

St Marychurch Pre-school

Child Safeguarding Policy

Statement of intent

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

Aim

This policy aims to provide a secure framework for the workforce in safeguarding and promoting the welfare of those children who attend our setting. The policy aims to ensure that:

- All our children are safe and protected from harm
- Promoting children's right to be strong, resilient and listened to by creating an environment in our setting that encourages children to develop a positive self-image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions and home background.
- To promote British Values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs.
- Promoting children's right to be strong, resilient and listened to by encouraging children to develop a sense of autonomy and independence.
- Promoting children's right to be strong, resilient and listened to by enabling children to have the self-confidence and the vocabulary to resist inappropriate approaches.
- Helping children to establish and sustain satisfying relationships with their families, with peers, and with other adults
- Working with parents to build their understanding of and commitment to the principles of safeguarding all our children.
- Our setting will provide a caring, positive, safe and stimulating environment that promotes the social, physical, emotional and moral development of the individual child.
- Staff, children, committee/trustees, visitors, volunteers and parents are aware of the expected behaviours' and will follow the settings legal responsibilities in relation to the safeguarding and promoting the welfare of all or our children.
- The setting will work with parents to build an understanding of the setting's responsibilities to ensure the welfare of all children, including the need for referrals to other agencies in some situations.
- The setting will work to ensure children's safety by working in partnership with other agencies such as Early Help, MASH, Police and Social Care as well as seeking to establish effective working relationships.
- The setting will provide activities and opportunities that will help to equip our children with the skills they need. This will include materials and learning experiences that will encourage our children to develop essential life skills and protective behaviours.

Responsibilities and expectations:-

The setting understands that all adults within the setting, including permanent and temporary staff, management, volunteers and trustees have a full and active part to play in protecting children from harm and that the child's welfare is our paramount concern.

Liaison with other bodies

- We work within the Local Safeguarding Children's Partnership/safeguarding partners (Local Authority, Clinical Commissioning Groups and Police) guidelines.
- We refer to '**The working together to safeguarding children**', **Keeping Children Safe in Education** and 'Guidance for **Safer Working practice for Adults who work with Children and Young People in Education**' booklets and all practitioners are familiar with what to do if they have concerns.
- We have procedures for contacting the local authority on 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 social services to work together.
- The pre-school will inform LADO should the setting receive an allegation relating to an incident that happened when an individual or organisation was using the premises for the purpose of running activities for children.
- We notify the registration authority (Ofsted) of any incident or accident and of any changes in our arrangements which may affect the wellbeing of children.
- Details of the local **National Society for the Prevention of Cruelty to Children (NSPCC)** contacts are also kept. help@nspcc.org.uk **0808 800 5000**. We refer to the NSPCC's 'when to call the police' information.
- If a referral is to be made to the local authority social services department, we act within the areas Safeguarding Children and Child Protection guidance in deciding whether we must inform the child's parents at the same time.
- Issues of confidentiality must not compromise the welfare and protection of children. The practitioners will share information with relevant agencies with regards to parents/carers who present in an aggressive, threatening and hostile way towards the practitioners and where the actions of non-compliance or non-cooperation by parents/carers is considered directly relevant to the ability of services to deliver partnership working and protective interventions for that child.
- Where an agency identifies that a person connected with a child subject of agency interventions, poses a risk to workers in the course of their duties, sufficient information should be shared to ensure the relevant agency is able to assess the level of risk and take what action is necessary to mitigate that risk.
- This information will be considered part of the existing systems for information sharing in compliance with Child Protection and review processes.
- Staff will take action when they observe any behaviour of concern and make referrals to the local **Prevent** co-ordinators, **Channel Police Practitioners** and the **Local Safeguarding Children Partnership** if they have concerns that families or children may be susceptible to being drawn into terrorism or extremism.

Contact: **Anti-Terrorist Hotline 0800 789 321** or email

prevent@devonandcornwall.pnn.police.uk prevent@torbay.gov.uk

The trustees/committee should also ensure the following:-

- The committee under the leadership of the nominated Safeguarding Committee Lead person and chair will make sure that all committee members know their responsibility for safeguarding all children.
- The committee ensure procedures are in place to manage safeguarding concerns, allegations against staff, including supply staff and volunteers that might indicate they would pose a risk of harm to children.
- That the safeguarding and child safeguarding policy is made available to parents and carers and children where appropriate.
- That all staff and volunteers are properly checked to make sure they are safe to work with the children who attend our setting and informed that the setting will conduct online searches as part of due diligence checks in the recruitment process.
- That the setting fully embeds the policies and procedures and have the resources and time to enable staff to discharge their safeguarding responsibilities
- That the setting has procedures for handling allegations or abuse made against members of staff (including the Manager), volunteers, students and apprentices.

Child Safeguarding Policy continued.....

- That safe and appropriate use of cameras, mobile phones, smart watches, technology and online equipment within the setting.
- Ensure a Designated Safeguarding Lead (DSL) is appointed who has lead responsibility for dealing with all safeguarding issues in the setting.
- A Deputy Designated Safeguarding Lead is appointed who will take lead responsibility for safeguarding in the absence of the DSL.
- A named member of the Trustees/Committee for Safeguarding who will ensure good practice, provide critical challenge, liaise with the setting leader and provide information and reports to the registered body.
- Ensure procedures are annually reviewed and updated or sooner should legislation changes require it.
- The committee are also aware that they may be interviewed by the Police should any allegation be made.

