



FEVERSHAM
FIRST STEPS UNDERCLIFFE

SAFEGUARDING POLICY

UPDATED SEPTEMBER 2018

SAFEGUARDING POLICY

INTRODUCTION:

Children have a fundamental right to be protected from harm

Children have a right to expect nursery to provide a safe and secure environment

Any fears or worries that children bring into the setting should not go unnoticed by staff

It is a guiding principle of the law and child protection procedures that the protection and welfare of the child must always be the first priority

The protection of children is a shared community responsibility. Failure to provide an effective response can have serious consequences for the child. Managers and practitioners are in a unique position to identify and help abused children

Safeguarding and promoting the welfare of children for the sake of this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- The wellbeing of children in our care takes precedence over any other consideration

Feversham First Steps fully recognizes its responsibilities for child protection

OUR AIM:

We aim to provide a caring environment, which will underpin the values of the EYFS, where self-esteem can be nurtured and children empowered to protect themselves

Our policy applies to all staff, governors and volunteers working within the nursery. There are 3 main elements to our policy:

- Prevention through safe recruitment practices and through the teaching and support offered to children
- Protection: through well knowledgeable staff on the procedures for identifying and reporting cases, or suspected cases of child abuse
- Support to children who may have been abused

We recognize that because of the day-to-day contact with children, nursery practitioners are well placed to observe the outward signs of abuse. The nursery will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to
- Ensure children know that there are adults in the school whom they can approach if they are worried
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognize and stay safe from abuse

We will follow the procedures set out by the *Area Child Protection Committee (ACPC) & Bradford Safeguarding Children's Board (BSCB)* and take account of guidance issued by the *Department for Education* and Skills to:

- Ensure we have a designated practitioner for child protection who has received appropriate training
- Ensure we have a nominated manager responsible for child protection
- Ensure every member of staff, volunteer and governor knows the name of the designated practitioner responsible for child protection and their role
- Ensure all practitioners and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated person responsible for child protection

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- Ensure that parents have an understanding of the responsibility placed on the nursery and practitioners for child protection by setting out its obligations in the school prospectus
- Notify *social services* if there is an unexplained absence of more than two days of a pupil who is subject to a Child Protection Plan
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences
- Keep written records of concerns about children, even where there is no need to refer the matter immediately
- Ensure all records are kept securely; separate from the main pupil file, and in locked locations
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer
- Ensure safe recruitment practices are always followed

We recognize that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The nursery may be the only stable, secure and predictable element in the lives of children at risk. When at school their behavior may be challenging and defiant or they may be withdrawn. The nursery will endeavor to support the child through:

- The content of the curriculum
- The nursery ethos, which promotes a positive, supportive and secure environment and gives children a sense of being valued
- The nursery's behavior and behavior management policy, which is aimed at supporting vulnerable children
- The nursery will ensure that the children understand that some behavior is unacceptable but they are valued and not to be blamed for any abuse which has occurred
- Liaison with other agencies that support the children and their family such as *Social Services, Child and Adult Mental Health Service, Education Welfare Service and Educational Psychology Service*
- Ensuring that, where a child who is subject to a Child Protection Plan leaves, their information is transferred to the new school/nursery immediately and that the child's social worker is informed

CHILD PROTECTION PROCEDURES:

If a child tells you something about abuse or you have suspicion of child abuse:

- Take it seriously and calmly
- Do not ask leading questions
- Accept what you are told
- Reassure the child but do not promise confidentiality.
- Do not put words into the child's mouth "tell me... .."
- Do not attempt to investigate further
- Write the information down including dates times
- What actions should you take next?
- Never investigate yourself
- Never confront the alleged perpetrator
- Never assume someone else will deal with the problem
- Note down what you were told as soon as possible
- Be clear about what is fact/opinion

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- Be clear about what you assumed
- Report to the *Lead Safeguarding Practitioner (LSP): Saika Kauser (Manager)*
- In the absence of *LSP*, report to the next most senior person in nursery (management/room supervisors) who will follow then the procedures as follows:

WHAT TO DO IF YOU ARE CONCERNED ABOUT A CHILD:

It is important that you treat any allegations extremely seriously. Never think that someone else may be dealing with it

Receive: Listen to the child/young person and accept what they are telling you. Encourage the child/young person to allow another person to be present. It is okay to ask questions e.g. 'I notice you don't appear to be yourself today', 'Can you tell me how you are feeling?' and you can ask them to clarify what they have said. You can ask questions such as: 'Tell me a bit more...', 'Can you explain that...' or 'Can you describe' ... (**TED – Tell, Explain and describe**)

