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Registered Charity Number: 1044583

Ofsted number: 253986

**SAFEGUARDING AND WELFARE REQUIREMENTS POLICY 2022**

**Safeguarding Children, Child Protection and Welfare Requirements.**

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

**Policy Statement**

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

The aims of the policy:

* To ensure every child who attends the setting is safe and protected from harm
* To ensure all those working in the setting, either paid or unpaid, have a clear understanding of the legal responsibility to safeguard and promote the welfare of all children
* To ensure parents/carers have a clear understanding of the legal responsibilities relating to safeguarding and promoting the welfare of all children
* To prevent impairment of health or development

*Staff and Volunteers*

* Our designated persons (members of staff) who co-ordinate child protection issues are:

Safeguarding Lead Practitioner

1. Sandra Cushion Telephone Number: .................................................
2. Sonja White Telephone Number: 07554 119536

If designated persons are absent they will be contactable on the telephone numbers above.

* We ensure that all staff and parents are made aware of our safeguarding policies and procedures.
* All staff members receive induction training to help them understand their roles and responsibilities.
* All staff must sign Policies and Procedures after they have been read and reviewed regularly.
* We provide adequate and appropriate staffing resources to meet the needs of children.
* Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
* Candidates are informed of the need to carry out ‘enhanced disclosure’ checks with the Disclosure and Barring Service, DBS, (previously Criminal Record Bureau) before posts can be confirmed.
* Where applicants are rejected due to 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 DBS checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
* Volunteers do not work unsupervised.
* We abide by the Protection of Vulnerable Groups 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 visitors to the setting.
* We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
* We require parents to inform staff of any existing injuries/ marks which we will record in our existing injuries book. Parents will be asked to witness.

**What is child abuse?**

* Child abuse happens when a person harms a child. It can be physical, sexual or emotional, but can also involve neglect. Children may be abused by:
* • Family members
* • Friends
* • People working or volunteering in organisational or community settings
* • People they know
* • Strangers.

**General signs of abuse**

* Children experiencing abuse often experience more than one type of abuse over a period of time.
* Children who experience abuse may be afraid to tell anybody about the abuse.
* They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend
* Many of the signs that a child is being abused are the same regardless of the type of abuse.
* Anyone working with children or young people needs to be able to recognise the signs.

*Responding to suspicions of abuse*

We acknowledge that the abuse of children can take different forms:

* Physical
* Emotional
* Sexual
* neglect.
* FGM,
* Child sexual exploitation/modern slavery
* Harmful sexual behaviour,
* Domestic Abuse,
* Bullying and Cyberbullying,
* Child Trafficking

Physical

What is physical abuse?

Physical signs may involve unexplained bruising/marks in unlikely areas, facial bruising, hand/finger marks, bite marks, burns, lacerations or abrasions. Staff may notice several behavioural signs that also indicate physical abuse such as a child that shy’s away from physical contact, is withdrawn or aggressive towards others or their behaviour changes suddenly.

**Emotional**

**What is emotional abuse?**

Physical signs of emotional abuse may include a general failure to thrive, not meeting expected developmental milestones and behaviourally a child may be attention seeking, telling lies, have an inability to have fun and join in play, low self-esteem, speech disorders, and be inappropriately affectionate towards others.

**Sexual abuse**

What is sexual abuse?

Physical signs may include bruising consistent with being held firmly, discomfort in walking/sitting, pain or itching in the genital area, discharge or blood on under clothes, or loss of appetite. Behavioural signs may include drawings or play showing indicators of sexual activity, sexual explicit language, and knowledge of adult sexual behaviour, seductive behaviour towards others, poor self-esteem and a child who is withdrawn.

**Neglect**

**What is neglect?**

Neglect is the persistent failure to meet basic physical and psychological needs, which may result in the serious impairment of the child’s medical problems, emaciation or under nourishment. Staff may notice behavioural signs such as a child who always seems hungry, tired, has ill -fitting clothes, poor personal hygiene, e.g. soiled, unchanged nappies, etc.

**Female Genital mutilation (FGM)**

As our duty of care, we have a statutory obligation under national safeguarding protocols (e.g working together to safeguard children) to protect young girls and women from FGM as it is an illegal, extremely harmful practise and a form of abuse.

It is essential that we work closely together with other agencies if we suspect a child has suffered or is likely to suffer FGM as appropriate safeguarding efforts. This is reflected in the Multi-Agency Practise Guidelines.

