



Childcare at its best

Safeguarding policy

Greenacres recognises it is our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

Safeguarding children is everyone's responsibility. 'Everyone who works with children... has a responsibility for keeping them safe'. 'No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.'

Terminology:

Safeguarding and promoting the welfare of children is defined 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.

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

'Working Together to Safeguard Children 2018' sets out how organisations and individuals should work together to safeguard and promote the welfare of children and how practitioners should conduct the assessment of children

Practitioners recruitment

Greenacres has a very stringent procedure for the recruitment of practitioners. They are checked for suitability medically, have reference checks carried out and an enhanced DBS check. Practitioners are required to sign up to the DBS update service in which we regularly check their criminal record status. They are fully inducted and trained at various stages and are only allowed to do everything when authorised by management.

Training is then ongoing for all practitioners, we hold a variety of meetings, workshops, liaison groups and offer courses to encourage the practitioners to continuously professionally development.

Principles

Our core safeguarding principles are:

- It is the setting's responsibility to take all reasonable steps to safeguard and protect the rights, health and well-being of all children who are in our care.
- The setting will ensure that the welfare of children is given paramount consideration when developing and delivering all activities.
- All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.
- All practitioners have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm in accordance with this policy.
- The policy will be reviewed annually, unless an incident or new legislation or guidance suggests the need for an earlier review date.
- All children and practitioners involved in child protection issues will receive appropriate support from the manager of the setting who will follow the procedures set out in this policy (If applicable).

Aims

Our aims are to:

- To provide practitioners with the necessary information to enable us to meet our statutory responsibilities to promote and safeguard the wellbeing of children.
- To ensure consistent good practice across the setting.
- To demonstrate the setting's commitment to safeguarding children.

Context

- The Children Act 2004 states that the child's welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation.
- This policy seeks to promote effective multi-agency working in the light of the Childcare Act 2006 and Working Together to Safeguard Children 2018.
- The Statutory Framework for the Early Years Foundation Stage (revised 2023) sets out the Safeguarding and Welfare requirements for early years settings.
- We will ensure every practitioner (including temporary/supply practitioners/volunteers/ /students) know the name of the Safeguarding designated leads.

Key Personnel

The **Designated Safeguarding lead** in this early year setting is:

Name: _____

Job title: _____

Contact details: _____

The **Deputy Designated Safeguarding lead** in this early year setting is:

Name: _____

Job title: _____

Contact details: _____ -

The **manager** in this early year setting is:

Name: _____

Contact details: _____

The area manager is Michelle Strong whom is also safeguarding trained.

Contact details are: 07557446030

Roles and responsibilities of the Designated Safeguarding and Child Protection person

All early year's settings must nominate a senior practitioner as the Designated Safeguarding lead (DSL)

The DSL, deputy DSL and manager/director will:

- Provide support, supervision and advice for any practitioners, volunteer or student with a safeguarding or child protection concern.
- Provide safeguarding and child protection induction for new practitioners, students and volunteers.
- Ensure designated safeguarding leads have attended Prevent awareness training and cascaded to all staff
- Have an understanding of KRSCP (Kingston and Richmond Safeguarding Children's Partnership) procedures.
- To keep the safeguarding board up to date with relevant information for parents and practitioners
- Ensure their own safeguarding training is up to date and certificates are available on request.
- Ensure all Safeguarding and Child Protection training is cascaded to the whole team.
- Ensure that a record is kept of practitioners who have completed safeguarding training.

