



Karis Neighbour Scheme Safeguarding Children Policy

This policy was updated and approved by Trustees **July 2025**

. Acronyms:

BSCP: Birmingham Safeguarding Children Partnership

BSCB: Birmingham Safeguarding Children Board

CASS: Children's Advice & Support Service (part of Birmingham Children's Social Care)

CSE: Child Sexual Exploitation

DSL: Designated Safeguarding Lead

fCAF: Family Common Assessment Framework

FGM: Female Genital Mutilation

KNS: Karis Neighbour Scheme

LADO: Local Authority Designated Officer

LSCB: Local Safeguarding Children Board

MASH: Multi-Agency Safeguarding Hub

1. Background and context to policy

The scope of this policy covers all children – therefore anyone who has not yet reached their 18th birthday.

Safeguarding children is the action we take to promote the welfare of all children and protect them from harm. This is defined as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment
- preventing impairment of children's mental and physical health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

We will work within the **Right Help, Right Time** framework outlined by the Birmingham Safeguarding Children's Partnership and procedures for **Early Help** to ensure we are being proactive about safeguarding children. This means:

- Addressing risks **early**
- Working **collaboratively** with other partners
- Being clear and **open** with families about our approach
- **Empowering** families in the way we work with them and building on their **strengths** to build **resilience**

Safeguarding is everyone's responsibility and it is part of the responsibility of the Designated Safeguarding Lead (DSL) to encourage and foster a culture within the organisation where safeguarding is at the forefront of people's thinking and practice.

Karis Neighbour Scheme will work in partnership with those involved with children including parents / carers to:

- Ensure that all children are treated with dignity and respect, and will be encouraged to express their feelings and preferences.
- Promote the safety of children in all aspects of our services.
- Promote best practice in how to prevent escalation of problems that pose a risk to children's health and wellbeing.
- Work in a timely and effective manner to deal with any concerns.
- Provide preventative services that support families to be more resilient and minimise risks of children suffering harm.
- Take seriously concerns or complaints and deal with them promptly and efficiently.
- Engage with other partners, including Early Help, to co-ordinate support where necessary, engaging with Early Help Assessments as needed
- Any child believed to be suffering or at risk of suffering significant harm, will be referred to Birmingham Children's Advice and Support Service (CASS).

Staff & volunteers should, in particular, be alert to the potential for additional needs of a child who:

- Is disabled and has specific additional needs,
- Has special educational needs,
- Is a young carer,
- Is showing signs of engaging in anti-social or criminal behaviour,
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental ill-health and/or domestic violence.

1.1 Responsible persons

The following individuals have responsibility for safeguarding children within the organisation, if there are any queries relating to this policy or its implementation please contact:

Designated Safeguarding Lead – Harry Naylor - 07931 734 523

Deputy Designated Safeguarding Lead – Michaela Brookes – 0121 455 7524

Trustee (Safeguarding Lead) – Dr Gillian Harley-Mason - 0121 455 0542

2. Definitions & signs of abuse

We recognise that children can be abused in many ways, including but not isolated to:

- Physically (including Female Genital Mutilation (FGM))
- Emotionally & Psychologically (including radicalisation & spiritual abuse)
- Sexually (including child sexual exploitation)
- Online or through technology
- Through neglect

As a result of domestic violence

2.1 Physical Abuse

Physical Abuse is any injury or mistreatment directly or with an object/weapon. This includes hitting, slapping, pushing, unreasonable restraining and FGM.

The following may be indicators of physical abuse:

- Any injuries not consistent with the explanation given for them. Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which have not received medical attention.
- Bruises, bites, burns, fractures, etc., which do not have an accidental explanation.
- Cutting/slashing/drug abuse.
- A child/girl has difficulty walking or sitting (following suspected FGM)

2.1.1 Female Genital Mutilation (FGM)

West Midlands Police define FGM: 'also known as female circumcision or cutting, is...the partial or total removal [or injury] of the external female genital organs, for cultural or other non-therapeutic reasons'.

The Female Genital Mutilation Act 2003 makes it illegal to practice or assist in FGM in the UK, including taking girls who are British Nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country.

Although our workers are non-regulated practitioners for the purpose of mandatory reporting duties, where police must be notified, we would still seek to share any information on suspected or confirmed cases of FGM with relevant organisations, including reporting to the Birmingham Safeguarding Children's Partnership, as part of wider safeguarding processes.

2.2 Emotional & Psychological Abuse

Emotional or Psychological abuse can include threatening, bullying/cyberbullying, isolating, shouting, blackmailing and blaming. Any constant and deliberate 'putting down' and lack of encouragement or praise may also lead to psychological abuse, as can being a frequent witness to Domestic Abuse.

The following may be indicators of emotional & psychological abuse:

- Changes or regression in mood and behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression
- Nervousness/frozen watchfulness
- Sudden under-achievement or lack of concentration
- Persistent tiredness
- Inappropriate relationships with peers and/or adults
- Attention seeking behaviour eg Running away/stealing/lying

It is important that the above are not taken as indicating that abuse has taken place, but the possibility should be considered far more than in the past.

