



SAFEGUARDING AND CHILD PROTECTION POLICY

Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for children's social care, health professionals or the police. All staff will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed. The staff will create an environment in which children are safe from harm and abuse; in which the welfare of the children is paramount, and any suspicion of abuse is responded to promptly and appropriately.

Policy intention

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct.
- Support staff to notice the softer signs of abuse and know what action to take.
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development.
- Provide a safe and secure environment for all children.
- Promote tolerance and acceptance of different beliefs, cultures and communities.
- Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling.
- Always listen to children.
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need.
- Share information with other agencies as appropriate.
- Implement a process for staff to inform our Designated Safeguarding Leads of any concerns: **Safeguarding Leads for this setting are Rebecca and Laura.**

What to do if you're worried a child is being abused

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.



Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

- Low self-esteem
- Wetting and soiling
- Recurrent nightmares
- Aggressive behaviour
- Withdrawing communication
- Habitual body rocking
- Indiscriminate contact or affection seeking
- Over-friendliness towards strangers
- Excessive clinginess
- Persistently seeking attention.

Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the nursery manager or room leader.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the nursery manager.

Female Genital Mutilation (FGM)



This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child and any other siblings involved. This procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman's first pregnancy and varies widely according to the community. Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicaemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If you have concerns about a child relating to this area, you should contact children's social care team in the same way as other types of physical abuse. There is a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18, we will ensure this is followed in our setting.

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Sexual abuse

Action needs to be taken if the staff member has witnessed an occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive preoccupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if



they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

If a child starts to talk openly to an adult about abuse they may be experiencing the procedure below will be followed:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the Designated Safeguarding Lead.
- The matter will be referred to Social Services, and if necessary, the Police.

Child sexual exploitation (CSE)

Working Together to Safeguard Children 2015 (2017 updated version) defines CSE as "...a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

We will be aware of the possibility of CSE and the signs and symptoms this may manifest as. If we have concerns we will follow the same procedures as for other concerns and we will record and refer as appropriate.

Emotional abuse

Action should be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them.

Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.



The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Neglect

Action should be taken if the staff member has reason to believe that there has been any type of neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment, when required, on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Monitoring children's attendance

As part of our requirements under the statutory framework and guidance documents we are required to monitor children's attendance patterns to ensure they are consistent and no cause for concern.

Parents should please inform the nursery prior to their children taking holidays or days off, and all sickness should be called into the nursery on the day, so the nursery management are able to account for a child's absence.

This should not stop parents taking precious time with their children but enables children's attendance to be logged so we know the child is safe.

If staff are not notified of the absence by 9:30am of the day the child is expected on, a member of Management will contact the Parent/Carer for a welfare call to check that everyone is safe and well.



Looked after children (see 'Looked After Child' Policy for more information).

As part of our safeguarding practice we will ensure our staff are aware of how to keep looked after children safe. In order to do this we ask that we are informed of:

- The legal status of the child (e.g. whether the child is being looked after under voluntary arrangements with consent of parents or on an interim or full care order).
- Contact arrangements for the biological parents (or those with parental responsibility).
- The child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her.
- The details of the child's social worker and any other support agencies involved.
- Any child protection plan or care plan in place for the child in question

Staff, Volunteers and Students

- All staff, volunteers and responsible persons shall hold a current Disclosure and Barring Service check; these will be updated as required. Staff or volunteers who are in the process of being vetted will be closely supervised at all times.
- All applicants for work within the group, both paid and unpaid, will be interviewed before appointment and asked to provide at two references, one of which has to be from the last employer. All references will be followed up.
- All appointments, both paid and unpaid, will be subject to a probationary period and will not be confirmed unless the group is confident the applicant can be safely entrusted with children.

Training

- The group will ensure all staff and volunteers have knowledge of, and access to, local authority Child Protection courses; or any other course deemed appropriate by CIW. Staff and volunteers will be required to attend Child Protection training sessions to enable them to recognise signs of abuse.
- Staff will be made aware of and have access to all information, policies and procedures relating to the safeguarding of children including categories of abuse: physical, emotional, sexual and neglect.