But NEVER ask leading (investigative) questions e.g. 'Was his hair brown?', 'What was her name?' (This conversation could be deemed as an 'interview' and a child can only be 'interviewed' once with regards to a disclosure and this should be left to a professionally qualified person at *Bradford Children's Social Care*)

Reassure: Stay calm and reassure them they have done the right thing. Do not promise confidentiality. Explain you may need to share what they are telling so you can help them. Reassure them they are not to blame or in trouble for what they have told you

React Explain what you have to do next. Do not pass judgment or show shock or disquiet

Record: Record what was said as soon as possible after any disclosure (it is important to record the same language/words used by the child). Make a note of any signs or injuries and any behavior. Where possible draw a picture to indicate location of injuries. The person who receives the allegation or has a concern should complete the organization pro-forma (see Appendix 3 for suggested template and ensure it is signed and dated on each page). Respect confidentiality and file documents securely

Support: Offer support to the child or young person throughout any process that may happen to them. Make sure the child or young person will be safe. Get support for yourself through your line manager or agreed alternative

Notify the nominated *Designated Safeguarding Lead* or their *Deputy* of the disclosure immediately or contact *Initial Contact Point* and/or *the Police* if no-one from your organization is available and you believe the child or young person to be in immediate danger

PARENTAL CONSULTATION:

Professionals should seek, in general, to discuss concerns with the family and, where possible seek the family's agreement to making a referral unless this may, either delay the referral or place the child at increased likelihood of suffering Significant Harm

See also Information Sharing and Confidentiality Procedure

A decision by any professional not to seek parental permission before making a referral to *Children's Social Care Services* must be approved by their manager, recorded and the reasons given. Where a parent has agreed to a referral, this must be recorded and confirmed on the relevant Referral Form

Where the parent is consulted and refuses to give permission for the referral, further advice and approval should be sought from a *manager* or the *Designated Senior Person* or *named*

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professional, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded;
- The *Children's Social Care Services* team should be told that the parent has withheld her/his permission;
- The parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made
- Stage 2 (*refer also to Referral flow chart: Appendix 2*)

The Designated Safeguarding Lead (DSL) or worker will take immediate action if there is a suspicion a child has been abused or likely to be abused and will contact:

- *Bradford Children's Social Care Initial Contact Point 01274 437500* Mon - Thurs 8.30am - 5pm and Friday up to 4.30pm for advice and referrals. If a referral is made by telephone, this must be followed up in writing immediately, using the *Common Referral Form*
- At all other times contact the *Emergency Duty Team* on *01274 431010*
- If you believe a child is at immediate risk of harm by a member of the public or family member contact the Police - *999*
- For all general enquiries contact *Children's Specialist Services* on *01274 435600*

Bradford Safeguarding Children Board (BSCB) is responsible for safeguarding children and young people in the district. See their website for more information on inter-agency procedures and *FREE* Safeguarding training and/or advice

Note: In the event that an agency does not agree with the response and decisions about the referral by the *Children's Social Care Services*, the referring agency should discuss their concerns directly with the line manager of the social worker, in the first instance to seek resolution. See also '*Resolving Professional Disagreements and Escalation Procedure*'

Advice can also be sought through:

NSPCC 24 hour National Child Protection Helpline on: *0808 800 5000*

The NSPCC Child Protection Helpline is a free 24-hour service that provides counseling, information and advice to anyone concerned about a child at risk of abuse

The NSPCC is unique amongst charities as it also has statutory powers to intervene on behalf of children, along with local authorities. Professionals can also therefore make referrals to *The NSPCC* if they become aware of safeguarding concerns. They should however contact their local *authority* in the first instance

Bradford Safeguarding Children Board (BSCB) is responsible for safeguarding children and young people in the district. See their website for more information on inter-agency procedures and *FREE* Safeguarding training and/or advice.

