



Safeguarding Children

“The welfare of the child is paramount” – Children Act 1989

Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.

We aim to provide a high quality setting which is welcoming, safe and stimulating, and where children are able to enjoy learning and grow in confidence. We will take all necessary steps to keep children safe and well and ensure the suitability of adults who have contact with them. We will promote good health, manage behaviour and maintain records, policies and procedures.

Our current safeguarding lead’s are: Helen Dearlove and Michelle Barrow

Our current safeguarding deputy is: Jenny D

The management and staff are committed to:

- Ensuring the setting practises safer recruitment in checking the suitability of staff and volunteers (refer to the South West Child Protection Procedures <http://www.online-procedures.co.uk/swcpp/contents/safer-recruitment>)
- Following the settings code of conduct or “Guidance for Safer Working Practice for Adults who Work with Children” <http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx>
- Establishing and maintaining a safe environment.
- Supporting children who have been abused and carrying out specific actions in accordance with the agreed child protection support plan.
- Providing a curriculum and experiences to enable children to develop the skills they need to stay safe from abuse including online abuse.
- Ensuring staff and volunteers are able to identify children who may benefit from Early Help ie identifying potential problems as they emerge and implementing strategies to avoid them escalating.
- Ensuring that staff and volunteers are aware of the signs and symptoms of abuse and know the correct procedure for referring concerns.
- Ensuring that all staff are aware of the procedures to follow if they have a concern about another adult or a member of staff.
- Working in partnership with other agencies. This includes sharing information effectively, attending child protection conferences, core groups and other relevant meetings and preparing reports for conference.
- Working in partnership with parents/carers.

Remember the areas of abuse:

Physical

- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Untreated injuries.
- Admission of punishment which appears excessive.
- Fear of parents being contacted.
- Bald patches in the head.
- Withdrawal from physical contact.
- Arms and legs kept covered in hot weather.
- Fear of returning home.
- Fear of medical help.
- Self-destructive tendencies.
- Aggression towards others.

Sexual

- Fearful about certain people like relatives or friends.
- Not allowed to have friends round.
- Soreness/bleeding in the genital or anal areas or in the throat.
- Finding excuses not to go home or to a particular place.
- Having recurring nightmares /afraid of the dark.
- Unable to concentrate, seem to be in a world of their own.
- Chronic ailments such as stomach pains and headaches.
- Sexually abuses or shows inappropriate sexual behaviour towards a sibling or friend.
- Exhibits a sudden change in attitudes at school
- Appears withdrawn, isolated, or excessively worried.
- Demonstrates outbursts of anger or irritability.
- Fearful of undressing

Neglect

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Emaciation.
- Frequent lateness or non-attendance
- Untreated medical problems.
- Destructive tendencies.
- Low self-esteem.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- No social relationships.
- Compulsive stealing or scavenging.

Failure to thrive

- Child's weight falling below expected centile.
- Height often falling below centile.
- Skin dry and pale.
- Hair thin and straw like.
- Lack of energy, listless.
- May drink a lot of juice.
- Refuses food. Vomiting and diarrhoea.
- Failure to meet milestone of development.
- Lack of concentration.
- Behavioural problems.

Emotional

- Physical, mental and developmental lags.
- Admission of punishment which appears excessive.
- Over-reaction to mistakes.
- Sudden speech disorders.
- Fear of new situations.
- Inappropriate emotional responses to painful situations.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- Self-mutilation.
- Fear of parents being contacted.
- Compulsive stealing

Be aware of:

Prevent duty – signs of radicalisation

The setting realises that it has a duty to protect children from radicalisation and any form of violent extremism in line with government guidance "Prevent Duty" (June 2015).

In fulfilling this duty the setting will work closely with the LSCB and will have regard to;

- Assessing the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This will be based on an understanding, shared with partners, of the potential risk in the local area. The setting will protect children from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate
- Staff training so that staff have the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups. Staff should know where and how to refer children for further help
- Online safety policies will ensure children are safe from terrorist and extremist material when accessing the internet by establishing appropriate levels of filtering.
- Promoting fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. These values are already implicitly embedded in the 2014 Early Years Foundation Stage.

As with managing all other safeguarding risks, staff who have concerns about a child, should follow the settings safeguarding procedures and discuss with the designated safeguarding lead.

Peer on peer abuse

We recognise that:-

- Safeguarding issues can manifest themselves via peer on peer abuse
- This is most likely to include, but is not limited to, bullying, gender-based violence, sexual assaults and sexting.
- This form of abuse should never be tolerated or passed off as 'banter' or 'part of growing up'.

We will ensure that children are appropriately supervised at all times to avoid these issues arising.

FGM

We recognise that FGM is a form of abuse and must be referred to Children's Social care through the usual channels. It comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs and that it is illegal in the UK and a form of child abuse with long-lasting consequences.

Child Sexual Exploitation

We recognise CSE as a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child believes they are voluntarily engaging in sexual activity with the person who is exploiting them. CSE can happen online.

Disclosures

If a child discloses abuse, it is important to respond appropriately:

- Listen to the child and avoid interrupting except to clarify.
- Allow the child to make the disclosure at their own pace and in their own way.
- Do not interrogate the child. It is alright to ask for clarification, but leading questions should not be asked. The interviewing of children must be undertaken by trained Social workers or Police Officers.
- Do not make any promises to the child about not passing on the information – the child needs to know that you have to talk to someone who will be able to help them.
- Record the information as accurately as you can, including the timing, setting and those present, as well as what was said. Do not exaggerate or embellish what you have heard in any way.
- Inform the DSL as soon as possible (within the same working day).

Following a disclosure of abuse children will be supported in the setting. All children will be allocated a key person with whom they can develop a close relationship and who can tailor opportunities to the individual needs of each child. We will work closely with other agencies in implementing the actions of a child protection plan designed to support and protect the child. We will attend all child protection conferences, core groups and strategy meetings to support the child and family as necessary.

Procedures for Referral

Any member of staff or visitor to the setting who receives a disclosure of abuse, suspects that abuse may have occurred or is concerned for the safety or welfare of a child **must** report immediately to the DSL or if unavailable to the deputy.

The DSL/deputy will inform Children's Services by telephone.

Family Contact Point/ MASH - 01793 466903.

Emergency Duty Service - 01793 436699.

A telephone referral will be confirmed in writing using the form RF1 (electronic copy available on <http://www.swindonlscb.org.uk/lscb-index/lscb-professionals-home/lscb-workers-forms.htm>), within 24 hours.

The referral will be shared with the parent/carer, and where appropriate with the child/young person, unless to do so may place the child at increased risk of harm, in which case advice should be sought from Family Contact Point.

If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, Family Contact Point will be consulted before informing parents.

If the child is already subject to a Child Protection Plan the allocated Social Worker will be contacted, they will advise when, and by whom, the parents will be informed. (see appendix 2 –flow chart)

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