2.2.1 Radicalisation & Spiritual Abuse

Radicalisation and spiritual abuse are forms of psychological abuse.

Radicalisation of children and young people may include encouraging them to undertake violent activities on the grounds of religious belief. This may include attacks on others including suicide attacks.

Spiritual Abuse is 'coercion and control of one individual by another in a spiritual context. This may include: manipulation and exploitation, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture, requirement of obedience to the abuser or the suggestion that the abuser has a 'divine' position.

There is a cross-Government strategy to stop people becoming terrorists, known as 'Prevent'. KNS lead for Prevent is Harry Naylor. Prevent is a cross-Government strategy which aims to identify children and adults who are at risk of radicalisation. KNS lead for Prevent is Harry Naylor. He will attend statutory training and disseminate to staff and volunteers as appropriate. If there are any concerns around the radicalisation or spiritual abuse of any of our clients these will be dealt with by Harry Naylor in accordance with legal procedure. Where appropriate we will work in partnership with the KMC Prevent Lead and with other key partners who may share a duty of care for our clients.

2.3 Sexual Abuse:

Sexual abuse is forcing any person to take part in any sexual activity without their consent. This can include being forced to watch sexual activity or porn, use of sexual language around a child, and any inappropriate or unwanted physical contact of a child or young person.

It is important to note that children can be both victims and perpetrators of sexual abuse.

2.3.1 Child Sexual Exploitation

Sexual exploitation of children and young people under 18 involves situations, contexts and relationships where young people receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another performing on them, sexual activities.

The following may be indicators of sexual abuse or exploitation

- Any allegation made by a child concerning sexual abuse.

- Child with excessive pre-occupation with sexual matters and detailed knowledge of adult sexual behaviour.
- Sexual activity through words, play or drawings.
- Child who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.

2.4 Online Abuse

Online abuse is any type of abuse that happens on the internet, whether through social networks, playing online games, using mobile phones or live-streaming sites.

Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

Online abuse is a particular area where peer on peer abuse is increasingly prevalent, and we need to recognise that the perpetrator may be another child.

A child or young person experiencing abuse online might:

- spend a lot more or a lot less time than usual online, texting, gaming or using social media
- seem distant, upset or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet

2.5 Neglect

Neglect is the ongoing failure to meet a child's basic needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. It would include failing to meet a child's emotional needs by ignoring, humiliating or intimidating them.

The following may be indicators of neglect:

- Aggressive, disruptive or angry outbursts
- Tendency to impulsive behaviours
- May be particularly withdrawn or quiet
- Have difficulty forming relationships with other children; Have few friends
- Low self-confidence and esteem, giving up easily on tasks
- More likely to display symptoms of depression
- Mood swings and poor coping skills
- Inappropriate levels of affection

2.6 Who Abuses Children?

- Very rarely a stranger, although this is more common online
- Often someone who knows the child, e.g. parent, carer, baby-sitter, sibling, peer, relative or friend of the family
- Sometimes people in positions of trust such as a teacher, youth leader, children's worker or a church worker/leader
- Sometimes paedophiles and others set out to join organisations (including churches) to obtain access to children – this can occur via the internet
- It is not only adults that can perpetrate abuse, children can be abused by their peers, and this is particularly true of online, physical or sexual abuse

