



Childrens Learning Centre

Child Protection and Safeguarding Policy

General Welfare Requirement: Safeguarding and Promoting Children's Welfare

The provider must take necessary steps to safeguard and promote the welfare of children.

Child Protection

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1.2 Child Protection and Safeguarding

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

Part A : Policy statement

The Childrens Learning Centre recognises its legal duty under Section 175 of the Education Act 2002 and the 1989 Children Act and takes seriously its responsibilities to protect and safeguard the interests of all children. The Centre recognises that effective child protection work requires sound procedures, good inter-agency co-operation and a workforce that is competent and confident in responding to child protection situations. We believe that safeguarding children is everyone's responsibility and that everyone who comes into contact with children and families has a role to play. We are committed to continuing to develop our knowledge and skills in safeguarding and protecting children. Staff have access to training to identify and respond early to abuse and neglect.

We define safeguarding as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

This procedures document provides the basis for good practice within the Centre for Child Protection work. These are in keeping with relevant national procedures and reflect what the Childrens Learning Centre considers to be safe and professional practice in this context. Child Protection has to be considered within professionals' wider "safeguarding" responsibilities that include a duty to co-operate under the Children Act 2004. Within the context of Help Children Achieve More, this takes account of the need for children "being healthy and staying safe". We will also implement the guidelines set out for Safeguarding Children and Safer Recruitment in Education, 'What to do if you are worried your child is being abused' and recognise our responsibilities under the Vetting and Barring Scheme introduced in October 2009. We will also ensure that we meet our obligations of reporting to Ofsted within 14 days in the light of allegations. We will also report to the relevant Local Safeguarding Board within 24 hrs.

As an early years provider, we have a duty under *section 40 of the Childcare Act 2006* to comply with the welfare requirements of the Early Years Foundation Stage (DfE) which includes:-

- All staff complete safeguarding training, refreshed at least every three years, which enables them to recognise signs of potential abuse and neglect; and
- In addition, they will receive information via, emails, bulletins, memos, and annual child protection and safeguarding training as a setting.
- A designated practitioner to take lead responsibility for safeguarding children and liaise with LSCB and other agencies as appropriate children's services. This lead professional will also complete child protection training, which is refreshed at least every two years and their knowledge and skills updated at regular intervals, but at least annually.
- All staff should be aware of the 'Early Help', process and understand their role within in, including identifying emerging problems, liaising with Designated Safeguarding Lead (DSL) and sharing information with other professionals to support early identification (with parental permission).

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- The designated safeguarding lead (DSL) or an appropriately trained deputy should be available during opening hours for staff to discuss safeguarding concerns.

These procedures aim to provide a framework which ensures that all practice in the area of child protection is consistent with stated values and procedures that underpin all work with children and young people.

Children are best protected when our staff are clear about what is required of them individually, and how they need to work together with other agencies, services and families. (*Working Together to Safeguard Children, 2015*).

Underpinning values

Where there is a safeguarding issue, the Childrens Learning Centre will work in accordance with the principles outlined in the Hampshire Safeguarding Children Board Inter-agency Child Protection procedures:

- A child's welfare is paramount. Each child has a right to be protected from harm and exploitation and to have their welfare safeguarded;
- All staff must be alert to any issues for concern in a child's life at home or elsewhere;
- Each child is unique. Action taken by child welfare organisations should be child-centred, taking account of a child's cultural, ethnic and religious background, their gender, their sexual orientation, their individual ability and any special needs;
- Children, parents and other carers should be made aware of their responsibilities and their rights, together with advice about the power of professionals to intervene in their family circumstances;
- Each child has a right to be consulted about actions taken by others on his/her behalf. The concerns of children and their families should be listened to and due consideration given to their understanding, wishes and feelings;
- Individual family members must be involved in decisions affecting them. They must be treated with courtesy and respect and with due regard given to working with them in a spirit of partnership in safeguarding children's welfare;
- Open-mindedness and honesty must guide each stage of assessment and of operational practice. The strengths of individual family members, as well as their needs, should be given due consideration;
- Personal information is usually confidential. It should only be shared with the permission of the individual concerned, or unless the disclosure of confidential personal information is necessary in order to protect a child. In all circumstances, information must be confined to those people directly involved in the professional network of each individual child and on a strict "need to know" basis;
- Professionals should be aware of the effects of outside intervention upon children, upon family life and the impact and implications of what they say and do;
- Explanations by professionals to children, their families and other carers should be plainly stated and jargon-free. Unavoidable technical and professional terminology should be explained in simple terms;
- Sound professional practice is based upon positive inter-agency collaboration, evidence-based research and effective supervision and evaluation; and
- Early intervention in providing support services under Section 17 of the Children Act (1989) is an important principle of practice in inter-agency arrangements for safeguarding the welfare of children.

Part B : Identifying Concerns – Types of Abuse

If staff have significant concerns about any child, they should make them known to the Centres Lead Safeguarding Practitioner. Our Designated Safeguarding Lead Practitioner for Safeguarding and Child Protection is Jacky Corcoran, her deputy lead Safeguarding is Amber Vince. Their role is to support staff to recognise the needs of children, including rescue from possible neglect or abuse, taking lead responsibility for child protection issues, liaising with the local authority and working with other agencies. This includes discussing any concerns staff have as the centre about children's welfare with the local authority, to decide on any appropriate, prompt referral. These concerns may include:

Abuse

Abuse is 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 others. They may be abused by an adult or adults or another child or children.

One of the best ways to help children is by being aware of the signs of possible abuse. All staff should be aware of the signs of abuse and neglect so that they are able to identify children who may be in need of help or protection. These signs can take many forms including physical injuries and behavioural indicators. Although in most cases these signs will manifest themselves in children who are themselves the victims of abuse, it is important to remember that adults can also display significant indicators which suggest the existence of their own abuse as children.