- Assist and advise families who raise concerns with you and signpost them to the right support
- Liaise with and make referrals to appropriate agencies about children where there are safeguarding or child protection concerns, including the local authority designated officer (LADO)
- Ensure that all practitioners have access to 'working together to safeguard children'
- To ensure everything is recorded, dated chronologically and stored correctly.
- Be appropriately trained in line with KRSCP expectations and, in the event of the long term absence of the designated lead, the deputy will assume all duties above.
- Ensures that the safeguarding policy and procedures are implemented and followed by all practitioners;
- Allocates sufficient time and resources to enable the DSL and deputy to carry out their roles effectively, including the assessment of children and attendance at strategy discussions and other necessary meetings;
- Ensures all practitioners feel able to raise concerns about poor or unsafe practices and that such concerns are handled sensitively and in accordance with the settings whistle blowing procedure.
- Ensures that children's safety and welfare is addressed through the curriculum
- Providers must ensure they keep accurate attendance records and are aware of poor attendance which may be a cause for concern.
- Procedures for dealing with allegations of abuse made against members of practitioners, including allegations made against the manager;
- Safer recruitment procedures that include the requirement for appropriate checks in line with national guidance.
- A training strategy that ensures all practitioners, including the manager, receives in house training or e-learning safeguarding training. The DSL should receive refresher training at 3-yearly intervals and attend some form of safeguarding training once per year.

- Embed robust safeguarding and child protection practices across all areas of the provision.

Confidentiality and sharing information

The setting will ensure all practitioners understand that safeguarding issues warrant a high level of confidentiality. This is not only out of respect for the child, family and practitioners involved but also to ensure that information being released into the public domain does not compromise evidence. Practitioners will only discuss concerns with the designated lead or manager. That person will then decide who else needs to have the information and they will communicate on a 'need-to-know' basis. We have a duty of care to all children in our care and will only discuss information about them as necessary and to those that are essential.

Integrated practice

- Liaise with and make referrals to appropriate agencies about children where there are safeguarding or child protection concerns, including the Local Authority Designated Officer (LADO).
- Co-ordinate the development of integrated practice for vulnerable children and families including using the Early Help Assessment, and Team Around the Child (TAC).
- Develop effective links with relevant statutory agencies. For example, Health, Police, GPs, Local Authority.
- Co-ordinate and support the setting when working with a child who has a Child in Need or a Child Protection Plan.

Meeting statutory requirements

- Ensure that the Safeguarding policy is updated annually, and that all practitioners have read and understood this policy.

- Ensure that policies and procedures relating to Safeguarding and Child Protection are fully implemented by the setting and followed by practitioners, students and volunteers.
- Embed robust Safeguarding and Child Protection practices across all areas of the provision.
- Co-ordinate the early identification of vulnerable children and families and the involvement of mothers, fathers and carers.
- Liaise with OFSTED about safeguarding concerns, if applicable.
- Set up and manage clear, accurate and secure record keeping systems.

Parental partnership

Where possible, concerns will be discussed with the parent and/or carer for an explanation, providing it does not put the child at immediate risk. Parental agreement will be sought for a referral to the Single Point of Access (SPA) unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions or reactions. Where we decide not to seek parental permission before making a referral to the SPA team, the decision will be recorded in the child's confidential file with reasons, dated and signed.

Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought by the Safeguarding and Child Protection designated person from the SPA team, Early Years inclusion and improvement officer (I&I), and the outcome fully recorded.

Parents must notify the setting regarding any concerns they may have about their child and any accidents, incidents or injuries affecting the child, which will be recorded. We will ensure they have an understanding of our responsibilities by making clear our statutory duties to safeguard children.

Early Help Assessment

The early help assessment is an early assessment and planning tool to facilitate and coordinate multi agency support. It enables professionals to efficiently identify the emerging needs of children at risk of poor outcomes; it reduces duplication of assessment and improves involvement between agencies.

