**SAFEGUARDING POLICY**

Safeguarding Policy, Guidance and Child Protection Procedures including Whistleblowing **Statutory Framework for the Early Years Foundation Stage**

**Quote Ref: 3:4**

*‘Providers must be alert to any issues for concern in the child’s life at home or elsewhere. Providers must have and implement a policy and procedures to safeguard children. These should be in line with the guidance and procedures of the relevant Local Safeguarding Children Board (LSCB)’*

**Purpose of the Policy**

The purpose of this policy is to ensure the nursery complies with the statutory procedures set out in the Framework for the Early Years Foundation Stage and **Working Together 2015** which is adapted locally by the Barnsley Safeguarding Children Board (BSCB)**.**

We aim to:

* Provide early help to families to ensure that when they need support they have access to the appropriate services.
* Provide an environment where children, young people and families are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to.
* Identify any physical, emotional or behavioural signs which indicate that a child or young person may be suffering from, or is likely to suffer from significant harm.
* Ensure all staff understand and implement effective child protection procedures
* Ensure nursery staff are vigilant, competent and confident to respond to safeguarding situations.
* Build relationships and support communication between staff, children, parents/carers and the public which foster respect, confidence and trust.

**What you should do**

* Ask for help when you, your child or family are experiencing difficulties as the Nursery has staff and services that can give support.
* Discuss with us any issues which may cause a change in your child’s behaviour. For example, a grandparent’s death or a divorce/separation.
* Communicate any safeguarding concerns you have about your own child or any child within the community.
* Understand that the nursery has a duty to identify concerns and raise them with you if it is appropriate
* Understand that the nursery will not discuss with you any concerns that they have about your child if they feel this may put them at risk of further harm, these concerns will be reported.

**Guidance on the Signs and Symptoms of Abuse**

**What is abuse?**

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family, in an institution or community setting, or over the internet, or be taken out of the country to be abused (in the case of female genital mutilation). The abuser\s may be; known to them, it may a stranger\s, it may be an adult\s or another child\ren or young person\s.

Some children are more vulnerable than others, disabled children and children who have disabled parents are considerably more vulnerable to abuse.

**Neglect –** Neglect is a pattern of failing to provide for a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child’s health or development. Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur in pregnancy as a result of maternal drug or alcohol abuse.

**Physical abuse** – Physical abuse is deliberately physically hurting child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. Physical abuse can happen in any family, but may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

**Female Genital Mutilation (FGM) –**

Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (**World Health Organisation 2014).** FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. It is an offence for any person in England, Wales or Northern Ireland (regardless of their nationality or residence status) to perform FGM, or to assist a girl to carry out FGM on herself. It is also an offence to fail to protect a girl from FGM.

**Indications that FGM may be about to take place**

* The family come from a community that is known to practise FGM.
* Parents state they will take the child out of the country for a prolonged period.
* A child may talk about a long holiday to a country where the practice is prevalent.
* A child may confide that she is to have a “special procedure” or celebration.

**Honour Based Violence** – So-called honour based violence encompasses crimes which have been committed to protect or defend the honour of a family or community.

**Forced Marriage** – Forcing a person into a marriage in the UK is a crime. A forced marriage is one entered into without the full consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into marriage.

**Sexual Abuse and Exploitation**– Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. It 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. It 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.

Sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve, humiliating and degrading sexual assaults. In some cases young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. A significant number of children who are victims of sexual exploitation go missing from home, care or education at some point.

**Emotional Abuse** – Emotional abuse is the persistent emotional maltreatment of a child. It is sometimes known as psychological abuse and it can have severe and persistent adverse effects on the child’s emotional development. Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example in the way a parent interacts with their child. It may include deliberately telling a child that they are worthless, or unloved and inadequate. 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 involve serious bullying -including online bullying through social networks, online games or mobile phones-by a child’s peers.

**Radicalisation –** this refers to the process by which a person comes to support terrorism and forms of extremism. The Prevent duty requires the teaching of fundamental British Values those who oppose such values are extremists. Radicalisation is a form of abuse.

**If any of the above signs and symptoms of abuse are identified, action will be taken if:**

* There has been persistent or severe neglect of a child which results in serious impairment of the child’s health or development including failure to thrive.
* There is severe, adverse effects on the behaviour and emotional development of the child caused by persistent or severe ill treatment or rejection.
* There has been a physical injury to a child, including deliberate poisoning or where there is a definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented.
* There has been an injury or injuries observed connected to sexual abuse or witnessed occasions where a child indicates sexual activity through play, drawings or has an excessive pre occupation with sexual matters or has an inappropriate knowledge of adult sexual behaviour.