3 Safeguarding procedures

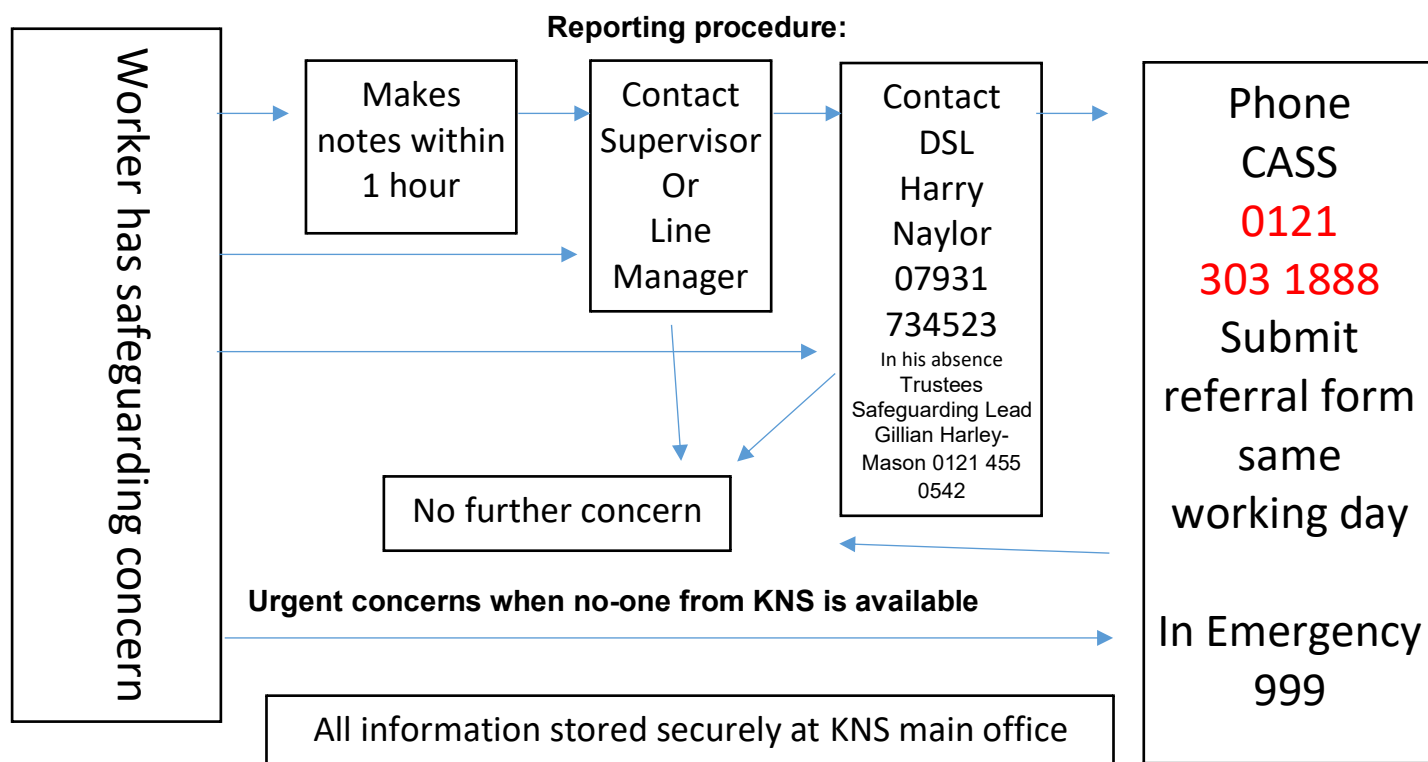
Birmingham Safeguarding Children Partnership (BSCP) was launched in April 2019, replacing the Local Safeguarding Children Board.

The Children and Social Work Act 2017 defines three 'Safeguarding Partners' to oversee and lead the arrangement to safeguard and promote the welfare of children. In Birmingham, the Local Authority, Birmingham and Solihull Clinical Commissioning Group and West Midlands Police will share equal responsibility for developing and leading the new partnership arrangements.

If you think a child is in immediate danger, you should contact the police on **999**.

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

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



What to Do If You Suspect That a Child Is at Risk of Significant Harm

1. If a child has a physical injury or serious symptom of neglect, **in an emergency call 999**. The police/hospital will automatically make a referral to Children's Service Only administer first aid if trained. In cases where it is **not** an emergency the parent should be encouraged to seek medical help for the child with support offered in accompanying if necessary. The worker (whether a member of staff or a volunteer) should inform their Line Manager or KNS of all matters of the incident as soon as it is safe to do so.
2. The worker suspecting child abuse should make notes as soon as possible (preferably within one hour of the conversation), writing down exactly what the child said and when, and what was happening immediately beforehand (e.g. description of activity). Keep all hand written notes even if they are subsequently typed up.

The following details should be written down:

- a) Child's name
- a) Address
- b) Date of Birth
- c) Where parents/carers can be contacted
- d) Information about the circumstances or injuries which cause concern
- e) Any explanation or comment the child or their parents/carers may have made

Before further action is taken the child should be given the opportunity to decide whether they agree to their personal information being shared. If a child doesn't have the capacity to make this decision, their parent or carer can be asked (unless doing so would put the child at risk of harm).

If consent is refused or if you're unable to seek consent, you can still share information with relevant professionals if this is in the public interest. This includes protecting children from significant harm and promoting the welfare of children. Remember that when collecting and recording data we comply with the GDPR 2016.

3. The Designated Safeguarding Lead (DSL) should be informed of your concern immediately, either directly or via your Line Manager. The relevant staff member will complete an Incident Report Form, which will be kept in a safe and confidential place, once seen by the DSL.

4 If there is no further concern and a decision is made not to pursue the issue, then reasons for this will be identified and recorded. The record will be dated, signed and kept in a safe and confidential place. The concerns may lead to a time of **monitoring or high alert** and any further concerns or incidents/conversations must be recorded and stored together with the initial record.

5 If there is a concern about the possibility of child abuse, then DSL, after consultation with other involved organisations where appropriate, will make the decision to contact Children's Advice and Support Service (CASS). It is important to keep a record of the name of the person spoken to and the date and time. **All of this is to happen on the same working day or as soon as appropriately possible.** Outside normal office hours, the Social Services' Emergency Duty Team should be contacted.

6 CASS will:

- ensure the immediate safety of the child
- consider the information and discuss the staffs' concerns
- check the Child Protection Register for evidence of previous concerns
- consult with other agencies
- decide whether to proceed with an investigation
- keep the staff informed
- agree on the action that staff will take and what will be said to the child and parent
- may ask the staff to undertake further tasks. Staff must cooperate

7. The worker will keep accurate records of all their actions in an objective and a factual way. Each recording must be dated and signed and kept in a safe place.

