Little Trinity Ltd

Safeguarding and Child Protection Policy and Procedures

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Contacts

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Family Front Door (Children's Social Care in Worcestershire)	• **01905 822666** Weekdays 9.00 to 5.00pm (4.30 Fridays) • **01905 768020** (evenings and weekends)
Police	Call **999** in an emergency, e.g. when a crime is in progress, when there is danger to life or when violence is being used or threatened. For less urgent issues call local police on **101**.
Ofsted	0300 123 1231
Worcestershire Children First Early Years Team	01905 844048
Community social workers	Contact via the Family Front Door on 01905 846057
Local Authority Designated Officer (LADO)	01905 846221 (or via the FFD)

Related policies

- Health & Safety Policy
- Safer Recruitment and Selection of Staff
- Complaints Policy and Procedure
- Behaviour Policy
- Whistleblowing Policy

Introduction

The actions we take as professionals and as a society, to promote the welfare of children and protect them from harm, are referred to as 'safeguarding'.

Safeguarding can be defined as:

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

('Working Together to Safeguard Children', DfE 2018)

Child Protection is part of safeguarding and promoting welfare. It refers to activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

This policy has been developed in line with the following legislation and guidance:

- Statutory framework for the early years foundation stage (publishing.service.gov.uk)
- The Children Act 1989
- The Education Act 2002
- The Sexual Offences Act 2003
- The FGM Act 2003
- The Children Act (2004)
- The Childcare Act (2006)
- Safeguarding Vulnerable Groups Act (2006)
- The Childcare (Disqualification) Regulations
- Children and Social Work Act (2017)
- Education inspection framework (EIF) - GOV.UK (www.gov.uk)
- Inspecting safeguarding in early years education and skills setting

Roles and responsibilities

Safeguarding is everyone's responsibility and therefore all adults working in the setting will:

- Take all necessary steps to keep children safe and well
- Promote good health
- Manage behaviour
- Be alert to any issues for concern in the child's life at home or elsewhere
- Meet the requirements of the Statutory Framework for the Early Years Foundation Stage (EYFS 2025)
- Follow the policies and procedures of the setting and notify the relevant person or agency without delay if concerns arise
- Keep appropriate records

In addition, the registered provider ensures that they:

- Have regard to the government's statutory guidance 'Working Together to Safeguard Children' and to the 'Prevent duty guidance for England and Wales
- Implement the requirements of the Early Years Foundation Stage

- Create a culture of vigilance where children's welfare is promoted and where appropriate and timely action is taken when necessary to safeguard children
- Make specific arrangements for children's safety and wellbeing, including
    - the requirements for first aid, policies and procedures for responding to children who are ill or infectious and those for administering medicines.
    - keeping a written record of accidents or injuries and first aid treatment and informing parents and/or carers of any accident or injury sustained by the child.
    - ensuring the premises are fit for purpose, compliance with health and safety legislation and appropriate risk assessment
    - having an evacuation procedure and suitable fire detection and control equipment
    - ensuring staffing arrangement meet the needs of all children and ensure their safety and implementing a robust key person system
- Notify local child protection agencies and Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken.
- Only release children into the care of individuals who have been notified to the provider by the parent and ensure that children do not leave the premises unsupervised.
- Take all reasonable steps to prevent unauthorised persons entering the premises
- Record the required information about each child, name, date of birth, who has parental responsibility etc. and the required information about the registered provider and adults in regular contact with children
- Have a complaints procedure and records.
- Keep attendance records
- Notify Ofsted of any changes e.g. a new manager, the address of the premises, the name or address of the provider, any proposal to change the hours during which childcare is provided, etc

The DSL ensures that they:

- Take lead responsibility for safeguarding children in their setting
- Liaise with local statutory children's services agencies
- Provide support, advice and guidance to other staff, on any specific safeguarding issues as required.
- Share child protection information with the DSL of any receiving setting or school when children leave the setting.

The role is explicit in the DSL's job description and they are given sufficient time, resources and funding to fulfil their role. They attend a training course which enables them to identify, understand and respond appropriately to signs of possible abuse and neglect and renew this bi-annually.

The provider nominates deputy DSL's in order to ensure availability at all times during the hours of operation, but the DSL retains overall responsibility.

