



Thamesview preschool Safeguarding Policy

Early Years Welfare requirements

3.4-3.8 – Child Protection

3.9-3.13 Suitable People

3.18 – Staff Qualifications, training, support and skills

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Unique Child

Positive Relationships

Enabling Environments

Statement of intent

At Thamesview Preschool we recognise our moral and statutory responsibility to safeguard and promote the welfare of all our children (Children Act 2004). We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

Designated Safeguarding Lead(s): Kerry Payne & Deputy Samantha Ireland

Principles

Our core safeguarding principles are:

- It is the settings responsibility to take all reasonable steps to safeguard and protect the rights, health and well-being of all children who are in our care.
- Representatives of the whole early years setting including children, parents and staff will be involved in policy development and review.
- Policies will be reviewed annually, unless an incident or new legislation or guidance suggests the need for an earlier review date.
- The setting will ensure that the welfare of children is given paramount consideration when developing and delivering all activities.

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All children regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.

- All staff have an equal responsibility to act on suspicion or disclosure that may suggest a child is at risk of harm in accordance with this guidance.
- All children and staff involved in child protection issues will receive appropriate support from the manager/designated safeguarding officers of the setting who will follow this policy guidance in doing so.

Aims

- To provide all staff with the necessary information to enable us to meet our statutory responsibility to promote and safeguard the well-being of children.
- To ensure consistent good practice across the setting.
- To demonstrate the settings commitment to safeguarding children.

Terminology

Safeguarding and promoting the welfare of children refers to the process of protecting children from abuse or neglect, preventing the impairment of their health or development. Ensuring that children grow in circumstances consistent with the provision of safe, effective and nurturing care undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully.

Child protection refers to the processes undertaken to meet statutory obligations laid out in the [Children Act 1989/2004](#) and associated guidance (see [Working Together to Safeguard Children, An interagency Guide to safeguard and promote the welfare of Children](#)) in respect of those children who have been identified and suffering or being at risk of suffering harm.

Roles and responsibilities

All early years settings must nominate a senior member of staff to coordinate child protection arrangements.

The designated Safeguarding Leads for the setting are: **Kerry Payne & Samantha Ireland**

We will ensure that every member of staff know the names of the designated leads responsible for safeguarding children.

The setting will ensure that the Designated Safeguarding Lead(s):

- Are appropriately trained.

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Acts as a source of support and expertise to the setting.

- Has an understanding of the **Surrey Safeguarding Children's Partnership** procedures.
- Keeps written records of all concerns when noted and reported by staff or when disclosed by a child, ensuring that such records are stored securely and reported onward in accordance with this policy guidance, but kept separate from the child's general file.
- Refers cases of suspected neglect and/or abuse to children's social care or police in accordance to this policy guidance and local procedure.
- Develops effective links with relevant statutory and voluntary agencies.
- Ensures that all staff sign to indicate that they have read and understood this policy
- Ensures that the child protection policy is updated annually or when needed.
- Keeps a record of staff attendance at child protection training and makes this policy available to parents.

Good practice guidelines

To meet and maintain our responsibilities towards the children, the setting agrees to the following standards of good practice:

- To treat all children with respect.
- To set a good example by conducting ourselves appropriately.
- To ensure that staff are positive role models to children and other members of the team and never engage in rough, physical or sexually provocative games.
- To involve children in decision making which affects them (taking age and development of children into account).
- To encourage positive and safe behaviour among children.
- To be a good listener.
- To be alert to changes in a child's behaviour.
- To recognise that challenging behaviour may be an indicator of abuse
- To read and understand all of the settings safeguarding and guidance documents on wider safeguarding issues, for example, physical contact and information-sharing
- To ask the child's permission before doing anything for them which is of a physical nature, such as assisting with dressing or administering first aid
- To maintain appropriate standards of conversation and interaction with and between children and avoid the use of sexualised or derogatory language
- To be aware of the personal and family circumstances and lifestyles of some children lead to an increased risk of neglect and or abuse

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- To raise awareness of child protection and equip children with the skills they need to keep themselves safe
To provide any form of manual or physical support required, as a last resort and to do so openly and appropriately, and to always consult the children to gain their agreement (taking age and development of children into account) (also see touching policy)
- To establish a safe environment in which children can learn and develop, particularly in their confidence and self-esteem and to provide opportunities for achievement and learning

Missing children / non attendance

Attendance, absence and exclusions are closely monitored. A child going missing from an Early Years and childcare provider could be a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation, the DL will monitor attendance and take appropriate action.

