

## Safeguarding Children and Child Protection Policy

### Naunton Park Pre-School Playgroup



#### Policy Aim

- To ensure the protection and to promote the safety and welfare of all the children in our care.
- Staff will work with children to develop a positive self-image celebrating their own culture, heritage and interests. Promoting their right to be strong, resilient and be listened to, encourage their independence, self-confidence and self-esteem.
- Staff will work with parents and the community to build their understanding of, and commitment to, the principles of safeguarding all our children.
- Staff are committed to preventing and diverting people away from the risk they may face of being drawn into any terrorist related activity.

**Our designated safeguarding lead (DSL) is Sue Boothroyd**

**Our designated deputy safeguarding lead (DDSL) is Tina Oliver**

Overall responsibility for safeguarding issues will be referred to the setting manager (Sue Boothroyd) and overseen by the Naunton Park Pre School Playgroup Committee.

Date revised: August 2022

Date for review: August 2023

#### Procedures

- Enhanced criminal records and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children. Safer recruitment procedures are followed.
- Any person (including volunteers/parents) who does not hold an Enhanced Disclosure from the Disclosure and Barring Service will not be left unsupervised with the children.
- All visitors to the setting must be signed in and out by a member of staff and must be accompanied at all times to ensure that no unauthorised person has unsupervised access to the children.
- Staff will work in partnership with parents/carers to maintain up-to-date personal information for each child and the significant people in his/her life e.g. addresses, phone numbers, relationship with child.
- All children must be signed in and out by a member of staff.
- Staff build children's resilience by promoting Fundamental British Values enabling them to challenge extremist views.

## Staff Training

- All staff undertake safeguarding, prevent and female genital mutilation training every three years and the DSL and DSD every two years. Staff understand the setting's safeguarding policies and procedures and are able to make parents aware of them.
- All staff have an up-to-date knowledge of safeguarding issues, are alert to the signs and symptoms of abuse, and understand their professional duty to ensure safeguarding concerns are reported to the Gloucestershire Safeguarding Children Board (GSCP). The DSL is available during opening hours to enable staff to discuss concerns.
- Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
  - the criminal records disclosure reference number,
  - the date the disclosure was obtained,
  - details of who obtained it.
- All staff and volunteers are informed 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). Staff and volunteers are also required to notify us if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, court orders, reprimands and warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision, or have had orders made in relation to care of their children. Staff and volunteers are requested to fill in a self-declaration and consent form every year, which is signed and dated and kept in the employees/volunteers files.
- The manager will notify the Disclosure and Barring Service of any person who is dismissed or resigns from employment for any reason linked to a child protection concern.
- Staff are trained in the importance of following all other policies and procedures which are aimed at ensuring the safeguarding and welfare of children in our setting, including use of mobile phones, cameras, confidentiality, data protection, whistle blowing and health and safety.
- Designated officers receive regular updates from GSCP and they attend training sessions. Information from these briefings are cascaded to staff through meetings and written information.

## Definitions of Abuse

**Physical** – may involve:

- hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child;
- a parent or carer fabricating the symptoms of, or deliberately inducing illness in a child;
- Female Genital Mutilation (FGM) see separate section below.

It is physical abuse if a child is assaulted and it leaves a mark or causes mental cruelty. (Children Act 2004).

**Neglect** – the persistent failure to:

- meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse;
- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical or emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Emotional** – the persistent emotional maltreatment of a child which:

- causes severe and persistent adverse effects on the child's emotional development;
- conveys to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- removes the child's opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate;
- imposes developmentally inappropriate expectations on the child;
- over-protects and limits exploration and learning, or preventing the child participating in normal social interaction;
- involves seeing or hearing the ill-treatment of another;
- involves serious bullying causing children frequently to feel frightened or in danger.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual** – involves forcing or enticing a child or young person to:

- take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening,
- be involved in physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing;
- be involved in non-contact activities, such as looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