How our setting will put this Safeguarding and Child Protection policy into practice

Good practice guidelines

To meet and maintain our responsibilities towards children, the setting agrees to the following standards of good practice:

- To treat all children with respect.
- All adults should actively promote high self-esteem in all children.
- All practitioners should be confident in their knowledge of how to respond to child protection concerns and to ask for help, advice and training when needed.
- Practitioners should help children learn about how to recognise and manage risks that they may face (using appropriate level of language) and act to keep themselves safe.
 - To be a good listener and to have awareness of the indicators of abuse.
- To ensure practitioners are positive role models to children and other members of the team and never engage in rough, physical or sexually provocative games.
- To maintain appropriate standards of conversation and interaction with and between children and never use sexualised or derogatory language.
 - To be alert to changes in a child's behaviour.
 - To recognise that challenging behaviour may be an indicator of abuse.
- To raise awareness of child protection issues and equip children with the skills they need to keep themselves safe.
- To involve children in decision-making which affects them (taking into account their age and stage of development).

- To inform the child before doing anything for them, which is of a physical nature, such as assisting with dressing or administering first aid.
- To read and understand all of the setting's safeguarding and guidance documents on wider safeguarding issues, for example, physical intervention and information-sharing.
- To be aware that the family circumstances and lifestyles of some children may lead to an increased risk of neglect and or abuse.

Recognising inappropriate behaviour displayed by practitioners or any other person working with children

Whilst caring for other people's children, we are in a position of trust and our responsibilities to them must be a priority at all times. The Welfare Requirements (2023) requires every setting to ensure that practitioners can recognise and respond in a timely and appropriate way to inappropriate behaviour displayed by other members of practitioners, or any other person working with children e.g. inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images.

Intimate and Personal Care

Children's dignity will be preserved and a level of privacy ensured. The normal process of nappy changing should not raise child protection concerns. There are no regulations that indicate that a second member of practitioners must be available to supervise the nappy changing process to ensure that abuse does not occur, but we ensure that practitioners do not leave themselves vulnerable and will always work in an open environment by avoiding private or unobserved situations or closing doors to toilet areas. Adults without a clear DBS, are not permitted to change nappies or be in the toilet unsupervised.

Children who may be particularly vulnerable

To ensure that all of children receive equal protection, we will give special consideration and attention to children who are:

- A looked after child
- Disabled or have special educational needs
- Living in a known domestic abuse situation
- Affected by known parental substance misuse
- Asylum seekers
- Living in chaotic, neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- Do not have English as a first language
- Have a parent with enduring or untreated mental health problems

The procedure for responding to specific child protection concerns about a child at risk of significant harm

Taking action:

- In an emergency take the action necessary to help the child, for example, call 999.
- To stop other activity and focus on what we have seen or are being told.
- To understand that responding to suspicion of abuse takes immediate priority.
- Report any concerns we have to the Designated Safeguarding lead or deputy immediately.
- If the Designated Safeguarding lead or deputy is not available, ensure the information is shared with the most senior person in the setting that day and inform the area manager and director and ensure action is taken to report the concern to children's social care. Greenacres has the area manager and other designated safeguarding officers available at all times for advice.
- To ask the parent/carer about what has been observed, so long as it does not put the child at increased risk. We will gain information from the child if he/she is old enough, and note what they tell us and how they behave.

- If we decide not to discuss our concerns with the child's parents, we will record this and the reason why we made that judgement.
- To record what we have heard or seen, what has been said, and what we did. We will use a body map and possibly take photographs for evidence; these must be dated. We never question the child.
- To keep the notes taken at the time, without amendments, omissions or addition, whatever subsequent reports may be written (dated and signed on each page).
- If the Designated Safeguarding lead has any reason to believe that a child is subject to any form of abuse, he/she will immediately report these concerns to the **Richmond SPA team on 020 88547 5008** or out of hours the **Emergency Duty team on 020 8770 5000** who will refer to a duty social worker. However, if we are seriously concerned about a child's immediate safety, we will dial 999. The setting will keep records of all decisions or actions agreed in discussion with SPA.

Out of borough social care contacts details can be found here:

London Borough of Richmond upon Thames: out of hours/weekends contact:

Emergency Duty Team on 020 8770 5000 .

- To operate on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
- To seek support for practitioners if they are distressed.