All staff should familiarise themselves with the list below which, although not exhaustive, includes some common signs of abuse which, if present, may indicate a problem requiring follow up. It is important to recognise that some children and young people who are being sexually exploited or abused do not exhibit any external signs of this abuse. Sometimes children don't even realise that what's happening is abuse. It is also sometimes difficult to tell the difference between injuries suffered as part of normal childhood activities and those caused by abuse. If a staff member is unsure he/she should discuss the case with the DSL.

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.

There isn't one sign to look out for that will prove that a child is being physically abused. But if a child often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated.

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 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 capability, as well as over protection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyberbullying), 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.

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; and
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

All staff should be aware of how to use 'The Neglect Strategy' produced by Hampshire Safeguarding Children Board (HSCB). The strategy recognises the four types of neglect and can help give better understanding of what causes neglect (see office file and discuss with DSL).

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 include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation of 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.

Bruising in non-mobile infants

Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises without a clear explanation. Numerous serious case reviews, both locally and nationally, have identified the need for heightened concern about bruising in any pre-mobile baby. Any bruising is likely to come from external sources and should raise child protection concerns (see 4LSCB Protocol for the Management of actual or suspected bruising in infants who are not independently mobile – **Appendix C**).

Abuse of Children with Special Educational Needs and/or Disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children. These include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- That children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these challenges.

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Increased vulnerability – some disabled children may:

- Have fewer outside contacts than other children;
- Receive intimate personal care, possibly from a number of carers;
- Have an impaired capacity to resist or avoid abuse;
- Have communication difficulties that 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 intimidation and/or; and
- Be more vulnerable than other children to abuse by their peers.

Grooming

Grooming is the process by which an individual prepares a child, significant adults and the environment for abuse of this child. Children and young people can be groomed online or in the real world, by a stranger or by someone they know. Groomers may be male or female. They could be any age. Many children and young people do not understand that they have been groomed, or that what has happened is abuse. The signs of grooming are not always obvious. Groomers will also go to great lengths not to be identified.

Part C : Specific Safeguarding Issues

So-called, 'honour based' violence (HBV)

So-called 'honour based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so call HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Female Genital Mutilation (FGM)

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. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present it could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Staff should note that girls at risk of FGM may not yet be aware of the practice of that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Where a member of staff discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, he or she has a statutory duty to personally report it to the police. Those failing to report such cases to the police will face disciplinary action. Unless the staff has good reason not to they should still consider and discuss the case with the DSL and involve children's social care as appropriate. Any other adults with concerns about FGM should report their concerns to the DSL immediately (see HSCB guidance on tackling FGM, held in office).

Child Sexual Exploitation (CSE)

CSE is a form of abuse which involves children receiving something in exchange for sexual activity. CSE involves an imbalance of power in the relationship; it can involve varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. In addition to the behavioural indicators above, key

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indicators of CSE include appearing with unexplained gifts or new possessions; associating with other young people involved in exploitation; and having older boyfriends or girlfriends. Any concerns regarding CSE should be immediately reported to the DSL.

Peer on Peer Abuse

All staff should be alert to the risk of peer on peer abuse and understand their role in preventing identifying and responding to it (taking note of our 'Achieving Positive Behaviour Policy'). Staff should know that children are capable of abusing their peers, they should never dismiss abusive behaviour as a normal part of growing up, or 'banter', and should not develop high thresholds before taking action. Peer on peer abuse should be taken as seriously as abuse by adults.

If a member of staff thinks for whatever reason that a child or young person may pose a risk of harm to himself or to others (this includes but is not limited to cases of serious bullying) the member of staff should report their concern to the DSL as soon as possible.

All staff should be aware (a) that safeguarding issues can manifest themselves via peer on peer abuse; and (b) that children are capable of abusing their peers. This is most likely to include but is not limited to bullying (including cyber bullying), gender-based violence, grooming, inappropriate or harmful sexualised play (younger children), sexual assaults, sexting and gender issues within groups of girls and boys. Should an allegation of abuse be made against another child all children involved (whether perpetrator or victim) will be treated as being "at risk". Where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, the allegation will be referred to children's social care. The concern may indicate that one or more of the children concerned may be in need of additional support by local agencies and in those cases the DSL should follow local inter-agency procedures.

Preventing radicalisation and extremism (Prevent Duty)

All schools and child care providers must have regard to the statutory guidance issued under the Counter-Terrorism and Security Act 2015. This also applies to childcare providers and registered early years childcare providers. They must have "due regard to the need to prevent children from being drawn into terrorism".

Protecting children from the risk of radicalisation should be seen as part of the centres' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation, it is possible to intervene to prevent vulnerable children and young people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of children and young people.

As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately. Any practitioner identifying concerns about the child or young person should report them to the designated safeguarding lead (DSL). If appropriate they will refer these concerns to the Multi Agency Safeguarding Hub (MASH) and the 'Channel Programme' if required.

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Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools and settings to make referrals if they are concerned that an individual might be vulnerable to radicalisation.

As a setting we ensure that the designated safeguarding lead (DSL) and all other practitioners undertake prevent awareness training in the form of the 'Channel General Awareness Module'

Promoting Fundamental British Values

The DFE have reinforced the need "to create and enforce a clear and rigorous expectation on all schools and settings to promote Fundamental British Values of, democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs". This was set out as part of 2011 Prevent Strategy and these values have been reiterated in 2014. All staff must have an understanding of these British Values and the importance of challenging children, staff or parents expressing opinions contrary to Fundamental British Values, including extremist views. (see policy on Fundamental British Values for more info).

Vulnerable families

Particularly stressful circumstances:

- Families living in poverty;
- Families where there is domestic violence;
- Families where a parent has a mental illness;
- Families where a parent is misusing drugs or alcohol;
- Families where a parent has a learning disability;
- Families that face racism and other forms of social isolation; and
- Families living in areas where there is with high crime, poor housing and a lot of unemployment.