## Indicators of Abuse

### Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries or refusal to discuss injuries.
- Untreated injuries or delay in reporting them.
- Excessive physical punishment.
- Arms and legs kept covered in hot weather.
- Fear of returning home.
- Aggression towards others.
- When considering the possibility of non-accidental injuries, remember that injuries may have occurred for other reasons e.g. genuine accidents or medical disorders.
- Bruises/marks on non-mobile babies or children. Bruising is rare in non-mobile babies, particularly those under the age of six months. Such bruising should always be taken seriously as the risks to such children of severe and potentially fatal physical abuse are high.

### Neglect

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Untreated medical problems.
- Low self-esteem.
- Poor peer relationships.
- Irregular attendance (Staff will monitor attendance and contact/support parents to encourage regular attendance).

### Emotional

- Low self-esteem.
- Continual self-deprecation.
- Sudden speech disorder.
- Significant decline in concentration.
- Neurotic behaviour (e.g. rocking, head banging).
- Self-mutilation.
- Extremes of passiveness or aggression.

## Sexual

Not all children are able to tell or are believed by adults. Changes in behaviour may be a signal that something has happened. It is important to remember that there may well be no physical or behavioural signs. The following indicators may show that a child is troubled, but not necessarily through sexual abuse. The child may have some of these signs or none at all. It is a combination, frequency and duration of signs that can alert you to a problem.

- Lack of trust in adults, or over familiarity with adults.
- Fear of a particular individual.
- Social isolation.
- Low self-esteem.
- Display of sexual knowledge beyond their years.
- Unusual interest in the genitals of adults, children or animals.
- Expressing affection in an inappropriate way.
- Fear of bathrooms, showers, closed doors.
- Abnormal sexualized drawing.
- Bruises, scratches, bite marks to the thighs or genital area.
- Itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis.
- Pain on passing urine or recurrent urinary infection.
- Stained underwear.
- Discomfort/difficulty in walking/sitting.
- Soiling or wetting in children who have been trained.

These indicators are not exhaustive and anyone with concerns has a duty of care to report them to the setting DSL.

## Responding to suspicions of abuse

- We take into consideration factors affecting parental capacity and increasing risks for children such as social exclusion, domestic violence, parent's drug or alcohol abuse, mental or physical illness or parent's 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 and radicalisation; that may affect, or may 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, by complex, multiple or organised abuse, through forced marriage or honour-based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
- 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 the GSCP procedures.
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989 and up to 25 years (SEND Code of Practice 2014). 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.

- We have a whistle blowing policy in place.

### **Non- mobile babies and children**

- Due to the significant risk of abusive injury in a non-mobile baby or child all non-mobile babies or children with an injury should be referred to the DSL in the first instance.
- Staff must act to make sure children are kept safe and will refer to Children's Social Care all children with bruising or injuries who are not independently mobile.

### **Female Genital Mutilation (FGM)**

- FGM is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.
- FGM refers to procedures of any alteration involving partial or total removal of the external female genital organs. The procedure may lead to short-term and long-lasting harmful consequences such as death, trauma, infections, flashbacks, infertility, kidney problems, sexual dysfunctions, incontinence, post-traumatic stress disorder etc. It is known to be practised in the North African countries, the Middle-East, Indonesia, Malaysia, India and Pakistan. However, with migration worldwide it is also practised in the UK, the USA, Canada, Australia etc.
- The United Nations addresses FGM as a violation of human rights. In the UK, FGM is a criminal offence and a harmful form of child abuse. It is illegal to practice in the UK and/or anyone involved in taking a girl outside of the UK to have FGM carried out will be punished under the FGM Act 2003 and Serious Crime Act 2015.
- FGM is not a religious practice.