Prevent Abuse By Means Of Good Practice

- Anyone known to have a proven record of abuse will be excluded from visiting the group. It is the responsibility of all staff and volunteers to inform the Manager/Chairperson/Responsible person of any known abuser.



- Children will be supervised at all times by a responsible adult. Adults who have not been registered as 'fit' persons will not take children unaccompanied to the toilet, or be left alone with a child, under any circumstances.
- There are no circumstances in which children will be punished by smacking, slapping, shaking or by any other means. Neither will humiliating and/or frightening methods of punishments be used.
- All visitors will sign in and out an arrival and departure and state the purpose for the visit. Children will not be left alone with students or visitors to the group. Students will be closely supervised at all times.
- Children will only be released from the group to an authorised adult whose details are known to the group.
- The group will keep accurate records.
- Regular meetings will be held with all staff and volunteers working in the group to facilitate the raising of any concerns.
- Children will be accompanied at all times by the correct ratio of authorized adults when taking part in any external activities, e.g. walks, visits, etc.

Support Families

- The group will do all in its power to build a trusting and supportive relationship between families, staff and volunteers within the group.
- Where abuse is suspected at home or elsewhere, the group will continue to support the child and family whilst investigations proceed.
- Confidential records on a child will be shared with the child's parents except in cases in which parents are implicated and evidence gives rise for concern.
- We believe the care and safety of the child is paramount and we will do all we can to support and work with the child's family.

Liaise With Other Bodies

The setting will operate within the All Wales Child Protection Guidelines. Confidential records kept on children about whom there is a concern, will be shared with the Social Services Department if it is felt that adequate explanations for the child's condition have not been provided, or if the Social Services Department requests access.

Keep Accurate Records

- Whenever worrying changes are observed in a child's behaviour or physical condition, or if there is an injury, a confidential record will be set up.



- The record will include the child's name, address, age and date as well as observations of the child's behaviour/appearance, without comment or interpretation.
- Exact words spoken by the child may also be recorded, timed, dated and signed by the recorder.
- Such records will be kept confidential and will not be accessible to anyone in the group other than the Manager/Chairperson/Responsible person or other members of staff as appropriate.

Respond Appropriately To Suspicion of Abuse

- All adults have a duty of care to safeguard children and respond appropriately to any situation where they feel the child's welfare is at risk.
- Changes in a child's behaviour or injuries will be monitored and recorded and action taken when appropriate. Parents will normally be the first point of contact, unless it is deemed that the child would be at risk.
- If there are grounds for suspecting abuse, these will be referred to Social Services, NSPCC or Police as appropriate. See below for telephone contact numbers.
- All suspicions/investigations/referrals will be kept confidential and shared only with those who need to know. These would usually be a member of staff, the Manager and the committee chairperson/responsible person.

Suspicion against a Member of Staff or Volunteer

All staff and volunteers who work directly with children or have regular contact should have frequent supervision meetings and yearly appraisals. These meetings can be used as a means of protecting children. Good management supervision procedures should be used to promote child protection and give opportunities for staff to voice concerns at early stages. All suspicions should be investigated immediately. Action taken will depend of the severity of the suspicion.

Allegations against a Member of Staff

- If an allegation of child abuse is made against a member of staff it is essential that the complaint be investigated immediately. It is also essential that the investigation be dealt with 'without discrimination'. If the accusation is in relation to child protection the member of staff should be suspended on full pay until the investigation is complete. CIW should be informed if there is a breach of regulations and the police/social services informed where the complaint appears to be upheld.



- The group's discipline and grievance procedure should be followed. Further advice on employment can be sought from ACAS.

Prevent

As a registered Early Years setting we are promoting tolerance and diversity and working to foster values that can prevent extreme views developing.

Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

This may be a cause for concern relating to a change in behaviour of a child 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 their care.

Alongside this we will be alert to any early signs in children and families who may be at risk of radicalisation, on which we will act and document all concerns when reporting further.

Telephone Contact Numbers:

CIW - 0300 7900 126

Social Services - 01248 750057

NSPCC - 0808 800 5000

Police - 0300 330 0101

ACAS - 0800 470 0622

This Policy was adopted on	Signed on behalf of Meithrinfa Sêr Môr	Date for next Policy Review