- The nominated person is aware that they are the accountable person on behalf of the setting.

The responsibilities for the Designated Safeguarding Lead (DSL) are:

- To ensure that all safeguarding issues raised in the setting are effectively responded to, recorded and referred to the appropriate agency.
- To ensure all practitioners are aware of the circumstances of when a child and family may need access to Early Help.
- To ensure all adults (including students, apprentices and volunteers) new to the setting will be made aware of this policy and the procedures for child protection, the name and contact details of the DSL and have these explained, as part of their induction into the setting.
- Be responsible for arranging the settings safeguarding training for all staff, students, apprentices and volunteers who work with the children. The DSL must ensure that the safeguarding training takes places at least every three years for all with regular updates during the period, which may be delivered in-house
- To attend or ensure that a senior member of staff who has the relevant training and access to appropriate supervision, attends where appropriate, all child protection case conferences, reviews, core groups, or meetings where it concerns a child in our care and to contribute to multi-agency strategy discussions to safeguard and promote the child’s welfare.
- For ensuring the acceptable, safe use and storage of all camera technology, images and mobile phones through the implementation, monitoring and reviewing of the appropriate policies and procedures. This includes the on-line safety and suitable use of mobile phones, cameras and social networking policy and annually reviewing the filtering and monitoring systems and processes are in place.
- Implementing the Fundamental British Values.
- To ensure allegations regarding adults in the setting are effectively responded to and referred to the appropriate agency.
- To act as lead for early years operation encompass, ensuring children and families are spoken to and offered appropriate support at the earliest opportunity.

All child protection concerns need to be acted upon **immediately**. If you are concerned that a child may be at risk or is actually suffering abuse, you must tell the DSL. **All adults, including the DSL, have a duty to refer all known or suspected cases of abuse to the relevant agency including MASH (Multi Agency Safeguarding Hub) or the Police.** Practitioners refer to the ‘when to call the Police’ guidance found on <https://www.npcc.police.uk>

Where a report is made to a visiting staff member from a different agency, eg Early Years Consultants, Health Visitors, it is the responsibility of that agency staff to formally report the referral to the settings DSL in the first instance and to follow their organisations procedures. Any records made should be kept securely on the Child's Safeguarding file.

Staffing and Volunteering

- Our designated person (Deputy Manager) who co-ordinates child protection issues is
Otilie Evans
- Our designated officer (a nominated person on the management committee) who oversees this work is
Elizabeth Hurford
- We provide adequate and appropriate staffing resources to meet the needs of children.
- When staff have any concerns they will speak to the Designated Safeguarding Lead or Deputy but they are aware that should a designated lead person for safeguarding not be on the premises the practitioners know the procedures for making contact with the relevant professionals to discuss any concerns.
- All staff understand that safeguarding is their responsibility.
- 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.
- Where applicants are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We abide by Ofsted requirements in respect of references and Disclosure and Barring Service checks for staff and volunteer to ensure that no disqualified person or unsuitable person works at the setting or has access to the children and all practitioners are on the DBS update service.
- Volunteers do not work unsupervised.
- We abide by the Protection of Children Act 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 child protection concern.
- We have procedures for recording the details of practitioners, children and 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.
- All visitors/contractors must pre-book appointments and will be supervised whilst on the premises and always in the areas the children use. Any visitors who turn up unannounced may not be allowed in on that day or confirmation of appointment may be needed by their employer.
- We take steps to ensure children are not photographed or filmed on video for any other reason than to record their development or their participation in events organised by the setting.
- All practitioners and parents are aware of the need to protect children from harmful online material. Should an inappropriate comment/photo be placed by a parent/practitioner on an email, website/social networking media then the site will be shut down for a period of time whilst the matter is being dealt with. The setting provides information on keeping children safe online at home.
- Parents have access to records holding visual images of their child and sign the registration form for their consent.
- We use an 'existing injuries' form to record accidents and minor injuries that have occurred outside of Pre-school and the Designated Safeguarding Lead/Deputy will make a written statement on the form as whether a referral will be required, or not and why. They will record any inappropriate bruising found on a child, on a safeguarding records form and body map if necessary.
- All staff are trained to level 2 Safeguarding and all sign a declaration form to agree to all the policies of the setting. This includes staff behaviour concerning safeguarding and the Physical Intervention Policy for children with additional needs. The Designated Safeguarding Leads are trained to level 3.
- All practitioners have staff supervision meetings every 6 weeks with the manager and the manager has their staff supervision with a committee member.
- A Record of staff concern form is filled in when necessary and discussed at staff meetings.

