

THIS POLICY IS CONTINUALLY BEING UPDATED DUE TO NEW CHANGES FOR SAFEGUARDING CHILDREN BEING PUT INTO PLACE BY BIRMINGHAM CITY COUNCIL.

Policy for Safeguarding Children

Designated Senior Lead (DSL): Tracy Stokes. In the absence of Tracy Stokes, Diane Littlehales will act as DSL.

Safeguarding is defined as –

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

Inglenook Children's Nursery is committed to safeguarding and promoting the welfare of all its children and young people.

We believe that:

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

The purpose of this safeguarding policy is to set out a clear protocol of action and a framework for our responsibilities and legal duties in relation to each individual child's welfare

We aim to:

- *ensure a reliable and effective response in the event of any concerns for a child's welfare, and support each child and family.*
- *put children's needs first at all times and encourage children to be confident and assertive.*
- *develop a trusting and respectful relationship with the children in our care, so that they know they will be listened to and believed.*
- *alert the staff to signs and indicators of possible abuse*
- *address concerns at the earliest possible stage*
- *raise child protection awareness*
- *follow safer recruitment procedures*
- *follow an induction programme for newly appointed staff*

- *carry out DBS checks on all staff. DBS checks will be checked every 3 years*
- *ensure that references are checked and identification obtained for newly appointed staff*
- *provide training for all staff*
- *ensure staff receive regular supervision meetings*
- *ensure job vacancy adverts will state that we will only recruit people who have clear DBS and references.*
- *ensure that all staff have a good understanding of the importance of all Policies and Procedures including the settings safeguarding and whistleblowing policy*

Key Principles

These are the key principles of safeguarding, as stated by Birmingham Safeguarding Children's Board:

- Always see the child first
- Never do nothing
- Do with, not to others
- Do the simple things better
- Have conversations, build relationships
- Outcomes not outputs

Practitioners have a duty to protect and promote the welfare of children due to the many hours of care we are providing. Staff members can often be the first people to sense that there is a problem; they may well be the first people in whom children confide in about abuse. This policy lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse, neglect and domestic abuse.

For the purpose of this policy reference to staff includes trainee's students and volunteers

What to do if you are concerned about a child or young person

If you are concerned or worried about a child or young person you should always discuss your concerns with the settings DSL (**Designated Senior Lead**) immediately.

When a child or young person discloses abuse, what must I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that she/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but she/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.

- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you
- Do not tell the child that what she/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what she/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

Supporting Children

We recognise that because of the day to day contact with children. Inglenook Children's Nursery is well placed to spot any signs of abuse. A child who is abused or witnessed to violence may find it difficult to develop and maintain a sense of self-worth. We recognise that a child may feel self-blame. We recognise that the nursery may provide the only stability in the lives of children who have been abused or who are at risk of harm.

We will support children by:

- Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying.
- Promoting a caring, safe and positive environment within all areas of the setting.
- Liaise and work together with all other support services and those agencies involved in the safeguarding of children.
- Notifying children's social care service as soon as there is significant concern
- Provide continuing support to a child about whom there have been concerns, who leaves the nursery, by ensuring the appropriate information is forwarded under confidential cover to the child's new school/setting.

The role of the DSL (Designated Senior Lead)

Our DSL is Tracy Stokes. The DSL has lead responsibility and management oversight and accountability for child protection and, will be responsible for coordinating all child protection activity

The role of the DSL includes the following:

- to liaise, link and consult with external agencies in relation to child protection matters.
- to support and provide appropriate advice to other staff around potential or actual abuse.
- to follow company procedures when making a referral to social care services where there are safeguarding or child protection concerns.
- to assist in the referral of children in need, who may not necessarily be at immediate risk of harm.
- to attend child protection conferences well briefed and prepared.
- to maintain good records of all children, those who have been identified as at risk and who are subject to referrals, assessment or a child protection plan.
- to share information of children who are identified as at risk for those who need to know.
- to ensure regular training is provided for the whole staffing team relating to safeguarding and child protection procedures within the setting.

