

Safeguarding and Child Protection Policy

Name of setting:

Date :

Due to be reviewed:

Written by:

Designated safeguarding
lead(s) for the setting:

Contact telephone n°:

Children's service social care team:

Telephone n°:

Email:

Local Authority Designated Officer:

Telephone n° :

Email:

If a child is in immediate danger contact the Police: **999**

Key principles of the policy

The key principles of this policy are underpinned by legislation and Government guidance.

Legislation that informs this policy includes:

- The Children Act 1989
- Children Act 2004
- Childcare Act 2006 - Early Years Foundation Stage Statutory Framework (2017)
- Counter Terrorism and Security Act 2015
- The Children and Social Care Act 2017
- Data Protection Act 2018 - General Data Protection Regulation (GDPR)

Government guidance that informs this policy

- What to do if you're worried a child is being abused - advice for practitioners (2015)
- Working Together to Safeguard Children 2018
- Keeping Children Safe in Education 2018 - (schools only)
- Information Sharing: Advice for Practitioners 2018
- Disqualification under the Childcare Act 2006: Statutory guidance for local authorities, maintained schools, academies and free schools (2018)

Safeguarding is defined as:

- ensuring that children grow up with the provision of safe and effective care
- taking action to enable all children to have the best life chances
- preventing impairment of children's health or development and
- protecting children from maltreatment

When we use the term **safeguarding**, we consider this to mean:

'protecting children from harm; preventing damage to children's health or development; making sure that children grow up safely and taking action to make sure children have the best start in life'. (NSPCC)

Safeguarding therefore includes and refers to things such as:

- child safety,
- creating safe and secure environments for children
- attending to children's medical needs
- providing first aid
- supporting children's emotional and mental well-being needs

When we use the term **child protection**, we consider this to mean:

'part of safeguarding and refers to the action taken to protect specific children who are being abused or at risk of being abused'. (NSPCC)

We are aware of the categories of abuse, which are:

- Neglect
- Emotional abuse
- Physical abuse
- Sexual abuse

*Further explanations of the categories of abuse are explained in this policy.

Mission statement

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The aim of this policy

We aim to make sure that all children in our care are protected from harm. Procedures that we have in place are there to safeguard and protect all children. Those working with children or adults in our setting working alongside children, know and understand their responsibilities to safeguard and protect them. This policy provides clarity on what we know and understand about safeguarding and child protection and how we implement practice, systems and procedures that safeguard children.

Implementation of this policy

All those working in our organisation or setting will adhere to the expectations in this policy having read the policy (or any updated versions), acknowledged their understanding of and application of practice and procedures stated within it. All staff will be given the policy to read as part of their initial induction before they commence employment, work placements or spend time in the setting for reasons other than employment. Opportunities to re-visit the policy and aspects of procedures and practice will be taken at various times throughout the course of the year to ensure that everyone is aware of the importance of safeguarding and child protection and is clear about their personal roles and responsibilities to keep children safe. Staff will be invited to contribute to any subsequent reviews and, or developments of this policy.

Responsibilities and expectations of staff

- All staff have read and understood the safeguarding and child protection policy.
- Staff know who is the Designated Safeguarding Lead (DSL) for the setting and who deputises for them in their absence. They understand that the DSL provides advice and support for them as and when needed. (further details about the role of the DSL are in this policy)
- Staff know whom to report concerns to if they are worried about the well-being or safety of a child, this includes internal and external reporting should they need to take their concern out of the setting for any reason.
- Staff are aware of the settings reporting systems that are in place to share information and record concerns about a child.
- Staff understand their responsibilities in regards to the management of mobile phones and cameras and e-safety.
- Staff know what to look for and are alert to signs of abuse and neglect in children and the need to report this to the DSL in the setting.
- Staff are able to recognise when a child is in need of ‘early help’ and know how to take necessary steps to intervene sooner rather than later.
- Staff engage with and support processes that monitor on-going plans that are set as part of multi-agency interventions.
- Staff understand what happens if an allegation is made against a professional or adult working with children, they know signs and symptoms of potential professional abuse and report these to the DSL. If their concerns relate to the DSL they know who else to inform in order for them to take action.
- Staff understand their responsibilities to disclose reasons or circumstances that could affect their on-going suitability to work with children.
- Staff have a commitment to attend training or take opportunities to extend their knowledge of safeguarding and child protection on a regular basis.

Categories of abuse and neglect and how to recognise them

We define the categories of abuse and neglect as stated in the Government Guidance 'What to do if you're worried a child is being abused - advice for practitioners' (2015). Additional information supports an understanding of how we might recognise the symptoms of abuse and neglect. We explore this theme further in training which is made available to all staff.

Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action.

However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or resulting in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Recognising signs of neglect

Neglect often takes time to build a pattern for practitioners to recognise it.

Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child with poor attachment and irresponsible towards adults
- Failure to thrive or typical developmental milestones are not met, including poor speech and language development
- A child with significant weight loss over short periods of time
- A child who thrives away from the home environment
- A child frequently absent from the setting with no apparent reason
- A child left with adults who are intoxicated or violent
- A child abandoned or left alone at home without adult supervision or with someone unable to adequately supervise them

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying, including online bullying through social networks, online games or mobile phones or by a child's peers.

Recognising signs of emotional abuse

Emotional abuse is often difficult to recognise. The indicators of emotional abuse are often also associated with other forms of abuse.

Indicators include:

- Developmental delay
- Unusual or poor attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Singled out or scapegoated or within the family
- Low self-esteem and lack of confidence
- Withdrawn or seen as a "loner" - difficulty relating to others including adults

Physical abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.

Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Recognising signs of physical abuse

The following could suggest indicators of concern:

- An explanation of an injury that is inconsistent with the injury
- Any bruising to a non-mobile baby, toddler or a child who is disabled or ill and is immobile
- Broken blood vessels in the eyes (particularly babies)
- Several different explanations provided for an injury
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse
- Bite mark which can leave clear impressions of the teeth
- Circular burns from cigarettes
- Unexplained delay in seeking treatment
- Repeated presentation of minor injuries
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Sexual abuse

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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 commit acts of sexual abuse, as can other children.

Recognising signs of sexual abuse

- Withdrawn and fearful
- Inappropriate sexualised conduct or behaviour
- Sexualised play, particularly role play in young children
- Use of sexual language applied contextually
- Pain or itching of genital area
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder)
- An anxious unwillingness to remove clothes (for intimate care and changing reasons)
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs
- Urinary infections
- Sexually transmitted disease

Some safeguarding and child protection themes that we are aware of

*Other subjects and themes including those below are discussed and considered as part of on-going training programmes.

Female genital mutilation (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

The Female Genital Mutilation Act 2003 was amended by the Serious Crime Act 2015 where the law was extended to:

A non UK national who is 'habitually resident' in the UK and commits such an offence abroad can now face a maximum penalty of 14 years imprisonment. It is also an offence to assist a non-UK resident to carry out FGM overseas on a girl who is habitually, rather than pertinently, resident in the UK.

The Early Years Foundation Stage states that child protection training must enable the identification of reasons to suspect neglect or abuse outside of the setting in the child's home or

that ‘a girl may have been subjected to (or is at risk of) female genital mutilation’.

Signs that may indicate a girl has undergone FGM:

- Prolonged absence from the setting
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Disclosure
- Repeated urinal tract infection

Under the Serious Crime Act 2015 a teacher has a mandatory duty to report concerns of FGM. All concerns of FGM are reported immediately as a matter of urgency to the Police.

Prevent duty and the risks of radicalisation

The **Prevent duty** is the duty placed up bodies including child care practitioners under Section 26 of the Counter Terrorism and Security Act 2015 to

‘have due regard to the need to prevent people from being drawn into terrorism’.

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

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

*Staff use their knowledge of radicalisation and extremism along with personal judgements to determine if children are at risk. Concerns of radicalisation and extremism are reported to the designated safeguarding lead to take further action in line with local authority guidance.

Domestic abuse, domestic violence

Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

*Whilst this is not a legal and consistently applied definition, a new Domestic Abuse Bill due soon in England is imminent.

Child sexual exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young

person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Criminal Exploitation and County Lines

Criminal exploitation involves young people under the age of 18 in exploitative situations, relationships or contexts, where they may be manipulated or coerced into committing crime on behalf of an individual or gang in return for gifts, these may include: friendship or peer acceptance, but also cigarettes, drugs, alcohol or even food and accommodation.

Criminal exploitation is also known as '***county lines***' and is when gangs and organised crime networks exploit children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

Children with special educational needs and disabilities (SEND)

We are aware that children with special educational needs and disability are particularly vulnerable due to a number of contributing factors.

- Some children are immobile and non-communicative as a result of disability and this makes them vulnerable and potentially targeted by abusers.
- Additional barriers and circumstances as a result of parents with SEND might mean that children's basic needs are not met effectively or sufficiently. It could mean that children are placed at increased risk.

On-line abuse

With a significant rise in on-line child abuse, we are aware of the risks that present to young children given the extent to which children use on-line devices and have access to the internet.