Recognising and Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms – physical, emotional and sexual as well as neglect and online abuse.
- Practitioners are aware that the possible indicators are not a definitive list although children's changes in behaviour maybe a sign that they are suffering harm or that they have been traumatised by abuse, some children may present these behaviours for reasons other than abuse. All staff, volunteers, apprentices and students in the setting are aware of the indicators of abuse and have up to date knowledge of safeguarding issues. They will be alerted to the **need to consult further** if they suspect neglect or abuse of a child or children. As a setting we understand that children may be abused in a family or in an institutional or community setting by those know to them.
- When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour, or their play.
- We are aware of factors affecting parental capacity, such as social exclusion, domestic abuse, parent's drugs or alcohol abuse, mental or physical illness or parent's learning disability.
- We are aware that other factors affect children's vulnerability including 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 breast ironing that may affect or may have affected children and young people using our provision. All practitioners are made aware that a child with SEN have different ways of communicating their needs and concerns. We are also aware that neglect of a child with SEN may be in the form of the lack of cleaning or upkeep of specialist equipment, or medication not kept up to date which is needed by the child.
- We are aware that a case of FGM must be reported. FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. Practitioners will be liable for prosecution if they do not report FGM.
- In relation to radicalisation and extremism we follow the Prevent Duty guidance for England and Wales published by the Home Office and LSCP procedures on responding to radicalisation
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.
- We are aware that previously looked after children potentially remain vulnerable and it is important that all agencies work together and take prompt action with concerns to safeguarding the child. The Designated lead will also work with the virtual school head to promote the educational achievement of previously looked after children.
- Children may need a social worker due to safeguarding or welfare needs, such as abuse, neglect and complex family circumstances. We are aware a child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health.
- Our setting will identify the additional needs of these children and provide extra monitoring and support to mitigate the additional barriers. We recognise that even when social care intervention has ended, these additional barriers may persist, therefore so too will our additional monitoring and support.
- We are prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The setting will ensure that the DSL is kept informed of attendance patterns and where there are concerns for individual children the response to this will be considered within the context of safeguarding. The designated person will take immediate action to contact the child's parent to seek an explanation for the child's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and LSCP procedures are followed if the child has current involvement with social care, the social worker is notified on the day of the unexplained absence. If a child is open at Early Help, CIN or CP was not brought and we don't hear from their parents/carers within one hour post their normal attendance time, we will ring them. We will keep a log of their non-attendance and the reason why. We will notify any social worker/family support workers involved with the family.

- All practitioners are aware that children being absent from the setting, particularly repeatedly and/or prolonged periods and children missing education can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse, neglect, sexual abuse or exploitation and also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, so called 'honour' based abuse or risk of forced marriage. Practitioners understand that early intervention is essential to identify the existence of any underlying safeguarding risk and help prevent the risks of a child going missing in the future.
- Staff will keep contact log, recording all attempts to make contact and should there be any concerns these will be reported to Torbay Children's Social Services on 01803 208100.
- Practitioners are aware that Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are both forms of abuse. This abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse by individual or group. The individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity for either something a victim needs or wants, for financial advantage or increased status of the perpetrator or facilitator. CSE does not always involve physical contact, it can be via the use of technology and can affect any child under the age of 18 years and can occur without the child's immediate knowledge.
- We are also aware that some children and young people are affected by, county lines, peer to peer abuse, gang activity, by complex, multiple or organised abuse, through forced marriage or honour based abuse or maybe victims of modern slavery or child trafficking. Although this may be less likely to affect the children in our care we may be concerned about these factors affecting older children and young people who we may come into contact with. Abuse committed in context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators.
- Where such evidence is apparent, the child's key person makes a dated record of the details of the concern on the Record of Staff Concern form and discusses what to do with the setting leader or manager who is acting as the 'designated person'. The information is stored in the child's personal file together with the safeguarding action decided upon.
- Practitioners are aware that forcing a person into a marriage is a crime in England. A forced marriage is one entered into without full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent, such as if they have a learning disability. Some perpetrators use perceived cultural practices to coerce a person into marriage and therefore the setting plays an important role in safeguarding children from forced marriage. It is a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday and applies to non-binding, unofficial 'marriages' as well as legal marriages. The setting will contact the Forced Marriage Unit for further advice or email fm_u@fcdo.gov.uk.
- Practitioners in the setting take care not to influence the outcome either through the way they speak to children or by asking questions of children and 'let the child be heard'
- If a parent informs us about their own child or someone else's receiving any form of abuse the conversation will be logged in the child's records. Should there be an immediate concern then a referral will be made to MASH, the police or relevant services.

Neglect

- The persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairments of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide food, clothing and shelter, protect a child from physical and emotional harm, or danger; ensure adequate supervision, ensure access to appropriate medical care or treatment.

Child Safeguarding Policy continued.....

Possible indicators

Evidence of neglect is built up over a period and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs such as adequate food, clothes, warmth, hygiene and medical care.
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause.
- Failure of child to grow within normal expected pattern, with accompanying weight loss.
- Child thrives away from home environment
- Child frequently absent from setting
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

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.

Possible indicators

- Physical signs that are not in keeping with the given account of occurrence conflicting or unrealistic explanations of cause, repeated injuries delay in reporting or seeking medical advice.
- The parents/carers are uninterested or undisturbed by an accident or injury.
- Parents are absent without good reason when their child is presented for treatment. Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury).
Family use of different doctors and A&E departments.
Reluctance to give information or mention previous injuries, or appear frightened of the parent/s.

Bruising

Children may have accidental bruising, but the following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding.
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental though a single bruised eye can be accidental or abusive).
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally.
- Variation in colour possible indicating injuries caused at different times
- The outline or an object used such as belt marks, handprints or a hairbrush.
- Bruising or tears around or behind the earlobe/s indicating injury by pulling or twisting
- Bruising on the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious such as,

- Circular burns from cigarettes (but may be friction burns along the bony protuberance of the spine).
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water on their own accord will struggle to get out and cause splash marks).
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent, or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.
- There is an unexplained fracture in the first year of life.