If a child in our care shows signs and symptoms (see below) of FGM or we have good reason to suspect the child is at risk of FGM, we MUST refer the child using our existing standard safeguarding procedures as it is a form of child abuse. When a child is identified as “at risk” of FGM, this information MUST be brought to the child’s GP attention and health visitor (as per section 47 of The Children’s Act 1989)

 Important Signs & Symptoms to look out for if you suspect the child is “at risk” of FGM

* Father comes from a community that is known to practice FGM
* Mother/Family may have limited contact with  people outside family
* It is known that the mother has FGM
* Family does not engage with professionals (health, school, other)
* Parents say that they or a relative will take the child  abroad for a prolonged period of time
* Childs spoken about a holiday to her country of origin or another where the procedure is practiced
* Child has confided that she is to have a “special procedure” to “become a woman” or to be “more like her mum/sister/aunt” etc
* Family/child are already know to social services

Important Signs & Symptoms to look out for if you suspect the child has had FGM

* Child regularly attends GP appointments, has frequent Urinary Tract Infections (UTI’S)
* Increased emotional and physiological needs e.g withdrawals, depression or significant changes in behaviour.
* Child talks about pain/discomfort between legs
* Child has difficulty walking, sitting for long periods of time- which wasn’t a problem previously

Significant or Immediate Risk

* Child confides in a member of staff/professional that FGM has taken place
* Parent or family member discloses professional/ nursery child has had FGM

Child sexual exploitation

(CSE) Keeping Children Safe in Education (2020) describes CSE as: CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person’s immediate knowledge (e.g. through others copying videos or images they have created and posted on social media). Signs and indicators may include:

• Physical injuries such as bruising or bleeding

• Having money or gifts they are unable to explain

• Sudden changes in their appearance

• Becoming involved in drugs or alcohol, particularly if you suspect they are being supplied by older men or women

• Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)

• Using sexual language that you wouldn’t expect them to know

• Engaging less with their usual friends

• Appearing controlled by their phone

• Switching to a new screen when you come near the computer

• Nightmares or sleeping problems

• Running away, staying out overnight, missing school

• Changes in eating habits

• Talk of a new, older friend, boyfriend or girlfriend

• Losing contact with family and friends or becoming secretive

• Contracting sexually transmitted diseases.

* Where such evidence is apparent, the child’s key persons makes a dated record of the details of the concern and discusses what to do with the SLP who is acting as the ‘designated person’. The information is then stored in a locked file.
* We refer concerns to CADS on 03448008021

NB In some cases this may mean the police or another agency identified by the Norfolk Safeguarding Children’s Partenership.

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

*Recording suspicions of abuse and disclosures*

* Where a child makes comments to a member of staff that gives cause for concern (disclosure), or a member of staff/volunteer observes signs or signals that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect that member of staff:
  + Listens to the child, offers reassurance and gives assurance that she or he will take action;
  + Does not question the child
  + Makes a written record that forms an objective record of the observation or disclosure that includes:
    - The date and time of the observation or the disclosure;
    - The exact words spoken by the child as far as possible;
    - The name of the person to whom the concern was reported, with the date and time; and
    - The names of any other person present at the time.
* These records are signed and dated and kept in a locked file which is kept securely and confidentially.

*Making a referral to CADS (Children’s Advice and Duty Service)*

* *We use the CADS flowchart to help us decide which course of action to take.*
* *If we decide we can evidence that the child is experiencing or is likely to suffer significant harm we call CADs on 03448008021*
* *The member of staff will ensure they seek consent for referrals, unless the concerns raised suggest that the child/children or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if the parents/carers are informed.*

*Reasons for not seeking consent should be clearly stated when speaking with CADs and recorded on internal systems for your records.*

* *An alternative maybe to carry out and FSP or early help assessment.*
* *A member of staff needs to complete a NSCB1 form to ensure that we have a written record of the incident. A printed copy of the email from CADs will also need to be kept in the child’s file in the locked box.*

*Informing parents*

* Informing parents is normally the first point of contact.
* 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 Norfolk Safeguarding Children’s Partnership does not allow this.
* This will usually be the case where the parent is the likely abuser. In these cases the investigating officer will inform the parents. We do not inform the parents if the child is in immediate danger.

*Liaison with other agencies*

* We work within the Norfolk Safeguarding Children’s Partnership guidelines.
* We notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements which may affect the well-being of children.
* Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.
* If a referral is made to CADs we act within the area’s Safeguarding Children and Child Protection guidance in deciding whether we must inform the child’s parents at the same time.
* We would use the Norfolk threshold guidance to help choose the right help to the right children at the right time and for the right duration.

**Prevent Duty**

In Line with section 26 of the counter-terrorism and security act (2015) we understand the importance of staff members being able to recognise and identify vulnerable children and to have “due regard to the need to prevent people from being drawn into terrorism”.

We recognise the importance of protecting children from the risk of radicalisation and promoting British values in the same way we would protect and safeguard children from any other abuse.

We will ensure all staff members are able to notice changes in children’s behaviour as we would do with any kind of safeguarding matter as there is no single way of being able to identify a child who is at risk of being venerable or susceptible to radicalisation/extremism.

Regular reviews on our e-safety policy and use of mobile phones and internet policy are carried out as we recognise the increased risk of online radicalisation.

All staff members are also aware of the appropriate time to make a referral to the “Channel Programme”.

*Staff taking medication/other substances*

* Practitioners must not be under the influence of alcohol or any other substances which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice.
* We ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair the staff member’s ability to look after children properly.
* Staff medication on the premises is securely stored, and out of the reach of children, at all times.