- to ensure that managers within the setting are well briefed about safeguarding including policies and procedures.
- to refer allegations/concerns about staff, students or volunteers to the appropriate agencies.
- to be alert to potential indicators of abuse or neglect.
- to be alert to risk of harm that individual abusers or potential abusers may pose to children
- to prioritise direct communication and positive respectful relationships with children, ensuring the child's wishes and feelings underpin assessments and any safeguarding activities
- to share and help analyse information so that an assessment can be made of whether the child is suffering or likely to suffer harm, taking into account their needs and circumstances
- to contribute to whether actions are needed to safeguard and promote the child's welfare
- to take part in the reviewing outcomes against specific plans
- to work co-operatively with Parents/Carers unless this is inconsistent with ensuring the child's safety

Confidentiality

All suspicions and investigations are kept confidential and shared only with those who need to know. Information is shared under the guidance of the Local Safeguarding Children Board. Confidential records kept on a child are shared with the child's Parent/Carers, or those who have parental responsibility for the child, only if appropriate under the guidance of the LSCB with the provision that the care and safety of the child is paramount. These records are locked away in the office and only members of the management have access.

Concerns That Fall Below Child Protection Thresholds

As an Early Years setting we aim to support all children and their families by working with other relevant professionals and using the Family Common Assessment Framework (FCAF).

The FCAF sets out a structured way of 'working together' with different professionals and agencies to prevent complex needs from arising. It also provides a standard template for 'working together' – which also includes Parents/Carers.

Early Help and Brokerage Service - formally known as Family Common Assessment Framework (Fcaf)

Where possible, all professionals should undertake a Family Common Assessment Framework to determine the level of support required before contacting children's services. This is to ensure that referrals are being made to the right service area at the right time

If the need arises a pre-Fcaf assessment will be completed between 6-8 weeks of a child and their family being inducted into the provision. This process is conducted by an Fcaf champion involving the child and their family. A check will be carried out to see if an Fcaf is not already in place. No Fcaf can be carried out without the consent of the family. Where no consent is given, the staff will monitor the child/family. If the child is deemed to be at significant risk then a referral will be made to MASH 0121 303 1888.

Locality Area fCAF Coordinators

East	07867 469 868
North	07867 469 866
South	07867 358 561
West & Central	07867 358 566

fCAF Coordinators:

0121 303 8117

City fCAF Coordinator (team manager):

0121 303 2291

www.birmingham.gov.uk/caf

Please see Flow Chart for Early Help, Family Support, Child in Need Services and Child Protection at the back of this policy

How to make a referral

To make a referral MASH (Multi Agency Safeguarding Hub) 0121 303 1888 will be contacted who will be able to assist and advise. All Disabled Children's referrals should also be directed to MASH who will provide a single point of contact for professionals and members of the public who want to seek support or raise concerns about a child. Where there are safeguarding concerns, all professionals should contact MASH with the exception of those very rare emergencies which require an instant response, which should go through to the Police on 999.

MASH Contact Details

Email: MASH@birmingham.gov.uk

Secure.MASH@birmingham.gcsx.gov.uk

Phone: 0121 303 1888

Emergency Duty Team (Out of hours): 0121 675 4806

NSPCC: 0808 800 5000

Interagency referral forms: www.lcsbbirmingham.org.uk

Under 18s

Anyone working whether paid or voluntary within this Nursery, under the age of 18 is afforded the protection of this policy. Intimate or sexual relationships between nursery staff and persons under the age of 18 will be regarded as a grave breach of trust and may be a criminal offence. (Sexual Offenders Act 2003)

Recruitment, Selection & Employment of Staff

We are committed to recruiting, appointing and employing staff in accordance with all relevant legislation and best practice. We welcome applicants from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of marital status, age, gender, culture, religion, ethnic origin or sexual orientation.

We abide by Ofsted requirements in respect of references and DBS checks (Disclosure and Barring Service) for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children. We aim to ensure that we deploy sufficient, suitable staff that are utilized and supervised where necessary and the induction process will be monitored by two people where possible.

DBS Procedure

- All positions offered are subject to a satisfactory DBS and references.
- All new staff members will be asked to complete a new DBS.
- In order for this, the applicants will be required to complete an online application and will be requested to provide suitable forms of identification, which will be verified by the nursery manager/nursery coordinator.
- Any staff members awaiting a DBS will not commence their employment until a satisfactory DBS has been received.
- Once a satisfactory DBS has been obtained the staff member will be invited into the nursery to begin their induction process.
- If concerns are raised with a member of staff relating to their DBS, discussions will take place which may lead to their contract being terminated.

Concerns about Persons in the Position of Trust

This procedure should be used in any case in which it is alleged that a member of staff has:

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

Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in the nursery environment to abuse children.