Any child that is not in the preschool by 10am will be called by a staff member to see where they are, if there is no answer a message will be left and a text message sent. If we have no response by 11am we will call again, leave a message and send an email. We will review at 12pm and call the secondary contacts and emergency contact as well as the parent, leaving another message. If we have no respond for anyone regarding the child's absence by 2.30pm we will call 101.

All absences are recorded on the attendance/ absence form, this is reviewed at the end of every week.

Establishing a professional code of practice

All staff are informed of the settings code of conduct, through reading and following this policy, and sign to adhere to these conditions on the confidentiality statement. Any staff known to be breaking these conditions will be given a formal warning and disciplinary action will follow. Breaking these conditions is a sackable offence.

Intimate/Personal care

Children's dignity will be preserved and a level of privacy ensured. The normal process of nappy changing should not raise child protection concerns. There are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not occur, but we ensure that staff do not leave themselves vulnerable and will always work in an open environment by avoiding private or unobserved situations or closing doors to toilet areas.

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Behavioural expectations to ensure children are safe and to ensure false accusations are avoided

Whilst caring for other people's children, we are in a position of trust and our responsibilities to them and the 'organisation' must be uppermost in practitioners' mind at all time.

We do not:

- use any kind of physical punishment or chastisement such as, smacking, hitting or rough handling
- behave in a way that frightens or demeans any child
- use any racist, sexist, discriminatory or offensive language
- engage in rough or physical games
- let allegations a child makes go unchallenged, unrecorded or not acted upon

Use of mobile phones/Ipods

Mobile phones may be the only means of contact available on outings and can be helpful in ensuring children are kept safe. To protect children we will:

- only use mobile phones appropriately, and ensure staff have a clear understanding of what constitutes misuse
- ensure all mobile phone use is open to scrutiny
- store mobile phones and ipods/mp3 players in the filing cabinet when staff are on duty
- Prohibit staff from using a mobile phone to take pictures of the children attending the setting
- Ask visitors either to turn their mobile phones off or store them in the filing cabinet before viewing the preschool
- Ensure that using a mobile phone on outings is included as part of the risk assessment

Cameras: photography and images

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images, so we must ensure that we have some safeguards in place.

To protect children we will:

- obtain parents and carers consent for photographs to be taken
- use only the child's first name with an image
- ensure that children are appropriately dressed
- ensure that only the preschools designated cameras are used for photography of the children in the setting

- images taken on the settings camera will not be emailed as it may not be secure
- ensure that parents and carers are not permitted to take photographs of the children in the setting

Private Fostering arrangements

A private foster and arrangement occurs when someone other than a parent or a close relative cares for a child for a period of 28 days or more with the agreement of the child's parent. It applies to children under the age of 16 or aged under 18 if the child is disabled. Children looked after by the local authority or who are placed in a residential school, children's homes or hospital are not considered to be privately fostered. Private fostering occurs in all cultures, including British culture and children maybe privately fostered at any age. Most privately fostered children remain safe and well but safeguarding concerns have been raised in some cases so it is important that providers are alert to possible safeguarding issues, including the possibility that the child has been trafficked into the country. By law a parents, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible.

Children who may be particularly vulnerable

To ensure that all children receive equal protection, we will give special consideration and attention to children who are:

Excluded from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervisions, including the use of inadequate care-takers; or neglect of or unresponsiveness to a child's basic emotional needs.

- disabled or have special educational needs
- living in a known domestic abuse situation
- affected by known parental substance misuse
- asylum seekers
- living in temporary accommodation
- living transient lifestyles
- living in chaotic, neglectful and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- do not have English as a first language

Early years providers serve arguably the most vulnerable and impressionable members of society. The Early Years Foundation Stage (EYFS) accordingly places clear

duties on providers to keep children safe and promote their welfare. It makes clear that to protect children in their care, providers must be alert to any safeguarding and child protection issues in the child's life at home or elsewhere (paragraph 3.4 EYFS). Early years providers must take action to protect children from harm and should be alert to harmful behaviour by other adults in the child's life.

Early years providers already focus on children's personal, social and emotional development. The Early Years Foundation Stage framework supports early years providers to do this in an age appropriate way, through ensuring children learn right from wrong, mix and share with other children and value other's views, know about similarities and differences between themselves and others, and challenge negative attitudes and stereotypes.

