

Safeguarding Children & Child Protection Policy

(Including managing allegations of abuse against a member of staff)

Policy statement

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life.

This policy works alongside these other specific policies to cover all aspects of child protection:

- Online safety
- Human Trafficking and Modern Slavery
- Prevent Duty and Radicalisation
- Domestic Violence, Honour Based Violence (HBV) and Forced Marriages
- Looked After Children

Legal framework and definition of safeguarding

- Children Act 1989 and 2004
- Childcare Act 2006
- Safeguarding Vulnerable Groups Act 2006
- Children and Social Work Act 2017
- The Statutory Framework for the Early Years Foundation Stage (EYFS) 2017
- Working together to safeguard children 2018
- Keeping children safe in education 2018
- Data Protection Act 2018
- What to do if you're worried a child is being abused 2015
- Counter-Terrorism and Security Act 2015.

Procedures

We carry out the following procedures to ensure we keep children safe under the guidelines of 'Working Together to Safeguard Children' (June 2019). Kiddywinks is committed to building a 'culture of safety' in which children are protected from abuse and harm.

Types of abuse and particular procedures followed

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

What to do if you're worried a child is being abused (advice for practitioners) 2015.

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

- Low self-esteem
- Wetting and soiling
- Recurrent nightmares
- Aggressive behaviour
- Withdrawing communication
- Habitual body rocking
- Indiscriminate contact or affection seeking
- Over-friendliness towards strangers
- Excessive clinginess
- Persistently seeking attention.

Peer on peer abuse

We are aware that peer on peer abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse, or sexual abuse. We will report this in the same way as we do for adults abusing children and will take advice from the appropriate bodies on this area.

Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the nursery management team or room leader.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the designated safeguarding lead (DSL) and/or nursery manager.

Female genital mutilation

This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child and any other siblings involved. This procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman's first pregnancy and varies widely according to the community¹. Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicaemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If you have concerns about a child relating to this area, you should contact children's social care team in the same way as other types of physical abuse. There is a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18, we will ensure this is followed in our setting.

Breast Ironing

Breast ironing also known as "breast flattening" is the process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. Although this is unlikely to happen to children in the nursery due to their age, we will ensure any signs of this in young adults or older children are followed up using the usual safeguarding referral process.

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Sexual abuse

Action needs to be taken if the staff member has witnessed an occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive preoccupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

If a child starts to talk openly to an adult about abuse the procedure below will be followed:

Procedure:

The adult should reassure the child and listen without interrupting if the child wishes to talk

The observed instances will be detailed in a confidential report

The observed instances will be reported to the nursery manager or DSL

The matter will be referred to the local authority children's social care team (see reporting procedures).

Child sexual exploitation (CSE)

Working Together to Safeguard Children defines CSE as "...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."

We will be aware of the possibility of CSE and the signs and symptoms this may manifest as. If we have concerns we will follow the same procedures as for other concerns and we will record and refer as appropriate.

Emotional abuse

Action should be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Neglect

Action should be taken if the staff member has reason to believe that there has been any type of neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment, when required, on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Domestic Abuse / Honour Based Violence / Forced Marriages

We look at these areas as a child protection concern. Please refer to the separate policy for further details on this.

Staff and Volunteers

Our designated officer (a member of the management team) who oversees this work is: Lorraine Carroll

Our designated deputy officers are Jayne Evans & Paula Spragg who co-ordinate child protection issues.

We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.

All staff have an up-to-date knowledge of safeguarding issues.

We provide adequate and appropriate staffing resources to meet the needs of children.

Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.

Candidates are informed of the need to carry out 'enhanced disclosure' checks with the Disclosure and Barring Service before posts can be confirmed. They also have to fill in a declaration that they do not live with anyone who has been disqualified from looking after children or if they live with someone who has a criminal conviction. A waiver would need to be applied for this.

Where applications are rejected because of obtaining information that has been disclosed, applicants have the right to know and to challenge incorrect information.

We have employment systems in place and Disclosure & Barring Service checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.

Volunteers do not work unsupervised.

We record information about staff qualifications, and the identity checks and vetting processes that have been completed including:

the DBS reference number

the date the disclosure was obtained; and

details of who obtained it.

We inform all staff that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us). All staff sign a declaration (see employment pack) and this is reviewed six monthly.

We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.