**What we will do**

* Provide access to help and support for families who are experiencing difficulties through the use of an Early Help Assessment
* Ensure policies and procedures in relation to safeguarding are in place and that staff understand and follow them to support the delivery of high quality care to children at all times.
* Ensure children are not placed at risk while in the charge of nursery staff.
* Deal with situations where children harm other children promptly and track behaviour through our Behaviour Policy and Procedures.
* Maintain confidentiality at all times, only sharing information with relevant professionals to support the safeguarding of children.
* Ensure all staff receive safeguarding training every three years and ensure the Designated Safeguarding Lead and any deputies receive training every two years and receive annual updates. All staff must complete Prevent Training and have an understanding of how to identify children at risk of being drawn into terrorism and how to support parents who fear their child maybe at risk of radicalisation.
* Provide Staff with the opportunity to discuss safeguarding concerns within the nursery through;
* talking to the Designated Safeguarding Leads
  + discussions in their regular staff supervision
  + staff meetings - regular agenda item
  + senior Management Team meetings – regular agenda item
* Make sure all staff within the nursery has the opportunity to raise any concerns they have regarding the delivery of services or the practice of a staff member. They can ‘Whistleblow’ internally, by reporting concerns to their line manager or directly with BMBC via the Whistleblowing Policy, or externally with Ofsted following the Whistle blowing Procedure (see page 10 of this policy)
* Ensure risk assessments are carried out as suggested in the Prevent Duty 2015.
* The Designated Safeguarding Leads are identified in the nursery at all times. The names of the Designated Safeguarding are Toni Millward, Karina Jackson, Katie Mellor, Anna Fieldsend and Sam Wrend. There maybe occasions when the Designated Safeguarding Deputy role is being carried out by a member of the wider Family Centre/ Early Start and Families Service.

**Role of Designated Lead\Deputies**

The Nursery Manager is a Designated Safeguarding Lead who has ultimate lead responsibility for child protection this responsibility can not be delegated.

They must ensure they and their deputies have received Safeguarding training every two years and will access Prevent awareness training. In addition to formal training knowledge and skills will be refreshed annually via e-bulletins, meeting with other designated leads and taking time to read and digest safeguarding developments.

**The Designated Lead can appoint one or more suitable deputies to support them in carrying out the following duties:**

* Referring cases of suspected abuse to the local authority children’s social care/joint assessment team
* Referring cases where a person is dismissed or has left the setting due to causing risk\harm to a child to the Disclosure and Barring Service as required.
* Giving support, advice and guidance to all staff on an ongoing basis to encourage the early identification of the signs that children/families are experiencing difficulties that may result in a safeguarding concern being raised.
* Notifying the Local Authority Designated Officer (LADO) immediately if they are made aware of an allegation against staff/volunteer or student following the ‘Allegations Against a Member of Staff/Volunteer/Student Policy’ and taking any associated actions.
* Ensuring that all staff, volunteers and students undertake mandatory safeguarding training. This includes how to recognise the symptoms of possible physical abuse, neglect, emotional abuse and sexual abuse and that all staff understand the relevant procedures to follow.

**Allegations against a Member of Staff Policy**

All staff that work in the nursery are recruited using safer recruitment methods which include the Disqualification by Association Procedure and must abide by the policies. All staff must have regular supervision meetings which includes discussion regarding any concerns they may have about their colleagues practice and whether their own safeguarding status has changed.

* Any inappropriate behaviour displayed by members of staff, or any other person working with the children, for example, inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or sharing of inappropriate images must be reported to the Designated Safeguarding Lead, who will report this directly to the Local Authority Designated Officer (LADO).
* Detailed guidance in relation to the appropriate handling of any safeguarding allegations against staff members, volunteers and students is available within the Allegations Against a Member of Staff, Volunteers and Students Policy.

**Whistleblowing Procedure**

Whistleblowing is the term used for an employee raising concerns about practices and procedures in their workplace.

* If a member of the nursery staff has a concern regarding the practice of a member of staff or procedures within the nursery they should raise this with their line manager or if this is not appropriate they should raise it with the Designated Safeguarding Lead.
* If the member of staff does not feel they can raise their concern within the nursery then they should follow the Whistleblowing Policy and Procedure
* If the member of staff does not feel they can raise their concern internally with nursery then they can call/email Ofsted using the contact information below:

Piccadilly Gate, Store Street

Manchester M1 2WD

Tel: 0300 123 3155

Email: whistleblowing@ofsted.gov.uk.