Action if a child is absent

Centre staff need to be aware of those children who are persistently absent from the setting as this may be an indicator of welfare concerns, including abuse or neglect. All staff must be aware of their role of recording such absence in our 'Childrens Learning Centre Absent Record Book' and relevance it has to safeguarding.

Part D : Responding to concerns and making a referral

We work in partnership with parent/carer(s). In doing so, we will ensure that they are aware that the Childrens Learning Centre has a duty to report concerns that we may have over the safety or well-being of a child as part of our statutory duties to protect children from significant harm/neglect. Parent/carer(s) will also be reminded that, where appropriate, any referral will be discussed with them before the referral will be made. However, parent/carer(s) **will not be** contacted, nor will the referral be discussed, where it is felt that to do so would place the child at an increased risk of harm, and/or where children's social care or the LADO have advised as such.

There are three thresholds for types of referral that need to be considered:

Is this a child with additional needs where their health, development or achievement may be adversely affected?:

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- Age appropriate progress is not being made and the causes are unclear or
- The support of more than one agency is needed to meet the child or young person's needs.

If this is a child with additional needs discuss the issues with the trained practitioner in your setting, the child and parents. You will need to obtain parental consent for a referral to be completed or early help assessment form to be completed.

Is this child in need? s17 of the Children Act 1989 says:

- they are unlikely to achieve or maintain, or to have opportunity to achieve or maintain a reasonable standard of health or development, without the provision of services by a local authority;
- their health or development is likely to be impaired, or further impaired without the provision of such services; and
- they are disabled.

Is this a child protection matter? s47 of the Children Act 1989 says:

- children at risk or who are suffering significant harm;
- children suffering the effects of significant harm; and
- serious health problems.

If this is a child in need, discuss the issues with the designated Lead Safeguarding Practitioner and parents. Obtain their consent for referral to any other agency (including Early Help Hub).

If this is a child protection matter, this should be discussed with the designated Lead Safeguarding Practitioner and will need to be referred by the Centre as soon as possible.

It is the 'significant harm' threshold that justifies statutory intervention into family life. A professional making a child protection referral under S.47 must therefore provide information which clearly outlines that a child is suffering or likely to suffer significant harm.

It is not always possible to rely on one absolute criterion when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the extent of the harm suffered, the context within which it occurred and its duration.

Significant harm may also arise from a combination of significant events which are both acute and long standing and which may impair the child's physical, psychological and social development. In order to both understand and establish significant harm, it is necessary to consider the family context, together with the child's development within their wider social and cultural environment. It is also necessary to consider any special needs, e.g. medical condition, communication difficulties or disability that may affect the child's development and care within the family. The nature of harm, in terms of ill-treatment or failure to provide adequate care also needs consideration alongside the impact on the child's health and development and the adequacy of care provided.

It is important for children to receive the right help at the right time (Early Help Assessment) to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen on the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.

Staff should also be aware that there is a danger of the abused becoming abusers which may involve child on child issues. Any intimation of this type of behaviour must be taken very seriously.

Part E : Early Help and Inter-Agency Work

All staff should be aware of the early help process, and understand their role in it. This includes:

- referring to Hampshire Safeguarding Children Board and Children's Trust Thresholds Chart.
- understanding each threshold.
- identifying emerging problems and potential unmet needs;
- liaising with the DSL;
- sharing information with other professionals to support early identification and assessment; and
- in some cases, acting as the lead professional in undertaking an assessment of the need for early help (with parental permission).

All staff should be alert to identifying children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life. If a member of staff has a concern that a child may be in need of early help then s/he should, in the first instance, discuss early help requirements with the DSL.

Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, police) there should be an inter-agency early help assessment and referral to 'Early Help Hub'. The Early Help Hub is not a service delivery point, BUT it facilitates a multi-agency response to children and families requiring interventions beneath the threshold of statutory social care.

The Early Help Hub will work with us as the requester to ensure the appropriate support and interventions are put in place to meet the needs of the family.

The Level 3 interventions offered are determined by the completion of the Early Help Assessment – this assessment should commence at Level 2 by the DSL and child's key person. They must obtain consent to share and record from the parents/carers and family.

If parents/carers do not consent to an early consent assessment, then the DSL should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral to children's social care may be necessary.

Effective early help within our setting involves (under the guidance of DSL) providing high quality support, in cooperation with or coordinating other agencies as appropriate, to help address the assessed needs of the child and their family early, in order to significantly improve the outcomes for the child. It is hoped that in each case this should improve the welfare of the relevant child. However, each case should be kept under constant review, and consideration should be given to a referral to children's social care if they move up to a higher level in the safeguarding threshold.

Part F : Referrals

If at any time we consider that the child may be defined as a child in need (*Children Act 1989*), or that the child has suffered significant harm or is likely to do so, we will immediately refer to children's social care services. We understand that **within one working day** of a referral being received, a local authority social worker should make a decision about the type of response that is required and inform us if we have been the referrer whether:-

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the *Children Act 1989*;

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- there is reasonable cause to suspect that the child is suffering or likely to suffer, significant harm, and whether enquiries must be made, and the child assessed under section 47 of *the Children Act 1989*;
- any services are required by the child and family and what type of services; or
- further specialist assessments are required in order to help the local authority to decide what action to take.

Where a child is registered at the Centre, consultation must take place with the Centre's Designated Safeguarding Lead practitioner (DSL) who will often be the most appropriate person to help initiate any referral. A written record of your concerns should be made using the Centre's internal recording form (**Appendix A**). This should then be given to the Designated Safeguarding Lead practitioner (DSL) who will make the decision if a referral is needed.

When making a referral:

- Refer to HSCB Threshold Chart;
- Give your name and where you are calling from;
- Be clear about what is worrying you;
- Be specific about what you have seen and/or heard: when, who from and where;
- Explain what you have done;
- Ask is that is anything else you should do;
- State whether parents/carers/child are aware of this referral;
- Ask how they will let you know what is going to happen next, and when you are likely to hear;
- Ask who you should speak to if you are not happy with the response you get;
- If you know of any other professionals involved (e.g. family GP, a psychologist, speech and language therapist, health visitor) give this information at the time of referring;
- If the child has an impairment give information about this at the time of referring; and
- If the child and family have any communication requirements, e.g. parents do not speak English, or use an alternative form of communication such as sign language, give information about this and your experience of how best to communicate information to them.