Bruising in non mobile babies/children

Bruising is the commonest presenting feature of physical abuse in children. Reviews of the research conclude that bruising is strongly related to mobility and that bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual. It is found in less than 1% of infants who are not independently mobile. The younger the baby, the greater the risk that bruising is non-accidental and the greater the potential risk to the baby.

In light of the research evidence this guidance has been developed to inform professionals about the appropriate management of bruising seen in babies who are not independently mobile.

It is recognised that bruising to very young babies may be caused by medical issues e.g. birth trauma or blood abnormality however this is rare. In addition, some medical conditions can cause marks to the skin in very young babies that may resemble a bruise e.g. Mongolian blue spot.

Definitions

Not Independently Mobile: A child of any age who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. It should be noted that this guidance applies to all babies under the age of six months. The guidance also applies to older immobile children, for example those with immobility due to disability/illness.

A Bruise is caused by the leakage of blood into surrounding soft tissue. This produces a temporary, non-blanching discolouration of skin, however faint or small, with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. This includes petechiae, which are red or purple spots, less than two millimetres in diameter and often in clusters.

What to do if bruising is seen on a non-mobile baby.

If a bruise is seen on a baby of less than 6 months of age, or older if still not independently mobile, the staff observing the bruise should always enquire as to the cause of the injury. A record should be made of the characteristics, position and explanation given for the bruise.

If the baby is unwell or there are other indicators of a possible medical cause for bruising then appropriate medical intervention should be sought. The doctor who sees the child will consider whether a referral to children's social care is required and make a referral as appropriate.

If the baby is well and there is no other indication of a medical cause the professional who has seen the bruise should ascertain the explanation for the bruise from the parent/carer. If there is a bruise on a non mobile baby a referral should be made to children's social care unless there is very good evidence that the history is true. For example, there are other witnesses as to how the bruise occurred. It is important to be open and honest with parents with regard to the concern raised by bruising in non-mobile babies and the need to discuss this with children's social care. The exception to this would be if such a disclosure would increase the risk of harm to the baby. If a parent or carer is uncooperative this should be reported immediately to children's social care.

If there is any doubt about a medical cause then inform the DSL and she/he will contact Children-SPA

Please note that all agencies must ensure they keep a detailed record of how the bruising has occurred.

Risk assessment in relation to Prevent Duty

At Thamesview preschool we teach a broad and balanced curriculum which promotes the spiritual, moral, cultural, mental and physical development of pupils and prepares them for the opportunities, responsibilities and experiences of life, also promoting a community cohesion. At Thamesview preschool we are alert to any behaviour, conversations or indications of terrorism, including support for extremist ideas that are part of terrorist ideology. This is based on an understanding, shared with the partnership, of the potential risk in the local area. Staff are vigilant in behaviour or conversation which may indicate radicalisation or terrorism. We promote British values throughout our interaction and activities with the children. We promote democracy by turn taking, sharing, valuing the children's likes, interests and encourage them to share their feelings with us. We support appropriate behaviour promoting rule of law, asking the children to say please and thank you, respecting our toys and encouraging them to tidy up. We promote individual liberty by encouraging the children self-confidence and self-awareness, by praising their efforts, asking them to assess risks when doing activities in an appropriate way, encourage them to share with us anything they want at registration time and circle time. We promote mutual respect by celebrating all different festivals, welcoming all children and families and promoting inclusion within play, tackling any gender/cultural stereotypical behaviour.

Female Genital Mutilation (FGM)

(FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

At Thamesview, we have a robust and rigorous safeguarding procedure and protecting children in our care is paramount. The safeguarding officer and all members of staff are responsible to adhere and follow these policies.

We endeavor to adhere to the following:

- The safety and welfare of the child is paramount
- All agencies involved act in the interest of the rights of the child as stated in the UN convention 1989 and the Children’s act 1989.
- All professionals are made aware of the possibility of a girl being at risk of FGM as a result of religious beliefs, nationality and other unusual events that could led to FGM e.g. a child being taken out of the setting for a six weeks or more by parents or relatives. · If a member of staff had concerns over a child, they would report it to the safeguarding officer in the setting who would then decide whether a referral was needed to the SSCB team.

Types of FGM

Female genital mutilation is classified into 4 major types.

1. Type 1: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
2. Type 2: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
3. Type 3: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
4. Type 4: This includes all other harmful procedures to the female genitalia for nonmedical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the

natural functions of girls' and women's bodies. Generally speaking, risks increase with increasing severity of the procedure.

