

## BRANSTON PRE-SCHOOL CENTRE

### SAFEGUARDING POLICY

The safety and well-being of a child is our primary responsibility.

We believe that children must be protected from harm at all times, and believe every child should be valued, safe and happy. We want to make sure that the children we have contact with know this and are empowered to tell us if they are suffering harm. Children who attend our setting, we want them to enjoy what we have to offer in safety. The Pre-School will support parents and carers to care for their children in a way that promotes their child's health and well-being and keeps them safe. We recognise that children are capable of abusing their peers and additional barriers exist in recognising the signs of abuse and neglect for children who have special needs. In order for this to be achievable we will have an effective child protection procedure following national and local guidance alongside other policies that form part of our commitment to safeguard children in our care. If we discover or suspect a child is suffering from harm we will notify the relevant departments in order for them to be protected. (See Appendix A for categories of abuse and FGM information and guidance)

This child protection policy and our child protection procedure apply to all staff, volunteers and users of Branston Pre-School Centre. We will review our child protection policy and procedures at least every year using, Staffordshire Safeguarding Self-Assessment tool to make sure it is relevant and effective.

We believe that EVERYONE has a responsibility to safeguard children from harm please read this guidance it will tell you what you need to know to safeguard children.

We have a named person a designated safeguarding lead who will be responsible for dealing with alongside the manager, any concerns about the protection or welfare of children. This person is currently Hilary Ward. For further details of their role see Appendix B

All staff and volunteers will be carefully selected and vetted to try and ensure they do not pose a risk to the children. Those staff and volunteers will be checked through the disclosure and barring service (DBS) and checked termly through their update system.

All staff and volunteers will receive regular information and training in safe conduct and what to do if they have concerns about a child. This will include information on recognising where there are concerns about a child, where to get advice and what to do if no one seems to have taken their concerns seriously.

We will endeavor to make our setting a safe and caring place for children by having a code of conduct for staff and users. This will be given to all staff and users and they will be expected to comply with it.

## **SPECIFIC CHILD PROTECTION/SAFEGUARDING PROCEDURES**

### **Procedure if child abuse is suspected**

#### **Introduction**

All staff get to know the children attending our group, their patterns of behaviour, their characters, their likes and dislikes. Staff are on the lookout for any significant changes in behaviour, unexplained bruising or marks, comments made by a child that give cause for concern or a deterioration in a child's well-being that may indicate a problem.

#### **Disclosures**

Where a child makes a disclosure to a member of staff, that member of staff:

- Will react calmly
- Offer reassurance to the child
- listen to the child
- Give reassurance that she will take action

The member of staff will observe and listen to the child, but not probe and encourage them to talk about the disclosure. Under no circumstances must a member of staff make promises to the child to keep anything that is said a secret. It is up to the member of staff involved to reassure the child that in order to help them they may need to share the information they are given with someone else. Making promises to a child that cannot be kept may seriously damage the relationship and trust between the adult and child. The member of staff will inform the named practitioners with responsibility for safeguarding children.

#### **Record keeping**

Our Designated Safeguarding Leads will record the details of the concerns as follows:

- The child's name
- The child's address
- The age of the child
- The date and time of the observation or the disclosure
- An objective record of the observation or disclosure
- The exact words spoken by the child
- In the case of a member of staff or volunteer - the name of the person against whom the complaint was made

- The name of the person to whom the concern was reported, with date and time
- The names of any other person present at the time.

### **Responding to suspicions of abuse**

We acknowledge that abuse of children can take different forms - physical, emotional, sexual and neglect and understand that some types of abuse occur because of the deliberate actions of others and that other types of abuse occur because an adult fails to take action. When children are suffering from physical, sexual or emotional abuse, this may be demonstrated through changes in their behaviour, or in their play. Where such changes in behaviour occur, or where children's play gives cause for concern, the Pre-School will investigate.

We will allow investigations to be carried out with sensitivity and staff in the Pre-School will take care not to influence the outcome either through the way they speak to children or ask questions of children.

Where a child shows signs and symptoms of 'failure to thrive' or neglect, we will seek advice from Education Safeguarding Advice Service(ESAS)

### **Informing Parents**

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Staffordshire Safeguarding Children Board does not allow this. This will usually be the case where the parent is the likely abuser. In these cases the investigating officers will inform parents.

### **Confidentiality**

All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Staffordshire Safeguarding Children Board. (See our Confidentiality policy).

### **Support to families**

The pre-school takes every step in its power to build up trusting and supportive relationships among families, staff and volunteers in the group. We do this by being friendly and welcoming and are always available to parents if they wish to speak to us. The pre-school will continue to welcome the child and the family whilst investigations are being made in relation to abuse in the home situation.

Confidential records kept on a child are shared with the child's parents of those who have parental responsibility for the child only if appropriate under the guidance of the Staffordshire Safeguarding Children Board.

The care and safety of the child in our group is paramount and we will do all in our power to support and work with the child's family. We will direct families towards professional services depending on individual circumstances and seek out any other information that may be of help.

### **Allegations against staff**

Staff are, on induction, made aware of the importance of avoiding putting themselves in situations that may lead to allegations being made against them. It is important that the following precautions are taken.

- Stay in sight and/or sound of another adult when with children.
- Windowless doors to be propped open.
- Let a member of staff know you are there/have another member of staff join you if appropriate.
- In case of medical related matters two members of staff ideally should be present.