If an allegation has been made the following procedures will come into effect:

- the person will be removed from any unsupervised, direct contact with the children (a risk assessment will determine if or not the person will need to be suspended)
- we will contact the **Early Years Consultants on duty on 0121 675 1943 or 0121 675 4996** and speak to an EYC who will ask various details then email you a POT referral form that you will complete and return within 1 hour.
- in the absence of the Duty Worker, we will directly contact the LADO (Local Authority Designated Officer) Team on 0121 675 1669, or if out of hours The Children's Services Emergency Duty Team 0121 675 4806
- following the advice given we will inform the staff member that an allegation has been made against them
- we will not at any point tell the person the nature of the allegations or who has made them
- we will ensure someone in the organisation is designated to offer support to the member of staff
- if the Parent/Carer of the child is not already aware of the concern we will immediately inform them
- we will fully co-operate at all times with any independent investigation which may include a multi-agency 'position of trust co-ordination meeting' and will take on board any advice given in relation to the allegation
- support will be offered to the family of the child in concern
- all incidents /concerns will be reported to OFSTED in line with the EYFS Safeguarding and Welfare Requirements

If concerns arise around the Nursery Manager or the DSL. All staff have a duty to refer to the Early Years Duty Consultants on duty 0121 675 1943 or 0121 675 4996.

Whistleblowing

Inglenook Children's Nursery recognise that staff should be aware of their duty to raise concerns about the attitude or actions of colleagues.

All staff at Inglenook Children's Nursery are aware of the potential for misunderstanding when touching children. The following are some aspects of behavior which we avoid:

- Kissing children on the lips
- Engaging in rough or sexually provocative games
- Making sexual comments
- Inviting children to their homes, unless a valid reason is given
- Offering a lift to nursery children, unless absolutely necessary
- Letting allegations made by anyone go unacknowledged, unresolved or not acted upon
- Excessive one to one attention beyond the requirements of their role and responsibilities
- Inappropriate sharing of images

OFSTED's 'whistleblowing hotline' is 0300 123 3155 (Monday to Friday 8am - 6pm) or can be emailed at: whistleblowing@ofsted.gov.uk or write to: WBHL, Ofsted, Piccadilly Gate Store Street Manchester M1 2WD for advice on what steps to follow.

Any individual who has reasonable suspicion of malpractice should inform the DSL immediately.

No Babysitting Policy

To ensure children are treated equally and no favouritism is shown, Inglenook Children's Nursery operates a no babysitting policy. By operating a no babysitting policy we are actively safeguarding our staff and all the children in our care.

Duty of Care

The Children Act 1989 places a duty on Local Authorities to investigate such matters. As such the nursery will follow the advice and procedures of our Local Safeguarding Children Board (LSCB). A guidance book "What to do if you're worried a child is being abused," has been produced by the Department of Health in collaboration with a number of other government departments, including Ofsted and is available on request. The legal framework for this policy is based on the Safeguarding Vulnerable Groups Act (2006). The Children Act 2004 has not only placed a duty of care on LEA settings but on all agencies working in conjunction with children and young people whether this is a private, voluntary or government funded setting. It also requires that agencies and professionals work together to safeguard children. This has clearly been defined within the 2004 Every Child Matters and is now legislation

Professional Disagreements

- A disagreement may arise between practitioners about the interpretation of the known facts, about the nature and severity of risk to a child and/or about the most appropriate means to reduce the risk.
- It is important that a professional discussion takes place to identify areas of agreement and disagreement.
- Any practitioner can make a referral to children's social care service if they are in disagreement with the DSL and feel the child is at risk.
- Disagreement may arise at the referral stage, when the referrer feels that there is clear evidence that a child is at risk, but children's social care feels that the matter does not meet the criteria for assessment.
- If the referrer is unhappy about the response of children's social care they should discuss the matter with the settings DSL, who will raise the issue with the Team Manager in children's social care.

DEFINITIONS AND INDICATORS OF ABUSE

FOR MANY CHILDREN ABUSE IS A NORMAL PART OF THEIR LIVES AND THEY MAY NOT SHOW ANY SIGNS OF ILL-

TREATMENT

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

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

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

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

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home
- Fear of medical help;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

SEXUAL ABUSE

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

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

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

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children

frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment.

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

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

Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

DOMESTIC ABUSE

The Government defines domestic abuse as “Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been intimate partners or family members regardless of gender or sexuality”.

We consider we have a duty of care to everyone and if we have any concerns about any children who are members of a household where domestic abuse is known or suspected to be taking place, we will follow the procedure set out in concerns around a child.