Use of technology

We use an electronic learning journey - Tapestry. Staff complete records while on site using the devices provided by the setting. The setting also provides a mobile phone for outings. Staff are not

permitted to use their own devices in the setting, except *in the staff room and office where there are no children present*. This includes all devices with cameras.

Safeguarding as part of the Curriculum

We support children's personal, social and emotional development, and as part of this we teach children how to keep themselves and others safe. For example, we teach children independence, self-care and confidence, and we ensure that children understand personal boundaries and acceptable behaviour towards others and themselves. More specifically we support children in understanding healthy and positive relationships and issues of privacy and respect.

Recognising abuse and neglect

We recognise that there are many factors which contribute to a child's well-being, and their development, including the parenting capacity of carers and the family home environment, and we are in a unique position to observe any changes in a child's behaviour or appearance which might suggest that they are in need of support or at risk of harm.

We understand that abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm which in itself harms a child. Children may be abused in a family or in an institutional or community setting, by those known to them or more rarely by a stranger, for example via the internet. They may be abused by an adult or adults, or another child or children. When the abuser is a child it is important to remember that they may also be at risk and these concerns should be raised with the appropriate agencies too.

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.

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. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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.

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 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 caregivers), or
- Ensure access to appropriate medical care or treatment.

Neglect may also include unresponsiveness to a child's basic emotional needs.

We are alert to possible signs of possible abuse and neglect, for example:

- Bruising on parts of the body which do not usually get bruised accidentally, e.g. around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth (especially in a young baby), etc
- Any bruising or injury to a very young, immobile baby
- Burns, scald or bite marks
- Any injuries or swellings, which do not have a plausible explanation
- Bruising or soreness to the genital area
- Faltering growth, weight loss and slow development
- Unusual lethargy
- Any sudden uncharacteristic change in behaviour, e.g. child becomes either very aggressive or withdrawn
- A child whose play and language indicates a sexual knowledge beyond his/her years
- A child who flinches away from sudden movement
- A child who gives over rehearsed answers to explain how his/her injuries were caused
- An accumulation of a number of minor injuries and/or concerns
- A child whose attendance is erratic, or suddenly ceases, without any contact from the family
- A parent's behaviour or presentation, e.g. evidence of possible alcohol or drug misuse, mental health difficulties, or domestic violence
- Arrangements for the collection of the child give rise to concern
- Hunger/thirst at the start of the day
- Lack of attention to child's basic hygiene needs
- A child who discloses something which may indicate he/she is being abused

We are also aware of specific risks and forms of abuse and we ensure that our training includes these, for example:

Children missing from Education

Children below statutory school age are not required to attend a setting regularly if at all, but once registered most do attend regularly and most parents will let the setting know if they are not going to

be present. Therefore, we give consideration to children not attending and seek to assure ourselves that the child's absence is not a cause for concern.

Children with Family Members in Prison

These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health.

Child Exploitation

Child exploitation 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. This may **child sexual exploitation,** which does not always involve physical contact, it can also occur through the use of technology and can still be abuse even if the sexual activity appears consensual. It could also be c**hild criminal exploitation, e.g. 'county lines',** which is a geographically widespread form of harm involving drug networks or gangs, who groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Exploitation may also involve **modern slavery** and **trafficking**, which is not always from country to country, sometimes children are trafficked within the local area.

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse, between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. Exposure to domestic abuse can have a serious, long-lasting effect on children and young people.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour

So-called 'honour-based' Violence

Encompasses incidents or 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 HBV are abuse (regardless of the motivation) and will be handled and escalated as such.

Online Safety

- Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the internet and other technologies. Additionally, some young people may find themselves involved in activities which are inappropriate or possibly illegal.
- We therefore, recognise our responsibility to raise staff awareness of these issues and educate our children, teaching them the appropriate actions and critical thinking skills to enable them to remain both safe and legal when using the internet and related technologies.

Peer on Peer Abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to); physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm. In such circumstances we would consider the potential needs of the perpetrator as well as the victim.

Poor Mental Health

Poor parental mental health can be a significant risk factor for children, and we would consider this in our assessment of children's needs. We also acknowledge that children's own mental health is an important factor in their health and development in both the short and long term, and we therefore work to promote good mental health and consider signs and indicators of poor mental health in children, as part of our safeguarding responsibilities.