If you have a concern about a colleague

Recognising and responding to an allegation concerning a practitioner, volunteer, student or other adults in contact with children in the setting.

All practitioners have a duty to disclose any concerns they have about adults in contact with children. An allegation of child abuse made against a practitioner (within the work environment or outside of work) .

The setting will:

- Treat the matter seriously.

- being professional and impartial at all times; remove the adult from the situation
- not investigate the allegation ourselves, this is not our responsibility
- Avoid asking leading questions.
- Keep an open mind.
- Make a written record of the information that includes: when the alleged incident took place (time and date), who was present, and what was said to have happened, and sign.
- Report the matter immediately to the Designated Safeguarding lead, or named deputy, where the designated lead is the subject of an allegation.
- The Area Manager and Director to also be informed immediately.
- Parents or carers of a child involved should be informed of the allegation as soon as possible
- Contact Single Point of Access (SPA) for advice and further guidance, who will contact The Local Authority Designated Officer (LADO), and cooperate fully with the process of the SPA team and with any Police investigations (The LADO will offer advice and guidance in relation to members of practitioners working in Richmond upon Thames regardless where the child lives).
- Follow the settings disciplinary procedure. Due to the serious nature of the concerns, practitioners will be suspended until a full investigation has taken place. The setting will support and treat with respect the practitioner whilst suspended.
- Await the outcome of the investigation before taking further disciplinary action.
- Ensure, if it appears from the results of the investigation that the allegations are justified, that disciplinary action will follow, taking legal advice where necessary.
- Where it seems likely that 'on balance of probabilities' abuse may have taken place, be able in law to dismiss the individual and refer them to The Disclosure and Barring Service (DBS).
- If the result of the investigation is that it was a false allegation, give the individual continued appropriate support.
- Inform Ofsted throughout the investigation as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.

- Share relevant information with all parties (e.g. staff team, parents) after the conclusion of the investigation if applicable.
- If an adult tenders their resignation this will not prevent an allegation being followed up, a formal conclusion reached and action taken.
- Additional information can be found on the KRSCP website.

- **Support for those involved in a child protection issue**

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for practitioners who become involved.

We will support the children, their families and practitioners by:

- Taking all suspicions and disclosures seriously.
- Responding sympathetically to any request from a member of practitioners for time out to deal with distress or anxiety.
- Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies.
- Storing records securely.
- Offering details of help lines, counselling or other avenues of external support.
- Following the procedures laid down in our whistle blowing, complaints and disciplinary procedures.
- Cooperating fully with relevant statutory agencies.

Practitioners Training

It is important that all practitioners have training to enable them to recognise the possible signs of abuse and neglect and to know what to do if they have a concern. In-house child protection training will be a mandatory part of the induction process. The designated safeguarding person will ensure that the practitioners' knowledge, understanding and practice of Safeguarding and Child Protection are current and up-to-date. Where gaps are identified support and training will be mandatory. Training is up-dated at least every three

years and the DSL will receive training, including inter-agency procedures and should attend some form of safeguarding training annually.

Practitioners are made aware of the four indicators of abuse and signs of female genital mutilation (FGM), child sexual exploitation and domestic violence and are to inform their safeguarding officer if any concerns arise. **(SPEND.FC)**

Also an awareness of Breast Ironing, county lines and faith based beliefs.

Safer Recruitment

Greenacres endeavours to ensure that we do our utmost to keep children safe and employ practitioners by following the guidance in Safeguarding Children and Safer Recruitment in Education and guidance from the Disclosing and Barring Service.

Our safer recruitment procedure means all applicants will:

- Have an appropriate job description;
- Receive a staff handbook including the settings 'written statement of employment' and commitment to the safeguarding and welfare of children;
- Provide 3 referees, including at least one who can comment on the applicant's suitability to work with children;
- Provide evidence of identity, education and qualifications;
- Complete and register with the Disclosing and Barring Service (DBS) as appropriate to their role; and to sign up to the DBS update service.
- If they are already signed up to the DBS update service, then the DBS certificate will need to be provided.
- Be interviewed against the job description
- Have a probationary period with supervision, have regular reviews with management
- To sign a suitability declaration annually.
- To prove their right to work in the UK.