We are aware that children are at risk of:

- **Content** - what they may see on line that is harmful and damaging such as videos, pictures messages that might make them afraid. This includes access to inappropriate behaviours or images.
- **Contact** - who might communicate with them on line and present a risk as a result. We understand the risks of on-line grooming and the dangers that sexual predators present to children through on-line access and interactions.

We help children to understand the risks that are on-line and help them to know when to report their concerns or fears to a trusted adult. We help them to know what is acceptable behaviour for them to consider when engaging on-line themselves or when communicating with others through mobile phones and games.

We help parents to keep their children safe on-line whilst at home or elsewhere through offering advice or signposting them to resources and organisations that offer advice in regards to on-line safety.

All devices used to access the internet in our setting have safe modes and filters and are checked regularly to ensure that children are safe at all times.

The safe use of mobile phones and cameras

All staff understand the need to keep children safe and the risks that mobile phones and other digital devices with cameras present to children. Safe and appropriate use of personal devices, wearable technology, mobile phones and cameras is expected at all times.

Staff, students and adults working in the setting do not have their personal mobile phones or digital devices with cameras where children are present. These devices are stored in a safe place away from children and are available to staff only when they are not working directly with children during the course of the day.

Parents or visitors coming into the setting are asked not to use mobile phones whilst in the setting.

Photographs taken of children in the setting are done so only with explicit, written permission from parents / carers stating the exact use of the photographs, their purpose, how and where they will be shared, displayed, safely stored and disposed of where necessary.

All setting camera's or devices with photographs of children are safely stored. Photographs are deleted as a when appropriate. Electronic systems that share photographs of children with parents and carers are secure and reliable.

*Details regarding staff use of social media is explained in our staff conduct policy and procedure.

Information sharing

We recognise that information about a child is confidential and needs to be recorded, stored and shared in line with regulatory responsibilities and legal duties. We adhere to the Early Years Foundation Stage which sets out the required information that we must take about a child and how we obtain, share and maintain this information.

We refer to the Government's seven golden rules to sharing information as stated in the Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers (July 2018) and use the following principles as described by the NSPCC, 2018 when sharing information:

1. Remember that the General Data Protection Regulation (GDPR) Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk.
5. Consider safety and well-being: Base your information sharing decisions on considerations of

- the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
 7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

The roles and responsibilities of the designated safeguarding lead

Our designated safeguarding lead is

and in their absence

act as leads to safeguard children.

We consider the role of the designated safeguarding lead is to:

- Liaise with the Local Authority, statutory agencies and with the LSCB also known as Safeguarding Partners.
- Provide support, advice and guidance to any staff on a regular and on-going basis. Particularly in regards to safeguarding issues as and when required.
- Attend a child protection training course that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect.
- The designated safeguarding lead is a member of the school's senior leadership team (Schools only)

All staff are aware of the role of the designated safeguarding lead and how to report concerns to them as soon as possible and without delay.

The designated safeguarding lead will follow up concerns about a child's absence in the setting to establish that the child is safe and well.

Referrals to early help, or statutory services

Children's needs will vary in terms of what appropriate interventions will apply. Some children's needs can be adequately met without the support of statutory services and with the support of 'early help' strategies and interventions. Government guidance in the Working Together to Safeguard Children (2018) states in relation to early help that:

- Practitioners should, in particular, be alert to the potential need for early help for a child who:
- is disabled and has specific additional needs
 - has special educational needs (whether or not they have a statutory education, health and care plan)

- is a young carer
- is showing signs of engaging in anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is misusing drugs or alcohol themselves
- is in a family circumstance presenting challenges for the child, such as substance misuse, adult mental health problems and domestic abuse
- has returned home to their family from care
- is showing early signs of abuse and/or neglect
- is at risk of being radicalised
- is privately fostered

Early help support can be addressed through interventions that involve single or multi- agency practitioners. The assessment done at the start of an early help process requires consent from parents / carers and can involve a range of people who will be able to work with the child and family to achieve a positive outcome for the child through putting an effective plan in place that can be achieved over time.

‘Providing early help is more effective in promoting the welfare of children than reacting later.

Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.

Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care’.

- Working Together to Safeguard Children (2018)

Our Early Help team is called:

Phone no:

Email:

We use our local authority threshold / continuum of need to determine levels of need for children with whom we work in our setting.



What happens if we are concerned about a child?

All concerns about a child are to be reported immediately to the designated safeguarding lead and acted upon appropriately and in a timely manner.

If it is considered that the child level of need meets the threshold for ‘child in need’ or that they are at risk of ‘significant harm’ statutory services must be informed.