Allegations can be made for a variety of reasons. Some of the most common are:

- Abuse has actually taken place
- Something happens to a child that reminds them of an event that happened in the past - the child is unable to recognise that the situation and the people are different.

Children can misinterpret your language or your actions because they are reminded of something else. Depending on the allegation, the member of staff may be suspended, on full pay, pending further investigation and referral to the Staffordshire Safeguarding Children Board and Ofsted.

Pre-School will contact the parents or carers of the child if advised to do so by the social worker/police officer in charge of allegations. A meeting will be held with the child's parents to discuss the allegation and work out what further steps to take. The Staffordshire Safeguarding Children Board, social services, local police and Ofsted will be involved with these discussions if necessary. All those

involved in the incident will be asked to keep the matter confidential until such time as the allegation has been accepted and further action taken.

If further investigations are needed the group will keep both parents and Ofsted informed of any progress and outcomes. Once the investigation has concluded we will review and modify our procedures to help to prevent a similar incident occurring.

## APPENDIX A

### CATEGORIES OF ABUSE

#### **Recognising the signs and symptoms of abuse**

It is important in this section we provide definitions of abuse and advise that all staff need to familiarise themselves with these definitions.

#### **Neglect**

Neglect is 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 and 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
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care givers)
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### **Physical Abuse**

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.

#### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males, Women can also commit acts of sexual abuse, as can other children.

## **Emotional Abuse**

Emotional abuse is 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 overprotection and limitation of exploration and learning or preventing the child participation in normal social interaction. It may involve or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## **Signs and symptoms of Abuse**

There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children may show symptoms from one or all of the categories. This should not be used as a checklist. Workers and volunteers should be aware of anything unusual displayed by the child.

### **Physical signs of abuse:**

- Bruise marks consistent with either straps or slaps
- Undue fear of adults - Fear of going home to parents or carers
- Aggression towards others
- Unexplained injuries or burns - particularly if they are recurrent  
Exposed to falls, rough games, etc.
- Reluctance to change for, or participate in games or swimming
- Bruises, bites, burns, fractures etc. which do not have an accidental/satisfactory explanation.
- Cuts/scratches/substance abuse.

- Hitting ( with the hand or implement) smacking, punching, kicking, slapping, twisting/pulling ear, hair or fingers, holding/squeezing with a tight grip, biting, and burning.
- Fabricated illness - see SSCB website for the procedure inc signs and symptoms.
- Exposure to danger/lack of supervision
- Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses inadequate care etc.
- Injuries that have not received medical attention.
- Inadequate/inappropriate clothing.
- Constant hunger.
- Poor standards of hygiene.
- Untreated illnesses.
- Persistent lack of attention, warmth or praise.

### **Emotional signs of abuse**

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also, depressions/aggression, extreme anxiety.
- Nervousness, frozen watchfulness,
- Obsession or phobias.
- Sudden under-achievement or lack of concentration.
- Inappropriate relationships with peers and/or adults.
- Attention- seeking behaviour.
- Persistent tiredness.
- Running away/stealing/lying.
- Humiliating, taunting or threatening a child whether in front of others or alone.
- Persistent lack of attention, warmth or praise.
- Shouting/yelling at a child.
- Radicalisation - use of inappropriate language, possession of violent extremist literature, behavioural changes, the expression of extremist views, advocating violent actions and means, association with known extremists, seeking to recruit others.

## **Indicators of possible sexual abuse**

- Language and drawing inappropriate for age.
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour.
- Regularly engages in age inappropriate sexual play.
- Sexual knowledge inappropriate for their age.
- Wariness on being approached.
- Soreness in the genital area or unexplained rashes or marks in the genital areas.
- Pain on urination.
- Difficulty in walking or sitting.
- Stained or bloody underclothes.
- Recurrent tummy pains or headaches.
- Bruises on inner thigh or buttock.
- Any allegations made by a child concerning sexual abuse.
- Sexual activity through words, play or drawing.
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements, at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
- Eating disorders- anorexia, bulimia.
- Unaccounted sources of money.
- Telling you about being asked to 'keep a secret' or dropping hints or clues about abuse.

**Remember - signs and symptoms often appear in a cluster, but also many of the indicators above may be caused by other factors - if in doubt check it out. The most important factor is a report by the child.**

## Appendix B

### **Designated Safeguarding Lead**

We will have a dedicated person(s) to take responsibility for child protection matters.

Their role is to:

- Ensure the organisations child protection policy and procedures are followed and staff training is refreshed annually.
- Contact the Education Safeguarding Advice Service (ESAS) if she requires advice as to whether a situation or evidence warrants a referral.
- Ensure they know how to make contact with the Front Door and the police who are responsible for dealing with child protection concerns both during and after office hours.
- Report any concerns to the Front Door or the police. (N.B. Urgent concerns should be reported immediately by those aware of them even if the designated person is not available.)
- Act as a source of advice on all child protection matters and seek further advice and guidance from local statutory agencies as needed.
- Ensure that a record is kept of any concerns about a child or adult and of any conversations or referrals to statutory agencies.
- Maintain and regularly throughout the year update their own knowledge.
- Inform other members of staff of current issues and/or changes to child protection/safeguarding children through relevant training/information websites.
- Conduct regular audit activity to ensure our organisation is working in line with current practice.
- To include the responsibility of being Prevent (single point of contact - SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism.