### **Indicators**

- There are a range of potential indicators that a girl may be at risk of FGM and the majority of cases are thought to take place between the ages of 5 to 8 years old, however younger children are also at risk.
- FGM often takes place in the summer holidays, as the recovery period after FGM can be 6 to 9 weeks. Professionals should be mindful of high-risk times when children go on long holidays and/or are getting a visit by a female elder from their country of origin. Additionally, girls are considered at risk where their mother or sisters have undergone FGM, and girls are talking about a 'special' event or procedure to 'become a woman.'

### **Post FGM symptoms can include, but are not limited to:**

- Difficulty in walking, sitting or standing.
- Spending long periods of time in the bathroom/toilet.
- Displaying unusual behaviour after a lengthy absence.
- Parents/carers reluctant to explain reasons for absence.
- Talking about themselves in the third person or talking about a "friend's" problem.

Mandatory Reporting to the Gloucestershire Safeguarding Children Board must take place where actual or suspected cases are identified. If a child is at immediate risk of harm or is due to leave the country within the next 48 hours call the police on 999.

## Procedures for dealing with reported or suspected abuse

We are committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur. Unexplained behavioural changes/physical marks.

- All staff must recognise and be aware that any changes which may occur in a child's physical or mental state/behaviour may be a cause for concern and these changes must be noted on the day in question and the DSL and setting manager informed.
- The DSL and setting manager will agree how ongoing observations will be carried out and documented. Any resulting report must include information known about the child's background and current circumstances as this may be relevant to the situation in question. (We must take into consideration that some symptoms will have a reasonable explanation, such as a medical condition or a change in family circumstances.)
- When recording something which has caused concern to a member of staff the following must be included on the **Safeguarding Concern Form (yellow form kept in Owl pigeon hole by desk)**:
  - date and time,
  - child's details (full name, age, date of birth),
  - location, what activity were they involved in,
  - details, signs and symptoms which raised concern,
  - staff member who raised the matter,
  - action to be taken,
  - DSL/setting manager dealing with the matter,
  - signatures to be obtained from all relevant staff members together with time and date,
  - the child must not be questioned but given the opportunity to speak.
- Once detailed observations have been recorded the manager, in consultation with the DSL, will take a decision on any further immediate action. This may include speaking to the parents.
- If there are sufficient grounds for concern for the child's welfare the situation will be logged to the Children & Families Helpdesk. The manager will take into account the guidelines of the Gloucestershire Safeguarding Children Board before making this decision. If there is any doubt, the DSL/setting manager will always err on the side of caution and refer the situation. Regardless of the outcome, a full report of our findings and actions, as detailed above, will be compiled and kept with the child's confidential records. The report will include a date for review when the setting manager will decide whether to continue monitoring, inform the Children & Families Services or to close the file if the concern is no longer valid.
- In the event that a staff member or volunteer is unhappy with the decision made by the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.

## Abuse reported to a member of staff through a child or an adult

- Any child who confides in a member of staff about any problem must be listened to carefully and taken seriously. The staff member must not at any time ask the child questions relating to the problem but must inform the DSL/setting manager immediately. The matter will then be dealt with sympathetically and in the strictest confidence. Everything the child says must be taken seriously. The child must be taken aside and allowed to talk. It is essential that the child leads the conversation; the member of staff must not at any time question the child.
- The child should be reassured throughout the procedure that he/she is taking the right course of action. The member of staff may need to inform the child gently and with care that they may need to seek the advice of others in finding the best way to deal with the situation. Never promise that you will keep it to yourself.
- The member of staff will write a full record of what the child said on **a Child's Disclosure Form (green form kept in Owl pigeon hole by desk)**. This record will include the following details:
  - Date
  - Time
  - Child's details (full name, age, date of birth)
  - Where the disclosure took place, what activity were they involved in
  - Name of member of staff in whom the child confided
  - Exactly what the child has said

