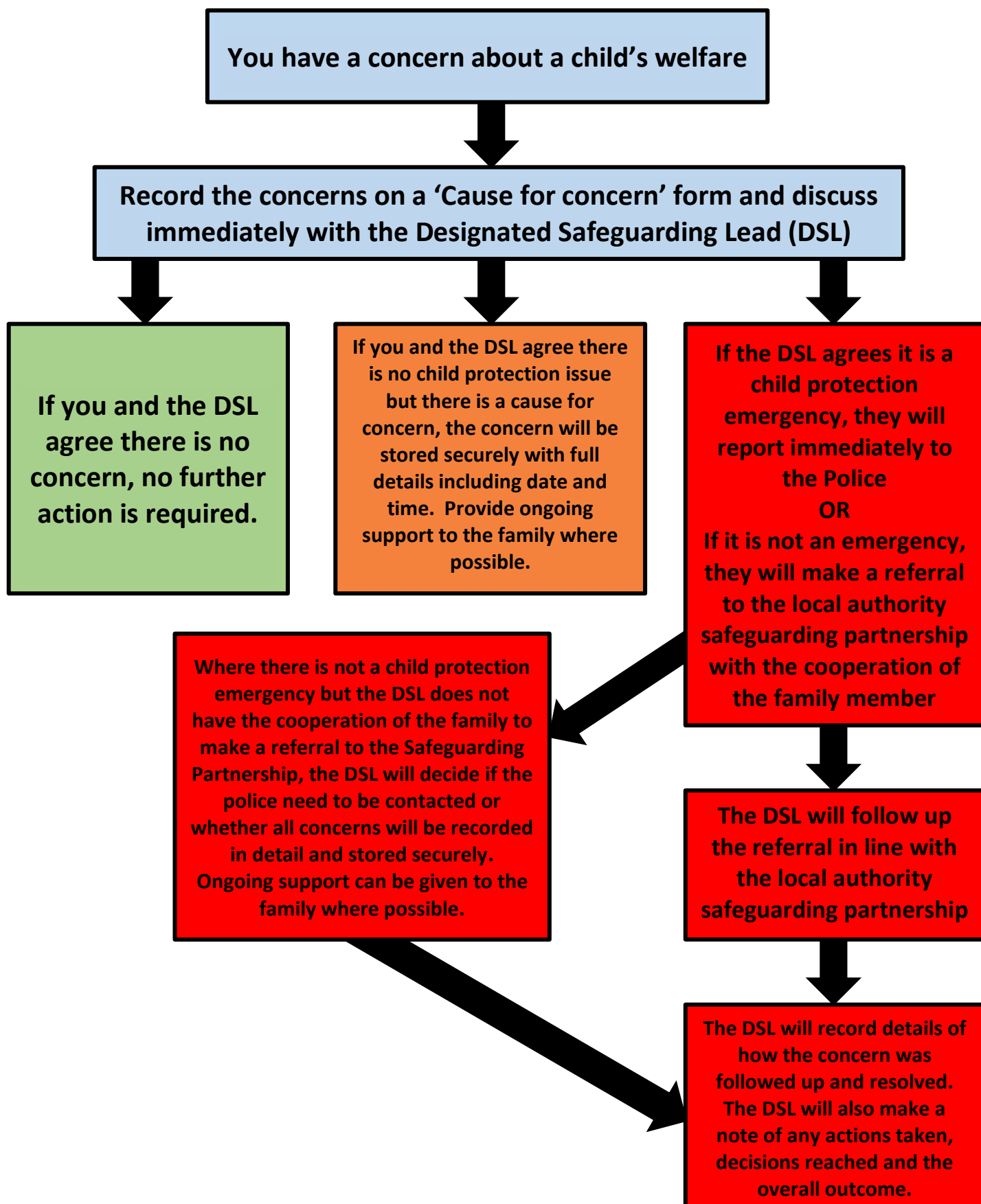
**So-called
'honour-based'
violence**

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Staff and volunteers need to be alert to the possibility of a child/young person being at risk of HBV, or already having suffered HBV.

Faith abuse

Faith abuse includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or 'leading them astray' (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

Appendix B: Safeguarding and child protection flow chart: What to do if you become aware of a safeguarding issue



Appendix C:

Key contact details for safeguarding and child protection: Babyzone Croydon

Designated Safeguarding Lead:

Jessica Barnaschone (Head of Babyzone Croydon)

Designated Organisational Lead for Safeguarding at Babyzone:

Jessica Barnaschone

Lead Trustee for Safeguarding at Babyzone:

To be confirmed

Designated Safeguarding Leads at Legacy Youth Zone Croydon:

Myke Catterall (COO & Safeguarding Manager)

Angela Parkes (Safeguarding Lead – Allegations against staff and volunteers)

Mikhail Preddie (Safeguarding Lead)

Syreeta Whittle (Safeguarding for young people and adults with additional needs)

Croydon Safeguarding Children Partnership:

Croydon Single Point of Contact (SPoC)

Urgent Child Protection – 020 8255 2888

Urgent child protection out of hours – 020 8726 6400

Professional consultation and advice – 020 8726 6464

If you have a secure email - childreferrals@croydon.gcsx.gov.uk

If you do not have a secure email – childreferrals@croydon.gov.uk

Local Authority Designated Officer (LADO):

Jane Parr

LADO@croydon.gov.uk

020 8726 6000 Ext 24817

Mobile: 07716 092630

NSPCC:

0808 800 5000

help@nspcc.org.uk

Child Protection/Welfare Concern Reporting Form

Child's name:	Age (if known):
Name and position of person completing form:	
Date and time of incident/concern:	
Incident/concern (who/what/where/when?):	
Any other relevant information (witnesses, support given etc.)	
Action taken:	
Reporting person signature: Date:	
Designated Safeguarding Lead (DSL) – Response/Outcome:	
DSL signature: Date:	

