

Child Protection

Safeguarding children and Child Protection Policy



Principles

“The welfare of the child is paramount” – Children Act 1989

Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.

We aim to provide a high quality setting which is welcoming, safe and stimulating, and where children are able to enjoy learning and grow in confidence. We will take all necessary steps to keep children safe and well and ensure the suitability of adults who have contact with them. We will promote good health, manage behaviour and maintain records, policies and procedures.

For the purpose of this policy the “Working Together” 2015 definition of safeguarding and promoting the welfare of children will be used and is defined as;

- Protecting children from maltreatment;
- Preventing impairment of children’s health and development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- Taking action to enable all children to have the best outcomes.

Staff at this setting understand that safeguarding and promoting the welfare of children is everyone’s responsibility they will be alert to any issues or concerns in the child’s life at home or elsewhere and they will maintain a child-centred approach at all times. They will be aware that children with special educational needs or disability are particularly vulnerable to being abused. They will maintain an attitude of “it could happen here” where safeguarding is concerned and they will always act in the best interests of the child.

The committee and staff at this setting are committed to:

- Ensuring the setting practises safer recruitment in checking the suitability of staff and volunteers (refer to the South West Child Protection Procedures <http://www.online-procedures.co.uk/swcpp/contents/safer-recruitment>)
- Following the settings Code of Conduct, Behaviour Policy or “Guidance for Safer Working Practice for Adults who Work with Children” <http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx>
- Establishing and maintaining a safe environment.
- Supporting children who have been abused and carrying out specific actions in accordance with the agreed child protection support plan.
- Providing a curriculum and experiences to enable children to develop the skills they need to stay safe from abuse including online abuse.
- Ensuring staff and volunteers are able to identify children who may benefit from Early Help by identifying potential emerging problems or concerns and implementing strategies to avoid them escalating.
- Ensuring that staff and volunteers are aware of the signs and symptoms of abuse and know the correct procedure for reporting and referring concerns.
- Ensuring that all staff are aware of the procedures to follow if they have a concern about another adult or a member of staff.
- Working in partnership with other agencies. This includes sharing information effectively, attending child protection conferences, core groups and other relevant meetings.
- Working in partnership with parents/carers.

All action will be taken in line with the following local and national legislation/guidance:

- South West Child Protection Procedures (SWCPP), <http://www.online-procedures.co.uk/swcpp/>
- The Statutory Framework for the Early Years Foundation Stage - March 2017
- The Children Act 2004 and 2006
- Working Together to Safeguard Children - March 2015
- What to Do If You're Worried a Child is Being Abused - March 2015
- Swindon Local Safeguarding Children Board guidance, www.swindonlscb.org.uk
- Information Sharing: Advice for practitioners providing safeguarding services- March 2015
- The Prevent Duty-Departmental advice for schools and childcare providers-July 2015
- Keeping Children Safe in Education – Sept 2016

This “Safeguarding Children and Child Protection Policy” applies to all staff, managers, committee members and volunteers working in the setting.

Other policies which should be read and used in conjunction alongside this policy include;

- Health and Safety
- Intimate Care
- First Aid
- Medicines
- Behaviour Management
- Staff behaviour policy (guidance for safer working practice/code of conduct)
- Missing Child
- Online safety including Internet, Acceptable Use, Camera & Image, ICT Misuse Policy
- Failure to Collect Child
- Site Security
- Risk Assessments
- Equal Opportunities
- Special Educational Needs and Disability
- Outings/Visits
- Emergency Evacuation Procedures
- Concerns/Complaints
- Social Networking
- Employment
- Grievance
- Whistleblowing
- Escalation
- Mobile Phone and Mobile Technology Device

The Designated Safeguarding Lead (DSL) and deputy

Our Designated Safeguarding Lead is Claudine Woodman

Our Deputy DSL is Zena Warburton

During working hours there will be a DSL or deputy available at all times for staff to discuss safeguarding concerns.

- The DSL will take lead responsibility for safeguarding children and ensure that all policies and procedures are implemented and shared with staff. They will liaise with local statutory children's services, and with Swindon Local Safeguarding Children's Board. They will provide support, advice and guidance to other staff on an on-going basis, and on any specific safeguarding issue as required.
- The DSL and the deputy will attend level 3 Child Protection training as a minimum; this will be refreshed every 2 years. The DSL and the deputy will regularly (at least annually) update their

knowledge and skills through attendance at training, attendance at update sessions, reading newsletters, email alerts etc.