Preventing Radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is a part of a setting's safeguarding approach. As with other safeguarding risks, staff are alert to changes in children's behaviour which could indicate that they may be in need of help or protection. All staff complete training on Prevent and British values.

Sexual Violence and Sexual Harassment between Children

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Special Education Needs and Disabilities

Children with SEND are far more likely to be abused or neglected, possibly because of the challenges faced by parents and carers, or because they are particularly vulnerable if they have delayed cognitive and language development, and possibly because signs and symptoms of abuse and neglect can sometimes be attributed to their condition. We acknowledge and understand that unwanted behaviour in particular can be an indicator of trauma as a result of abuse and neglect and would therefore consider all needs holistically in order to determine the right kind out support for the child and family.

Procedures for responding to concerns

Any adult working in the setting who is concerned about a child or who identifies that a child or family may need extra help and support, will discuss this with the DSL. They may also want to have a discussion with their SENCo and/or a colleague from another agency to get a better understanding of the child and their family, and this will be with the family's consent.

We also recognise the importance of context, i.e. the family and wider environment in which the child lives.

Emerging Concerns

We may find that general concern begins to build up around a child's behaviour, demeanour or presentation. Concerns may include what is seen or heard and may include the way family members relate to the child and/or the setting. Such concerns may not seem to be very significant on their own, but together may indicate a need for family support that should not be ignored. Therefore, concerns are always recorded factually and accurately along with any decisions or action taken in order to support the decision-making process.

Responding to Disclosure

A disclosure occurs when a child or young person indicates directly, or through play or drawings for example, that he or she has been or is being abused in some way. Occasionally a disclosure may be very clear and contain specific details about whom, or what was involved, or where and when apparent abuse took place. More commonly disclosure emerges as part of routine activity or conversation.

If a child makes a disclosure we will:

- **Contain our reaction as far as possible –** try not to express shock or disbelief
- **Listen** to the child, accept what they say and communicate to them that we accept it.
- **Not** make any promises to the child about not passing on the information – the child needs to know that someone who will be able to help them will be spoken to
- **Record** the information as accurately and quickly as possible, including the timing, setting and those present, as well as what was said.
- **Discuss with the DSL** to determine the most appropriate course of action.
- **Not interrogate the child**. We may ask for clarification but will not ask leading questions. We will use 'TED' questions, i.e. '**Tell** me what happened', 'please **explain** what you mean when you say ….' and 'can you **describe** the person?' or 'can you **describe** the place?'

Sharing Concerns with Parents and Carers

Concerns will generally be shared with the child's parents/carers. This can eliminate misunderstandings and can help us better understand the needs of the child and the family situation. It also ensures that our relationship with parents is built on trust and openness. Parents are fully involved in decision making and we seek consent to share information.

However, in some circumstances we would not share information with parents or seek consent to share others, for example if:

- Sexual abuse is suspected
- It is considered that discussing the issue with parents may put the child at further risk of significant harm
- A criminal offence may have been committed
- Organised abuse is suspected
- Fabricated illness is suspected
- An explanation is given by parents/carers which is felt to be inconsistent or unacceptable

We use the WSCP Levels of need guidance to support our understanding of the child's needs and our decision making. In some circumstances we may be able to offer additional support ourselves. Sometimes we might need to work with another agency or possibly more than one. If possible, we will avoid a formal process, but when a child's situation becomes more complex or there appears to be increased risk, it may be necessary to draw up more formal plans with the family in order to coordinate the work.

Level 1 represents children with no identified additional needs. Their needs are met through universal services and possibly housing or voluntary services.

If further support is required practitioners talk to the DSL and to the parents to offer support as appropriate. We would (with the engagement of the family) carry out an Early Help Assessment and seek consent to involve other professionals as appropriate, and/or talk to a community social worker for advice and support.

Level 2 represents children with extra needs that can be met by providing additional support or straightforward working with one or more partners, such as Speech and Language Therapy.

Level 3 represents children with more complex or escalating needs. Possibly those professionals working to support the child and family at level 2 are not clear on the best way forward. The parents are advised that practitioners are seeking further advice (unless to share this information would put the child at risk).