Cultural and social factors for performing FGM

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.
- In contexts where women are financially dependent on their husbands, marriageability is a strong motivating factor in carrying out FGM.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean or unfeminine or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, where FGM is practised it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.

Any incidents will be treated in the strictest confidence. Safeguarding the children in our care is a priority at all times and we will not tolerate any form of child abuse.

Breast Ironing (BI)

BI Breast ironing (also known as breast flattening) is the pounding and massaging of a pubescent girl's breasts, using hard or heated objects, to try to make them stop developing or to disappear. It is typically carried out by the girl's mother who will say she is trying to protect the girl from sexual harassment and rape, to prevent early pregnancy that would tarnish the family name, or to allow the girl to pursue education rather than be forced into early marriage. It is mostly practiced in parts of Cameroon, where boys and men may think that girls whose breasts have begun to grow are ready for sex. There are also fears that it has spread to the Cameroonian diaspora, for example to that in Britain. The most widely used implement for breast ironing is a wooden pestle normally used for pounding tubers.

Signs and Indicators to be aware of

Some indications that FGM may have taken place include:

- a) The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family
- b) A long absence from school or in the school holidays could be an indication that a girl /young woman has recently undergone an FGM procedure, particularly if there are behavioural changes on her return - this may also be due to a forced marriage
- c) A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP
- d) A girl / young woman may ask for help, either directly or indirectly
- e) A girl / young woman who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression

Some indications that BI may have already taken place include:

- a) The family comes from a community that is known to practice BI, especially if there are elderly women present in the extended family
- b) A long absence from school or in the school holidays could be an indication that a girl /young woman has recently undergone an BI procedure, particularly if there are behavioural changes on her return - this may also be due to a forced marriage
- c) A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP
- d) A girl / young woman may ask for help, either directly or indirectly
- e) A girl / young woman who is suffering emotional / psychological effects of undergoing BI, for example withdrawal or depression.

Some indications that FGM or BI has taken place include

- A conversation with a girl / young woman where they may refer to FGM or BI, either in relation to themselves or another female family member or friend;
- A girl / young woman requesting help to prevent it happening;

Forced Marriage/Honour Violence/Killings

Guidance on dealing with concerns regarding forced marriage is contained in the Multi Agency Practice Guidelines 'Handling Cases of Forced Marriage' <https://www.gov.uk/forcedmarriage>

A 'forced' marriage is distinct from a consensual 'arranged' marriage because it is without the valid consent of both parties and where duress is a factor. A child who is forced into marriage is at risk of significant harm through physical, sexual and emotional abuse. Information about a forced marriage may come from the child themselves, of the child's peer group, a relative or member of the child's local community or from another professional.

Forced marriage may also become apparent when other family issues are addressed, e.g. domestic violence, self-harm, child abuse or neglect, family/young person conflict, a child absent from school or a missing child/runaway. Forced marriage may involve the child being taken out of the country for the ceremony, is likely to involve non-consensual/underage sex and refusal to go through with a forced marriage has sometimes been linked to 'honour killing'. Honour based violence is an ancient cultural tradition that encourages violence towards family members who are considered to have dishonoured their family. It is rooted in domestic violence and is often a conspiracy of family members and associates meaning victims are a risk from their parents and families.

Preschool staff should respond to suspicions of a forced marriage or honour based violence by making a referral to the Thamesview DSL. Preschool staff should not treat any allegations of forced marriage or honour based violence as a domestic issue and send the child back to the family home. It is not unusual for families to deny that forced marriage is intended, and once aware of professional concern, they may move the child and bring forward both travel arrangements and the marriage. For this reason, staff should not approach the family or family friends, or attempt to mediate between the child and family, as this will alert them to agency involvement.

Forced Marriage/Honour Violence/Killings is child abuse.

Child Exploitation

This has been developed in response to growing concerns about the scale of sexual exploitation and the recognition that any child might be targeted for grooming and exploitation. Thamesview preschool aims to

- demonstrate Thamesview is commitment to safeguarding and promoting the welfare of children
- raise awareness about sexual exploitation and grooming
- help staff to identify warning signs and vulnerable children
- Stress the importance of multi-agency cooperation.