Scars

Many scars or scars of different sizes or ages, or on different parts of the body may suggest abuse.

Sexual abuse (including child sexual exploitation)

Forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.

Possible indicators of Sexual Abuse

- Sudden changes in behaviour, displays of affection, play or conversation which are sexual and age inappropriate.
- Tendency to cling or need constant reassurance.
- Tendency to cry easily.
- Regression to younger behaviour, such as thumb sucking, acting like a baby.
- Unexplained gifts or money.
- Depression and withdrawal.
- Wetting/soiling day or night.
- Fear of undressing for PE and so on
- Continual and inappropriate or excessive masturbation.
- Self-harm (including eating disorder)self-mutilation.

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area.
 - Blood on underclothes.
 - Pregnancy in a younger girl where the father of the child is not identified
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia, or clothing.

It is rare for children to make false claims about sexual abuse and any reports should always be taken seriously.

Child Safeguarding policy continued.....

Emotional abuse (including Domestic Abuse)

The persistent emotional maltreatment of a child such as to cause severe and persistent and adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued insofar as they meet the needs of another person. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

Possible indicators of Emotional Abuse. Emotional abuse may be difficult to recognise as the signs are usually behavioural rather than physical

- Rejection
- Isolation
- Child being blamed for actions of adults
- Child being used as carer for younger siblings
- Affection and basic emotional care giving/warmth not given
- Persistently absent or withheld
- Scapegoated within the family
- Indiscriminate attachment, or failure to attach
- Frozen watchfulness

Additional vulnerabilities and characteristics can include

- Cared for children
- Previously cared for children
- Care leavers
- Children with special educational needs or disabilities
- Young carers
- Children showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and associated with organised crime groups or county lines
- Children frequently go missing from care or from home
- Children at risk of modern slavery, trafficking or exploitation, sexual or criminal exploitation
- Children in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues or domestic abuse
- Children with a family member in prison, or who is affected by parental offending
- Children at risk of 'honour'-based abuse such as female genital mutilation
- Children misusing drugs or alcohol themselves
- Children who have returned home to their family from care
- Children showing early signs of abuse and/or neglect
- Children at risk of being radicalised or exploited
- Privately fostered children
- Children who are persistently absent from the setting.

Children with special educational needs and disabilities (SEND) or certain health conditions can face additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- Being more prone to peer group isolation than other children
- The potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs: and
- Communication barriers and difficulties in managing these barriers.

To address these additional challenges our setting will ensure that these children receive additional support and monitoring.

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Where it is known that children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, our setting will identify the additional needs of these children and provide extra monitoring and support to mitigate these additional barriers. Where necessary, referrals will be made to mental health professionals for further support.

Our setting takes a restorative/trauma informed approach to supporting children, considering their lived experience and factoring this into how we can best support them with their welfare and engage them with their learning.

Method

If staff are concerned about a child's welfare

If staff notice any indicators of abuse/neglect or signs that a child may be at risk of harm they record these concerns on the Record of Staff Concern Form and pass it to the DSL. Concerns discussed with the DSL will be recorded in writing on the Safeguarding Discussion Log.

There will be occasions when staff may suspect that a child may be at risk but have no 'real' evidence. The child's behaviour may have changed, their artwork could become unusual for that child and they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed.

St Marychurch Pre-school recognises that signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a relative is unwell or an accident has occurred. However, they may indicate a child is being abused or needs safeguarding.

In these circumstances practitioners will try to give the child the opportunity to talk. It is fine for staff to ask the child 'how do you feel today?', if they can help in any way or use feeling picture cards. Following an initial conversation with the child, if the member of staff remains concerned, they should discuss their concerns with the DSL and put them in writing. If the child does begin to reveal that they are being harmed, staff should follow the advice below regarding a child making a report of abuse or displaying behaviours that suggest they may have been abused.

The setting is aware that it takes a lot of courage for a child to tell someone that they are being abused. They may feel ashamed, guilty, or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.

A child who tells/shows that they have been abused may have to tell their story on several subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trust adult is a positive one.

Recording suspicions of abuse and disclosures

Disclosures

Where a child makes a disclosure to a practitioner or they observe 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 the practitioner:

- Listens to what the child has to say and allows them to speak freely
- Remains calm and not overreact or give any indication of being shocked or alarmed – the child may stop talking if they feel they are upsetting the listener.

- Child Safeguarding Policy continued.....

- Reassure the child that it is not their fault and that they have done the right thing in telling someone
- Not be afraid of silences – practitioners must remember how difficult it is for the child and allow them time to talk.
- Take what the child is telling them seriously
- Avoid asking leading questions, where possible allow the child to take the lead.
- Limit questions to those necessary to try and obtain a context
- Where sexual abuse has been alleged or a report of criminal abuse do not ask additional questions telephone the MASH for advice, however, do not stop the child talking.
- Avoid jumping to conclusions, speculation or make accusations
- Not automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
- Avoid admonishing the child for not telling them sooner. Saying things such as ‘I do wish you had told me about it when it started’ may be the staff member’s way of being supportive but may be interpreted by the child to mean they have done something wrong: and
- Tell the child what will happen next.