Level 4 represents children who need statutory and/or specialist interventions including both children in need and those in need of protection. A child in need is one who is unlikely to have a reasonable standard of health and development without statutory or specialist service. A child in need of protection is one that is suffering, or is likely to suffer, significant harm.

If a child may be at risk of significant harm, the DSL makes a referral to the Family Front Door without delay. The DSL will do this by telephoning the Family Front Door and then completing a Referral to Children's Social Care. If all lines to the FFD are busy, the DSL will complete a Referral to Children's Social Care and indicate what time the child is likely to be collected from the setting.

- Contact the **Family Front Door on 01905 822666** weekdays 9.00am to 5.00pm (until 4:30pm on a Friday). Out of office hours (5.00pm to 9.00am weekdays and all-day weekends and bank holidays) contact the **Emergency Duty team on 01905 768020**

However, if the child **needs immediate protection, we contact the Police on 999, and if** a child is brought to us with serious injuries, we telephone for an ambulance

Referral forms are printed and saved in the child's safeguarding file.

If we are not in agreement with the Family Front Door about the level of need and appropriate action, we will use the levels of need guidance to support a professional discussion with the decision maker, and if still unsatisfied we would use the WSCP Escalation policy. In the meantime, we would continue to observe the child and support them and their family. If necessary, we would make another referral.

Open cases

If there is new information about a child who already has an allocated social worker, we share this directly with them.

Supporting Children

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. We acknowledge that nursery may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm, and we are aware that research shows that their behaviour may be challenging and defiant or they may be withdrawn.

The setting will endeavour to support all children by:

- Encouraging self-esteem and self-assertiveness, as well as promoting respectful relationships, challenging bullying and humiliating behaviour
- Promoting a positive, supportive and secure environment giving children a sense of being valued
- Consistently applying strategies to which are aimed at supporting vulnerable children, and supporting children in understanding that some behaviour is unacceptable but that they are valued and not to be blamed for any abuse which has occurred
- Liaising with other agencies that support the child such as Children's Social Care and Early Help providers
- Notifying the Family Front Door immediately there is a significant concern and the child could be at risk of significant harm
- Providing continuing support to a child about whom there have been concerns if they leave the setting by ensuring that appropriate information is forwarded under confidential cover to their new setting. A copy of records (which may potentially be required as evidence in the future), will be retained until the child has reached the age of 25 years.

Positive Physical Intervention

Staff only ever use physical intervention as a last resort when managing unwanted behaviour, and it is the minimal force necessary to prevent injury or damage to property. All such incidents of physical intervention are recorded.

Physical intervention of a nature that causes injury or distress to a child may be considered under management of allegations or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children and all adults in the setting have been given guidance to ensure they are clear about their professional boundaries.

Record keeping

Documenting Concerns

Our records are a factual account of what was seen and heard, containing the child's own words where appropriate and completed as soon as possible, not later than the end of the working day. The child

is identified by name and date of birth on each page and we do not use abbreviations. Blank spaces or alterations are scored through with a single line, and the original entry remains legible. They are written in permanent black ink, dated, timed, signed and stored securely.

Records describe the care and condition of the child and may include professional opinion which would be clearly indicated. They also include the comments and views of both the child and the parents/carers.

An individual file chronology is used as a summary of incidents, concerns and actions, to support monitoring.

Safety and welfare concerns forms are used to record specific concerns and are completed by the person identifying the concern. The completed record is given to the DSL immediately, for consideration and/or action.

A safety and welfare concerns continuation form are used following the recording of a concern, to record additional information.

An **individual child protection file** is started for a child when:

- There are welfare and or safety concerns
- The child has been referred to the Family Front Door
- There is Children's Services Social Care involvement with the child/family
- We are participating in multi-agency support

If concerns relate to more than one child from the same family attending the setting a separate file for each child is created and cross referenced to the records of other family members. Common records e.g. child protection conference notes are referenced in each file. Other files relating to the child, for example SEN information, are also cross referenced.