If you don't already have some of this information, don't delay while you get it, go ahead and make the referral with the information you have.

Remember to put your concerns in writing within 24 hours

For advice please refer to the Professional Advice line contact number 01329225379 or Hantsdirect/Children's Reception Team (Children's Services Department) 0300 555 1384

Children's Social Care are expected to:

- Discuss your concerns with you;
- Decide what action is needed; and
- Agree with you what to tell the child and parents, who should tell them and when.

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If there are concerns about a child's safety.....

- Check if the child is the subject of a child protection plan;
- Consult with other agencies;
- Take action to ensure the child is safe;
- Involve the police if a crime may have been committed;
- Tell you if they are taking no further action and why; and
- Acknowledge your written referral within one working day of receipt.

If you have made a referral and haven't heard the outcome, telephone and ask what is happening.

Part G : Confidentiality

Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of child protection. This is a complex area and involves consideration of a number of pieces of legislation.

You can **never** guarantee confidentiality to a **child** or young person as some kinds of information may need to be shared with others.

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts. However, any disclosure of personal information to others, included social service departments, must always have regard to both common and statute law.

Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998 European Convention on Human Rights, Article 8). Wherever possible consent should be obtained before sharing personal information with third parties. In some circumstances, however, consent may not be possible or desirable, but the safety and welfare of the child dictate that the information should be shared.

The law requires the disclosure of confidential information necessary to safeguard a child or children. Under Section 47 of the Children Act 1989 statutory agencies have a duty to co-operate. Therefore, if the Police or Social Care/Services are conducting a Section 47 investigation under the 1989 Children Act, staff must share requested information relevant to the investigation. Legal advice should be sought if in doubt from the Legal Services.

Part H: Other Safeguarding Requirements

Talking to and listening to children

If a child chooses to disclose, you SHOULD:

- be accessible and receptive;
- listen carefully and uncritically at the child's pace;
- take what is said seriously;
- reassure the child that they are right to tell;
- tell the child that you must pass this information on;
- make a careful record of what was said;

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- sign and date the record you make; and
- talk to your lead Safeguarding Practitioner immediately.

You should NEVER:

- take photographs of an injury;
- investigate or probe aiming to prove or disprove possible abuse – never ask leading questions;
- make promises to children about confidentiality or keeping 'secrets';
- assume that someone else will take the necessary action;
- jump to conclusions or react with shock, anger or horror;
- speculate or accuse anybody;
- confront another person (adult or child) allegedly involved;
- offer opinions about what is being said or about the persons allegedly involved;
- forget to record what you have been told;
- fail to pass the information on to the correct person; and
- ask a child to sign a written copy of the disclosure.

For babies, very young children or children with communication difficulties or who use alternative/augmented communication systems, you may need to take extra care to ensure that signs of abuse and neglect are identified and interpreted correctly, but concerns should be reported in exactly the same manner as for other children.

Providing early help is more effective in promoting the welfare of children than reacting later. We are particularly alert to the potential need for early help for a child who is disabled and has specific additional needs, has special educational needs, is a young carer, is showing signs of engaging in anti-social or criminal behaviour, or whose family circumstances present particular challenges for the child (substance abuse, adult mental health, domestic violence, and/or who is showing early signs of abuse and/or neglect).

We are aware that we have a responsibility at the Centre to identify the symptoms and triggers of abuse and neglect, to share information and work together to provide children and young people with the help they need.

Record keeping

Well-kept records are essential in situations where it is suspected or believed that a child may be at risk from harm. A safeguarding incident report (**Appendix A**) should be completed as soon as possible.

Records should:

- state who was present, time, date and place;
- use the child's words wherever possible;
- be factual/state exactly what was said;
- differentiate clearly between fact, opinion, interpretation, observation and/or allegation; and
- be written in ink and signed by the recorder;

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E-Safety

All staff should be aware of the risks posed to children by technology and the internet and should understand their role in preventing, identifying and responding to harm caused by its use.

The growth of different electronic media in everyday life and an ever-developing variety of devices including PC's, laptops, mobile phones, webcams etc place an additional risk on our children. Internet chat rooms, discussion forums or social networks can all be used as a means of contacting children and young people with a view to grooming them for inappropriate or abusive relationships. The anonymity of the internet allows adults, often pretending to be children, to have conversations with children and in some cases arrange to meet them.

Access to abusive images is not a 'victimless' act as it has already involved the abuse of children. The internet has become a significant tool in the distribution of indecent photographs of children and should be a concern to all those working with children at the centre.

Young people can engage in or be a target of bullying using a range of methods including text and instant messaging to reach their target. Mobile phones are also used to capture violent assaults of other children for circulation (happy slapping).

The best protection is to make young people and children aware of the dangers through curriculum teaching particularly.

- Protection is Prevention,
- Software is in place to minimise access and to highlight any person accessing inappropriate sites or information,
- Children and young people will be encouraged to discuss openly their use of technology and anything which makes them feel uncomfortable. (If this results in child protection concerns the Centre's designated Safeguarding Practitioner should be informed immediately),
- Children and young people should not give out their personal details, phone numbers, schools, home address, computer passwords etc,
- Children and young people and all staff and volunteers should adhere to the Centre policy on mobile phones.

The police will be involved if there is any criminal element to misuse of the internet, phones or any other form of electronic media.

Mobile Phones and Cameras

Children have their photographs taken to provide evidence of their achievements for developmental records (The Early Years Foundation Stage, EYFS 2007). Staff, visitors, volunteers and students are not permitted to use their own mobile phones to take or record any images of children for their own records during session times.

Mobile phones may only be used in the Centre office reception area and staff room.