Definitions:

Sexual exploitation is a form of abuse whereby children are deliberately persuaded to enter into situations where they receive something (for example, gifts, money, food, accommodation) in exchange for sexual activity. Most victims are female, though there is thought to be considerable underreporting by male victims, who may be confused about their sexuality and be unwilling to draw attention to themselves. Most perpetrators are male, though women may also be involved. Children may be exploited by an individual, several individuals working as an organised group, or by a gang.

Grooming is the process of 'preparing' a boy or girl for a sexual purpose. Grooming is often slow and subtle, continuing for several weeks or months and lulling the child into a false sense of security. It always involves manipulation and deceit.

Two types of grooming are recognised: street grooming which occurs in the community, and online grooming using technology including the internet and mobile phones.

(Note: references to children, young people or pupils mean all individuals under the age of 18. References to parents mean parents, carers and others with parental responsibility.)

The complexity and challenge of sexual exploitation and grooming:

Preschool Action:

Preschool staff are the only professionals in daily direct contact with children and we play an important role in keeping children safe and supporting them when things go wrong. To help keep our children safe from sexual exploitation and grooming we will:

- Contribute to multi-agency safeguarding and child protection arrangements;
 - Participate in regular child protection training, which also includes information on CSE.
- Talk to the children at a level of understanding to suit them about the importance of their bodies being their own and implement activities to give children confidence

Our policies set out clear procedures for ensuring that any visitors, parents and extended families are suitable and appropriately supervised whilst at the preschool. (see visitor policy)

Working in partnership

Thamesview ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board (LSCB) and follow our emergency procedure in the event of a terrorist attack.

Allegations against a member of staff

The EYFS statutory framework states: 'Registered providers must inform Ofsted of these allegations as soon as reasonably practicable, but at the latest within 14 days of the allegations being made. A registered provider, who without reasonable excuse fails to comply with this requirement, commits an offence' (2007:22).

An allegation of child abuse made against a member of staff may come from a parent, another member of staff or a child's disclosure.

The setting will:

- Report such allegations in the same way as any other child protection referral.
- Record the details that give cause for concern.
- Contact for advice and further guidance The Local Authority Designated Officer. (LADO)
- Inform the designated officer on the management.
- Instigate the disciplinary procedure, due to the serious nature of the concerns, and suspend the member of staff until a full investigation has taken place.
- Do not take further disciplinary action until the outcome of the investigation is known.
- Co-operate fully with the process of Social Care and the Police investigations.
- Support and treat with respect, the member of staff whilst suspended.
- Ensure, if it appears from the results of the investigation that the allegations are justified, that disciplinary action will follow, in full consultation with the management committee and with legal advice.
- If the result of the investigation is that it was a false allegation, give the individual appropriate support.
- Inform Ofsted throughout the investigation. Telephone: 0300 123 1231

Whistle blowing

Any individual who has reasonable suspicion of malpractice should inform the manager immediately. If they do not feel this is the appropriate person they should approach the deputy, Ofsted, LADO/C-SPA or Early Years Advisor (ELA) in the Local Authority. It is recognised for some people this can be a daunting and difficult experience.

All reports will be investigated and dealt with in confidence, including only those staff on a 'need to know' basis.

Whistle blowing at Ofsted Hotline: To contact the hotline

Call: 0300 123 3155 (Monday to Friday from 08:00 to 18:00)

Email: whistleblowing@ofsted.gov.uk

Or write to: WBHL, Ofsted, Royal Exchange buildings,
Piccadilly Gate, Manchester, M1 2WD

A charity called 'Public Concern at Work' give free and confidential advice and can help you to decide whether and/or how to raise your concerns at work first.

You can contact Public Concern at Work by:

Phone: 020 7404 6609

Email: helpline@pcaw.co.uk

Or visit: www.pcaw.co.uk/law/ukilegislation.htm for useful information about whistle blowing legislation.

All concerns of poor practice or concerns about a child's welfare brought about by behaviour of colleagues should be reported to the designated safeguarding person and/or manager. Complaints about the designated safeguarding Lead should be reported to LADO /C-SPA

Staff Training

It is important that all staff have training to enable them to recognise the possible signs of abuse and neglect and to know what to do if they have a concern. Child protection training is mandatory for all staff and will be part of their induction process and on-going continued professional development. The Designated Safeguarding Lead will ensure that the staff's knowledge, understanding and practice of safeguarding children are current and up-to-date at all times. Where gaps are identified, support and training will be mandatory. The Designated Safeguarding Lead will receive updated training at least every 2 years, including training in inter agency procedures and Common assessment Framework (CAF) to support their roles.