Workers or volunteers should also refer to the organization '*Allegations Management Policy*' and '*Whistle Blowing Policy*' where necessary

MISSING CHILD:

Refer to '*Missing child policy*'

PREVENT DUTY:

Refer to '*British values policy*'

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WHAT IS ABUSE AND NEGLECT? Abuse and neglect are forms 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

Children: Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection

Physical Abuse: A form of abuse which 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/carer fabricates the symptoms of, or deliberately induces illness in a child

Emotional Abuse 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 a child 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 a child's developmental capability, 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: 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

Child Sexual Exploitation (CSE): Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability

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NEGLECT: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. 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)
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

FEMALE GENITAL MUTILATION (FGM): FGM is a serious form of child abuse, violence against women and girls, and a violation of human rights. It has been illegal in this country since 1985 and there is a statutory duty to safeguard children and protect and promote the welfare of all women and girls. People guilty of allowing FGM to take place are punished by fines and up to fourteen years in prison

FGM is defined by the *World Health Organisation* as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. It can leave women and girls traumatised as well as in severe pain, cause difficulties in child birth, and in some rare cases it can lead to death

There is no cultural or religious justification for FGM.

*Also see **BSCB** information **SIGNS AND SYMPTOMS OF CHILD ABUSE- a GUIDE FOR STAFF**

RECORDS AND MONITORING:

- Appropriate records and documentation will be kept securely and confidential on a need to know basis, separate from the children's personal records. These will be kept in a locked cupboard
- When a child leaves or transfers, any child protection information will be passed on to the new setting
- When a child who is subject to a Child Protection Plan leaves or transfers, *Social Services* will be informed
- Upon making a referral to Children's Social Care a COMMON REFERRAL FORM must be completed 1 copy to *Social Care*, 1 copy to *Lead Officer for Child Protection Bradford*, 1 copy to be retained confidentially in the child's file located in the manager's office

PROFESSIONAL CONFIDENTIALITY:

- Confidentiality is an issue, which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. The only purpose of confidentiality in this respect is to benefit the child
- We should never guarantee confidentiality to a child
- Only the lead practitioner, manager and those working most closely with the child need to be given information relating to a child protection matter
- All child protection records will be kept secure locked in the managers office

ROLES AND RESPONSIBILITIES:

The role of the manager

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- Put in place procedures for handling cases of suspected abuse (including allegations against staff and volunteers)
- Sanction a robust child protection policy, review the policy annually, monitor and evaluate its effectiveness and be satisfied that it is being complied with
- Recognise the importance of the role of the lead practitioner, support them and ensure the necessary training is undertaken
- Ensure cover is provided when needed to enable the lead practitioner to carry out their role, especially when there are on-going child protection issues
- Ensure that all practitioners that work with children undertake appropriate training to equip them to carry out their responsibilities for child protection effectively, which is kept up to date by refresher training at 3 yearly interval
- Ensure arrangements are in place so that temporary staff and volunteers who work with children are made aware of the nursery's arrangements for child protection and their responsibilities
- Ensure there are safe and effective recruitment policies and disciplinary procedures in place, which adhere to *The Education (Prohibition from Teaching or Working with children) Regulations 2003*
- Remedy any deficiencies or weaknesses in regard to child protection arrangements that are brought to its attention without delay
- Liaise with *Bradford Early Years* on child protection issues and nursery policy
- Appoint a designated practitioner and ensure appropriate retraining and support
- Ensure all practitioners know and are alert to signs of possible abuse and know what to do if they have concerns or suspicions
- Make parents aware of the nursery's Child Protection Policy
- Work with local partners such as *LEA* and *Social Services*

THE ROLE OF THE LEAD PRACTITIONER:

- Is to be the first person contacted by staff with concerns. It is then the responsibility of the *Lead Practitioner* to discuss the situation with the relevant agencies
- Ensure each member of staff has access to and is aware of their nursery's child protection policy
- Liaise with the *Manager* to inform of any issues and on-going investigations
- Ensure the nursery Child Protection Policy is updated and reviewed annually. If any changes arise in policy or on the *BSCS* website, the policy will be updated straight away
- Be able to keep accurate and secure records
- Attend refresher training courses and ensure any new or key messages are cascaded effectively passes to other staff volunteers and managers

THE AREA CHILD PROTECTION COMMITTEE (ACPC):

The *ACPC* has the primary responsibility for promoting safeguarding of children in the local community. They review local child protection policies and promote effective co-operation between the agencies involved. The *ACPC* is an inter agency forum including representatives from *Education Social Services Primary Care Trusts, Probation Services, Police, and NSPCC*

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CHILD PROTECTION CONFERENCES:

- When a child protection conference is called the *Key Worker* and or the *Lead Practitioner* will attend
- A written report will be submitted

TRAINING AND SUPPORT:

- Our nursery will ensure that the *Manager, Lead Practitioner* and *Key Workers* attend relevant training to their role
- Ensure the nursery has a designated senior member of staff who has undertaken the training course provided by the *LEA* as a minimum. This will be updated at least every 2 years
- All staff will receive basic training on Child Protection every three years
- Staff will be kept informed on current child protection issues through staff meetings

CHILDREN WITH SEN:

We recognize that statistically children with behavior difficulties and disabilities are most vulnerable to abuse. Nursery staff who work, in any capacity, with children with profound and multiple disabilities, sensory impairment and or emotional behavior problems will need to be particularly sensitive to signs of abuse

ADULTS WORKING IN THE NURSERY:

All adults wanting to work in nursery will be required to fill in a form for an enhanced DBS check and have it processed and returned before working in the nursery (including volunteers and students). All supply staff must hold a current enhanced DBS check in order to work in the nursery. In certain circumstances the manager can agree to an adult working in nursery whilst their form is in the process of being checked provided that they are supervised at all times by another adult who has been checked

Staff need to be prudent about their own conduct and vigilant about the conduct of others, so that their relationships with children remain and are seen to remain entirely proper and professional.

TOILETING CHILDREN:

- All children who require intimate care are treated respectfully at all times, the child's welfare and dignity is of paramount importance. Key workers will encourage each child to do as much for themselves as they can. Children should not be assisted to do things of a personal nature that they can do for themselves
- Parent' will be involved with their children's toilet training through regular discussion of the child's needs
- If a child needs to use the toilet when out on a visit a member of staff and not parent/ helpers will take them (unless it is their own child)

PHYSICAL CONTACT AND COMFORTING CHILDREN:

- There may be occasions when a child needs comfort or reassurance which would include physical comforting such as a parent would give e.g. cuddles
- Staff should use their discretion to ensure what is normal and natural does not become unnecessary or unjustified contact

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- Once the child is settled the adult will redirect them to an activity
- Staff will be sensitive to children's needs by knowing how to respond to individual children e.g. some children preferring their own space when upset, some need more reassurance and comfort and may want to be picked up or held
- Sometimes a child needs to be held when parting from parents. Staff will ask parents if they are happy for the child to be handed over. Ask the parent to hand the child over once the receiving adult is sitting down. The adult will comfort and reassure the child

PHYSICAL RESTRAINT:

- Sometimes it is necessary to restrain a child to prevent them from hurting themselves or others. Where a member of staff has taken such action to restrain a child they should report the matter as advised
- Restraint can be defined as 'the reasonable application of the minimum necessary force to overpower the child with the intention of preventing them from harming themselves or others, or from causing serious damage to property'
- Restraint should only be used exceptionally, when unavoidable and in keeping with the incident leading to it. It should be primarily for the benefit of the child, and though immediate, should as far as possible be a considered response
- Children who require regular handling have a 'safe handling plan' put in place - see *Behavior Policy*

SOME EXAMPLES:

- *Children who are running out of control will be gently slowed down*
- *In extreme situations a child may need holding whilst they calm down - the adult should hold the child facing away and place arms under theirs then sit with the child until they calm down*

FIRST AID:

- Staff who have to administer first aid should ensure whenever possible that another adult is present
- Any injury requiring treatment will be recorded on an accident form and reported to parents who should then sign the form to say they have been informed
- Staff should also follow the schools guidelines on administration of medicines

PHOTOGRAPHY:

We always seek permission from parents before allowing children to be photographed for records, brochures websites or other publications.

Also refer to 'mobile phone and electronic devices policy'

ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS:

Criteria and Threshold for allegations

When it is alleged that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child or
- Behaved toward a child or children in a way that indicates she or he is unsuitable to work with children

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Upon receipt of an allegation of abuse by a member of staff, including temporary staff, in a nursery or other educational establishment, the manager must immediately inform and consult with the *Bradford Council's* designated officer for child protection (*LADO*) within one working day

If the allegation is against a *Manager*, the *Lead Practitioner* must inform *Lynn Murphy/Sajida Muneer (Nursery Directors)* and consult with the *LADO* for child protection

The *Lead practitioner* will then follow the Statutory Procedures set out by *BSCB* and detailed in *Allegations against members of Staff, Carers and Volunteers File* kept in locked cupboard managers Office

Further information can be obtained in

Department of Education booklet entitled '*Working Together to Safeguard Children 2013*'

Every Child Matters change for Children in Schools DFES

Safeguarding children and Safer Recruitment in Education DFE

Bradford Safeguarding Children Board

BODY MAP GUIDANCE:

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment

When you notice an injury to a child, try to record the following information in respect of each mark identified:

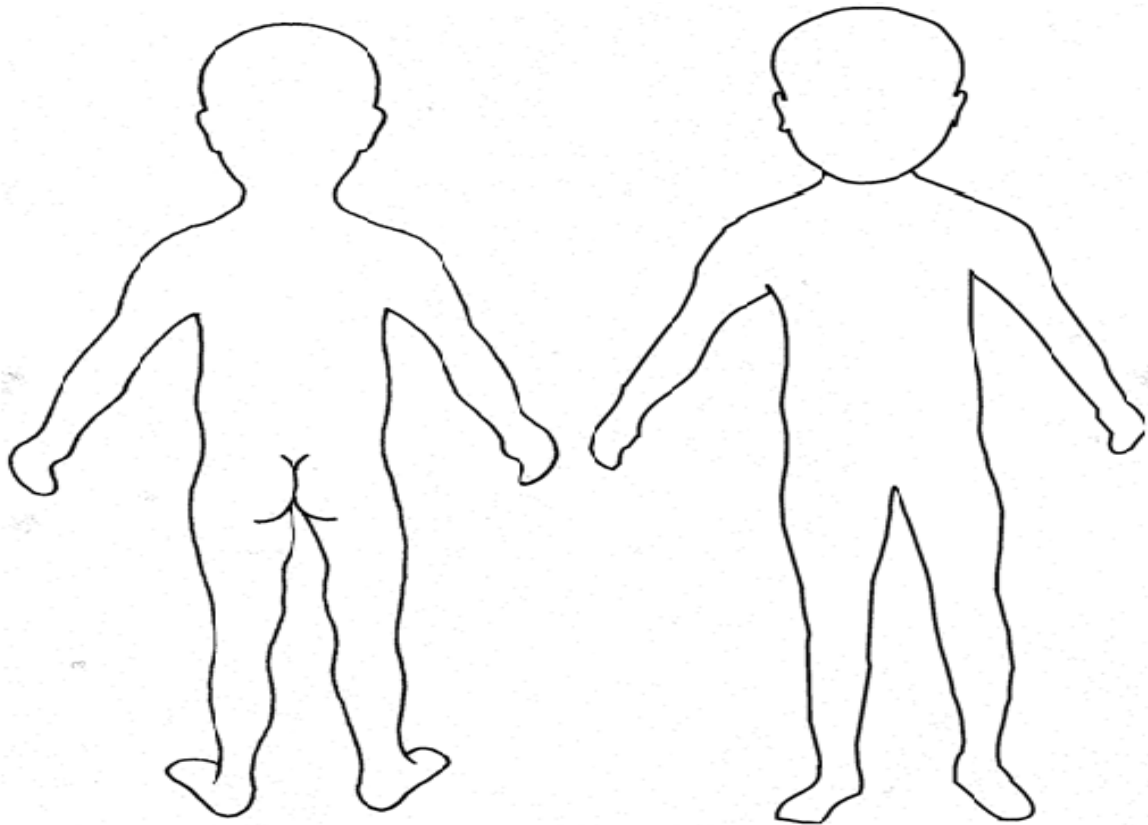
- Exact site of injury on the body e.g. upper outer arm, left cheek
- Size of injury - approximate cm or inches
- Approximate shape of the injury e.g. round, straight line
- Color of the injury - if more than one color, say so
- Is the skin broken
- Is there any swelling at the site of the injury, or elsewhere
- Is there a scab? /any blistering? /any bleeding
- Is the injury clean? Or is there grit/fluff etc.
- Is mobility restricted as a result of the injury
- Does the site of the injury feel hot
- Does the child feel hot
- Does the child feel pain
- Add any further comments as required

POLICY STATEMENT:

Feversham First Steps undertakes to ensure that all aspects of the nursery policies and procedures are kept under review and that they operate in a non-discriminatory manner. Management will ensure that all staff, parent/carers, voluntary workers and others, are aware of the policy and any channels through which they lodge complaints and appeals on all matters.