- To explain any gaps in their employment or repeated changes of employment without any clear career or salary progression or significant changes in role or status.
- Adhere to the recruitment policy and all other policies.
- To be fully inducted and take any training seriously.

Nursery mobiles

To protect children, we will ensure that the nursery mobile:

- Is only used by allocated people.
- Has no camera on it
- Only has numbers stored on it for emergencies such as other branches and managers, not parents' personal numbers.
- Is clearly labelled.
- Is stored securely when not in use.

Personal mobiles

To protect children, we will ensure that personal mobiles:

- Are stored securely in the practitioner's designated area and will be switched off or on silent whilst practitioners are on duty.
- Are not used to take pictures of the children attending the setting.
- Are practitioners' responsibility and no liability for loss or damage will be accepted by the setting.
- Belonging to visitors either turned off or kept away on their person on entering the setting.
- Will not be used to take photographs, video or audio recordings in our setting.
- Are not used to contact parents or children except in the event of an emergency.

Smart watches

- Must be put on 'Do no disturb'
- Any cameras must be disabled on the watch.

- If a staff member was seen to abuse this, they will be asked to remove it and put away in their personal belongings.

Tablets and Cameras: photography and images

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. However, due to cases of abuse to children through taking or using images, we must ensure that we have safeguards in place. Practitioners must monitor the e-safety of the children at all times, if there is a parental control or filter feature, it must be used to prevent the children from browsing across inappropriate material.

To protect children, we will:

- Obtain parents' and carers' consent for photographs to be taken or published (for example, on social media and newsletters)
- Ensure the setting's tablet or designated camera is only used in the setting and any images taken will not be emailed as it may not be secure. (In some instances, it may be required to seek parental permission to email images, but the potential risks must be made clear to parents).
- The camera is not to be used in the bathroom or to take photos of toilet training under any circumstances.
- Practitioners should promote the safe use of ICT and help children and young people understand any potential risks this may present
- Ensure that children are appropriately dressed, and only use the child's first name with an image.
- Ensure that personal cameras are not used to take photographs, video or audio recordings in our setting. For a special event, such as a Christmas play, we advise parents to only take photos of their own child and are not uploaded onto social networking sites, in case there are other children in them.

- Ensure that all images are stored securely and password protected and are deleted once printed for profiles and displays.
- Ensure where professional photographers are used, DBS's, references and parental consent will be obtained prior to photographs being taken.
- Ensure 'acceptable use' rules regarding the use of cameras by children are embedded in practice.
- Ensure the use of cameras is closely monitored and open to scrutiny.

Establishing a professional code of practice

All setting practitioners are valued members of the team. Everyone is expected to set and maintain the highest standards for their own performance, to work as part of a team and to be an excellent role model for our children.

All practitioners will sign and adhere to the setting's code of conduct which outlines the expectations for all practitioners with regard to children, parents and carers and interactions within the team. In our setting we adhere to the following code of conduct rules:

All practitioners should:

- Place the safety and welfare of children above all other consideration
- Treat all members of the setting community, including children, parents, colleagues with consideration and respect;
- Adhere to the principles and procedures contained in the safeguarding policy;
- Treat each child as an individual and make adjustments to meet their individual needs; including age-appropriate equipment.
- To be considerate of individuals additional needs;
- Demonstrate a clear understanding of and commitment to non-discriminatory practice;
- Recognise the power balances between children and practitioners, and different levels of seniority of practitioners and ensure that power and authority are never misused;

- Understand the setting practitioners are in a position of trust;
- Be alert to, and report appropriately, any behaviour that may indicate that a child is at risk of harm;
- Encourage all children to reach their full potential;
- Never condone inappropriate behaviour by children or practitioners;
- Report and challenge abusive adult activities, such as ridicule or bullying
- Share concerns about inappropriate adult behaviour with the designated lead
- Be confident and understand the 'Whistle blowing' procedure.
- Take responsibility for their own continuing professional development;
- Refrain from any action that would bring the setting in disrepute;
- Value themselves and seek appropriate support for any issue that may have an adverse effect on their professional practice.
- Encourage good attendance and must call the parents if non-attendance and must report if of concern.