**Safeguarding Procedure**

The Nursery manager is accountable for ensuring all safeguarding procedures are followed and relevant documentation is kept up to date and stored securely.

**How will we respond to suspicions of abuse?**

When there are any of the following concerns they will be monitored through the Cause for Concern process and recorded on the **Cause for Concern Form,** (Appendix 13).

* Significant changes in children’s behaviour;
* Deterioration in children’s general well-being;
* Bruising, marks or signs which indicate possible abuse or neglect;
* Children’s comments or behaviour which give cause for concern.
* The Designated Safeguarding Lead\Deputy will seek to clarify any concerns with the child as appropriate to their age and understanding and with parents/carers prior to making a referral to Children’s Social Care. This is unless it is considered that such a discussion would put the child at further risk of harm in which case we will make a referral without discussing this with the parent/carer.
* After following the Cause for Concern process, if the Designated Safeguarding Lead\Deputy is unsure as to whether a child protection referral is necessary they can seek guidance from the **Request for Service Guidance** (Appendix 11c) and **Barnsley’s Threshold for Intervention -Continuum of Assessment** and/or can telephone the Children’s Social Care Assessment Team for a consultation. The contact information for the Social Care Assessment Team and Local Authority Designated Officer are on the **Safeguarding Poster**.
* When making a child protection referral to Children’s Social Care, the Designated Safeguarding Lead\Deputy should contact the Children’s Social Care Assessment Team by telephone as soon as possible if they consider the child is currently suffering significant harm. This should then be followed up in writing by completing the **Children’s Social Care Request for Service form** within 24hours. For guidance please see the **Request for Service Guidance** and **Barnsley’s Threshold for Intervention - Continuum of Assessment -Threshold Document**
* If the harm identified does not require an immediate response or if a formal assessment of need by social care is required, the **Request for Service Form** should be completed following the Request for Service Guidance as above.
* The Designated Safeguarding Lead must fully complete the **Request for Service form** hand deliver to relevant Social Care Assessment Team.

Assessment Team - [cypfassessment&JIT@barnsley.gcsx.gov.uk](mailto:cypfassessment&JIT@barnsley.gcsx.gov.uk)

Disabled Children’s Team -[disabledchildrensteam@barnsley.gcsx.gov.uk](mailto:disabledchildrensteam@barnsley.gcsx.gov.uk)

* Once the Cause for Concern Procedure has been followed if the outcome does not result in the need for a child protection referral to the Social Care Assessment Team the actions should be recorded on the Cause for Concern form and monitored appropriately.
* The Designated Lead is responsible for having a full understanding of any safeguarding concerns that are raised by staff regarding any nursery child\ren or family. Therefore, it is their duty to liaise with any appointed deputies upon their return from any absences from work due to leave sickness etc.
* The Designated Lead must organise a monthly meeting to review all absences, cause for concerns and existing injuries that have occurred that month looking for any patterns which may signal that a child is at risk of, or is suffering harm.

**Procedure for the Recording and Storing of documentation**

Whenever concerns/changes are observed in a child’s behaviour or physical appearance or condition, a confidential record will be made following the Cause for Concern Policy.

* The record will include objective observations and information regarding the child’s behaviour/appearance and where a child has made a disclosure it will contain the actual words spoken by the child.
* These records are kept in a separate Safeguarding file. The Safeguarding File contains Cause for Concern Forms and Existing Injury Forms from nursery that are filed under the child’s name. The Safeguarding File will only be accessed by designated members of staff on a need to know basis.

**Transition Procedure**

It is important that when a child leaves the nursery their records are transferred with them which is crucial as it will support the child’s next setting to offer the right support to the child and family. Where information has been provided by a third party and that information is still relevant it should be passed on to a new setting if staff are unsure as to whether to share or not they should contact the third party who supplied the information.

Therefore when a child leaves:

* The key person will attend the new setting to transfer documentation**.** The documentation mustbe passed in person to the Designated Safeguarding Lead at the new setting who must sign to say they have received the information.
* If they are moving to a new setting outside the borough, to a school, a private/voluntary/independent nursery or a childminder the documentation should be copied (scanned) and kept for seven years. The **transition paperwork** must be completed and the documentation passed in person to the new setting who will be required to sign to say they have received the information.
* Where there are records in a child’s safeguarding file and the child leaves without a known destination, all attempts must be made to locate the child e.g. by contacting the Health Visitor, Education Welfare Officer (school age siblings), or any other relevant professionals.

**Reviewed: 23rd November 2016 Next Review: May 2017.**

**This Policy will be reviewed at least every six months or when new legislation is passed.**