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

- Fear of a partner, caregiver, acquaintance or strangers
- Sadness and/or symptoms of depression
- Low self-esteem, low self-worth
- Appearing isolated from family or friends
- Indirectly or directly talk about domestic violence, sexual assault, stalking
- Appearing anxious about something that would not normally create anxiety, such as getting home late, going somewhere alone
- Bruising, welts, lacerations or scars
- Blackened or swollen eyes
- Increase in severity of injuries

SEXUAL EXPLOITATION

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

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

RESPONSES FROM PARENT/CARERS

Research and experience indicates that the following responses from parent/carers may suggest a cause for concern across all four categories:

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

DISABLED CHILDREN

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

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

- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

Transporting children to hospital for safeguarding reasons

- Call for an ambulance immediately. DO NOT attempt to transport the child in your own vehicle due to the risk of further injury.
- Whilst waiting for the ambulance, contact MASH on 0121 303 1888 or the Parents/Carer if they are not suspects of abuse and arrange to meet them at the hospital.
- A senior member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child's comforter if they have one. The Nursery Manager and Co-ordinator must be informed as soon as possible.
- Upon arriving at the hospital, the pediatrician must be informed that this is a safeguarding issue immediately.

Other emergencies where safeguarding policy must be followed

- If a Parent/ Carer arrives to collect a child and it is deemed that they are intoxicated with either drugs or alcohol, the decision will be made by the DSL/Person in charge to telephone the emergency contact number and make other arrangements for the child to be collected. If the Parent/Carer becomes abusive, makes a nuisance of themselves or is intending to drive under the influence, the **police will be called**.
- The welfare of the child is paramount therefore staff will feel a duty to keep themselves and the child safe. We would prevent the Parent/Carer from taking the child by talking calmly and trying to reason as to why we are trying to contact somebody else on the child's contact list. Explain each step clearly and calmly.
- Direct the Parent/Carer away from the children and into a private area such as the staff room. If this is not possible then the children should be removed from the situation instead.
- Ensure that a second member of staff is in attendance at all times whilst ensuring the safe supervision of all children.
- Act in a calm and professional way, ask the Parent/Carer to calm down and make it clear that we do not tolerate aggressive, abusive language or behaviour.
- Contact the police if the behaviour does not diffuse. (Police 999)

The Prevent Duty

Ingenook Children's Nursery recognizes it has a responsibility to protect children/young people from the risk of Radicalisation and being drawn into acts of terrorism. We recognize that as practitioners we are in an important position to respond in an appropriate and proportionate way.

The general risks affecting children and young people may vary from area to area and according to their age.

INDICATORS OF VULNERABILITY TO RADICALISATION

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

- Encourage, justify or glorify terrorist violence of particular beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- Foster hatred which might lead to inter-community violence in the UK.
- There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
- Staff, parent/carers, children may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that nursery staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- **Identity Crisis** – the staff, parent/carers, child is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- **Personal Crisis** – the staff, parent/carer, child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- **Personal Circumstances** – migration; local community tensions; and events affecting the staff, parent/carer, child’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- **Unmet Aspirations** – the staff, parent/carer, child may have perceptions of injustice; a feeling of failure; rejection of civic life;
- **Experiences of Criminality** – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- **Special Educational Need** – staff, parent/carer, child may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young staff, parent/carers or children experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and / or behaviour; and
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

If a member of staff at the nursery has a concern about a child, parent/carer or another member of staff they should follow the nursery's normal safeguarding procedure including discussing any concerns with the settings designated senior lead (DSL). In Prevent priority areas the local authority will have a Prevent lead who can also provide support.

Roles and Responsibilities of the single point of contact (this would normally be the designated senior lead)

- Ensuring that staff of the nursery are aware of who the single point of contact is in relation to protecting staff, parents and children from radicalisation and involvement in terrorism
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing students/pupils from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
- Raising awareness about the role and responsibilities of Inglenook Children's Nursery in relation to protecting staff, parents and children from radicalisation and involvement in terrorism;
- Raising awareness within the school about the safeguarding processes relating to protecting staff, parents and children from radicalisation and involvement in terrorism;
- Acting as the first point of contact within the school for case discussions relating to staff, parents and children who may be at risk of radicalisation or involved in terrorism;
- Sharing any relevant additional information in a timely manner.
- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.

This Policy complies with all relevant legislation and other guidance or advice from the Local Safeguarding Children Board

Useful websites:

www.safeguardingchildren.co.uk

www.ofsted.gov.uk

www.everychildmatters.gov.uk

www.dh.gov.uk

www.lcsbbirmingham.org.uk

Updated 12/04/2021

Reviewed 01/11/2021