Staff training, qualifications and supervision

- All staff will complete level 1 (basic awareness) training every 3 years. Training will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way
- The DSL will ensure all staff receive regular safeguarding updates through staff meetings, email, newsletters etc
- All staff who have contact with children will have regular supervision sessions which will include a discussion about children's development and well-being, including child protection concerns.
- At least one person who has a current paediatric first aid certificate will be on the premises at all times when children are present, and will accompany children on outings.
- Staff involved in preparing and handling food will receive food hygiene training.
- All staff will have a sufficient understanding and use of English to ensure the well-being of children in their care
- All new staff will receive induction training to help them understand their roles and responsibilities. Induction training will include, as a minimum, information about emergency evacuation procedures, safeguarding/child protection procedures, the provider's equality policy, and the health and safety policy.

Types of abuse and neglect

Abuse is a form of maltreatment of a child and can either be caused through inflicting harm or failing to prevent harm. There are four categories of abuse; physical, emotional, sexual and neglect.

See definitions of Abuse - Working Together 2015 (appendix 1)

All staff will be alert to possible signs of abuse, these may include:

Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Untreated injuries.
- Admission of punishment which appears excessive.
- Fear of parents being contacted.
- Bald patches in the head.
- Withdrawal from physical contact.
- Arms and legs kept covered in hot weather.
- Fear of returning home.
- Fear of medical help.
- Self-destructive tendencies.
- Aggression towards others.

Failure to Thrive

- Child's weight falling below expected centile.
- Height often falling below centile.
- Skin dry and pale.
- Hair thin and straw like.
- Lack of energy, listless.
- May drink a lot of juice.
- Refuses food. Vomiting and diarrhoea.
- Failure to meet milestone of development.
- Lack of concentration.
- Behavioural problems.

Neglect

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Emaciation.
- Frequent lateness or non-attendance
- Untreated medical problems.
- Destructive tendencies.
- Low self-esteem.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- No social relationships.
- Compulsive stealing or scavenging.

Emotional Abuse

- Physical, mental and developmental lags.
- Admission of punishment which appears excessive.
- Over-reaction to mistakes.
- Sudden speech disorders.
- Fear of new situations.
- Inappropriate emotional responses to painful situations.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- Self-mutilation.
- Fear of parents being contacted.
- Compulsive stealing

Sexual Abuse

- Fearful about certain people like relatives or friends.
- Not allowed to have friends round.
- Soreness/bleeding in the genital or anal areas or in the throat.
- Finding excuses not to go home or to a particular place.
- Having recurring nightmares /afraid of the dark.
- Unable to concentrate, seem to be in a world of their own.
- Chronic ailments such as stomach pains and headaches.
- Sexually abuses or shows inappropriate sexual behaviour towards a sibling or friend.
- Exhibits a sudden change in attitudes at school
- Appears withdrawn, isolated, or excessively worried.
- Demonstrates outbursts of anger or irritability.
- Fearful of undressing

Staff will also be aware of;

Peer on Peer Abuse

- This is most likely to include, but is not limited to, bullying, gender-based violence, sexual assaults and sexting.
- This form of abuse should never be tolerated or passed off as 'banter' or 'part of growing up'.

Children must be appropriately supervised at all times to avoid these issues arising.

Radicalisation and Extremism

Staff realise that they have a duty to protect children from radicalisation and any form of violent extremism in line with government guidance "Prevent Duty" (June 2015). Any concerns will be reported to the DSL.

In fulfilling this duty the setting will work closely with the LSCB and will have regard to;

- Assessing the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This will be based on an understanding, shared with partners, of the potential risk in the local area. The setting will protect children from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate

- Staff training so that staff have the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups. Staff should know where and how to refer children for further help
- Online safety policies will ensure children are safe from terrorist and extremist material when accessing the internet by establishing appropriate levels of filtering.
- Promoting fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. These values are already implicitly embedded in the Early Years Foundation Stage curriculum.