Many mobile phones have inbuilt cameras so must be not carried around in staff pockets and should be left with personal belongings in bags or lockers upstairs. Visitors may not use their phones or other devices inside the building.

Cameras and mobile phones are prohibited in the toilet or nappy changing areas.

In cases of a personal emergency all calls should be directed through the Centre BT phone line.

Child Protection and Safeguarding Policy

Staff are asked not to make personal calls during their working hours. However, in urgent cases, a call may be made or accepted if deemed necessary and by arrangement with the Centre Manager via the Centre BT line.

Procedures

Under the Data Protection Act 1998, the Centre must seek parental consent to take photographs and use video recorders. Photographs will be stored on the Centre computer, which is password protected, until the Centre ceases to operate, should this occur then all photographs will be shredded or deleted from the Centre computer.

The Centre's digital camera/s or memory cards must not leave the pre-school setting unless on an authorised Centre outing. Photos are printed in the setting by staff and images are then removed from the cameras memory unless being used in one of the Centres digital photo frames.

Photographs may be taken during indoor and outdoor play and displayed in albums, on boards or a child's development records for children and parent/carers to look through.

Often photographs may contain other children in the background and all parents are informed of this before they give consent.

Events such as, Sports day, Outings, Christmas and Fundraising Events may be recorded by video and photographs by staff and parent/carers but always in full view of all attending, and cannot be posted on social media if other children are in the picture.

On occasion we might like to use photographs of the children taking part in an activity to advertise/promote the Centre via our Web site or printed literature; however, in this instance specific parental permission would be required.

Attendance at Child Protection Conferences

We will contribute to any assessment as required, providing information about the child and family. We will send a DSL or suitable senior member of staff to contribute to any strategy discussion or child protection conference and work together to safeguard any child from harm in the future.

The Designated Safeguarding Lead practitioner (DSL) or their deputy may be expected to attend the initial Child Protection Conference.

If a child is made subject to a Child Protection Plan it may be more relevant for the Key person or room manager to attend the subsequent core group meetings.

Part I: Safeguarding Concerns and the Conduct of another adult

Protecting yourself against allegations of abuse

You should seek to keep your personal contact with children under review and seek to minimise the risk of any situation arising in which misunderstandings can occur. The following sensible precautions can be taken when working alone with children:

- work in a room where there is a glass panel in the door or leave the door open;
- make sure that other adults visit the room occasionally;
- avoid working in isolation with children unless thought has been given to safeguards;
- must not give out personal mobile phone numbers or private e-mail addresses

Child Protection and Safeguarding Policy

- must not give children lifts home in your cars;
- must not arrange to meet them outside of Centre hours; and
- must not chat to Centre children on the social websites.

Under the Sexual Offences Act 2003 it is a criminal offence for anyone working in an education setting to have a sexual relationship with a pupil even when the pupil is over the age of consent.

Any use of physical force or restraint against children will be carried out and documented in accordance with the relevant physical restraint policy. If it is necessary to use physical action to prevent a child from injury to themselves or others, parents will be informed, and a physical restraint form completed. Children will not be punished by any form of hitting, slapping, shaking or other degrading treatment including the threat of it.

All staff must complete a Disqualification by Association declaration (DBA) form every year and have a responsibility to notify the Centre Manager of anything which may affect their suitability or that of anyone living or working in their household at any time.

Allegations of abuse against a professional

Children can be the victims of abuse by those who work with them in any setting. All allegations of abuse of children carried out by any staff member or volunteer should therefore be taken seriously.

The notification and prompt handling of all concerns about adults is fundamental to safeguarding children. It helps to identify and prevent abuse to protect adults against misunderstandings or misinterpretations. It also encourages openness, trust and transparency and it clarifies expected behaviours. Those raising concerns or reporting allegations in good faith will always be supported, and adults in respect of whom concerns, or allegations have been raised will not suffer any detriment unless the concern or allegation is found to be substantiated.

Dealing with Allegations of Abuse Against Staff

We adhere to our local authority procedures for reporting any referral. We consult our Local Authority Designated Officer (LADO) where there is an allegation against a member of staff or other adult in the centre. Where we have reason to believe that a criminal offence may have been committed, we will inform the police. Furthermore, where we believe that a person may have harmed a child, or cause a child to be harmed, put a child at risk of harm, attempted to harm a child or incited another to harm a child, (physical, emotional, sexual or neglect) we will refer the matter, in consultation with our LADO, to the Independent Safeguarding Authority (ISA).

If an allegation is received by the Centre Manager, the following should be considered

Has the member of staff;

- 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; and
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

Allegations of abuse made against staff, whether historical or contemporary, should be dealt with by the Centre Manager. The Centre Manager should contact the Managing Director for discussion as to further action.

This initial conversation will establish the validity of any allegation and if a referral is needed. If this is the case a strategy meeting will be called that the Centre Manager should attend.

Child Protection and Safeguarding Policy

The decision of the strategy meeting could be:

- investigation by children's social care and LADO;
- police investigation if there is a criminal element to the allegation; and
- single agency investigation completed by the Centre which should involve the Managing Director.

In the event of an allegation or referral we would contact our Local Area Designated Officer (LADO) can be contacted on 01962 876364

The fact that a member of staff offers to resign should not prevent the allegation procedure reaching a conclusion.

If the allegation is about the Centre Manager there should be direct contact with the Managing Director or LADO.

Should an allegation against a member of staff fulfil the 2 referral tests set out by the Vetting and Barring Scheme we recognise the legal duty to refer it to the Safeguarding Authority.

Code of Conduct

All staff must behave responsibly and professionally in all dealings with children for whom they have a duty of care. All staff must follow the procedures set out in our separate policy entitled 'Code of Conduct'. Staff should always avoid behaviour which might be misinterpreted by others.