8. The Worker involved may need to attend any subsequent Child Protection Conference/fCAFS.

9. The Worker and DSL will keep the Board of Directors informed at all stages, maintaining confidentiality. All staff and volunteers must follow the Privacy Policy and principles of best practice in their behaviour and discussions around any suspicions.

10. If the suspicions in anyway involve the DSL then the report should be made to the Chair or Safeguard lead of the Trustees. You can also contact the LADO - see below.

11. If you do not agree with DSL decision to not refer about a specific case, the worker can contact CASS themselves. Where a member of staff or volunteer feels that their concerns have not been dealt with correctly, they should also notify the chair of the KNS board of directors and follow the Complaints procedure.

12. An incident form should be completed by a relevant staff member, regardless of the outcome of the concern. This should be handed to the DSL/CEO to log, file and follow up as necessary.

4. Whistleblowing & LADO

We aim to foster an honest and open environment where staff and volunteers work ethically and can share their concerns openly. However, we acknowledge that the possibility remains that situations may arise where people in positions of trust act wrongly. See our Whistleblowing policy for more information.

The Local Authority Designated Officer (LADO) works within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against children, or related to a child
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

The LADO helps co-ordinate information-sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible. They will provide advice, guidance and help to determine whether the allegation sits within the scope of the procedures.

The contact for LADO for our area is 0121 675 1669 or email ladoteam@birminghamchildrenstrust.co.uk

5. Information sharing

At KNS we are committed to our clients' confidentiality and the protection of their sensitive data. However, we also know that when working with children and young people, it's important to keep in mind these essential factors:

- Timely information sharing is key to safeguarding and promoting the welfare of children. It enables intervention that crucially tackles problems at an early stage
- If a child is at risk or suffering significant harm, the law supports us to share information without consent
- Case reviews have shown us that a lack of appropriate and timely information sharing is a key issue
- The Data Protection Act and GDPR are not a barrier to sharing information but provide a framework to ensure personal information is shared appropriately

We appreciate that there may be a need to share information and concerns with other agencies to get a full picture of a child's situation in order to decide whether a referral to Children's Services is warranted or in order to work together to help the family.

See our Privacy & Data Protection policy for more details.

6. Training and self-protection

In line with local safeguarding procedures, staff working with children must attend appropriate and approved training on safeguarding every three years. All staff and volunteers receive training on safeguarding during their induction and through briefings (communicating updates and/or changes to policy, procedure and good practice). Concerns, issues and reminders about good practice in terms of safeguarding will be approached in all staff supervision sessions and is a reoccurring agenda item at all Board meetings for monitoring.

All new recruits will be required to:

1. Disclose and detail any criminal record they have
2. Complete DBS checks in line with their role and responsibilities
3. Provide two references which will be followed up before a position can be taken up

In instances where KNS has a concern resulting from the above we will refer to our 'Safer Recruitment Policy and Procedure'.

At KNS we want to create an environment where staff feel able to raise concerns and feel supported in their safeguarding role

Because of the concerns of child abuse, and in particular child sexual abuse, it is important that all adults involved in working with children have guidelines for self-protection to avoid instances of false allegations against them. The following steps help to minimise this possibility:

- It is our policy at KNS that no volunteer is alone with a child in the course of their KNS work
- KNS staff are only permitted to be alone with children with parental consent
- In the event of any injury to a child, accidental or otherwise, ensure that it is recorded on the Incident Report form and reported to an appropriate line manager

- Inform another team member if it becomes clear that a child appears to have a dislike for you. Keep written records of any allegations a child makes against yourself. Get another adult to witness the allegation if possible
- If a child touches a worker in an inappropriate place or manner, record what happened immediately and ensure that another worker is informed immediately
- Staff who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions

7. Useful contacts:

Karis Neighbour Scheme	0121 455 7524
NSPCC's FGM Helpline	0800 028 3550
NSPCC's 24hr Hotline	0808 800 5000
Children's Advice and Support Service (CASS)	0121 303 1888
Emergency Duty Team out of hours	0121 675 4806

Birmingham Children Safeguarding Partnership <https://lscpbirmingham.org.uk/>

Related Policies available from KNS

This policy should be read in conjunction with the following policies available from admin@karisneighbourscheme.org or the KNS office :

Complaints Procedure
 Disciplinary and Grievance Procedure
 Safeguarding Adults Policy
 Volunteer Policy
 Privacy and Data Protection
 Health and Safety
 Safer Recruitment Policy
 Whistleblowing Policy

Safeguarding Children Appendix

Additional information about safeguarding children, including more in-depth signs of abuse and background understanding, is available from the KNS office.