Practitioners do not:

- Play inappropriate physical contact games with children
- Engage in inappropriate verbal banter
- Make suggestive remarks or gestures or tell jokes of a sexual nature
- Rely on your good name to protect you – it may not be enough
- Believe that an allegation could not be made against you – it could
- Give your personal contact details – such as home or mobile phone number, email or home address – to any child, parent or carer that you work with
- Make contact with, or allow contact from children, parents or carers, within social networking sites
- Practitioners are to sign this policy to say they agree and understand all the terms within it.
- Practitioners are to abide by the drugs and alcohol policy.
- Discuss any issues to friends/family

- Discuss any issues on social media

Any practitioners known to be breaking these conditions will be given a formal warning and disciplinary action will follow.

Whistle blowing

Any individual who has reasonable suspicion of malpractice or concerns about a child's welfare should inform the Safeguarding designated lead immediately. If they do not feel this is the appropriate person, they should approach the manager, or another manager, Ofsted, SPA or the local authority's (I&I). It is recognised that for some people this can be a daunting and difficult experience. All reports will be investigated and dealt with in confidence, including only those practitioners on a 'need to know' basis. Complaints about the Safeguarding designated lead/manager should be reported to Single Point of Access (SPA).

Prevent duty

Greenacres has a responsibility to the Prevent duty (2015)

Terminology:

Radicalisation: the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

We demonstrate activity in the following areas

- Assess the risk of children being drawn into terrorism
- Demonstrating the protection of children and young people from being drawn into terrorism by having a robust safeguarding policy.

- Ensure that safeguarding arrangements take into account the policies and procedures of the KRSCP.
- We ensure practitioners are trained, giving them the knowledge and confidence to identify children at risk of being drawn into terrorism and to challenge extremist ideas which can be used to legitimise terrorism.
- We ensure the children are safe from terrorist and extremist material when accessing the internet, in the setting.

We use the fundamental British values within our Greenacres life values in everyday procedures, to build up the children's resilience to radicalisation.

British Values are a set of four values introduced to keep children safe & to promote their welfare:

democracy,

rule of law,

individual liberty,

mutual respect and tolerance for those with different faiths and beliefs.

Greenacres has taken these values and made them into the **Greenacres life values**, which are more child friendly. These are;

We make good choices

We encourage and celebrate success

We support our local community

We follow the rainbow/bee/lions roaring rules

We encourage the children to take safe risks

We celebrate diversity and respect each other's beliefs

We listen to our parents' views

Recognising abuse

To ensure that our children are protected from harm, we need to understand what types of behaviour constitute abuse and neglect. The setting will ensure all practitioners understands their responsibilities in being alert to indicators of abuse and their responsibility for referring any concerns to the Safeguarding and Child Protection designated person using the four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect set out below:

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.

Physical abuse

Physical abuse is a form of abuse which 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. 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 participating in normal social interaction. It may involve seeing 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.

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 care-givers); or
- ensure access to appropriate medical care or treatment.

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

Practitioners are to also be aware of **Female genital mutilation (FGM), domestic violence and abuse and child sexual exploitation.**

Domestic violence and abuse

The cross-government definition of domestic violence and abuse is '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. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial & emotional

Signs that may suggest children are exposed to domestic abuse:

- aggressive behaviour
- displaying anti-social behaviour
- acting out their experiences
- suffering from depression or anxiety
- not achieving potential - due to difficulties at home or disruption of moving to and from refuges.