As a result of their knowledge, position and/or the authority invested in their role, all adults working with children and young people are in positions of trust in relation to the children in their care. A relationship between a member of staff and a child cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people and all members of staff have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Part J: Recruitment, supervision and training for staff

We comply with our statutory duty to operate safe recruitment procedures for all staff. When recruiting new members of staff, the Centre follows the guidance given in the Safeguarding Children: Safer Recruitment in Education. The Centre ensures that DBS checks are undertaken in line with Company policy and that references are taken up and obtained and that qualifications are verified. Identity checks must also be completed and recorded in the central register.

An offer of appointment to the successful candidate is conditional upon satisfactory completion of pre-employment checks. We always carry out the following, in keeping with Childrens Learning Centres policy and New Starter Form (see **Appendix B**),

- identity verification using photographic ID and proof of current address;
- right to work in the UK;
- disclosure and barring check including barred list check;
- verify the candidate's medical fitness;
- suitable references;
- appropriate qualifications; and
- completion of DBA form.

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We obtain a barred list check with an enhanced criminal records check for all new centre staff before letting them start work. We do this as soon as possible, if staff have not moved directly from a similar post, in the some type of workforce, within no less than three months employment gap.

Contractors and Visitors

We have arrangement in place with contractors (including agency/supply staff) to make sure that any contracted staff who work regularly in our centre, with an opportunity for contact with children, are deemed suitable. We will not undertake the required checks for any contractor. Instead we will ensure receipt in writing that the contractor has obtained a barred list check, and an enhanced DBS check, before they work in our centre, under pre-existing contractual arrangements. However, under no circumstances will they be left unsupervised with children as staff are always present.

We will not undertake barred list checks or DBS checks on occasional visitors, but we will ensure that they are supervised or escorted on our premises.

Training

Newly appointed staff will have initial training in Child Protection and Safeguarding as part of their induction programme. They should be aware of the local Safeguarding Children Board procedures as part of that induction programme and be given a copy of the Centres Child Protection Policy.

The Designated Safeguarding Lead Practitioner (DSL) in line with Centre Managers must provide support advice and guidance to all staff on an ongoing basis, and on any specific safeguarding issues as required. Regular one to one supervision procedures for all staff offer support, coaching, training and whistle blowing opportunities, as well as annual child protection and safeguarding policy and procedure training.

Training made available must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way, to the appropriate people.

These may include:

- significant changes in childrens behaviour.
- deterioration in childrens general well-being.
- unexplained bruising, marks or signs of possible abuse or neglect.
- Children's comments which give cause for concern;
- Any reasons to suspect neglect or abuse outside the setting, for example in the child's home; and/or
- Inappropriate behaviour displayed by other members of staff, or any other person working with the children for example: inappropriate sexual comments; excessive one to one attention beyond the requirement of their usual role and responsibilities; or in appropriate sharing of images.

Staff will also be made aware of:

- recognising the need for Early Help;
- knowing how to raise concerns and who to go to;
- the role of the Designated Safeguarding Lead (DSL)
- mobile phones and camera policy;
- our code of conduct;
- preventing extremism and radicalisation;

Child Protection and Safeguarding Policy

- whistleblowing policy
- what to do if you're worried a child is being abused;
- knowing how to make a referral (involving the DSL);
- how to contact and use LADO;
- have an understanding of the role of the Local Safeguarding Childrens Board (LSCB).

The DSL and deputy DSL will receive regular updates on safeguarding and child protection and have a responsibility to circulate updates to all staff.

Supervision

Supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose of supervision is to improve the quality of work and achieve agreed objectives and outcomes. At the centre we provide opportunities for planned 1:1 supervision with individual staff, however any member of staff, volunteer or student may request a 1:1 supervision at any time and this would be arranged promptly for the next most convenient opportunity.

Supervision should provide opportunities for staff to:

- Discuss any issues, including those concerning children's development and well-being.
- Identify solutions to address issues as they arise.
- Receive coaching to improve their personal effectiveness.

Safeguarding Supervision

This helps facilitate staff to be able to take responsibility for their own practice and response to the safeguarding needs of children.

All staff have a responsibility to access safeguarding supervision if they are concerned about the welfare of a child and require support and advice about whether action is needed to safeguard the child(ren).

Supervision may be required to reflect on decisions made and discussions about ongoing cases. A supervision debrief with the DSL may also be required to help support members of staff who have been involved with the child protection process (reference made from HSCB 'Principles and Standards for Safeguarding Supervision').

Part K: Whistle blowing

What is whistle blowing?

Whistle blowing is a term used when someone who works with or for an organisation, wishes to raise a concern about malpractice in the organisation. It is very different from a complaint or a grievance. It only applies when you have an interest and are acting as a witness to misconduct or malpractice that you have observed.

We take whistle blowing very seriously and if any concerns arise about a member of staff or a person in a position of trust harming a child, you must inform the designated Safeguarding Practitioner and he/she will contact the Local Authority Designated Officer (LADO)

Child Protection and Safeguarding Policy

Whistle blowing

Practitioners must acknowledge their individual responsibilities to bring matters of concern to the attention of the Centre Manager/Lead Safeguarding Practitioner. Although this can be difficult this is particularly important where the welfare of children may be at risk.

You may be the first to recognise that something is wrong but may not feel able to express your concern out of feeling that this would be disloyal to colleagues or you may fear harassment or victimisation. These feelings, however natural, must never result in a child or young person continuing to be unnecessarily at risk. Remember it is often the most vulnerable children or young people who are targeted. These children need someone like you to safeguard their welfare, it is your fundamental duty of care.

“Don’t think what if I am wrong – think what if I am right!”

Reasons for whistle blowing

- Each individual has a responsibility for raising concerns about unacceptable practice or behaviour,
- To prevent the problem or behaviour,
- To prevent or reduce risks to others,
- To prevent becoming implicated yourself.

What stops people from whistle blowing

- Starting a chain of events which spirals,
- Fear of getting it wrong,
- Fear of repercussions or damaging careers,
- Fear of not being believed.

