



## **CHILD PROTECTION/SAFEGUARDING CHILDREN POLICY** **Linked in with this policy is- PREVENT DUTY & FGM**

**The Nursery has a duty that you are aware that abuse does occur in our society. This statement lays out the procedures to be taken if we have reason to believe that a child in our care is subjected to any form of abuse or neglect.**

Every child's safety and welfare is paramount and overrides all other considerations.

Safeguarding children is everyone's responsibility

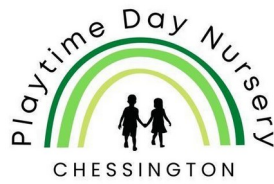
Staff are to make all children feel secure in their environment and provide them with opportunities to learn about their bodies, make choices, and learn about assessing risks and understanding of limits and boundaries. All adults should act as positive role models for children and should actively promote high self-esteem in all children.

**Abuse and Neglect-** Child abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm on them or by failing to prevent harm.

Child abuse may happen in a family, institution or community setting, by people known to the child and by others (for example via the internet.) It is important to know the indicators of abuse and be alert to the need to further consult.

**Physical abuse-** This can involve hitting, shaking, kicking, throwing, poisoning, burning, scalding, drowning and suffocating. It can also result when a parent or carer fabricates the symptoms of or deliberately causes illness in a child.

**Emotional abuse-** Emotional abuse involves the persistent emotional maltreatment of a child and causes severe and persistent adverse affects on a child's emotional development. It may involve making a child feel worthless, unloved and inadequate. It may include not giving the child opportunities to express their views deliberately silencing them or making fun of them. It may be that developmentally inappropriate age expectations are imposed on them or children are prevented from having social contact with others. It may involve seeing or hearing the ill treatment of someone else such as in domestic violence/abuse.



**Sexual abuse-** Sexual abuse involves forcing or enticing a child to take part in sexual activities whether or not the child is aware of what is happening. This may involve physical contact both penetrative and non penetrative. It may also include non contact activities such as involving a child in looking at sexual images or watching sexual images, encouraging children to behave in a sexually inappropriate way or grooming a child in preparation for abuse. Sexual abuse is not solely perpetrated by males. Women can also commit sexual acts as can other children.

**Neglect-** Is the persistent failure to meet a child's basic physical and/or psychological needs which can significantly harm their health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve failure to provide adequate food, clothing and shelter. Inadequate supervision such as being left alone for long periods of time, failure to ensure appropriate medical care and treatment as necessary. Lack of response to a child's basic emotional needs.

**Domestic Abuse-** Domestic violence can affect anyone it occurs in all age, racial, socioeconomic, educational, occupational, and religious groups, gender.

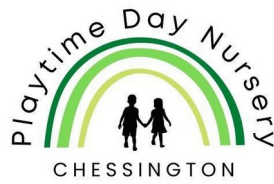
Domestic violence typically involves repetitive behaviors including different types of abuse such as physical assault, psychological, emotional, and economical abuse. Please see Domestic Violence Policy.

It ***is caused by the perpetrator*** and not by the victim or the relationship; it is a criminal offense where actual or threatened physical or sexual force is used.

It differentially affects men and women: women experience more violence over a lifetime, more severe forms of violence and more serious injuries than do male victims.

**Female genital mutilation (FGM)-** Female Genital Mutilation, or FGM, is a collective term for procedures which include the removal or partial removal of the external female genitalia for non-medical purposes.

- It is sometimes referred to as 'cutting', 'initiation' or 'female circumcision' and has been illegal in the UK since 1985



- It is extremely painful
- FGM can have serious on-going physical and emotional health consequences
- It is considered to be a form of child abuse under the areas of physical abuse and emotional abuse
- FGM is illegal and can be performed on a child who is unable to resist or give informed consent.

Procedures are usually carried out by a female member of a girl's family or extended family using a sharp implement e.g. glass, knife or scissors; sometimes the same implement is used on more than one girl at the same time. It's sometimes carried out on a girl without the mother's consent or knowledge too.

**Why does it happen?** FGM isn't linked to any religious expectations, it is a culture-specific practice and social norm practiced by families for a number of reasons, often thought to be essential for a girl to become a 'proper woman' and to be 'marriageable'

There are of course tensions for families in the UK that are from countries where FGM is common practice and perceived as a part of being female.

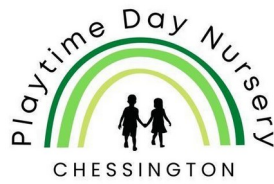
Some may justify Female Genital Mutilation for:

- Tradition
- Family honour
- Hygiene
- Fear of exclusion from communities.

While respect for families' culture and tradition is important, cultural considerations and sensitivities should not override the professional need to take action to protect a child in your setting.