SAFEGUARDING CHILDREN APPENDIX NOTES

Contents:

- Background and context for safeguarding children
- Deciding what type of need
- Guidelines on what to do if a child discloses
- Extra information on: FGM; domestic abuse; sexual exploitation; spiritual abuse; neglect
- Roles and responsibilities within KNS
- Information sharing
- Additional contacts

Acronyms:

BSCP: Birmingham Safeguarding Children Partnership

BSCB: Birmingham Safeguarding Children Board

CASS: Children's Advice & Support Service (part of Birmingham Children's Social Care)

CSE: Child Sexual Exploitation

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fCAF: Family Common Assessment Framework

FGM: Female Genital Mutilation

KNS: Karis Neighbour Scheme

LADO: Local Authority Designated Officer

LSCB: Local Safeguarding Children Board

MASH: Multi-Agency Safeguarding Hub

BACKGROUND AND CONTEXT FOR SAFEGUARDING CHILDREN

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment, whether the risk of harm comes from within the child's family and/or outside (from the wider community), including online;
- Preventing impairment of children's mental and physical health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

(Working Together to Safeguard Children: December 2023)

BSCP Campaign - 'Keeping Children Safe is Everybody's Business' (2019)

Working Together to safeguard Children is the government guidance on safeguarding and promoting the welfare of children which came into effect in March 2015.

The needs of the child are paramount. All those working with children are responsible for safeguarding and promoting children's wellbeing, they should take responsibility, use their professional judgement, work in partnership with others, share information in a timely way, escalate concerns and always keep the child at the centre.

Early Help

The above guidelines re-emphasise an early preventative approach to safeguarding. As an organisation working with children and families we need to understand our role in identifying emerging problems, in networking and working in partnership with others so that we know what services are available and who we can signpost to for 'Early Help'. The support KNS offers to families is a source of 'Early Help'

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. As an NHS contracted service KNS recognises that, in our provision of health and wellbeing services we are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, raising concerns with an appropriate body, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.

Promoting the health and wellbeing of Looked After Children (DH 2009) KNS recognises the particular vulnerability, and often worse levels of health, of 'Looked After Children'. If we are notified that a child involved in any of our projects or services is a 'Looked After Child', then we will liaise with our partners, health and social work professionals to ensure that joined-up and appropriate care is given. Equally, if we become aware of a child at risk of becoming a 'Looked After Child', we will notify the relevant health authorities so that appropriate care can be provided.

Birmingham Safeguarding Children's Board (BSCB) – Updated 'Right Help, Right Time guidance' in December 2021. It provides a framework for how to respond if a child and their family need extra help. It provides clear definitions on the needs of the child so that services can develop a collective understanding and provide consistent responses. This KNS Safeguarding Policy follows the BSCB guidance, for more information and illustrative case studies visit <https://lscpbirmingham.org.uk/working-with-children/right-help-right-time>

Family Common Assessment Framework (fCAF) provides a method for assessing needs for children and young people to support earlier intervention and to improve joint working and communication between practitioners. It uses a common language for assessment purposes and draws relevant services together to deliver an appropriate response. www.birmingham.gov.uk/caf. Where appropriate, KNS will work to support or to lead on any fCAF assessment relating to children and families in our services. (The Early Help Team can be contacted on 0121 303 8117 to establish whether an fCAF has already been done if this information is not available from the family).

Think Family is Birmingham City Council's name for the national 'Troubled Families' initiative it covers families who have a range of needs and from time to time will require support or services

to help meet them. Difficulties that impact on one family member will inevitably have a knock on effect on other family members. For this reason KNS will have a 'Think Family' approach, which will:

- Have no 'wrong door'
- Look at the whole family
- Build on family strengths
- Provide support tailored to need

Think Family is about working with the whole family in new ways, with a lead worker coordinating all aspects of support to address the full family needs. It is a collaboration of

public, private and voluntary sector organisations. Think Family aims to facilitate sustainable improvements to the lives of its most needy families by:

- Sustaining children in education and parents into training or employment
- Reducing antisocial behaviour and crime
- Improving parental capacity

Think Family will improve the support and services that partners provide by removing inefficiencies, adding value to these services and driving wasted cost out of the system. Services will be targeted to meet identified needs and support better outcomes for families and communities. Most importantly, families are at the centre of the approach and their own experiences and knowledge of what works for them will inform how services are developed and delivered. KNS will work with the Think Family initiative and refer families meeting the threshold for help.

DECIDING WHAT TYPE OF NEED THE CHILD AND FAMILY HAVE: 'PUT YOURSELF IN THE CHILD'S PLACE'

It is important to offer help as early as possible to improve a family's resilience and reduce the chances of their circumstances getting worse, as well as to recognise and act promptly when there is a risk of harm to a child.

All children have a right to a range of services. Professionals will assess families to make sure that their general needs are met.

Questions to consider:

The child

- Is the child vulnerable to or experiencing harm online including social media, and messaging apps?
- What are the protective factors or positive influences in the child's life to help reduce risk or deal with stressful events?
- Will a permanent exclusion escalate the child's vulnerability?
- Is the child suffering harm or likely to suffer significant harm?
- How is this affecting the child's health and development?
- What did the child say or communicate about these worries?
- What advice and support have I offered the child and their family?
- Is the child vulnerable within the community?
- What will the impact be for the child if action is not taken?
- Are risks escalating due to non-engagement with agencies? • Is this a child who is likely to become 'out of sight of services'*, for example, permanently excluded, no school** place, electively home educated, has severe absence (50% or less) or is not known to universal services?

The child's family

- What are the strengths of the family and what is working well?
- What did the family say about these worries?
- Has their response helped my decision making?
- What is the picture of the family as a whole?
- What are the needs of any siblings and parents?
- Is there evidence of parent's adverse childhood experiences (ACEs) impacting on the child?
- What help does the family need?
- Does the family consent to sharing information?