If the child is believed to be in **immediate danger** the **Police** will be called to intervene straight away.

The name of our Children’s Service Social Care team is:

The telephone number is:

Out of hours:

Referrals to social care will be recorded as such and relevant paperwork will follow that enables statutory services to take appropriate actions.

Actions taken or advice given by statutory services will also be recorded. Decisions made as a result of engaging with statutory services will be recorded.

Escalation

If the decisions made by social care is disputed by the designated safeguarding lead and it is considered that further or specific action should be taken, we will ask for our concerns to be escalated to someone more senior within social care to consider our concern and to take appropriate action. We actively engage in resolution practices to provide appropriate and safe outcomes for children.

Safer recruitment

'Safer recruitment' practice is adhered to as part of the settings recruitment procedures. This includes making it clear from the point of advertising vacancies that the setting places high importance and standards on safeguarding and protecting children. Systems that demonstrate safer recruitment will include a number of elements which will adhered to. These include:

- Obtaining enhanced record checks and barred lists checks for all staff or if a childminder, anyone over the age of 16 who;
 - works directly with children
 - lives on the premises on which the childcare is provided and / or
 - works on the premises on which the childcare is provided (unless they do not work on the part of the premises where childcare takes place, or do not work there at times when children are present)
- Proof of a new recruit's identity and relevant qualifications (not childminders) will always be checked before they commence employment and are recorded as correct.
- References will be taken before a person commences employment in the setting.
- Anyone whose suitability has not been checked will not have unsupervised contact with children.

Staff are told that they have to disclose convictions, cautions, court orders, reprimands and warnings that may affect their suitability to work with children. All staff know and understand what may lead to disqualification and have access to the Government guidance, Disqualification under the Childcare Act 2006: Statutory guidance for local authorities, maintained schools, academies and free schools (2018). Frequent disclosure opportunities are made available in various ways including through regular, confidential supervisions meetings with staff.

Safe environment -visitors to the setting

Systems that enable all visitors to the setting to record their visit, reasons for the visit including dates and times are in place. Identity is requested if visitors are unknown to staff in the setting in order to ascertain that the person visiting are who they say they are. These systems include signing in processes that remain confidential to anyone other than managers or appropriate persons.

Allegations against professionals

Allegations against professionals or staff working in the setting are taken with the utmost seriousness. If it is suggested that a child is at risk as a result of an allegation, prompt and immediate action will be taken.

A number of processes will follow allegations and it will be for each setting to decide what actions to follow taking into account their legal requirements and other considerations. Here are some things you should consider.

- Is the child / children in question in immediate danger? Prompt action will be needed if so.
- Has contact been made with the Local Authority Designated Officer (LADO)? What advice has the Local given in relation to the allegation? Have they asked for action to be taken?
- Does the allegation require you to contact the Police if it is considered an offence?
- What should happen to the adult or staff member whom the allegation refers to whilst this is being investigated?
- Has advice from human resources (HR) employment experts been considered and taken on board?
- Has the provider registered with Ofsted, notified Ofsted of allegations of serious harm or abuse made against a member of staff? This is a legal requirement of the Early Years Foundation Stage.

If the allegation is in relation to a childminder,

- has Ofsted or their childminder agency been informed?

Our Local Designated Safeguarding Officer (LADO) can be reached on:

Telephone number:

Email address:

All staff have read and understood the policy that explains the actions taken when there are safeguarding concerns about a child in the event of an allegation.

Whistleblowing

All staff know and understand that they can raise concerns about poor or unsafe practice in the setting. They have details where to take their concerns including the Local Designated Safeguarding Officer (LADO) and / or the NSPCC whistleblowing helpline on 0800 028 0285.

Staff training

Our setting is committed to training staff so that they in turn can support, help and protect children. All staff have received training in safeguarding and child protection. This training is updated regularly.

- Training for staff enables them to know and understand:
- The legal responsibilities for those working with children in early years settings and how they adhere to them.
- Categories of abuse and neglect.
- Signs and symptoms of abuse and neglect in young children and how to respond appropriately and in a timely way.
- Their roles and responsibilities in regards to safeguarding and child protection.
- How to respond to a disclosure of abuse or neglect from a child.
- Knowledge of themes that help them to understand risks for children including knowledge of local authority priorities for specific groups and communities.
- Understanding the need to record important information about a child and how information is shared appropriately in order to protect children.
- Knowing what is considered as professional abuse and how the processes to report allegations of neglect and abuse by a trusted adult is applied to keep children safe.
- The designated safeguarding lead for the setting has been on a child protection course.