In a case of suspected FGM staff must not contact the parents before seeking advice from SPA.

**Prevent Duty and Radicalisation- Extremism – the Prevent Duty**



Working Together to Safeguard Children (2018) defines extremism. It states “Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist”

Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

This may be a cause for concern relating to a change in behaviour of a child, family member or adult working with the children in the setting, comments causing concern or actions that lead staff to be worried about the safety of a child in their care.

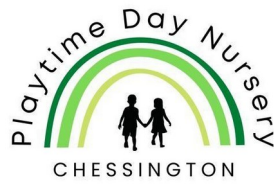
Alongside this we will be alert to any early signs in children and families who may be at risk of radicalisation, on which we will act and document all concerns when reporting further.

The NSPCC states that signs of radicalisation may be:

- \* isolating themselves from family and friends
- \* talking as if from a scripted speech
- \* Unwillingness or inability to discuss their views
- \* A sudden disrespectful attitude towards others
- \* increased levels of anger
- \* increased secretiveness, especially around internet use.

We will tackle radicalisation by:

- \* Training all staff to understand what is meant by the Prevent Duty and radicalisation



- \* Ensuring staff understand how to recognise early indicators of potential radicalisation and terrorism threats and act on them appropriately in line with national and local procedures
- \* Make any referrals relating to extremism to the police (or the Government helpline) in a timely way, sharing relevant information as appropriate
- \* Ensure our nursery is an inclusive environment, tackle inequalities and negative points of view and teach children about tolerance through British Values
- \* Using the Government document Prevent Duty Guidance for England and Wales<sup>1</sup>

From the 1<sup>st</sup> of July 2015 all early years' providers are subject to a duty under Section 26 of the counter terrorism and security act 2015.

All staff must have "due regard to the need to prevent people from being drawn into terrorism." This duty is known as the Prevent duty.

Even very young children may be vulnerable to radicalisation by others. Identifying children who may be vulnerable to radicalisation and protecting children from the risk of radicalisation is part of staff's wider safeguarding duty and is no different to protecting children from other forms of harm.

To ensure we adhere to and achieve the prevent duty we will:-

Ensure staff has appropriate training to enable them to identify children who may be at risk of radicalisation and respond in an appropriate way.

Build children's resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views. This will be done in an age appropriate way ensuring children learn right from wrong, mix and share with others, value others views, know about similarities and differences between themselves and others and challenge negative views, attitudes and stereotypes. (See fundamental British values policy).

As with all safeguarding staff should be alert to any changes in children's behaviour, language and mannerisms that may indicate they may be at risk.



If you suspect a child is at risk from radicalisation this should be reported to your manager or deputy who will make the appropriate referrals through SPA. The referral will be made as a Prevent referral. A decision as to what information should be passed onto the parents will be made (with advice from SPA) depending on whether the child may be at immediate risk of harm.

### **Peer on Peer sexual abuse**

Incidents of bullying by one or more children against another child constitute a child protection concern if there is reasonable cause to suspect the child is suffering or likely to suffer significant harm. Bullying may include physical, sexual, emotional or verbal abuse. Such incidents should be reported and acted upon in the same way as child protection concerns.

**Signs and symptoms** of abuse can be found in the **achieving for children safeguarding and child protection guidance April 2016 booklet**, which is kept with this policy in the Yellow Safeguarding children box file in the office in the shelf above the manager's desk.

### **Staff need to be aware of –**

**Significant changes to children's behaviour.**

**Deterioration in children's general wellbeing.**

**Unexplained bruising or mark or signs of possible abuse or neglect.**

**Children's comments which give cause for concern.**

**Children who may be particularly vulnerable to abuse such as children with Special educational needs or disabilities, looked after children, children affected by domestic violence or drug and alcohol abuse, asylum seekers. (This list is not exhaustive.)**

The Nursery has a duty to report any suspicions around abuse to the **local safeguarding children's board (LSBC) and Single Point of Access (SPA)**.

SPA will offer advice/support and guidance to professionals, families and the public where there are concerns about a child or young person. SPA acts as a central hub that coordinates information for a range of services. The outcome of contacting SPA will depend on the circumstances but could include;



Being given advice about local services  
Logging concerns about a child.  
Sign posting to services or supporting the Early help assessment and planning tool process.

The Nursery will follow procedures as set out in achieving for children Safeguarding and Child Protection guide for early years childcare providers April 2016 (page 9) the flowchart (safeguarding process flowchart page 25) from this guidance is in the policy folder (This is also displayed in the office and discussed at staff meetings).