- Signature of all relevant staff members together with time and date
- This report will be passed to the DSL/setting manager, who will decide on the action to be taken. This may be to monitor the situation for a specified length of time, to speak to the parents (if it does not put the child at further risk) or to contact the Children & Families Helpdesk. The DSL/setting manager will take into account the guidelines of the Gloucestershire Safeguarding Children Board before making this decision. If there is any doubt, the DSL/setting manager will always err on the side of caution and refer the situation. Once information has been given to the helpdesk you will be asked to complete a multi-agency referral form (MARF). This should be sent to the Children and Families Helpdesk, CYPD, Shire Hall, Gloucester, GL1 2TG or via secure email within 48 hours of referral. This is passed onto a social worker who will contact the referrer within 24 hours (unless there are immediate risks in which case the DSL/setting manager will be put through to a social work team straight away).
- The DSL will fully document the situation including the member of staff's report and the agreed actions taken/to be taken. The DSL's report will also be signed and dated.
- Regardless of the outcome, the report detailed above, will be compiled and kept with the child's confidential records. It will include a date for review when the DSL will decide whether to continue monitoring, inform the Children & Families Services or to close the file if the concern is no longer valid.
- In the event that a staff member or volunteer is unhappy with the decision made by the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.

#### **A member of staff is accused of a child protection offence**

- The accusation will be reported immediately to the DSL/setting manager/committee member or the most senior person not implicated in the allegation.
- A written statement of the accusation will be recorded to include:
  - The date and time when the accusation was first made
  - The name of the person raising the accusation
  - Details of the accusation together with any supporting evidence
  - The name of the member of staff to whom the allegation was first reported
  - This statement will be signed, dated and timed by the person making the accusation and
  - the person to whom the accusation was reported.
- Never ask leading questions and do not try to interview people
- Draw a diagram of any bruising or other injury
- No further investigation will be taken until a referral has been made to the Local Authority Designated Officer (LADO) and their advice sought.
- OFSTED is informed. This is a requirement of the EYFS and failure to report by the registered person within 14 days is an offence. If a serious criminal offence has been committed the police must be informed.
- The DSL/setting manager will decide on the action to be taken, which will include immediate suspension of the member of staff, on full pay, to protect all involved and allow an investigation of the situation to take place. The setting's legal helpline will be informed where necessary. The manager and DSL will follow the disciplinary policy in respect of the member of staff's alleged misconduct if the LADO decides the criteria has not been met. In a case where the criteria is met the LADO will make a referral to Children and Families Helpdesk to convene a meeting with the appropriate Social work team.
- If appointed to conduct the investigation by LADO, the DSL, setting manager and Chair of the Committee will interview the member of staff accused of the child protection offence. The DSL, setting manager and Chair of the Committee will make the member of staff aware of the details of the allegation and which authorities have been informed (Police, OFSTED, LADO). LADO will be informed in all instances.
- The member of staff will be asked to comment on the allegation.

- The DSL and /or setting manager will ensure that all stages of the investigation are recorded to include the date and time of reported incidents and all written reports will include the date and time and signature of the person recording.
- Throughout the investigation, the DSL and/or setting manager will take into account the guidelines of the Gloucestershire Safeguarding Children Board and ensure that every representative of the setting co-operates fully with any external agencies/professionals that may become involved, e.g. OFSTED, Social Services or Police.

## Contact Details

- Children and Families Helpdesk Contact Details:
  - Log a child's welfare concern or ask advice on 01452 426565 (office hours only)
  - Emergency Duty Team (out of hours) 01452 614194 for advice. This is an answer phone, leave a message and someone will call back. (This number is only for situations that cannot wait until the next working day.)
- If you believe a serious criminal offence has been committed, please contact the Police on 101.
- Local Authority Designated Officer (LADO) for Allegations 01452 426994
- Ofsted 0300 123 1231

## Support

- We believe in building trusting and supportive relationships with families, staff and volunteers.
- 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.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board.
- 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 Gloucestershire Safeguarding Children Board.
- 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 value and respect individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.