*Allegations against staff*

* We ensure that all parents know how to complain about the behaviour or actions of staff and volunteers within the setting, which may include an allegation of abuse.
* We follow the guidance of the Norfolk Safeguarding Children Partnership when responding to any complaint that a member of staff, or volunteer within the setting has abused a child.
* We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting may have taken, or is taking place, by first recording the details of any such alleged incident.
* We refer any such complaint immediately to the Local Authority Designated Officer (LADO) who oversees and manages all allegations and concerns in respect of adults who work with children.
* The named senior manager must consult LADO within 24 hours of a concern being raised. The process for contacting LADO is:
  + If you are making contact about a new referral or consultation you will need to complete a LADO referral or consultation form. These can be found on the NSCB website – [www.norfolklscb.org](http://www.norfolklscb.org) under “People working with children” then click on “How to make a referral”.
  + The duty LADO will make contact with you, once they have read the complete form.
  + LADO contact telephone number is 01603 223473
  + If you are ringing about an ongoing case you will be asked to leave your name and Telephone number and a short message for the LADO dealing with the case.
* We co-operate entirely with any investigation carried out by LADO in conjunction with the police.
* Where the management committee and children’s social care agree it is appropriate in the circumstances, the chairperson will suspend the member of staff on full pay, or the volunteer, for the duration of the investigations. This is not an indication of admission that the alleged incident has taken place, but it is to protect the staff as well as children and families throughout the process.

*Disciplinary action*

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

*Training*

* We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect, and that they are aware of the local authority guidelines for making referrals.
* We ensure that all staff know the procedures for reporting and recording their concerns in the setting.
* The named SLPs have completed SLP training and other staff members have completed child protection training.

*Curriculum*

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

*Confidentiality*

* All suspicions and investigations are kept confidential and shared with all staff only. Any information is shared under the guidance of the Norfolk Safeguarding Children Board.

*Support to families*

* We believe in building trusting and supportive relationships with families, staff and volunteers in the group.
* If a child joins us from another setting, staff will contact the previous setting to find out information on the child’s development and any areas of concern, which may or may not include areas of safeguarding.
* We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, providing information, 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 family whilst investigations are being made in relation to any alleged issues.
* We follow the child protection plan as set by the child’s social care worker in relation to the settings designated role and tasks in supporting the 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 to the confidentiality policy and procedure and only if appropriate under the guidance of the Norfolk Safeguarding Children Board.

**Legal Framework**

*Primary Legislation*

* Children Act (1989, 2004)
* Childcare Act (2006)
* Equality Act (2010)
* The Children Act (Every Child Matters) (2014)
* Safeguarding Vulnerable Groups Act (2006)
* The Data Protection Act (1998)

September 2012 – Addendum

**Mobile Phone/smart watch Policy**

*Staff/Volunteers*

* Personal mobile phones cannot be used during contact time with the children.
* All personal mobile phones are placed in the clear plastic box provided in the kitchen area.
* Phones may be checked during staff break times. If staff / volunteers have a personal emergency staff/volunteers may use the setting phone.
* Staff/volunteers must ensure that the manager has up to date contact information and that staff make their families aware of the emergency work telephone number.

This is the responsibility of the individual staff member/ volunteer.

* All staff/volunteers are aware that the use of mobile phones to take photos or videos is not permitted.
* Staff must not wear any devices that may take photographs or record videos or voices. This includes smart watches with these capabilities. This ensures all children are safeguarded. Make and models of any smart watches worn will be noted down and checked.

*Parents/Visitors:*

* Ensure that all parents and visitors are aware that the use of mobile phones and smart watches (to take photos or record) in the pre-school is not permitted (use of notices and sign in book information)

**Photograph Policy**

* We ensure that parent’s permission is given for photographs to be taken of their children.
* Photographs are used for teaching, observation, publicity and for each individual child’s ‘learning journey’ record.
* Staff use only the i pads to take photographs
* Staff/ volunteers are aware that the use of mobile phones to take photos or videos is not permitted.
* Parents can give/not give permission for photographs taken in pre-school to be placed on social networking or other websites.
* The pre-school i pads are locked up in the store cupboards when not in use
* Photographs are to be printed in setting using the preschool laptop and printer.
* Photographs are to be deleted from the laptop after printing in view of another member of staff.

**Social Networking Policy**

It is likely that many staff / parents belong to a social networking site (e.g Facebook, Twitter, MySpace). Pre-School Policy states that:

*Staff*

* Staff do not name the pre-school they work for
* Staff remain professional and do not discuss pre-school business
* Staff do not name or discuss any information regarding staff members, children or parents associated with the setting past or present.
* Staff must not request or accept the invitation to befriend preschool parents/carers at any time. Existing family and friends prior to joining preschool are permitted.
* Staff must ensure that privacy settings are set to private and that content is appropriate including photos and language used.

*Parents / Carers*

* Parents / Carers are strongly requested not to invite staff members to be friends via a social network.
* Parents / carers are strongly requested not to discuss pre-school business on any network site. All issues or concerns must be discussed with the preschool staff and committee.
* Parents / Carers are strongly requested not to place photos from a pre-school event of any kind onto a social network site.

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| Date Policy Reviewed: | | | |
| Date | Staff | Date | Committee |
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Please sign to say you have read and understood the policy and process in place.