If you have any concerns about a child's developmental needs, issues that the parent or carers are experiencing, or you suspect a child is being neglect or subjected to physical, sexual or emotional abuse you should inform Shelly or Hollie and they will telephone SPA initially and then a follow referral will be made if nessesary.Referal forms can be requested from SPA by telephone or online (contact details are at the end of the policy)

- All incidents relating to child abuse should be recorded and where appropriate discussed with the child's Parents/Carers, a record of the abuse, the parent's explanation and how they reacted as well as what the child said and how they reacted should be recorded.
- This should be recorded on a separate incident sheet (safeguarding incident record from); a safeguarding chronology form should be and started body record map completed if necessary these should be kept in the child's file in the office. The manager must always countersign each incident.
- The Manager / Deputy should then make the decision on whether or not to contact social services team.

In situations that are not immediately clear the Manager/Deputy should contact the SPA for advice.

Confidentiality should be maintained at all times and parents are to be made aware of the nursery's duty to share child protection issues with other professionals and agencies.

All Staff must have Safeguarding Children Training and these should be updated annually. Staff should make sure they are familiar with the



## **achieving for children Safeguarding and Child Protection guidance April 2016.**

It is the Managers responsibilities to keep up to date with current legislation and update this policy accordingly. Managers will then pass on all new information to staff at meetings and use these times to keep all staff aware and confident in their role in safeguarding children.

Only staff or volunteers that have had DBS checks will be allowed to be in a room on their own with a child and 'unvetted adults' are made aware of this during their induction period.

**Shelly, Hollie Burge are level 3 trained and are** the named designated persons, they make all staff aware of their responsibilities and will provide training opportunities for staff to do this competently there should be a designated person on the premises at all times. Designated persons should have safeguarding training every two years and should update their knowledge annually. All other practitioners are Level 2 trained.

### Procedures with Handling Disclosures

**REMEMBER-** It takes a great deal of courage for a child to talk to anyone about their abuse. Children learn to be good at covering up abuse and often give plausible explanations for what has happened. They may have to betray a person who is close to them, who they may love, or who has power over them. A Child who discloses may risk a great deal by hoping that you will believe what they say.

### **Staff should**

- Always remain calm and do not express shock or disbelief you don't want to upset the child or make them anxious.
- Stop any other activity and focus on what the child is saying, responding to a suspicion of abuse takes immediate priority.
- Seek any medical treatment as necessary.
- 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?"
- Communicate with the child in a way that is appropriate to their age/ understanding and preference. (This could include a child with a Special Educational Need or English as an Additional Language).





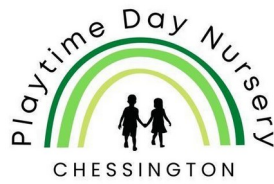
- Repeat back to the child (as accurately as possible) what you heard, to check your understanding of what the child has told you.
- Tell the child they are not to blame, it's not their fault and they have done the right thing in telling you.
- Never promise to keep secrets and make it clear as soon as possible that it will be necessary to tell someone 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 who the information will be shared with i.e. manager, safeguarding officer.
- Inform the manager and safeguarding officer as soon as possible.
- The parent or carer should be informed about what has been disclosed, so long as it does not put the child at increased risk. (see seeking consent page 11, achieving for children Safeguarding and Child Protection guidance April 2016).
- As soon as possible record in writing what was said, using the child's own words. Note the date, time and names mentioned, to whom the information was given and ensure that all records are signed and dated. Safeguarding incident recording forms are available from the manager.
- Make a note of what the parent or carer tells you.

The settings manager and safeguarding officer will follow the settings child protection procedures and contact SPA

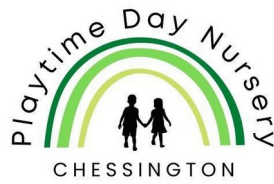
### **Allegations made about an adult in contact with children**

An allegation of child abuse against a member of staff (within the work environment or outside the work environment) or other adult in contact with the children in the setting may come from a parent another member of staff or from a child's disclosure.

- If a member of staff has been accused of abuse against a child they will be suspended from working and being in contact with the child until there is an outcome from the investigation. The member of staff will be kept informed and supported throughout the investigation.
- The matter should be immediately reported to the manager and safeguarding officer. Where the designated person is the subject of the allegation the matter should be reported to SPA.