- Does the family agree to an offer of help and support?
 - Is the family coping?
 - Has the child had chance to speak?
 - Do I have a picture of the family as a whole? Siblings?
 - What previous history/service involvement has there been?
 - Have I taken advice from manager/DSL/other professionals involved with the child?
 - Have I discussed my concerns with the child & family? Have I asked for consent
 - Have I been professionally curious?

Levels of Need and response: (Consult 'Right Help, Right Time' for further guidance)

- **Universal Needs** are the services provided as a right to all children e.g. GP practices, early years/school settings, housing and youth services.
- **Universal Plus** is when a child and their family have needs that require support and interventions above and beyond normal universal services
- **Additional Needs** is when a child and their family have needs that may require an intensive or substantial package of support, but the concerns can be managed without the need for statutory social work intervention. (You may want to contact the Early Help Team re fCAF 0121 303 8117 or CASS the children's information and advice service on 0121 303 1888
- **Complex/Significant Needs** is when the child and their family have needs that are so significant that they need specialist services to prevent significant harm or serious risks to their health, or welfare

What to do if a child discloses abuse:

General Points

- Accept what the child says (however unlikely the story might sound)
- Keep calm
- Look at the child directly
- Be honest
- Let them know you may need to tell someone else - don't promise confidentiality.
- Even when a child has broken a rule they are not to blame for any ensuing abuse.
- Be aware that the child may have been threatened.
- Never push for information.
- Do not suggest what may have happened.

Helpful Things to Say or Show:

- I believe you (show acceptance of what the child says)
- I am glad you have told me
- It's not your fault
- I will help you

Avoid Saying:

- Why didn't you tell anyone before?
- I can't believe it.
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as 'I'm shocked, don't tell anyone else'

Concluding the Discussion

- Again, reassure the child that they were right to tell you and that you believe them
- Let the child know what you are going to do next and let them know what happens.
- When you have a safeguarding concern, wherever it is practicable and safe to do so, communicate with the child and/or their carer and explain:
 - What you want to raise as the concern;
 - With whom you are going to raise it;
 - Why you want to share it.

You are not required to inform them if you have reason to believe that doing so may put the child at increased risk of harm.

EXTRA INFORMATION ON: FGM; DOMESTIC ABUSE; SEXUAL EXPLOITATION; SPIRITUAL ABUSE; NEGLECT

Female Genital Mutilation (FGM)

'also known as female circumcision or cutting, is a collective term for procedures which include the partial or total removal of the external female genital organs, or injury to the female genital organs, for cultural or other non-therapeutic reasons'. (West Midlands Police)

The Female Genital Mutilation Act 2003 makes it:

- illegal to practice FGM in the UK
- illegal to assist a girl to mutilate her own genitalia
- illegal to take girls who are British Nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country
- Illegal to aid, abet, counsel or procure the carrying out of FGM abroad

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

Impacts of FGM:

- Extremely painful
- Serious short and long term health consequences
- Psychologically damage
- A number of girls die as a direct result of the procedure, from blood loss or infection
- Women are twice as likely to die in childbirth, and four times more likely to give birth to a still born child

Indicators:

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

Offenders of FGM and Presenting behaviours

FGM is usually instigated by female members of the girl's family (including extended family). Unlike other forms of child abuse, a mother who agrees to her daughter being mutilated is likely to believe that she is acting in the best interests of the child. It may even be a cause for celebration within the family.

In some instances parents may be under considerable pressure from members of their family and/or community to allow their daughter to undergo FGM. It may also be instigated by the grandmother, aunt or other relative without the consent or knowledge of the mother. Traditionally, the procedure is carried out by a female 'cutter' who is a member of the girl's practising community. The person may also be known as a circumciser or midwife. The 'cutter' may visit the UK from abroad for a short period specifically to carry out FGM, or they may be a permanent member of the community in the UK. A girl can also be taken abroad to undergo FGM, sometimes to her or her family's country of origin or to another FGM-practising country. This may be done in an attempt to avoid detection and is most likely to take place during extended holiday periods. Where an officer suspects that a child may be taken out of the country to undergo FGM, they should take appropriate steps to protect the child.

Men can also be perpetrators. They may directly carry out the procedure as medical professionals. They may also commit offences under the FGM Act by assisting others to carry out FGM, e.g., by paying for the procedure or providing other logistical support.

Further information

- Call police on 101 if you have information about FGM, believe a child may be at risk. In an emergency, dial 999
- Alternatively contact Crimestoppers anonymously on 0800 555 111
- NSPCC's FGM Helpline on 0800 028 3550.
- FORWARD (Foundation for Women's Health, Research and Development) 020 8960 4000 - www.forwarduk.org.uk
- Daughters of Eve 07983030488 - www.dofeve.org/stopping-fgm.html
- DORCAS - <https://dorcasuk.com/>
- Birmingham and Solihull Women's Aid 0121 685 8550 - www.bswaid.org
- African Well Woman's Service (Birmingham Heartlands Hospital) Alison Hughes 0781 7534274
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905125/6-1914-HO-Multi_Agency_Statutory_Guidance_on_FGM_-_MASTER_V7_-_FINAL_July_2020.pdf#page46

Abuse As A Result Of Domestic Violence

Domestic Violence is a factor in 60 per cent of serious case reviews (2015 NSPCC) and is a risk factor for other types of abuse.