If a child talks to any member of staff about any risks to their safety or wellbeing the staff member will let the child know that they will have to pass the information on – practitioners are not allowed to keep secrets and they will have to tell someone.

Reporting concerns and record keeping

The practitioner must write up their conversation as soon as possible on the Record of Concern /Safeguarding Discussion log/ Incident Witness statement writing the child’s own words. Practitioners should make this a matter of priority. The record should be signed, dated, clear and readable. The practitioners name should be printed and it should also detail where the statement was made and who else was present. The record should be handed to the DSL and kept in the child’s personal file. All practitioners know the procedures for recording and reporting.

All safeguarding and welfare concerns, discussions and decisions made will be recorded in writing and kept in the Safeguarding folder.

Any injuries on a child will be recorded on a body map

The DSL will ensure that child safeguarding files are kept up to date and that information will be kept confidential and stored securely.

Records will include:

- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome.
- The DSL will ensure that files are only accessed by those who need to see them and where files or contents are shared, this will happen in line with information sharing advice and guidance.
- We will continue to support any children leaving the setting, about whom there have been concerns, by ensuring that all appropriate information, including welfare and safeguarding concerns, is forwarded under confidential cover to the child’s new setting as a matter of priority and within 5 working days.
- When a child is due to transfer to another setting the DSL will consider if it would be appropriate to share any information with the new setting in advance of the child leaving. Such as any information that would allow the new setting to have support in place for when the child arrives, e.g a child who has or had a social worker involved. A written record will be kept evidencing the decisions about why records were or were not shared.
- When a new child joins our setting and if there is a record of safeguarding or welfare concerns, we will ensure that this information is shared appropriately with the DSL and other relevant staff.

The practitioner will:

Support the child, help the child feel settled throughout the day, give 1:1 when needed, use some flexibility around setting rules and appropriate behaviour management techniques for individual children and settling boundaries in order to support the child, give provision food and drink, give the child access to a quiet time-out area and opportunities to 'let the child be'.

Informing parents

- Parents are normally the first point of contact.
- Discussions must be handed sensitively and normally the DSL/DDSL/Designated Committee Safeguarding Lead will contact the parent in the event of a concern, suspicion or report.
- If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Local Safeguarding Children Partnership does not allow this.
- This will usually be the case where the parent is the likely abuser. In these cases the investigating officers will inform parents.
- Where there are concerns about forced marriage or honour-based violence parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk. In some circumstances it would be appropriate to contact the police. Practitioners must report such incidents as they can be prosecuted themselves for not reporting.

Child Protection Medical Examinations

Child protection medical assessments can be requested as an action arising from a strategy meeting or prior to the strategy with the intention of informing the discussions during the meeting. A child protection medical assessment should not be requested in order to determine if a strategy meeting is required.

The strategy meetings must consider, in consultation with the named Doctor/Paediatrician (if not part of the strategy discussion/meeting) the need for and the timing of a child protection medical assessment. The medical assessment of a child with suspected physical abuse should normally be commenced within 24 hours of the request to health; timing should be based on clinical need. If this standard is not met, then the reasons should be clearly recorded in the child's health record.

Either the police or Children's Social Care can request a child protection medical assessment.

As the child's early year's provider, we would not take part in a child protection medical assessment, this includes, transporting the child to the examination and or acting as a chaperone.

Child protection and safeguarding procedure

The setting follows the Torbay's Child Protection and Safeguarding Procedures, EYFS Statutory requirements and Working Together to Safeguarding children which will be followed by all members of the setting community in cases where there is welfare or safeguarding concerns.

In line with the procedures and the TSCP 'Threshold document' the setting will identify the level of need and take appropriate action. MASH (the children's Multi Agency Safeguarding Hub) will be contacted as soon as there is a significant concern, or where a level 3 support is required, where level 2 is identified the setting will discuss with the family and health visitor and decide if an Early Help Referral is required.

Occasionally situations arise we may feel that the decision made by a practitioner from another agency, regarding a child, is not a safe decision. Disagreements could arise in several areas, but are most likely to be around:

- Levels of need/referral decisions
- Roles and responsibilities
- The need for action

Child Safeguarding Policy continued.....

Communication

The safety of the individual children is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child. The setting will refer to our 'Working in partnership with other agencies and professional differences (escalation) policy.

The management of safeguarding

We will ensure that the DSL is kept informed of any incident of physical intervention with a child and will be aware of behaviour plans for specific children. The LADO will be informed of any such incidents.

We will ensure that the DSL is kept informed of arrangements for first aid and children with medical conditions and is alerted where a concern arises. For example, an error with the administering of medicines or interventions; repeated medical appointments being missed; guidance or treatments not being followed by the parents.

Systems are in place to ensure that hate incidents, e.g. racist, homophobic, transphobic gender or disability-based bullying, are reported, recorded and considered under safeguarding arrangements by the DSL. This will be recorded on the Safeguarding Discussion logs and disciplinary action may be taken.

Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police. There may be a cause of concern relating to a change in behaviour of a child, staff member or family member, comments causing concern made to a member of the team (or other persons in the setting) or actions that lead staff to be worried about the safety of a child in the care. Practitioners must report any concerns as they can be prosecuted themselves for not reporting such cases.

Confidentiality

- All suspicious and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the LADO and Local Safeguarding Children's Partnership.
- The setting leader or the DSL will disclose any information about a child to other members of staff on a need-to-know basis only and in the best interests of the child's development and wellbeing.
- All staff members, volunteers or students are aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing, or that of another.
- All staff members must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All our staff members, who have contact with children, will be given appropriate training to understand safeguarding and promoting children's welfare.
- The DSL will ensure that staff members are aware of what they can and should do under the law, including how to obtain consent to share information and when information can be shared without consent.
- We recognise that all matters relating to child protection are confidential.
- We will always undertake to share our concerns with parents and guardians and seek written consent. Information will be shared appropriately and when necessary, in accordance with Early Help and MASH procedures, unless doing so would increase the risk of harm to the child. If in doubt regarding sharing information with parents and guardians, we will consult the LADO and MASH team.

Inter-agency working

We will develop and promote effective working relationships with other agencies, including agencies providing Early Help services to children, the Police and Children's Social Care.

We will ensure that relevant staff members participate in multi-agency meetings and forums, including child protection conferences and core group meetings.

We will participate in child safeguarding practice reviews, other reviews and file audits as and when required to do so by the TSCP. We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.

Contactors, service and activity providers and student placement providers

We will ensure that contractors and providers are aware of our safeguarding and Child Safeguarding policy and procedures. We will require that employees and volunteers provided by these organisations use our procedure to report concerns.

We will seek written notification that employees and volunteers provided by these organisations and working with our children have been subjected to the appropriate level of safeguarding check in line with the current Working Together to Safeguard Children document. If assurance is not obtained, permission to work with our children or use our premises may be refused.

When we commission services from other organisations, we will ensure that compliance with our policy and procedures is a contractual requirement.

We will ensure that staff members provided by other agencies and third parties, such as forest school trainer have received appropriate safeguarding and child protection training commensurate with their role before starting work, alongside a service lead agreement outlining roles and responsibilities.

Support to families

- The setting believes in building trusting and supportive relationships with families, practitioners and volunteers in the group.
- The setting makes clear to parents its role and responsibilities in relation to Child Safeguarding, such as for the reporting of concerns, providing information, monitoring of the child, and liaising at all times with the local children services department.
- The setting continues to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Safeguarding Plan as set by the children services department in relation to the setting's designated role and tasks in supporting the child and the family, subsequent to any investigation. All staff is aware of the procedure regarding Early Help referral and is able to use the Threshold as guidance to support families.
- Confidential records that are kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the procedure and only if appropriate under the guidance of the Local Safeguarding Children's Board and Confidentiality Policy.

We will ensure that all parents and carers are aware of the responsibilities of staff members to safeguard and promote the welfare of children and act in the best interests of children by publishing the policy and procedures on our website and sending them by email in our introductory pre-school materials.

Safer workforce Staff induction training and development

Our setting has robust safer recruitment procedures to help prevent unsuitable people from working with children including volunteers, students and apprentices.

All new members of staff will be given an induction which includes the following:

- Issue and explain the safeguarding and child safeguarding policy
- Issue and explain the 'Managing allegations of abuse against members of staff, student or volunteers policy

Child Safeguarding Policy continued.....

- Issue and explain the Behaviour policy
- Issue and explain the Staff Code of Conduct policy and transferable risks
- Issue and explain the Whistleblowing policy
- Issue and explain the policy/guidance which includes the safeguarding response to children who go missing. The LADO and Police will be contacted regarding missing children.
- Explain the role of the DSL and share the identities of the DSL, DDSL and DSL for the committee
- Undertake the TSCP Level 2 child protection and safeguarding training this will be updated every three years.
- All new staff members will be expected to read all policies and are to sign acknowledgement of this.
- Practitioners are also expected to read the documents 'Keeping children Safe in Education, The working together to safeguarding children' and 'Safer working practice for adults who work with children and young people'.
- We will ensure that agencies and third parties supplying staff provide us with copies of certificates and that they have made the appropriate level of safeguarding checks on individuals working in our setting. We will also ensure that any agency worker presenting for work is the same person on whom the checks have been made. In addition suitable checks are obtained for regular visitors or volunteers.
- Every job description and personal specification will have a clear statement about the safeguarding responsibilities of the post holder.
- We will ensure that at least one member of every interview panel has completed safer recruitment training within the last three years.
- We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and symptoms of possible physical abuse, emotional abuse, sexual abuse and neglect, so that they are aware of the local authority guidelines for making referrals.
- Staff understand the difference between a safeguarding concern and a child in immediate danger or at risk of significant harm.
- Staff are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned.
- When concerned about the welfare of a child, staff should always act in the best interests of the child
- Staff understand and know when and how to use the Whistleblowing and Managing allegations policies and procedures.
- Staff understand that children's changes in behaviour may be a sign that they are suffering harm or that they have been traumatised by abuse.
- Staff understand that children who have a social worker may be educationally disadvantaged and face barriers to attendance, learning, behaviour and positive mental health and that these barriers may persist even when the social care intervention ceases.
- Staff understand that mental health issues for children may be an indicator of harm or abuse, or where it is known that a child has suffered harm or abuse this may impact on their mental health, behaviour, education, development and wellbeing.
- The designated leads for safeguarding regularly attend the Designated Person Safeguarding forums (usually termly) and will cascade the information to all practitioners.
- The designated leads for safeguarding attend the relevant training every two years and refresh their knowledge termly at the Designated Person's update meetings to keep up with the developments relevant to the role.
- We ensure that all practitioners know the procedures for reporting and recording their concerns in the setting. All staff members of the setting will receive appropriate safeguarding and child protection training which is updated at staff meetings and throughout the year.
- All students, apprentices, volunteers and Trustees/committee members will have access to safeguarding training.
- We also, as part of our induction, issue information in relation to our Child Safeguarding policy as well as many other policies related to safeguarding and promoting children's welfare to all newly appointed staff and volunteers.
- Our safeguarding arrangements are reported at every committee meeting and AGM to the Trustees/committee members and our Child safeguarding policy is reviewed annually to keep it updated in line with local and national guidance/legislation.
- We