Female Genital Mutilation (FGM)

Staff recognise that FGM is a form of abuse, with long-lasting consequences, and must be referred to MASH/FCP through the usual channels. FGM comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.

Child Sexual Exploitation (CSE)

Staff recognise CSE as a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child believes they are voluntarily engaging in sexual activity with the person who is exploiting them. CSE can happen online.

Domestic Abuse (DA)

DA is any violent or abusive behaviour used by one person to dominate and control another within a close personal or family relationship. Children can witness DA in a variety of ways, they may be in the same room and get caught up in an incident, perhaps trying to defend the victim, they may be in a different room but able to hear abuse taking place and witness injuries caused by the abuse, or they may be asked to take part in verbally abusing the victim. All children witnessing domestic abuse are being emotionally abused, recent legislation recognises DA as “significant harm” and must always be referred to MASH/FCP

Disclosures

If a child discloses abuse, it is important for staff to respond appropriately:

- Listen to the child and avoid interrupting except to clarify.
- Allow the child to make the disclosure at their own pace and in their own way.
- Do not interrogate the child. It is alright to ask for clarification, but leading questions should not be asked. The interviewing of children must be undertaken by trained Social Workers or Police Officers.
- Do not make any promises to the child about not passing on the information – the child needs to know that you have to talk to someone who will be able to help them.
- Record the information as accurately as you can, including the timing, setting and those present, as well as what was said. Do not exaggerate or embellish what you have heard in any way.
- Inform the DSL as soon as possible (within the same working day).

Following a disclosure of abuse children will be supported in the setting by their key person.

Key Person

All children will be allocated a key person with whom they can develop a close relationship and who can tailor opportunities to the individual needs of each child.

Visitors to the setting

Any visitor to the setting who receives a disclosure of abuse, suspects that abuse may have occurred or is concerned for the safety or welfare of a child **must** report immediately to the DSL or if unavailable to the deputy.

Procedures for Referral

If a child is in immediate danger or is at risk of harm a referral to FCP/MASH will be made immediately. **The DSL/deputy will contact FCP/ MASH by telephone - 01793 466903.**

- A telephone referral will be confirmed in writing using the form RF1 within 24 hours of the initial call (RF1 available at <http://www.swindonlscb.org.uk/wav/Pages/Forms.aspx>).
- The referral will be shared with the parent/carer, and where appropriate with the child/young person, unless to do so may place the child at increased risk of harm, in which case advice should be sought from FCP/MASH.
- If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, FCP/MASH will be consulted before informing parents.
- If the child is already subject to a Child Protection Plan the allocated Social Worker will be contacted, they will advise when, and by whom, the parents should be informed. (See appendix 2 –flow chart)
- Staff will work closely with other agencies in implementing the actions of a child protection plan designed to support and protect the child. They will attend all child protection conferences, core groups and strategy meetings to support the child and family as necessary.

Early Help

- Where staff have emerging concerns about a child (as opposed to a child being in immediate danger) they will follow the early help process. This will include identifying emerging problems, discussing concerns with the DSL, sharing information with other professionals to support early identification and assessment and in some cases acting as the lead professional in undertaking an Early Help Record and Plan (EHRP).
- Early Help cases will be kept under constant review and if the situation doesn't appear to be improving consideration will be given to a referral to FCP/MASH.
- EHRP guidance and templates are available at; <http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx>

Record Keeping – Child Protection

Any member of staff receiving a disclosure of abuse, noticing possible abuse or with a concern about a child, should make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records must be dated and signed and discussed with the DSL.

- All hand-written records will be retained, even if they are subsequently typed up in a more formal report.
- Written records of concerns will be kept, even where there is no need to make a referral immediately.
- Any injuries will be marked on a body map, **photographs will never be taken** (Appendix 3)
- Where concerns do not meet the threshold for a referral to FCP/MASH, consideration will be given to the appropriateness of completing an Early Help Record and Plan (EHRP)
- All records relating to child protection concerns will be kept in a secure place and will remain confidential. They will not form part of the pupil's developmental records and will be kept separate from other records.
- A chronology will be kept at the front of each individual child protection file. It will be reviewed and updated whenever a new concern is raised or additional relevant information becomes available, noting any action taken.
- The quality of child protection records will be regularly monitored by the DSL and management.
- Where a child transfers to school or moves to a new setting, child protection documentation will be transferred to the receiving school/setting within 14 days, preferably by hand. If hand delivery isn't possible, postal delivery will be followed up with a telephone conversation. The original documents will be transferred and a receipt for handover will be obtained.
- Records will be retained in line with the Local Authorities Guidance on the Transfer and Retention of Child Protection Records (LSCB website).