## The Prevent Duty & Promoting British Values

From 1st July 2015 all registered early years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

Staff will be alert to issues including:

- Disclosures by children, parents or carers of their exposure to the extremist actions, views or materials of others outside of the setting, such as in their homes or community groups.
- Graffiti symbols, writing or art work promoting extremist messages or images.



- Reports of changes in behaviour, friendship or actions and requests for assistance.
- Use of extremist or 'hate' terms to exclude others or incite violence.
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture.

## Actions

In order to ensure that we adhere to and achieve the Prevent duty we will:

- Provide appropriate training for staff. Part of this training will enable staff to identify children, parents or carers who may be at risk of radicalisation.
- We will build the children's resilience to radicalisation by promoting fundamental British values of Democracy, Rule of law, Individual liberty and Mutual respect and tolerance and to help them challenge extremist views (for early years providers the statutory framework for the EYFS sets standards for learning, development and care for children from 0-5, thereby assisting their personal, social and emotional development and understanding of the world).
- We will assess the risk, by means of a formal risk assessment, of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology.
- We will ensure that our staff understand the risks so that they can respond in an appropriate and proportionate way.
- We will be aware of the online risk of radicalisation through the use of social media and the internet.
- As with managing other safeguarding risks, our staff will be alert to changes in children/parent/carer's behaviour which could indicate that they may be in need of help or protection (anyone at risk of radicalisation may display different signs or seek to hide their views).
- We build up effective relationships with parents/carers and families through our Key Person approach which enables us to notice any changes in behaviour, demeanour or personality quickly. (This is important for spotting signs of radicalisation).
- We will work in partnership with our Gloucestershire Safeguarding Children Board for guidance and support.
- We will assist and advise families who raise concerns with us and will point them to the right support network.
- We will ensure that all staff will undertake Prevent awareness training (as a minimum) which includes guidance on how to identify those who may be vulnerable to being drawn into terrorism and how to refer them into the Channel process.

## Further guidance

- Working Together to Safeguard Children (2015)
- What to do if you're Worried a Child is Being Abused (DfE 2015)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
- Information Sharing: Guidance for Practitioners providing Safeguarding Services (DfE 2015)
- Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)
- Keeping Children Safe in Education (DfE 2016)
- The Prevent Duty (DfE 2015)
- Female Genital Mutilation Act 2003 also included in Serious Crime Act 2015
- Brook Traffic Light Tool [www.brook.org.uk](http://www.brook.org.uk) NSPCC National 24 hour child protection helpline 0808 800 5000

This policy was adopted by Naunton Park Pre School Playgroup

On (date) \_\_\_\_\_

To be reviewed on (date) \_\_\_\_\_

Signed by Sue Boothroyd (DSL and Setting Manager) \_\_\_\_\_

Signed by Tina Oliver (DDSL) \_\_\_\_\_

This policy has been read by (please sign and date next to your name.)

Fiona Hayes

Tina Oliver

Sue Boothroyd

Sarah Goodman

Linda Philips

Debbie Golder

Emma Chambers

Sarah White (on behalf of the committee.)

### Safeguarding Concern Form

Date and time:	Child's details (full name, age, DOB):
Location / Activity they were involved in:	Details, signs and symptoms which raised concern:

Name of adult completing this form:	Action to be taken:
DSL/setting manager dealing with the matter:	Signatures to be obtained from all relevant staff members together with time and date:
The child must not be questioned but given the opportunity to speak. Child's voice:	Once detailed observations have been recorded the manager, in consultation with the DSL, will take a decision on any further immediate action. This may include speaking to the parents. Outcomes:

### Child's Disclosure Form

Date:	Time:
Child's details (full name, age, date of birth):	Where the disclosure took place, what activity were they involved in:
Name of member of staff in whom the child confided:	Exactly what the child has said:

Signature of all relevant staff members together with time and date:	DSL/setting manager dealing with the matter:
Action to be taken:	Outcome: