

Clutton Playgroup Safeguarding Policy



Aims:

We aim to safeguard the welfare and well-being of all children with whom we come into contact. We aim to create an environment in which all children are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to. We are committed to working in partnership with families and other agencies and feel that this is in the best interests of the children who use our services.

This policy is written following the Local Safeguarding Children Board (LSCB) Child Protection Procedures.

Children are reliant on adults for protection and have the right to achieve their full potential. The designated safeguarding lead is Helen Bray, Deputy is Sally Barter or most senior member of staff in the absence of Helen or Sally.

The DSL role is to:

- Act as a first point of reference for all safeguarding children concerns
- Ensure that all relevant policies and procedures comply with regulations and “best practice”
- Liaise with other professional agencies as appropriate and necessary, social services, Local Area designated officer (LADO)
- Cascade all information and guidance regarding safeguarding children to all other members of staff.

Complete initial referral form and any subsequent documentation.

Attend child protection training every 2 years.

Keep up to date with latest Safeguarding training.

In addition to the designated person, all staff at the setting are able to recognise abuse and are aware of the procedures to follow in order to safeguard and protect children, they attend appropriate child protection training every 3 years and relevant safeguarding training.

All practice and interventions reflect an approach which is child centred, rooted in child development and focused on positive outcomes for children. The purpose of all interventions is to achieve the best possible outcomes for every child, recognising that each is unique. These outcomes contribute to the key outcomes for all children set out in the Children Act 2004 which are:

- Stay Safe
- Be Healthy
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well-being

Definitions of abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse 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. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in 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.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;

- ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment.

It may include neglect of, or unresponsiveness to, a child's basic emotional needs. Sources of stress within a family can have a negative impact on children and lead to abuse. This can include social isolation, history of domestic abuse, mental health problems of a parent/carer or drug and alcohol misuse.

Abuse and Children with a Disability

Evidence in the UK on the extent of abuse among children with a disability suggests that they are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Disability may be defined as:

A major physical impairment, severe medical illness, and/ or a moderate to severe learning disability; or

An ongoing high level of dependency on others of personal care and the meeting of other basic needs.

Children with a disability may be especially vulnerable to abuse for a number of reasons. Some may:

Have fewer social contacts with other children;

- Receive intimate personal care and other contacts, from a large number of caregivers

Have an impaired capacity to challenge abuse;

- Have communication difficulties which may make it difficult to tell others what is happening; Be inhibited about complaining because of a fear of losing services;
- Be especially vulnerable to bullying and / or intimidation;
- Be more vulnerable than other children to abuse by their peers.

Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with these procedures in the same way as with any other child. The same thresholds for action and the same timescales apply. It would be unacceptable if poor standards of care were tolerated for disabled children that would not be tolerated for non-disabled children.

Child sexual exploitation (CSE)

This involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming. However, it also

important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It 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.

Indicators

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines

Actions

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Where a practitioner discovers that an act of FGM appears to have been carried out on a girl who is aged under 18 (either through disclosure by the victim or visual evidence), there will be a statutory duty upon that individual to report it to the police. Those failing to report such cases will face disciplinary sanctions.

Prevent

From 1 July 2015 all schools¹, registered early years childcare providers² and registered later years childcare providers³ (referred to in this advice as, "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 a "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies must have regard to the statutory guidance. Paragraphs 57 - 76 of the guidance are concerned specifically with the schools and childcare providers.

This advice complements the statutory guidance and refers to other relevant guidance and advice. It is intended to help schools and childcare providers think about what they can do to protect children from the risk of radicalisation⁴ and suggests how they can access support to do this. It reflects actions that many schools and childcare providers will already be taking to protect children from this risk.

In order for Clutton Playgroup to fulfil the Prevent Duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation should be seen as part of schools and childcare providers wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences. We will therefore ensure that all staff take Prevent training and stay up to date with the latest guidance.

Even very young children can be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent Duty does not require

childcare providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, they must take action when they observe behaviour of concern.

Clutton Playgroup aim to build children's resilience to radicalisation by promoting fundamental British Values and enabling them to challenge extremist views. This is supported by the statutory framework for the Early Years Foundation Stage which 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.

Consent and confidentiality

Sharing of information is vital if children are to be protected and receive the services that they require. Often it is only when information from a number of sources has been shared that it becomes clear a child is at risk of, or is suffering significant harm.

Information may be shared with other professionals:

- If there is consent from either the child(ren) or someone who has parental responsibility for them to do so, or;
- Where there is a statutory duty or court order requiring information to be shared, or;
- Without the consent of either the child (ren) or someone who has parental responsibility for them if, in professional judgement, there is a need to do so to safeguard a child.

For child protection referrals, it is not necessary to obtain consent from either the child (ren) or someone who has parental responsibility for them. However, following best practice examples and where appropriate, inform the parents of any action to be taken providing that this will not increase the risk to the child. Information will only be shared on a "need to know" basis so that informed decisions can be made to protect the child (ren). The interests of the child will take priority over the interests of their parents/carers. If there is a choice between preserving confidentiality in respect of an adult and passing on information to enable a child to be protected, the child's welfare will come first.

Excluding known abusers

It is made clear to applicants for all posts within the setting that the position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. All applicants for work, whether paid or voluntary, are interviewed before an appointment is made and are asked to provide two references; all such references are followed up before a position is offered. All appointments are subject to an Enhanced Disclosure check by the Criminal Records Bureau.

Preventing abuse by means of good practice

All staff at the setting are expected to become familiar with our Safeguarding Children Policy and Procedure upon appointment and to attend available training, updating their knowledge at regular intervals.

The layout of the Cabin permits constant supervision of all children. Adults are not left alone for long periods with individual children or with small groups. An adult who needs to take a child aside, for example after a first aid or toileting accident, will inform other staff of which area they are taking the child to and remain in view of other staff whenever possible.

Children are encouraged to develop independence through adult support in making choices and in finding names for their own feelings and acceptable ways to express them. This will enable children to have the self-confidence and the vocabulary to resist inappropriate approaches.

Existing injuries

If a child attending the setting arrives in the setting with his/her parent/carer has an obvious injury or mark, the member of staff will sensitively ask the parent/carer how it has been caused. The injury will be recorded on a pre-existing injury form and stored in the child's file, if the parent's explanation does not allay any concerns or suspicions, the member of staff will report the matter to the designated safeguarding officer who will contact Children's Social Care.

These records are monitored regularly by the managers in order to identify any developing patterns of injury and ensure that the child's safety and well-being is not at risk.

Parents/Carers will be made aware that records will be kept on their child and of their entitlement to view that record, and of the possibility that the information in that record may be shared with other professionals.

Responding appropriately to suspicions of abuse

The first concern will be the child. Children whose condition or behaviour has given cause for concern will be listened to, reassured and helped to understand that they themselves are valued and respected and have not been at fault.

Changes in a child's behaviour/appearance will be investigated. Parents/carers will normally be the first point of reference, but if they are not in a position to allay any legitimate concerns, information may also be shared with other work colleagues/professionals, as appropriate and only on a "need to know" basis.

- On discovering an allegation of abuse, the DSL will immediately refer the case to the local statutory child protection agencies.
- Where actual or suspected abuse comes to the attention of staff they will report this to the DSL immediately.
- Staff are encouraged and supported to trust their professional judgement and if they suspect abuse has taken place, to report this.
- Full written records of all reported incidents will be produced and maintained. Information recorded will include full details of the alleged incident, details of all the parties involved, any evidence of explanations offered by interested parties, relevant dates, times and locations and any supporting information or evidence

from members of staff. The setting will demonstrate great care in distinguishing fact and opinion when recording suspected incidents of child abuse.

- The Manager will be responsible for ensuring that written records are dated, signed and kept confidentially.

Any children involved in alleged incidents will be comforted and reassured. In circumstances where a child makes an allegation or a disclosure, the member of staff concerned will:

1. Listen fully to what the child has to say
2. Make no observable judgment
3. Ask open questions that encourage the child to speak in their own words
4. Ensure the child is safe, comfortable and not left alone
5. Make no promises that cannot be kept such as promising not to tell anybody what they are being told.

We will always consider the safety and welfare of a child or young person when making decisions to share information about them. Where there is a concern that the child is suffering or at risk of harm, the child's safety and welfare must be the overriding factor.

Allegation against a staff member

If a member of staff at the setting is accused of any form of child abuse, the allegation will be recorded and the manager will contact the Local Authority Designated Officer (LADO) at Local Safeguarding Children Board to discuss the incident, within one working day, before informing the employee of the allegation. The member of staff will be suspended while the allegation is investigated and the LADO will advise on the action to be taken.

If an allegation of abuse is made against a Manager, the Registered Person will be informed as soon as possible. They will then assume responsibility for the situation or delegate this role to a senior member of staff.

Ofsted will be informed immediately of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises during a visit or outing.

Ofsted will be informed of any allegation of harm or abuse by any person with access to the premises, living on the premises or looking after children on the premises (whether relating to harm or abuse committed on the premises or elsewhere), or any other abuse which is alleged to have taken place on the premises and the action taken in respect of these allegations. This will be done within at least 14 days of the allegations being made.

Record keeping

Whenever worrying changes are observed in a child's behaviour, physical condition or appearance, a Child Concern form will be completed, quite separate from the usual on-going records of children's progress and development. The form will include the name of the child, timed and dated observations objectively describing the child's behaviour/appearance without comment or interpretation, where possible the exact words spoken by the child and the dated name and signature of the recorder. These records are not accessible to anyone other than the designated member of staff and other members of staff as necessary. If possible, the parent/carer of the child will be informed of the concern and that it has been recorded. These records are monitored regularly to identify any patterns of injury/behaviour, etc. and to ensure that the child's safety and well-being are not at risk. Absences are recorded and monitored.

Making a Child Protection Referral

We adhere to the procedure set out in the Local Safeguarding Children's Board procedure book. It is our duty to report any concern we may have regarding the children in our care. If a member of staff at the setting suspects or has knowledge that a child (including an unborn child) may be suffering or may be at risk or suffering significant harm then a referral to Children's Social Care must be made.

The safety and well-being of children must always be of paramount importance and will override any other considerations. Parents/carers and the child (ren) should be informed by a member of staff that a referral to Children's Social Care Services will be made. The exceptions to this would be:

- if this would increase the risk to the child(ren)
- put the referrer in danger
- there are concerns about fabricated or induced illness

Referrals must be made as soon as possible when any concern of significant harm becomes known. The greater the level of perceived risk, the more urgent the action should be.

The manager or child protection officer will communicate as much information about the allegation and related incidents as is consistent with advice given by social services and the police.

During working hours, referrals must be made to the duty officer at the **Initial Response Team** – see contact details at the end of this document. Out of hours referrals must be made to the **Emergency Response Team** – see contact details. Referrals must be made by telephone but confirmed in writing within 24 hours.

Recruitment

We will use the Early Years Safer Recruitment checklist to ensure robust procedures are followed during recruitment of all new staff.

Contact Details

Ofsted
Picadilly Gate
26 - 32 Store Street
Manchester
M1 2WD
Telephone: 0300 123 1231

Senior Officer	
Local Area Designated Officer (LADO)	01225 396810
Social Care – Referral Team (Bath –Central)	01225 396312/396313
Social Care – Out of Hours Duty Team	01454 615165
Police Child Protection Team	01225 842786

This policy was adopted at a meeting of

Clutton Playgroup

Held on

Signed on behalf of the Management

Committee

Name of signatory

Role of signatory (e.g. chair person)

This policy to be reviewed February 2019