We have procedures for recording the details of visitors to the setting.

We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.

We take steps to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.

Responding to Suspicions of Abuse

We are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies.

We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.

When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:

- *Significant changes in their behaviour;
- *Deterioration in their general well-being;
- *Their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
- *Changes in their appearance, their behaviour, or their play;
- *Unexplained bruising, marks or signs of possible abuse or neglect; and any reason to suspect neglect or abuse outside the setting.

We consider factors affecting parental capacity, such as social exclusion, domestic violence, parent's drug or alcohol abuse, mental or physical illness or parents learning disability.

We are aware of other factors that affect children's vulnerability such as, abuse of disabled children, fabricated or induced illness, child abuse linked to beliefs in spirit possession, sexual exploitation of children, such as through internet abuse; and Female Genital Mutilation that may affect or have affected children and young people using our provision.

We also make ourselves aware that some children and young people are affected by gang activity, radicalisation, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. We must be aware that this can affect young children and older children, staff and parents.

Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns and follow prevent duty policies (See prevent duty).

Where we believe that a child in our care or, that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns.

Where such evidence is apparent, the person makes a dated record of the details of the concern and discusses what to do with the designated lead safeguarding officer. The information is stored on the child's personal file.

We refer concerns to the Local Safeguarding Children Board.

We take care not to influence the outcome either through the way we speak to children or by asking questions of children.

We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is

suspected, we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it

Recording suspicions of abuse and disclosures

Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff and a designated officer:

listens to the child,
does not question the child;

Makes a written record of:

The date and time of the observation or the disclosure

The exact words spoken by the child as far as possible

The name of the person to whom the concern was reported, with the date and time and the names of any other person present at the time.

These records are signed and dated and kept in the child protection diary, which is kept securely and confidentially.

Making a referral to the local authority children's social care team

The Safe guarding children hand book contains detailed procedures for making a referral to the local social care team, as well as a template form for recording concerns and making a referral. We keep a copy of this document and follow the detailed guidelines given.

All members of staff are familiar with the settings procedures for recording and reporting.

Informing parents

Parents are normally the first point of contact. We discuss concerns with parents to gain their view of events, unless we feel this may put the child in greater danger.

We inform parents when we make a record of concerns and that we also make a note of any discussion we have with them regarding a concern.

If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Local Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed in greater danger.

This will usually be the case where the parent is the likely abuser. In these cases the social workers will inform parents.

Liaison with other agencies

We work within the Local Safeguarding Children Board guidelines.

We have procedures for contacting the local authority regarding child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and children's social care to work well together.

We notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.

Allegations against staff

Our LADO (local authority designated officer) is Nigel Hatten supported by Tracey Brooks and Jenny Kadodia, 01452 426994 can be contacted for advice.

On induction, we ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone working on the premises occupied by the setting, which may include an allegation of abuse.

We respond to any inappropriate behaviour displayed by members of staff or any other person working with the children, which includes:

We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff or volunteer within the setting, has abused a child.

We respond to any allegation, by first recording the details of any such alleged incident.

We contact the Local Authority Designated Office and follow up within 42 hours:

We also report any such allegation incident to Ofsted, as well as what measures we have taken. We are aware that it is an offence not to do this.

We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.

Where the management team and the children's social care agree, it is appropriate in the circumstances, the chair/director/owner will suspend the member of staff on full pay, or the volunteer, for the duration of the investigation. This is not an indication of admission that that alleged incident has taken place, but is to protect the staff, as well as the children and families throughout the process.

Disciplinary action

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Independent Safeguarding Authority (ISA) of relevant information, so that individuals who pose a threat to children (and vulnerable groups) can be identified and barred from working with these groups.

Training

We are committed to promoting awareness of child abuse issues throughout training and learning programmes for adults. We are committed to empowering young children, through the early childhood curriculum, promoting their rights to be strong, resilient and listened to.

We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.

We ensure that designated persons receive training in accordance with that recommended by the Local Safeguarding Children Board.

We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.

Curriculum

We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.

We promote British Values. We create within the setting a culture of values and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, culture and social background. We ensure that this is carried out in a way that is developmentally appropriate for the children.

Confidentiality

All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.

Support to families

We believe in building trusting and supportive relationships with families, staff and volunteers in the group. We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.

We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.

We follow the Child Protection Plan as set by the child's social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.