The cross-government 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*

(Home Office 2013)

Impacts:

The risks to children and unborn babies living with domestic abuse include:

- Direct physical or sexual abuse of the child

- Miscarriage, still birth and foetal injury
- The child being abused as part of the abuse against their carer
- Being used as pawns or spies by the abusive partner in attempts to control the victim
- Being forced to participate in the abuse and degradation by the abusive partner.
- Hearing or witnessing abusive verbal exchanges and threats between adults in the household
- Observing bruises and injuries sustained by their carer
- Hearing their carer's screams and pleas for help;
- Observing the abusive partner being removed and taken into police custody
- Witnessing their carer receiving emergency treatment
- Attempting to intervene in a violent assault
- Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault
- Being unable or unwilling to invite friends to the house
- Frequent disruptions to social life and schooling from moving with their carer fleeing violence;
- Hospitalisation of a carer and/or their permanent disability
- Basic needs not being met due to financial abuse
- Poor attachment to carer

Indicators:

Children who are suffering as a result of domestic abuse may display the following indicators:

- Low self-esteem
- Increased levels of anxiety, depression, anger or fear
- Aggressive or violent behaviours i.e. bullying
- Poor peer relationships and school performance
- Poor conflict resolution skills
- Lack of empathy for others
- Hopelessness, self-blame, shame and apathy
- Complaints of nightmares, intrusive thoughts, insomnia, bed wetting
- Display an overprotectiveness of family members
- Physical injuries

Offenders and presenting behaviours

Perpetrators of Domestic Violence can be both men and women and of all ages.

'Radicalisation is defined as causing someone to become an advocate of radical political or social reform by supporting terrorism and violent extremism'. (The RCGP/NSPCC Safeguarding Children Toolkit for General Practice)

Child Sexual Exploitation

'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or

other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability'(UK National Working Group for Sexually Exploited Children & Young People)

CSE can happen:

- Online
- In gangs
- In families
- Amongst children & young people

Impact:

Sexual exploitation can seriously affect a victim's life into adulthood. The trauma of the exploitation may affect an individual's:

- Ability to form loving and trusting relationships
- Confidence & self-esteem (which can lead to self-harming, eating disorders, drug abuse and/or criminal activity)
- Mental and physical health
- Education
- Capacity & ability to be a parent

Even when children or young people appear to have recovered or overcome the psychological, physical and emotional effects suffered from the sexual exploitation, they may still be unable to stay in the area where they live if it has associations with the abuse against them. This can lead to family break-ups or the victim being isolated from family and friends.

Indicators & risk factors:

- Periods of going missing day or night (or whereabouts unclear or unknown)
- Relationships of concern with a controlling adult (male or female) which might involve physical and or emotional abuse or gang activity
- Entering/leaving vehicles driven by unknown adults
- Unexplained amounts of money. Expensive clothes or other items
- Frequenting areas known for risky activities
- Groomed/abused via internet and mobile technology
- Having unexplained contact with hotels, taxi companies or fast food outlets
- Absence/exclusion from school, not engaging in school/college/training/work
- Multiple callers
- Physical injuries without a plausible explanation
- Pregnancy, Sexually Transmitted Infections, termination of pregnancy
- Substance misuse (and related A&E attendance)
- Unsafe use of internet or mobile phone (multiple phones, sims, sexting)
- Self-harming behaviours
- Sexual assault
- Risky or inappropriate sexual behaviour
- Disclosure of sexual abuse followed by withdrawal of allegation
- Lack of awareness of/understanding of being safe
- Living independently and failing to respond to attempts by workers to keep in touch
- Being accompanied to appointments by unknown person who causes concern
- Association with gang members that suggest sexual exploitation is a possibility
- Unsuitable/inappropriate accommodation/sofa surfing
- Isolated from peers/family/social network

- Sexual abuse during childhood
- History of Local Authority Care
- Involvement in criminal activities and or risk of gang involvement
- Breakdown of family relationships
- History of Child Protection involvement in relation to neglect, physical or emotional abuse
- Family history of domestic abuse and or substance misuse and /or mental health
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations

Offenders and presenting behaviours:

- According to the College of Policing the majority of Child Sexual Exploitation Offenders are male however, female victims can be groomed to coerce children
- The demographic of offenders varies in terms of ethnicity, social background and age

Impact of CSE on families:

Sexual exploitation can have a significant impact on families and can affect their health, work life, family relationships, economic stability and social life. Parents and carers often feel distraught, traumatised and guilty for not having protected their children from being sexually exploited. The stress of the situation can limit their capacity to respond to the needs of their children and to deal with crises that occur following the exploitation. The sexual exploitation of one child in the family can place other siblings at significant risk of being groomed and exploited too.