- A written record of information that includes when the alleged incident took place (time and date) who was present and what was said to have happened and who else may have been present. Will be taken and the record should be signed and dated.
- SPA should be contacted within a maximum of 24 hours for advice and further guidance, who will in turn contact LADO.
- All staff will be expected to cooperate fully with the SPA team and with any police investigation. If the LADO and police decide an allegation requires further investigation a multi-agency strategy meeting will be held to agree who has responsibility for the actions, their timescales and what records should be made.
- If the result of the investigation show the allegation is substantiated disciplinary action will follow and legal advice will be taken as necessary.
- A referral to the Disclosure and barring services (DBS) will be made if the allegation is substantiated and the person is dismissed.
- Parents/carers of a child involved should be informed of the allegation as soon as possible providing provision of information and advice at this stage does not impede the enquiry. Parents/carers may be told immediately if the child requires medical treatment.
- Ofsted will need to be contacted as soon as reasonably possible but at least within 14 days of the incident and will be kept informed during the investigation. The settings registration may be suspended at any time if the children are considered at risk.
- Your Manager will advise the member of staff to get independent legal advice and give contacts for further advice and support.
- The nursery will try to avoid as much disruption as possible but priority to the child's welfare comes first.
- To make sure you do not make yourself vulnerable please see our Mobile phones/internet and camera policy for further guidance and see the safe caring procedures below.



## **Safe caring procedures**

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. At Playtime all staff should be able to recognise and respond in an appropriate and timely manner to inappropriate behaviour displayed by other members of staff or any other person working with the children. e.g. inappropriate sexual comments, excessive one to one attention beyond the requirements of their role, inappropriate sharing of images.

The objectives of the safe caring procedure are to:-

Keep children safe from abuse

Keep staff, students and volunteers safe from false allegations and to promote good practice by all practitioners.

**Staff should follow the guidelines below at all times** -Ensure that all children use appropriate terminology when referring to practitioners.

Don't keep secrets with a child and discourage the children from keeping secrets.

Do not get involved in wrestling games with the children: be aware that physical contact may have a different meaning to children.

If a child talks to you in a concerning way or has an accident then tell another member of staff/manager/deputy and keep a written record of events.

Always report accidents to parents and ensure they sign the accident/incident form.

If a child comes into nursery with an injury ask the parent to fill out an accident at home form.

Beware of how you handle the children especially when lifting them up or putting them down. You should NEVER pull a child up by their arms or wrists as this can cause dislocation.

Anyone who has not had a cleared DBS check should never be alone with the children.

Make sure you call all children by their preferred name and not use nicknames.

Children should only be kissed goodbye if they request this and then only on the cheeks.



**Safer recruitment-** Please see our safer recruitment and employment procedure which details all aspects of the process and links to this Safeguarding and child protection policy.

**Providing Support to Children, their Families and Staff –** Shelly Mahoney and Hollie Burge will provide information and further contacts for support, advice and even counselling during and after the difficult processes of investigations.

**Contact telephone numbers: -** For informing services about concerns of abuse or neglect.

Single point of Access (SPA) 020 8547 5008 or email [spa@kingston.gov.uk](mailto:spa@kingston.gov.uk) referral form for professionals can be downloaded from

<http://www.kingston.gov.uk/downloads/file/1136/spa>

**Emergency out of hours contact 020 8770 5000 for child protection concerns in an emergency outside of office hours all day Saturdays and Sundays and bank holidays. Kingston and Richmond local safeguarding children board (LSCB) 07834 386459 or email [Iscb@rbk.kingston.gov.uk](mailto:Iscb@rbk.kingston.gov.uk)**

### **What is Breast Flattening or Breast Ironing?**

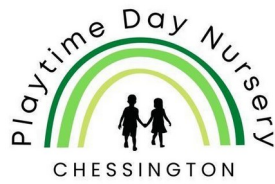
“the process during which young pubescent girls’ breasts are ironed, massaged, flattened and/or pounded down over a period of time (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely.”

In some families, large stones, a hammer or spatula that have been heated over scorching coals can be used to compress the breast tissue. Other families may opt to use an elastic belt or binder to press the breasts so as to prevent them from growing.

Breast flattening usually starts with the first signs of puberty, which can be as young as nine years old and is usually carried out by female relatives.

It should also be acknowledged that some adolescent girls and boys may choose to bind their breast using constrictive material due to gender transformation or identity, and this may also cause health problems.

Breast Flattening can happen anywhere in the world, the map below represents the countries where research has been carried out. Just



because a country is not highlighted, doesn't mean it does not happen, it means there is no research in that area.

What the health consequences of breast flattening or breast ironing?  
Due to the type of instruments that may be used, the type of force and the lack of aftercare, significant health and developmental issue may occur, such as:

- Abscesses
- Cysts
- Itching
- Tissue damage
- Infection
- Discharge of milk
- Dissymmetry of the breasts
- Severe fever
- Even the complete disappearance of one or both breasts.

There may also be an impact on the child's social and psychological well-being.

### **Toxic Trio-**

The term 'toxic trio' is used by some professionals to refer to the co-occurrence of parental domestic abuse, parental substance misuse and parental mental illness in a child's life.