Female genital mutilation (FGM)

FGM 'includes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons whether for cultural or other non-therapeutic reasons'

FGM constitutes child abuse and causes physical, psychological and sexual harm which can be severely disabling. In the case of suspected FGM providers must not contact parents before seeking advice from SPA or mediate between the children and their parents.

Signs that may suggest FGM:

- a child may talk about a special procedure or ceremony that is going to take place
- prolonged absence from the setting
- change in behaviour on return

- damage to the genital area and/or adjacent tissues
- pain or difficulty in sitting
- bleeding or infection
- urine retention
- fracture or dislocation as a result of restraint
- psychological damage, including depression, anxiety, and sexual dysfunction

Child sexual exploitation (CSE)

Child sexual exploitation is a form of sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status for the perpetrator or facilitator. It could be part of a seemingly consensual relationship. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

They may also include 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 and other children can also commit sexual abuse.

We remember this as **SPEND.FC**

Sexual

Physical

Emotional

Neglect

Domestic abuse/violence

Female genital mutilation

Child sexual exploitation

Indicators of abuse and what you might see

It is vital that practitioners are aware of the range of behavioural indicators of abuse and report any concerns to the designated safeguarding person. We are aware that it is our responsibility to report concerns, but that it is not our responsibility to investigate or decide whether a child has been abused.

We are aware that this could take a number of forms, for instance:

- A child has an unexplained injury, bruise or mark.
- A child has an injury, bruise or mark and the explanation given for how it was caused is not consistent with the injury.
- There are significant changes in a child's behaviour.
- The child shows signs of significant neglect, including untreated medical conditions.
- The child makes comments that give you cause for concern.

It often takes a great deal of courage for a child to talk to anyone about their abuse, a child who discloses may risk a great deal by hoping that you will believe what they say.

- Stop other activity and focus on what the child is saying, responding to a suspicion of abuse takes immediate priority;
- Seek any necessary medical treatment without delay;
- Stay calm and do not express shock or disbelief;
- Listen carefully to what is being said, allow the child to continue at their own pace. Ensure questions are absolutely minimal and completely open, for example "How did that happen?"
- Repeat back to the child (as accurately as possible) what you heard, to check your understanding of what the child has told you;
- Tell the child they are not to blame; it's not their fault and they have done the right thing in telling you;
- Not promise to keep secrets - find an appropriate early opportunity to explain it will be necessary to tell someone else in order to help them and keep them safe;

- Ask the child if they have told anyone else;
- Tell the child what you will do next and with whom the information will be shared;
- Inform the designated safeguarding and child protection person and/or your senior manager as soon as possible; who may ask the parent or carer about what has been disclosed, so long as it does not put the child at increased risk (see Seeking consent); as soon as possible, record in writing what was said, using the child's own words.

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They will be viewed as part of a jigsaw, and each small piece of information will help the designated safeguarding person to decide how to proceed. The setting does not need 'absolute proof' that the child is at risk to make a referral.

Confidentiality and sharing information

Child protection information will be stored and handled in line with Data Protection Act 2018 principles. Information is:

- Processed for limited purposes
- Adequate, relevant and not excessive
- Accurate
- Kept no longer than necessary
- Processed in accordance with the data subject's rights
- Clear and Secure

Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.

We will develop effective links with relevant agencies and cooperate as required with any enquires regarding child protection matters, including attendance at case conferences.

Additional safeguarding and welfare requirement policies and procedures

1. Parent partnerships including Complaints, comments and concerns
2. Behaviour management to include when physical intervention is used
3. Equality and diversity including inclusion
4. Confidentiality and information sharing
5. Managing and administering medicines
6. Accident procedure
7. Sick child and exclusion of illness
8. Lost or missing child
9. Collection and non-collection of children
- 10.Children's wellbeing including Nappy changing
- 11.No smoking
12. Emergency and fire evacuation
- 13.Health and safety
- 14.Risk assessments