- will include our Child Safeguarding policy on our settings website and will display hand held copies of our policy in the folder. The policy can be read to those who are visually impairment.
- The DSL will provide briefings to the setting on any changes to safeguarding and child protection legislation and procedures and relevant learning from local and national serious and NSPCC case reviews as required. Safeguarding will be on the agenda for every staff meeting, supervision and appraisal.
- When staff members provided by other agencies and third parties come to our setting to work, they will be provided with details of the safeguarding arrangements in our setting, which will include identifying the DSL, the process for reporting welfare concerns, managing allegations and whistleblowing, first aid arrangements and fire procedures.
- The setting will maintain accurate records of staff induction and training, via a single central record. Staff understand that safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside of these environments. All staff, but especially the DSL/DDSL should consider whether children are at risk of abuse or exploitation in situations outside their families. Children can be vulnerable to multiple harms including (but not limited to) sexual exploitation and criminal exploitation, sexual abuse and county lines. This is known as contextual safeguarding.

Planning

- The layout of the rooms allows for constant supervision. No child is left alone with a practitioner or volunteers in a one to one situation without being visible to others.
- We will ensure all our staffing arrangements meet the needs of all children and ensure their safety.
- We will ensure that children are adequately supervised, including whilst eating and will deploy staff to ensure children's needs are met.
- Staff who are aged over 17 of age will be included in our ratios if they have met all the requirements of our Safer Recruitment staffing and employment policy and have been part of a thorough induction. Anyone under 17 will not be counted in ratios and will always be supervised. They will never be asked to undertake intimate care procedures.

Curriculum

- We introduce key elements of child protection 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 understanding of why and how to keep safe, including road safety and hazards in the environment. We use the 'Pantasaurus and the power of pants' book and the NSPCC 'pants' video.
- We create within the setting a culture of value and respect for the individual, 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.
- Staff understand that technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse online as well as face to face. In many cases abuse will take place concurrently via online channels and in daily life
- Staff to be aware that children can abuse other children (often referred to as Child-on-Child abuse) and that it can happen both inside and outside of the setting and online.
- Staff know how best to respond to a child who makes a report of abuse or harm.
- If staff are unsure or have any concerns about a child's welfare they should always speak to the DSL/DDSL immediately.
- Staff are informed of what to record, how to record and where to find the child's wellbeing and Record of Staff concern welfare concern forms.
- Staff should not assume a colleague, or another professional will act.
- The DSL or DDSL should always be available to discuss safeguarding concerns. If in exceptional circumstances the DSL/DDSL is not available, this should not delay appropriate action being taken.

Child Safeguarding Policy continued.....

- Staff should consider speaking to the designated safeguarding lead of the committee or take advice from LADO. In these circumstances, any action should be shared with the DSL/DDSL as soon as is practically possible.
- Staff should be aware that there will be opportunities to reference, reinforce or develop aspects of the safeguarding agenda across the early year's curriculum, eg keeping our bodies safe, consent, online safety, positive relationships, challenging prejudice and critical thinking.

Physical Intervention

- We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that always it must be the minimal force necessary to prevent injury to another person. Such events should be recorded, signed by a witness and shared with the child's parents/carer and reported to LADO.
- We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child safeguarding or disciplinary procedures.
- We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safer Practice' guidance to ensure they are clear about their professional boundary.
- Intimate care procedures will be undertaken where needed, this will be based on the child's age, needs and development stages. Staff will not be allowed to undertake this process until they have completed their induction and all necessary recruitment processes. Staff will be trained in undertaking these processes. Apprentices over the age of 17 may undertake these processes once it has been agreed that they are competent to do so and all necessary recruitment process have been carried out.

Whistle blowing and complaints

We recognise that children cannot be expected to raise concerns in an environment where staff members fail to do so.

We will ensure that all staff members, volunteers, apprentices, visitors and students are aware of their duty to raise concerns about the management of safeguarding and child protection, which may include the attitude or actions of colleagues (including low level concerns). If there is a concern they will speak with the DSL, setting leader, the Designated Safeguarding lead of the trustee's (committee) and with the Local Authority Designated Officer (LADO). Should staff not feel able to raise concerns they can call the NSPCC Whistleblowing Advice helpline on 0800 028 0285 National whistleblowing website <http://gov.uk/whistleblowing> or to OFSTED at enquiries@ofsted.gov.uk or 0300 123 4666.