An individual child protection file includes:

- Front sheet
- Individual chronology
- All safety and welfare concern forms relating to the child
- Any notes initially recorded
- Records of discussions, telephone calls and meetings (with colleagues, other agencies or services, parents and children/young people)
- Professional consultations
- Letters sent and received
- Referral forms
- Minutes/notes of meetings
- Formal plans linked to the child (e.g. Child Protection Plan)

Security, Storage, and Retention of Records

Individual files are stored securely and separately from the child's other information so that they are shared only on a need to know basis. The DSL reviews such records regularly so that increasing concerns can be identified and action taken to ensure that needs are met.

Parents have the right to access information held about their child so records are shared with them if they make this request, however there are some exceptions, namely those described previously in the section on sharing information with parents, for example when sharing the information would place the child at risk of significant harm.

All safeguarding records are retained until the child reaches the age of 25 years.

Transfer of Child Protection Records at Transition

Records are transferred at each stage of a child's education, when they move from one establishment to another, either at normal transfer stage such as moving from nursery to school, or as the result of a move such as a transfer to a different area. They are transferred within 5 days and are passed directly and securely to the safeguarding lead in the receiving establishment. They are transferred by hand if possible or signed for if posted.

In order to safeguard children effectively, when a child moves to a new educational establishment, the receiving establishment is immediately made aware of any current child protection concerns, by telephone prior to the transfer of records.

Children in more than one Setting

Where children are dual registered, any existing child protection records are shared with the new establishment **prior to the child starting**, to enable the new establishment to risk assess appropriately.

We keep a copy of the transfer form along with a copy of the chronology of events and any records pertaining to the establishment (e.g. completed 'welfare concern' forms).

Children subject to a Child Protection (CP) Plan

If a child is the subject of a child protection plan at the time of transfer we speak to the safeguarding lead of the receiving establishment giving details of the child's key social worker from Children's Social Care Services and ensuring the establishment is made aware of the requirements of the child protection plan.

Receiving establishment Unknown

If a child, subject of a child protection plan leaves and the name of the child's new education placement is unknown, the DSL will contact the child's Social Worker to discuss how and when records should be transferred. Where the records are of prior child protection/welfare concerns, and there is not an open case or a social worker involved with the family, the DSL will inform the Family Front Door. Child protection files would be retained and transferred to the new setting, once known, or destroyed once the child has reached the age of 25.

Building a safer workforce

Recruiting

The provider checks the suitability and obtains an enhanced criminal record records disclosure for anyone working directly with children. We keep a record of the date and the serial number of the DBS certificate.

Applicants are asked to complete an application form and we obtain two employer's references, including the most recent employer. If this is not possible, for example if the applicant is applying for their first position, we will obtain character references and complete a risk assessment.

Staff do not take up a post until all checks are completed satisfactorily.

The registered provider and the manager of the setting have completed safer recruitment training and at least one of them is included on every interview panel.

We keep a record of ID checks, right to work in the UK, qualifications (certificates are checked), references obtained and DBS certificate details.

The same processes are used for volunteers and student DBS certificates obtained by their training provider are checked and the details recorded.

Induction, training and continued supervision

All new staff, students and volunteers are given a copy of all policies and procedures and receive induction training which includes:

- an understanding of the settings safeguarding policies and procedure
- behaviour management
- how and when mobile phones and technology can be used in the setting
- how to define and identify possible signs of harm, abuse and neglect
- what to do if concerns arise
- what to do if concerned about the behaviour or conduct of another adult
- who is the designated safeguarding lead in the setting

All staff complete safeguarding training at least every three years. The DSL, deputy DSL, manager and registered provider complete designated safeguarding training and attend regular safeguarding update/forum meetings at least annually.

Safeguarding is always discussed at staff meetings and all staff are provided with updates at least twice annually.

Supervision meetings take place regularly. The purpose of this is to foster a culture of mutual support and continuous improvement by providing support, coaching and training for staff, and encouraging confidential discussion of sensitive issues. The registered provider conducts supervision meetings with the manager.

Disqualification

Staff are required to disclose any convictions, cautions, court orders or reprimands and warnings which might affect their suitability to work with children, whether these occur prior to, or during, their employment at the setting. They are asked to confirm this at each supervision meeting.

Whistleblowing

See Whistleblowing Policy

Policy review

This policy will be reviewed annually or when an incident occurs or there are new local or national policies and procedures. The review process will be led by the Manager and the DSL and include all those working in the setting.