Safer recruitment

We practice robust recruitment procedures in checking the suitability of staff, volunteers, assistants to work with children, this will include enhanced DBS checks, health checks and references and follow guidance from the ISA www.isa-org.uk / 0300 123 1111

Safer recruitment means that all applicants will:

- Complete an application form.
- Provide 2 references, including at least one who can comment on the applicant's suitability to work with children.
- Provide evidence of identity and qualifications.
- Be checked through the Disclosure Barring Service as appropriate to their role and be registered with the Independent Safeguarding Authority. (from 2010 onwards)
- Be interviewed.

Safer recruitment guidance is available from:

<http://www.cwdcouncil.org.uk/safeguarding/safer-recruitment/resources>

All new members of staff will undergo an induction that includes familiarisation with the setting's Safeguarding and Child Protection Policy and identification of their own safeguarding and child protection training needs.

Safeguarding and Child Protection procedures

Recognising abuse

To ensure our children are protected from harm, we need to understand what types of behaviour constitutes abuse and neglect. We will ensure all staff understand their responsibilities in being alert to indicators of abuse and their responsibility for referring any concerns to the designated person responsible for child protection.

There are four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect. (Definitions are taken from Working Together to Safeguard Children)

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. (this used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness)

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 children that they are worthless or unloved, inadequate or valued only for meeting the needs of another person. 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 involve seeing or hearing the ill-treatment of another. It may involve serious 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 of a child, although it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of that happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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 a child's health or development. Neglect may occur during pregnancy as a result of substance misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing or shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate care-takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Bullying

'Bullying is aggressive or insulting behaviour by an individual or group, often repeated over a period of time, that intentionally hurts or harms'.

Bullying is anti-social behaviour and results in pain and distress to everyone. Bullying can be:

- Emotional – being unfriendly, excluded, tormenting.
- Physical – pushing, kicking, hitting, punching, or any use of violence.
- Racist – Racial taunts, gestures.
- Sexual – unwanted physical contact or sexually abusive comments.
- Verbal – name calling, sarcasm, spreading rumours, teasing.

There are other issues not listed here but that pose a threat to children, protecting them from maltreatment, preventing impairment of a child's health or development. To ensure that children are growing up in circumstances consistent with the provision of safe and effective care and that all our staff will take action to enable the children to have the best outcomes.

Safeguarding children can also relate to broader aspects of care and education and not just deliberate harm, failure to act and neglect, including:

- Children's health, safety and well being
- The use of reasonable force
- Meeting the needs of children with specific medical conditions
- Providing first aid
- Educational visits
- Intimate care and well being
- Appropriate arrangements to ensure children's security, taking into account the local context

Indicators of abuse and what you might see

It is vital that staff are aware of the range of behavioural indicators of abuse and report any concerns to the designated persons. We are aware that it is our responsibility to report concerns. It is our responsibility to investigate or decide whether a child had been abused.

A child who is being abused and/or neglected may:

- have bruises, bleeding, burns, fractures or other injuries
- show signs of pain or discomfort
- look unkempt or uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- appear fearful
- be reckless with regard to their own or others safety
- self-harm
- frequently be absent or arrive late
- show signs of not wanting to go home

- display a change in behaviour – from quiet to aggressive, or happy go lucky to withdrawn
- become disinterested in play activities
- be constantly tired or preoccupied
- be wary of physical contact
- display sexual knowledge or behaviour beyond that normally expected for their age.

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They will be viewed as part of a jigsaw, and each small piece of information will help the Designated Safeguarding Lead to decide how to proceed. It is very important that you report your concerns – you do not need ‘absolute proof’ that the child is at risk.

Taking action

Key points to remember for taking action are:

- In an emergency take the action necessary to help the child, for example, call 999.
- Report your concern to the Designated Safeguarding Lead immediately.
- If the Designated Safe Guarding Lead is not available, ensure the information is shared with the most senior person in the setting that day and ensure the action is taken to report the concern to children’s social care.
- Do not start your own investigation.
- Share information on a need to know basis only – do not discuss the issue with colleagues, friends or family.

Support for those involved in a safeguarding issue

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for staff who become involved.