Templates and guidance for keeping child protection records are available at; <http://schoolsonline.swindon.gov.uk/res/ey-resources/Pages/eysr.aspx>

Parental Involvement

We are committed to helping parents/carers understand our responsibility for the safety and welfare of all pupils.

- Parents/carers can access the settings Child Protection Policy online or a hard copy is available in the setting on request. Parents will be made aware of the policy during their induction meeting and will be asked to sign a statement to say they understand the setting's child protection responsibilities.
- Child protection or welfare concerns will usually be discussed with parents/carers. Where a referral to FCP/MASH is needed, the agreement of parents/carers will be sought before making the referral, unless to do so may place the child at increased risk of harm. If a child is subject to a child protection plan, then the allocated social worker will be informed as soon as possible. A lack of agreement from the parent/carer will not stop a referral going ahead.

Suitable People/Safer Recruitment

We endeavour to create a culture of safe recruitment. We ensure that staff working with children are suitable to fulfil the requirements of their roles. We have effective systems in place to ensure that practitioners and any other person who is likely to have regular contact with children (including those living or working on the premises) are suitable. We request enhanced Disclosure and Barring Service checks and disqualification checks for all staff prior to commencing work.

We comply with recruitment procedures as set out in the South West Child Protection Procedures.

(<http://www.proceduresonline.com/swcpp/swindon/contents.html>)

- Interview panels will have at least one person who has completed Safer Recruitment Training. There will be a safeguarding statement in all job advertisements and job descriptions. Any gaps in employment history or unaccounted for periods of time will be fully investigated. References will be requested prior to interview. At least one reference will be from the applicants' most recent childcare placement.
- All staff are informed that they are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment at the setting). We will not allow people, whose suitability has not been checked to have unsupervised contact with children. Staff are asked to disclose if they, or anyone living or working in their household, has ever been disqualified from working in childcare.
- We will record information about staff qualifications, identity checks, disqualification and vetting processes that have been completed (including the Disclosure and Barring Service reference number, the date a disclosure was obtained and details of who obtained it) on a central register.

Alleged Abuse by Staff

An allegation may indicate 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 a child; or
- Behaved towards a child that indicates he/she would pose a risk of harm to children.

We follow the SWCPP for managing allegations against staff;

(<http://www.proceduresonline.com/swcpp/swindon/contents.html>)

- **As soon as an allegation is made the Local Authority Designated Officer (LADO) will be contacted through FCP/MASH 01793 466903**
- Ofsted will be informed of the allegation within 14 days.
- LADO advice on appropriate action to take will be followed.
- Staff/volunteers will report an allegation about a member of staff immediately to the owner/manager, unless they are the subject of the allegation. The owner/manager will then proceed as above.
- Where the allegation is against the owner/manager, the member of staff/volunteer will contact the LADO as above.

- An allegation must not be discussed with the alleged perpetrator or other members of staff/committee, unless advised to do so by the LADO.
- In exceptional circumstances it may be necessary to protect the child, by contacting the police, before contacting the LADO.
- The setting will make a referral to the Disclosure and Barring Service if at the end of the allegation process a member of staff or volunteer is removed from their position, or if they leave while under investigation.

As part of their induction procedure staff will be directed to read the “Guidance for safer working practice for adults who work with children and young people.”

<http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx> and the setting’s “Whistleblowing Policy.”

If staff don’t feel comfortable alerting someone within the setting of their concerns, they can contact the NSPCC whistleblowing helpline on 0800 028 0285 or by email help@nspcc.org.uk

The Curriculum

We will provide a curriculum that encourages children to talk and be listened to. Children will be provided with opportunities to develop the skills they need to recognise and stay safe from abuse across all areas of learning. Children will learn that their views are valued and respected.