Spiritual Abuse

Spiritual Abuse is 'coercion and control of one individual by another in a spiritual context.. This abuse may include:-manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those external to the abusive context.' (Manchester Metropolitan University 2013)

Possible indicators of the radicalisation of children includes (but is not limited to)

- Behavioural changes or Use of inappropriate language
- Possession of violent extremist literature
- The expression of extremist views or Association with known extremists
- Advocating violent actions and means
- Seeking to recruit others to an extremist ideology
- Excessive fear of punishment
- Inability to question beliefs or accepts other points of view
- Children not allowed to mix with other children outside their community
- Physical injuries (related to alleged non-adherence or demon possession)

Neglect

'Neglect is the ongoing failure to meet a child's basic needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents. A child who's neglected will often suffer from other abuse as well. Neglect is dangerous and can cause serious, long-term damage - even death.' (NSPCC)

The following may be indicators of neglect:

- Aggressive or angry outbursts
 - Proclivity to impulsive behaviours
 - May be particularly withdrawn or quiet
 - Have difficulty forming relationships with other children
 - Have few friends
 - Be perceived by others to be disruptive or aggressive
 - Low self-confidence and esteem
 - More likely to display symptoms of depression
 - Mood swings
 - Inappropriate levels of affection
 - Poor coping skills
 - Give up easily on tasks due to low self-worth and helplessness
- **Physical neglect:** Failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child, or provide for their safety
 - **Educational neglect:** Failing to ensure a child receives an education
 - **Emotional neglect:** Failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It's often the most difficult to prove
 - **Medical neglect:** Failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations

ROLES & RESPONSIBILITIES

The safeguarding of children within our work at KNS is everyone's responsibility. The following have specific roles in relation to safeguarding:

The role of the Safeguarding Lead Senior Lead (DSL):

The DSL is responsible for:

- Supporting professionals to recognise the needs of children, including rescue from possible abuse or neglect
- Ensuring staff competency to carry out their responsibilities for safeguarding and promoting the welfare of children
- Providing mandatory induction, which includes familiarisation with safeguarding responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare
- Providing reviews of practice to ensure improvement
- Provide clear policies in line with those from the LSCB for dealing with allegations against people who work with children
- Keeping written records of all concerns about a child even if there appears to be no grounds for an immediate referral
- Ensuring that all such records are kept confidentially and securely
- Ensuring clear lines of accountability and responsibility for safeguarding children are in place and known by all staff and volunteers
- Ensuring risk assessment arrangements are in place for any known or emerging issues with regard to Safeguarding
- Ensuring systems are in place to check staff and volunteers working for KNS that have contact with children and the implementation of safe recruitment,
- Creating a shared understanding of roles and responsibilities regarding safeguarding children including key issues around communication, sharing of information and data

protection across agency partnerships and the implementation of information sharing agreements and protocols

- Providing appropriate advice and support to staff and enable safe and effective practice
- Ensuring that there is close communication with named /designated professionals and line managers regarding safeguarding and address issues arising from practice.
- Ensuring the following records are kept:
 - Incident report form (catalogued and cross references to the incident book)
 - Incident book (hard bound, containing consecutive numbers of report forms, name of child, name, signature and date of person submitting the report, name, signature and date of DSP receiving the report.)

Staff Members:

Project Co-ordinators within KNS have a responsibility for:

- Being familiar with and adhering to Safeguarding policy and procedure, including within all project activities
- Inducting Volunteers and briefing them on Safeguarding policy and procedure
- Escalating all safeguarding concerns to the DSL, the Chair of Directors, the LADO/MASH as appropriate
- Making their own timely and accurate records of any concerns or disclosures
- Whistleblowing
- Fostering open and honest relationships with staff and volunteers accountable to them

Information Sharing

Guidance for practitioners and managers (2008) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The guidance can be used to supplement local guidance and encourage good practice in information sharing.

Anonymised information and scenarios consent can be shared at a local 'Team Around the Family' meeting once a fortnight. This is a forum to seek expert help and advice on safeguarding www.lscbbirmingham.org.uk/index.php/hub-manuals/early-help-9

CONTACTS

Karis Neighbour Scheme	0121 455 7524
The Early Help Team	0121 303 8117
CIAS the children's information and advice service on	0121 303 1888
NSPCC's FGM Helpline	0800 028 3550
NSPCC's 24hr Hotline	0808 800 5000
Childrens Advice and Support Service (CASS)	0121 303 1888
Emergency Duty Team out of hours	0121 675 4806

Sandwell & West Birmingham:

Sandwell Safeguarding Team	0121 569 3100
CCG Safeguarding Children Unit 9-5pm	0121 612 2015
Domestic Abuse Community Support (Black Country Womens Aid)	0121 552 6448
CCG Designated Doctor for Safeguarding Children	0121 507 3417/612 2015
Designated Nurses for Safeguarding Children	0121 612 2018

Birmingham South Central CCG

Designated Nurses for Safeguarding Children

07715 050951

CCG Designated Doctor for Safeguarding Children

0121 255 0682

Birmingham North/West Central

Children's Nurse CSE

0121 466 7090 07540747983