We will support the children and their families and staff by:

- taking all suspicions and disclosures seriously
- responding sympathetically to any request from a member of staff for time out to deal with distress or anxiety
- maintaining confidentiality and sharing information on a need to know basis only with relevant individuals and agencies
- storing records securely
- offering details of helplines, counselling or other avenues of external support
- following the procedure laid down in our whistle blowing, complaints and disciplinary procedures
- co-operating fully with relevant statutory agencies

Parental partnership

Where possible, concerns will be discussed with the parent/carer for an explanation, providing it does not put the child at immediate risk. Parental agreement will be sought for a referral to Children - SPA unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent/carers actions or reactions.

Where we decide not to seek parental permission before making a referral to MASH (C-SPA) team, the decision will be recorded in the child's file with reasons, dated and signed.

Where the parent/carer refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from the Children - SPA team, EYC, safeguarding champion or the designated Lead of the setting and the outcome fully recorded.

Parents must notify the nursery regarding any concerns they may have about their child and any accidents, incidents or injuries affecting the child, which will be recorded.

We will involve parents and carers wherever possible and ensure they have an understanding of the responsibilities placed on the setting for safeguarding children by setting out its statutory duty in the preschool policy and procedures, prospectus, notice board and newsletter.

Referral to children's social care

The Designated Safeguarding Lead will follow procedures set out by the **Surrey Safeguarding Children Partnership** if it is believed that a child is suffering or is at risk of suffering significant harm. The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

If the Designated Safeguarding Lead has any reason to believe that a child is subject to either physical, emotional, sexual abuse or neglect, it will be immediately reported to a duty social worker or the Local Authority Designated Officer (LADO) (if it is an allegation against a member of staff or family). However, if we are seriously concerned about a child's immediate safety, we will dial 999.

Contact details:

Email – cspa@surreycc.gov.uk

Children – SPA - 0300 470 9100

Surrey LADO (Allegations against adults working with children and young people)

Tel: 0300 123 1650 option 3

Confidentiality and sharing information

All staff understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that being released into the public domain does not compromise evidence. Staff should only discuss concerns with the designated person or manager. That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Child protection information will be stored and handled in line with Data Protection Act 1998 and GDPR principles. Information is:

- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- kept no longer than necessary
- processed in accordance with the data subject's rights secure
-

Record of concern forms and other written information will be stored in locked facility and electronic information will be password protected and only made available to relevant individuals. If a database is used to record sensitive information it will be stored on a memory stick (not the hard drive of a computer) and kept off premises or locked in a robust safe under the Data Protection Act. We are registered with the 'Information Commissioners Office' (ICO). Information Commissioners Office Tel: 0303 123 1113 or local rate 01625 545

745 or email casework@ico.org.uk (please include your telephone number) www.ico.gov.uk
We will develop effective links with relevant agencies and co-operate as required with any enquires regarding child protection matters including attendance of case conferences.

Guidance and Sources of information from:

Working Together to Safeguard Children A guide to interagency working to safeguard and promote the welfare of children	http://publications.dcsf.gov.uk/ search using ref: DCSF-00305-2010
NSPCC	www.nspcc.org.uk
Information on safer recruitment via	http://www.teachernet.gov.uk/teachingandlearning/EYFS/Welfare_requirements/Suitable_people/Ensuring_suitability/Safe_recruitment

Legislation

Children Act 1989/2004

Data Protection Act 1998/2018 & GDPR (General Data Protection Regulations)

Childcare Act 2006

UN Conventions on the rights of the child

Working together to Safeguard Children 2018

Keeping Children Safe in Education 2015

Counter–Terrorism and Security Act 2015

DfE and PHE (2020) ‘COVID-19: guidance for educational settings’

Date of review- June 2020	Signature of Manager:
Date to be reviewed-	

APPENDIX 1

Factors of concern –

- Parents and/or child misusing alcohol or drugs
- Domestic abuse within the household
- Parents with learning difficulties and/or mental health problems who reject professional support
- Babies
- Children
- Young Carers
- Teenage pregnancy and parenthood
- Highly mobile families and families without recourse to public funds
- Bullying including online and prejudice-based bullying
- Racist, disability and homophobic and transphobic abuse
- Gender based violence/ violence against women and girls
- Teenage relationship abuse

- Peer on peer abuse
- Self-harming behaviours and suicidal ideation
- Child exploitation, grooming, including online
- Impact of technologies, sexting and access through pornography materials
- Child trafficking and Modern-day slavery
- Faith Abuse
- Fabricated or induced illness
- Poor parenting, particularly in relation to babies and young children
- Child criminal exploitation and county lines
- Specific local area issues i.e. gang activity
- Homelessness