How to raise a concern

- You should voice your concerns, suspicions or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner it is possible for action to be taken,
- Try to pinpoint what practice is concerning you and why,
- Inform and discuss your concerns with the Centre Manager, Designated Safeguarding Lead Practitioner or Senior Room Leader,
- Make sure you get a satisfactory response – don’t let matters rest,
- A member of staff is not expected to prove the truth of an allegation, but will need to demonstrate sufficient grounds for the concern,
- The Centre Manager will undertake an investigation with the Managing Director of your concerns and offer you support,
- You can if your concern is with the Centre Manager or Managing Director to contact the Local Authority Designated Officer (LADO). Our current LADO is Barbara Piddington – 01962 876364

Always remember the overarching aim of the Childrens Learning Centre is to facilitate a culture in which the clear values and expected behaviours which are set out in our ‘Code of Conduct’ practice, are constantly monitored and reinforced by all staff. This is consistent with ‘Working Together to Safeguard Children’ to ensure we:

Child Protection and Safeguarding Policy

- Maintain a culture of openness, trust and transparency in which staff are confident and clear about expected behaviours of themselves and their colleagues, the delineation of boundaries and reporting lines.
- Ensure staff feel empowered to raise concerns of any level.
- Provide for responsive, sensitive and proportionate handling of such concerns when they are raised.

Part L: Resources

Safeguarding is important to all members of staff.

The Children's Learning Centre will ensure that sufficient resources are made available to enable the necessary tasks to be carried out properly under Child Protection and Safeguarding procedures including attending meetings, collating and writing assessment reports, and staff training. The Centre fulfils its obligations within child protection and safeguarding by reviewing the policy annually.

Safeguarding awareness will be addressed through the curriculum as appropriate to ensure all the children understand what is meant by safeguarding and how they can be safe.

The Designated Safeguarding Lead Practitioner in this Centre is J. Corcoran

The Deputy Designated Safeguarding Lead Practitioner in this Centre is A. Vince

Professional Advice line – 01329 225379

Hantsdirect/Children's Reception Team (Children's Services Department) - 0300 555 1384

Out of Hours - 0300 555 1373

To complain, send comments or compliments

<http://www3.hants.gov.uk/childrens-services/contact-cs/cs-complaints.htm>

Current Local LADO – Barbara Piddington – 01962 876364

Local Authority Designated Officer (LADO) for Allegations. Any allegation regarding a member of staff or anyone in a position of trust working with children should be reported.

<http://www3.hants.gov.uk/childrens-services/contact-cs/childrens-services-allegations.htm>

Contact details for referral are; <http://www3.hants.gov.uk/child-protection> Current numbers are

Local Safeguarding Children Board (LSCB) – 01962 876355

www.hampshiresafeguardingchildrenboard.org.uk

Childrens Learning Centre

Appendix A Safeguarding Children

Incident Record Form (Please complete as much of the following as possible refer to Appendix A – Skin Map)

Name of child.....Age and date of birth

Disability Any special factors

Parents/carers name(s)

Home address (and phone no. if available)

.....

Are you reporting your own concerns or passing on those of somebody else? Give details.

.....

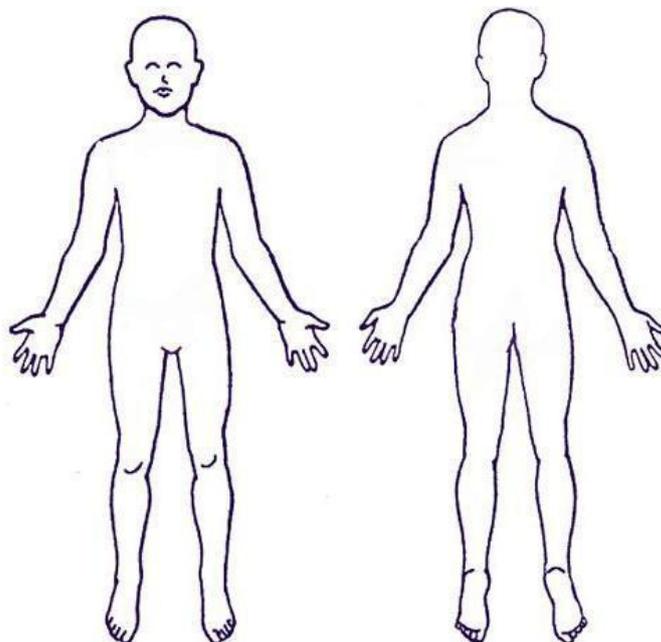
Brief description of what has prompted the concerns: include dates, times etc. of any specific incidents

.....

.....

Any physical signs? Behavioural signs? Indirect signs?

.....



Child Protection and Safeguarding Policy

Have you spoken to the child? Is so, what was said?

.....
.....

Have you spoken to the parent(s)? If so, what was said?

.....
.....

Has anybody been alleged to be the abuser? Is so, give details

.....
.....

Have you consulted anybody else? Give details

.....
.....

In what capacity have you had any contact with the child/young person

.....
.....

Your name and position

Signature Today's date

Reported to Designated Safeguarding Lead/Duty Lead Date

Signature of Designated Safeguarding Lead/Duty Lead

Action taken

Record and monitor

.....
.....
.....

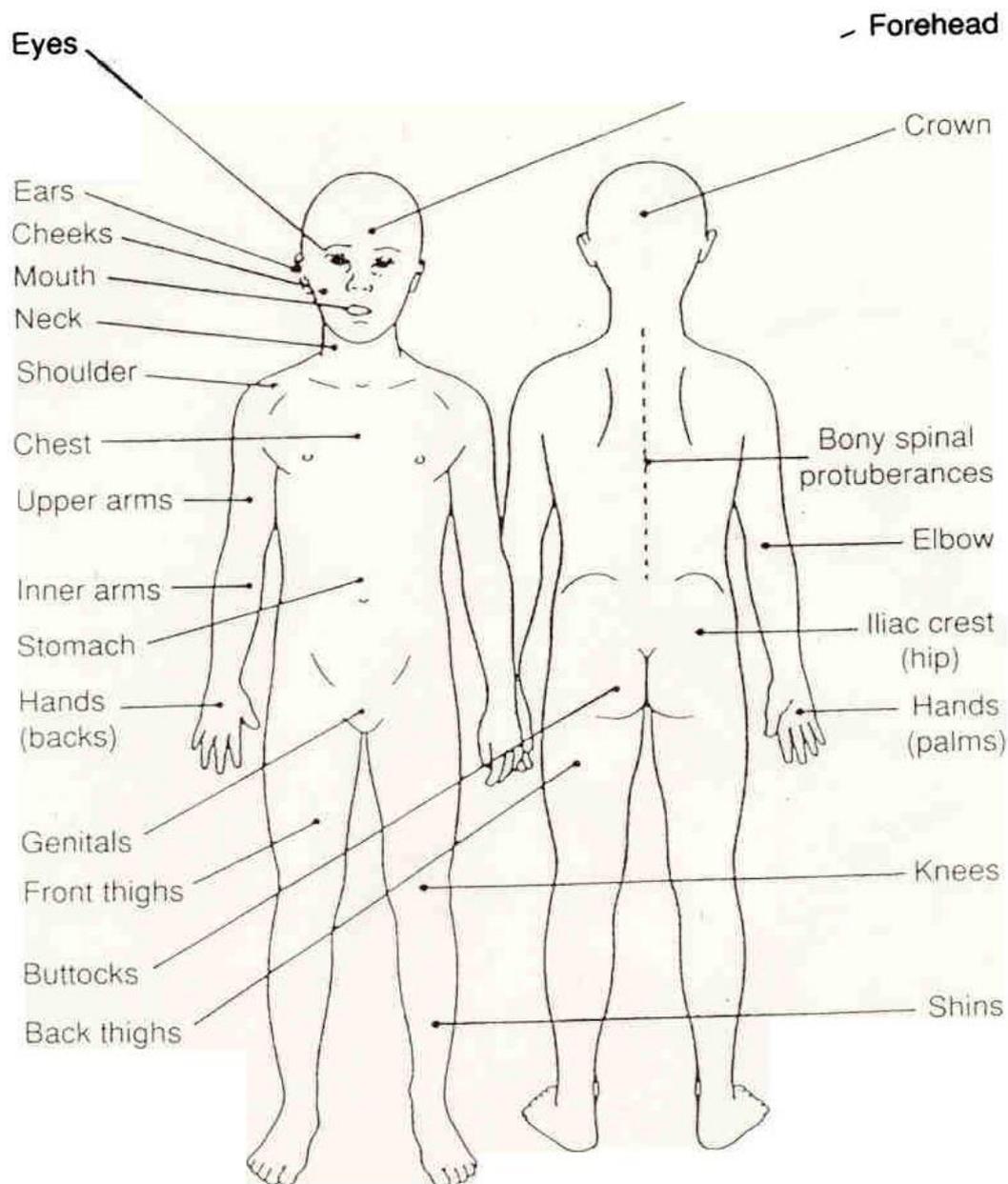
Childrens Learning Centre

Appendix A

Skin Map

COMMON SITES FOR
NON-ACCIDENTAL INJURY

COMMON SITES FOR
ACCIDENTAL INJURY



Child Protection and Safeguarding Policy

The following injuries should cause concern about the possibility of physical abuse because they are at classic sites, or fit recognisable patterns (e.g. human hand marks, human bite marks):

Bruising and skin marks

- Black eyes - these cannot be caused by a fall on a flat surface - two black eyes are particularly suspect, especially if the lids are swollen and tender or there is no bruise to the nose or forehead.
- Bruised ears, sometimes with bleeding from the ear canal from a ruptured ear drum.
- Bruises of upper lip, torn fraenum of upper lip and injuries under the tongue.
- Bruising around mouth or chin - may have finger bruises up to 3 or 4 on one side and one on the other.
- Flat hand marks, particularly on cheeks, buttocks and lateral thighs.
- Bruises on scalp and 'bald patches'.
- Finger bruises on shoulders, upper arms or on the trunks or legs of babies.
- Linear marks or bruises - often seen on buttocks or backs of thighs.
- Bruises or weals curving around the body. Sometimes buckle or loop marks noted.
- Bizarre-shaped bruises with sharp borders, e.g. from hair brush, comb, slipper.
- Bruises on abdomen - unlikely to be accidental.
- Ligature and choke marks - red mark or bruising around wrist, ankles or neck (in the latter area may be due to sudden pulls on t-shirt).
- Bite mark - 2 crescent shaped marks or bruises - if more than 3cm apart they may be caused by adult or older child.
- Human nail marks - this show piled up skin at end of marks and are unlike abrasion from falls on rough surfaces or may just be linear bruises.

NOTE:

Approximate age of bruise from their appearance.

<u>Appearance</u>	<u>Age</u>
Swollen, tender	0-2 days
Red, blue, purple	0-5 days
Green	5-7 days
Yellow	7-10 days
Brown	10-14 days or longer
Cleared	2-4 weeks

Child Protection and Safeguarding Policy

Burns

1. Scalds - glove or stocking scalds to hands and/or feet caused by dunking in water. Scalded buttocks - children cannot scald their buttocks accidentally without also scalding their feet and legs. Splash marks - look at direction of splash to see if it is compatible with story or might indicate hot liquid being thrown at child.
2. Cigarette burns - small circular burns most typically on the back of hands or forearms, seen in clusters and often of different ages.
3. Contact burns - child held against heaters, iron, cookers - well demarcated burns following contours of hot objects.

Bone and joint injuries

These can be caused by direct blows, twists (from swinging a child round by one limb) or throws against hard objects.

Poisoning

Non-accidental poisoning should be suspected in bizarre episodes of ill health or unconsciousness or when poisoning involves more than one child.

Other injuries

Certain injuries may only be detected on special examination by doctors.