This policy was reviewed by management on: 24.09.18

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Body Map

Name of child: _____

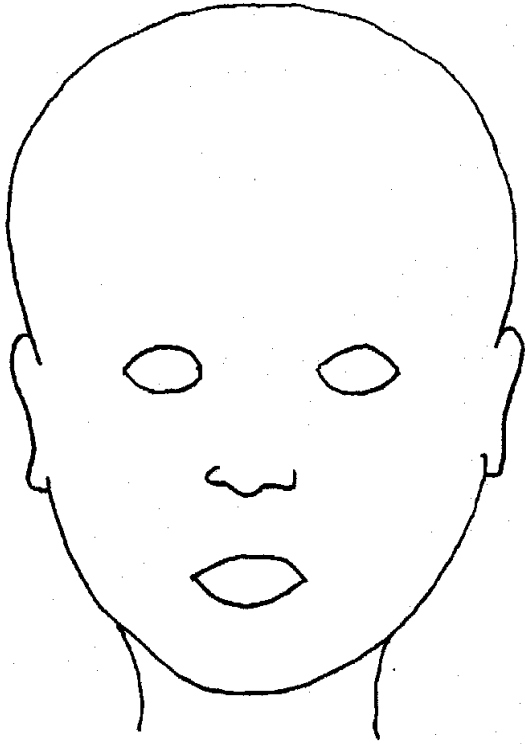
DOB: _____

CP Officer: _____

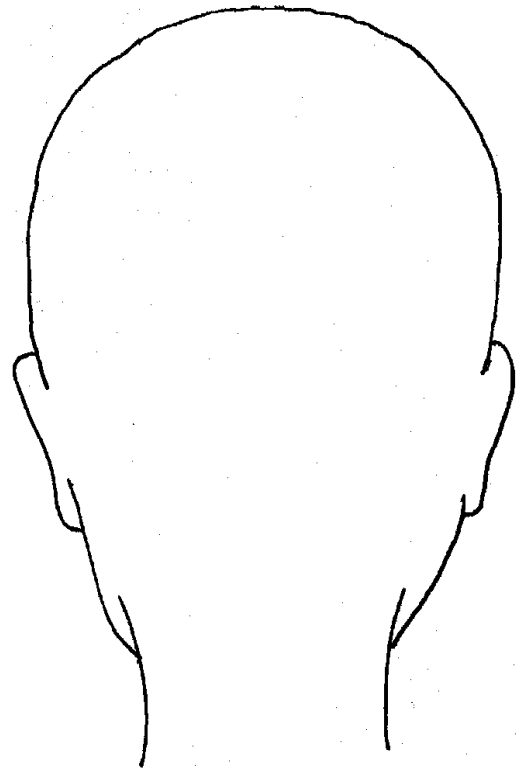
Date & Time observation: _____

Details of Observation: _____

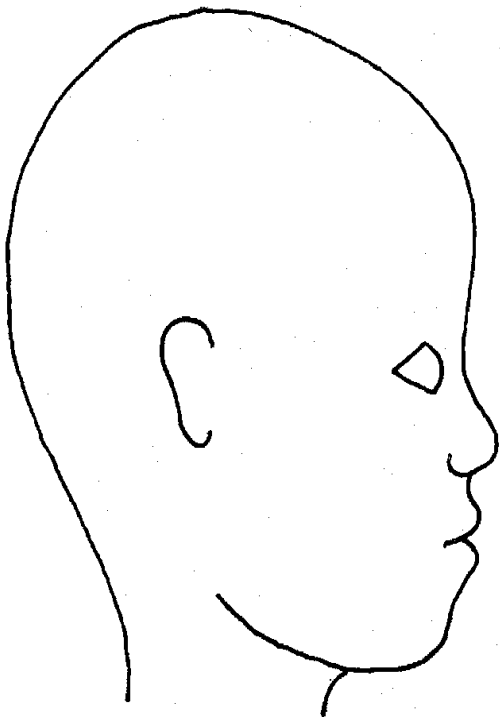
SAFEGUARDING POLICY