We have clear reporting procedure for children, parents and other people to report concerns or complaints, including abusive or poor practice. This is outlined in our Complaints Policy.

Site Security

The setting's site is secure to reduce the risk of unauthorised access/egress. Where the site is shared with other service users, we always ensure that appropriate arrangements are in place to keep children safe.

All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting concerns that may come to light.

Visitors will be made aware of our safeguarding arrangements and what they must do if they have concerns about our setting, they will sign a safeguarding statement upon entry to the setting.

We check the identity of all visitors and volunteers coming into the setting. Visitors are expected to sign in and out on the visitors log sheet and to read the safeguarding statement on log sheet. Any individual who is not known or identifiable will be challenged for clarification and reassurance. Visitors must book appointments and any unannounced visits will need to be clarified through their employers.

Quality Assurance

We will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits of welfare concern and safeguarding files and records by the DSL.

We will complete the TSCP safeguarding audit relating to the setting's safeguarding arrangements annually or when management/trustee's change.

The setting's management team will ensure that action is taken to remedy without delay any deficiencies and weaknesses identified in safeguarding and child protection arrangements.

PPN (Public Protection Notification)

A PPN is a child at risk alert. A PPN is created via a Police presence within the family network.

The Police may or may not inform the family that a PPN has been made. However, the PPN lead will inform the parents and will be acting upon it.

The levels for PPN are as follows:

High Red (MASH will review)

Medium Amber (MASH will contact the relevant agencies)

Low Green – The PPN Lead will put a referral into MASH to arrange Early Help/Targeted Help using our safeguarding knowledge on the child. This knowledge will only be shared on a need to know basis with outside agencies. The child's keyperson will be made aware that a child's behaviour may be different at this time and to support the family.

Once a PPN is received we will monitor the child's attendance, transition and behaviour and we will follow our Child Safeguarding Policy.

The PPN will only be submitted via Egress and will not be saved or copied and destroyed after the relevant safeguarding information has been logged in the child's safeguarding file.

If the child is attending two settings then the main setting will receive the PPN and act upon it.

If the child is not funded and under three the PPN will be referred to the 0-19 team for review.

If the setting is not open due to holidays then the 0-19 team will receive the PPN and deal with it and the setting will receive a copy to add relevant safeguarding information to the child's safeguarding file.

Policy Review

This policy will be reviewed annually. All other linked policies will be reviewed in line with the policy review cycle.

The DSL will ensure that the committee, staff and parents are made aware of any amendments to policies and procedures.

This policy is to be read in conjunction with the following policies:-

Administering medicines

Complaints Policy

Information sharing and transfer of records

Managing children with illnesses or who are sick or infectious

Missing children

Online Safety and acceptable use of mobile phones, cameras and social networking sites policy

Promoting positive mental health policy

Physical intervention policy for children with additional needs

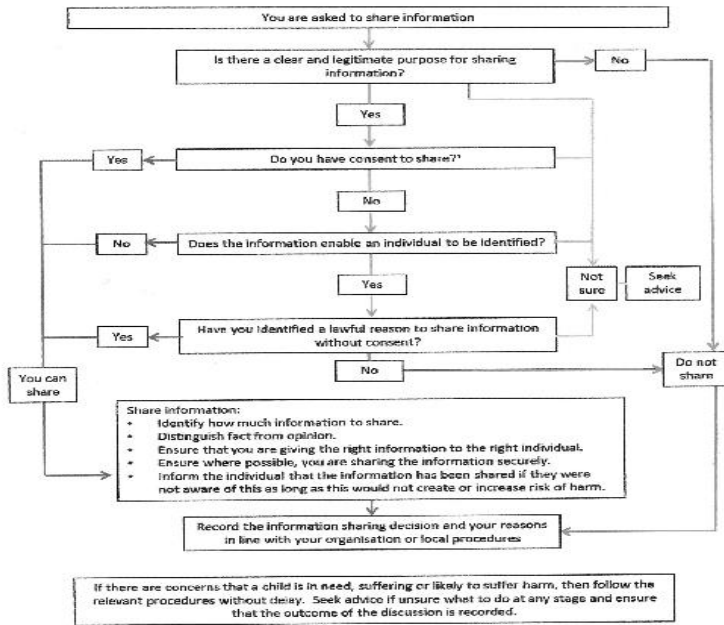
Child Safeguarding Policy continued.....

- Record keeping.....
- Safer recruitment
- Sharing and transferring of records policy
- Staff code of conduct
- Whistleblowing
- Working in partnership with other agencies and professional differences (escalation) Policy

Legal Framework

- Children Act 2004 – 2006
- Early Years foundation stage (EYFS) statutory framework Gov.UK (www.gov.uk)
- The Prevent Duty 2015
- Female genital mutilation GOV-UK (www.gov.uk)
- The Counter Terrorism and security Act 2015

Flowchart of when and how to share information



1. Consent must be unambiguous, freely given and may be withdrawn at any time

Signed: _____

Position: _____

Dated: _____

Policy to be reviewed and signed annually.

We aim to provide a safe, stimulating, caring, happy Pre-school where all children and their families are welcome. We provide a curriculum based on the Early Years Foundation Stage using individual children's interest and needs.