Online safety – Children will be taught about keeping safe online through educating them about safe online procedures and by educating their parents about the dangers of the internet through leaflets, posters, newsletters etc. Where children have access to the internet, we will ensure that they are protected from harmful and inappropriate online material by putting effective monitoring and filtering in place.

Use of Mobile Phones and Digital Photography

We have a written policy for the acceptable use of mobile phones, cameras and other digital media in our setting. The following should be used in conjunction with the mobile phone and mobile technology device, camera & image and acceptable use policies.

- Staff mobiles and other digital media will be kept in a designated area and will not be carried on a person when children are present. Staff may use appliances in a designated area at designated times e.g. the kitchen during staff breaks or before and after sessions, when children are not present.
- Visitors, parents, contractors etc are made aware that phones and other digital media are not to be used in designated areas and that no photographs, videos or audio recordings are permitted in the setting.
- Staff will take photographs of children using the work photographic equipment; no personal equipment will be used. The work photographic equipment will be open to scrutiny at all times.
- Photographs will not be taken in sensitive areas such as toilets or nappy changing areas.
- Written permission will be obtained from parents/carers for appropriate use of photographs/digital images to record children’s progress
- Children’s images should only be taken off site securely with the prior permission of the manager in line with the settings policy.

Information Sharing and Records

- We will maintain records and obtain and share information with parents/carers, health professionals, the police, social services and Ofsted as appropriate and in line with “Information sharing advice for safeguarding practitioners” 2015
- We will enable a regular two-way flow of information with parents/carers, and between providers if a child is attending more than one setting.
- Confidential information and records about staff and children are held securely and only accessible and available to those who have a right or professional need to see them.
- We are aware of our responsibilities under the Data Protection Act (DPA) 1998 and the Freedom of Information Act 2000. We will register with the Information Commissioner’s Office as appropriate.

- All staff read the setting’s “Confidentiality Policy” as part of their induction procedure. Information will be shared on a strictly “need to know” basis.
- Records relating to individual children will be retained for a reasonable period of time in line with the settings retention of records policy.

Review

This policy will be reviewed on an annual basis and updated where appropriate, however amendments will be made as and when necessary throughout the year. Staff will be made aware of all amendments.

This policy was adopted at a meeting of	Wroughton Preschool
Held on	_____
Date to be reviewed	_____
Signed on behalf of the management committee	Yearly at AGM
Name of signatory	_____
Role of signatory (e.g. chair/owner)	_____
	Chairperson

Appendix 1 – Definitions of Abuse “Working Together” 2015

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.

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 the child that they are worthless, unloved or inadequate, or valued in so far 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 of the child, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another or serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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 acts of sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance 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);
- Ensure access to appropriate medical care or treatment.
- Respond to a child's basic emotional needs.

Sharing / recording concerns

An individual with concerns about a child records these and shares these with [the Designated Safeguarding Lead \(DSL\) Claudine Woodman or the deputy DSL Zena Warburton, as soon as possible.](#)



Consideration

The DSL will consider the information, in the context of any other concerns / disclosures, and decide on next steps. Where possible this should be done in consultation with others in the safeguarding team. Parents / carers should be involved at this stage, **unless to do so may place the child at increased risk of significant harm, in which case advice should be sought from Family Contact Point.**



Referral to children's social care

The DSL will make a telephone referral in the first instance to Family Contact Point on 466903

This must be followed up within 24 hours with a written referral, using form RF1.

The RF1 form must be signed and dated by the referrer.

If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, the setting must consult the Duty Social Worker before informing parent/s.



No referral to children's social care

Actions will be agreed to monitor the child and support the child / family where needed.



Children's social care consideration

Children's social care decides within 1 working day what action will be taken, including if an assessment is needed and will **feedback to the referrer.** This decision will be made using the **Swindon LSCB threshold document.**



Assessment

Children's social care completes the assessment within 45 working days of the referral; it could be a section 17 or section 47 assessment. All schools and colleges should allow local authorities access to facilitate arrangements.

No Assessment

If the information supplied in the referral does not meet the threshold, an EHRP should be started and/or onward referral to other specialist or universal services; **children's social care will feedback to the referrer.**

Appendix 3