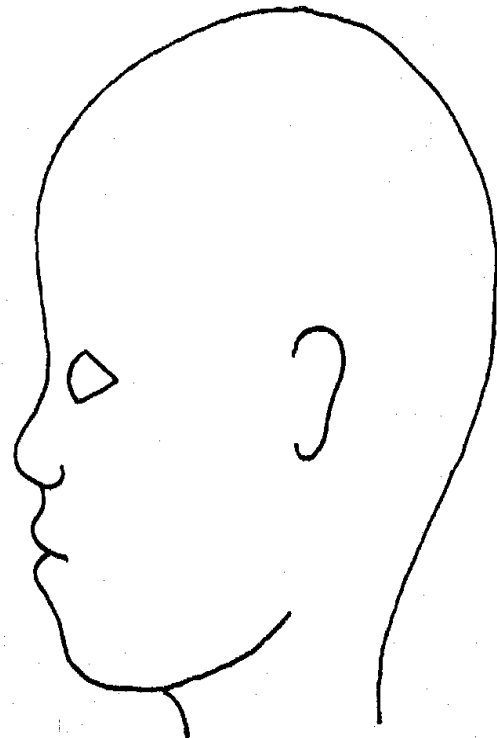
FRONT



BACK

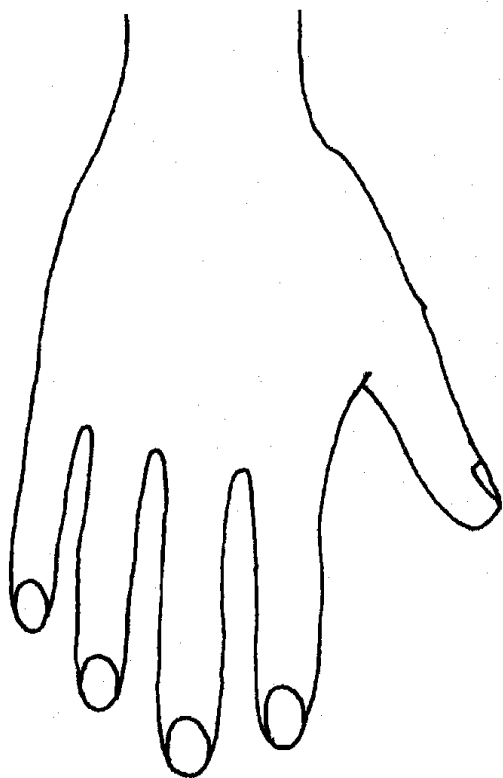


RIGHT



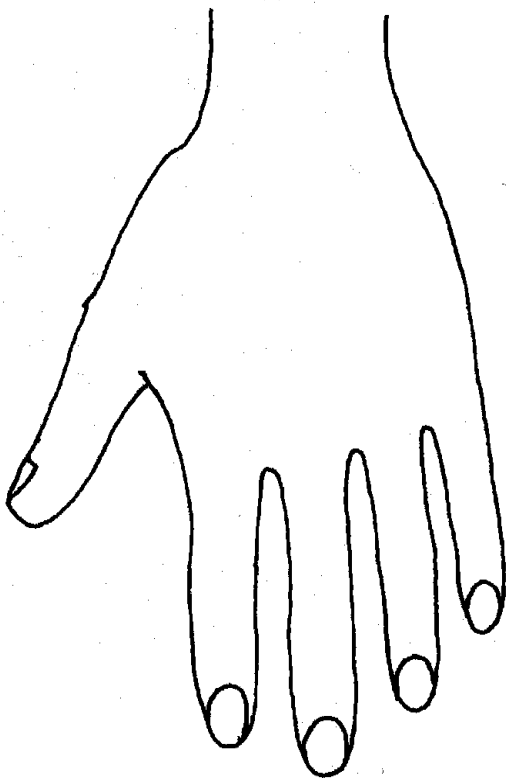
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SAFEGUARDING POLICY



R

BACK



L

FRONT

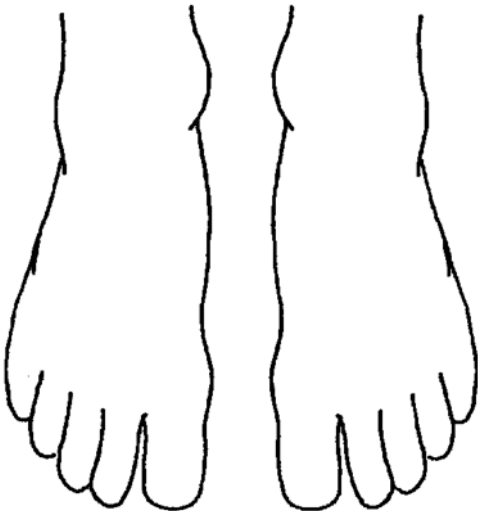


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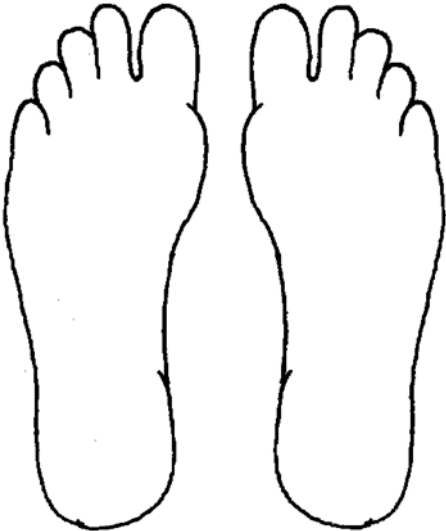


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SAFEGUARDING POLICY



R TOP L



R BOTTOM L



R INNER



L



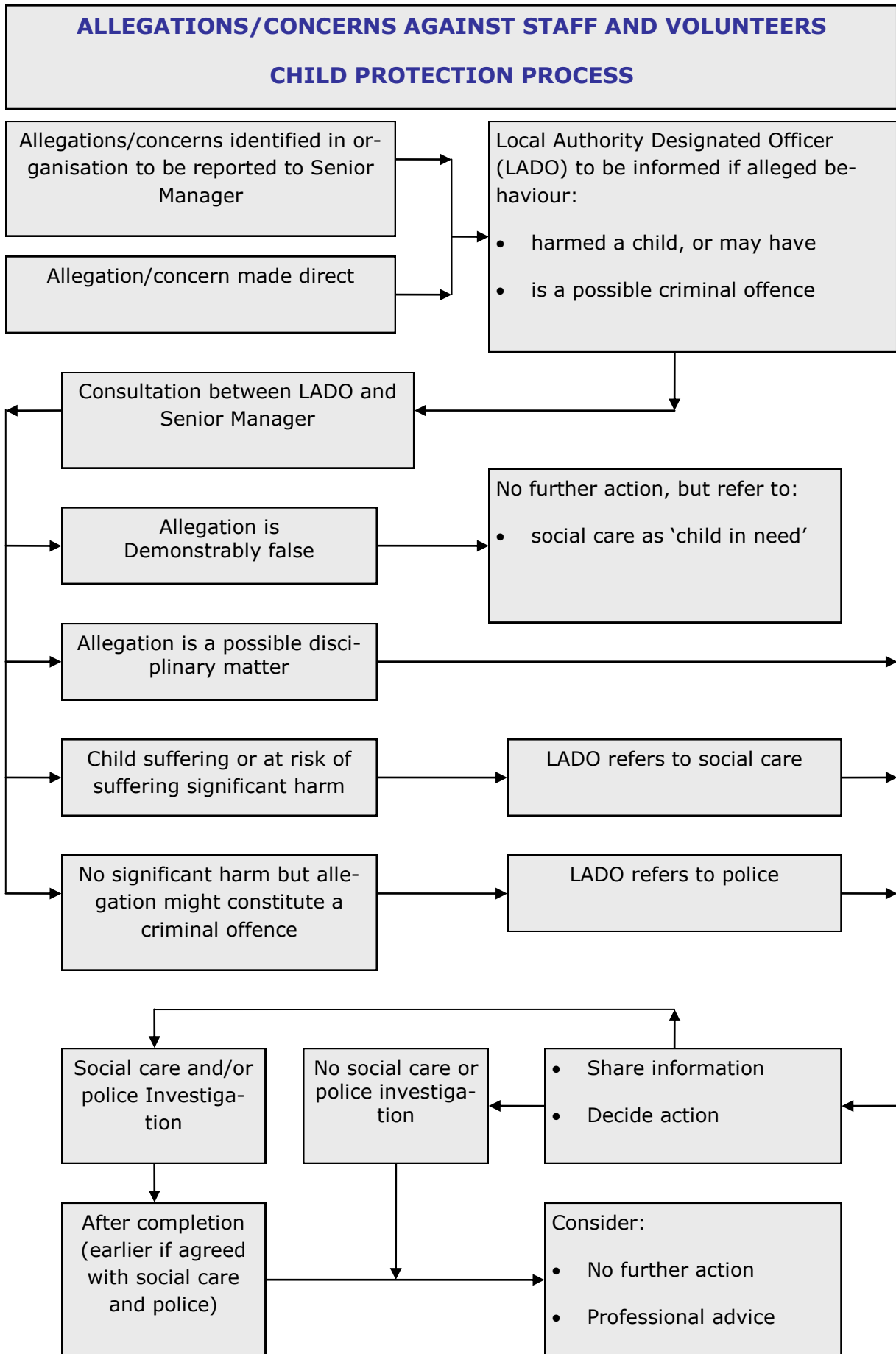
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OUTER



L

SAFEGUARDING POLICY



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