

Safeguarding Policy

Introduction

Child Protection is a very complex and emotive subject and often gives rise to dilemmas and questions.

Throughout all the guidelines issued in relation to Child protection, there is emphasis placed on a child's interests and welfare being paramount, when actions or discussions take place on their behalf. To this end we have a duty to help recognize and assist in the prevention of child abuse and to work together with others to form close links in order to achieve effective inter-agency co-operation. Because our daily contact with children in addition to our professional skills our staff are in a unique position to help achieve this.

The Brotherhood Safeguarding children's board has a responsibility to ensure that all nurseries in the Authority have access to training courses and advice in respect of changes in Legislation.

Statutory Responsibilities

In circular 10/95 Working together act issued guidance on Child Protection Procedures within the Education Service. It reinforces the inter-agency approach advocated by the Children Act 1989.

The guidance in circular 10/95 states that:

- All staff should be alert to signs of abuse and know whom they should report any concerns.
- All nurseries should have a designated member of staff responsible for coordinating action within the nursery and liaising with other agencies.
- All nurseries should be aware of the Child Protection Procedures established by the Child Protection Committee and the Local Education Authority.



- All nurseries should have Procedures for handling suspected cases of abuse, including procedures to be followed if a member of staff is accused of abuse.
- Allegations of abuse made against a member of staff should follow the proper channels, which are included in the policy, and procedures file (policy 2).
- Mobiles and Cameras are not to be used in the setting by any member of staff or parent who is on nursery premises. This to ensure that children are been fully safeguarded in the setting.
- Staff with designated responsibilities for Child protection should receive appropriate training.
- Every LEA should appoint a Senior Officer with responsibilities for Coordinating action on Child Protection across the Authority.
- We adhere to safeguarding vulnerable groups act 2006, all staff, students and volunteers have enhanced DBS prior to starting work in the setting.

Designated Safeguarding Officer

Our Designated Safeguarding Officer is: **Nicola Raistrick And Trina Gillott**

Nicola has vast experience of working with children and has fully completed all training relating to Safeguarding for designated officers.

Nicola has the relevant experience and expertise needed to carry out the role within setting and to liaise with local statutory children's Services agencies.

Trina works closely with Nicola the nursery manager who supports Nicola in her role.

Staff members safeguarding responsibilities

We adhere to the disqualification under the childcare Act 2006, and carry out annual disqualification by association checks as a way of checking on going suitability.

We ensure that all staff members are aware of the safeguarding and child protection policy by:

- ❖ Covering the information during staff inductions.
- ❖ Giving the staff member a copy of the policies to read.

We ensure staff meet their safeguarding responsibilities by:

- ❖ Fulfilling all necessary training relevant to their role.
- ❖ Hold an enhanced DBS check.



Directors: Mrs. T. Scully & Mr. G. S. Scully



- ❖ Are fully aware of and understand the safeguarding policy.
- ❖ Discuss safeguarding during staff induction.
- ❖ All staff being aware of the main indicators of abuse.
- ❖ All staff being aware of clear procedures to follow when discovering signs of child abuse and who to report their findings to.

All practitioners are to have an up to date understanding of safeguarding children issues and are able to implement the safeguarding policy and procedure appropriately.

They must be able to respond appropriately to:

- ❖ Significant changes in children's behavior.
- ❖ Deterioration in their general well being.
- ❖ Unexplained bruising, marks or signs of possible abuse or neglect.
- ❖ The comments children make which give cause for concern about their safety or welfare.

DBS will be informed if we feel that a child has been harmed or believe they could be at risk of been harmed.

Safe working

- ❖ Staff are never left on their own with children, our policy is that they must at all times be a minimum of two staff members in a room.
- ❖ All staff that work in setting are fully checked and are suitable for their position.
- ❖ Our nursery environment is safe and secure, all equipment is safe and age appropriate and all areas in nursery are fully supervised by staff.
- ❖ Visitors have to sign in and out of nursery and are never left unsupervised on the premises.
- ❖ We have security locks on all doors which access can only be gained via a security code, which only staff members are permitted to have. Doorbells are used for all students, parents and visitors.
- ❖ Personal protective equipment is in place for staff to use during nappy changing.
- ❖ It is our policy that we will only release children into the care of individuals named by the parent. If an unfamiliar person arrives to collect a child we will not release the child until contacting the parent first to gain permission.
- ❖ We will never allow a child to leave the premises unsupervised.
- ❖ All necessary steps are in place to prevent intruders from entering the premises.

Information

We ensure that our parents are fully informed of:

- ❖ The type of activities provided for their child.
- ❖ The daily routine of our setting,
- ❖ The staffing in our setting.



- ❖ Food and drinks provided for the children.
- ❖ Our policies and procedures.
- ❖ The complaints procedure.
- ❖ Details for contacting Ofsted and an explanation that parents can make a complaint to Ofsted should they wish.
- ❖ The procedure to be followed in the event of a parent failing to collect a child at the appointed time.
- ❖ The procedure to be followed in the event of a child going missing.

We will always obtain necessary information from parents in advance of a child being admitted to the provision, including:

- ❖ Emergency contact numbers.
- ❖ The child's special dietary requirements, preferences or food allergies the child may have.
- ❖ The child's health requirements.
- ❖ Information about who has legal contact with the child; and who has parental responsibility.
- ❖ Written parental permission is needed to the seeking of any necessary emergency medical advice or treatment in the future.

Visitors

Only staff have access through the doors into nursery, therefore parents and visitors are required to ring the doorbell in order for staff to identify them and let them into nursery.

All visitors are asked to sign in and out in our visitor's book, which is situated in our reception area. We also provide all visitors with a badge to wear during their visit, which is clearly visible and identifies that person.

No visitors are left unsupervised in nursery and they are always escorted to the manager.

Outings

Children are always kept safe whilst on outings. We carry out a full risk assessment, which includes an assessment of required adult: child ratios.

Vulnerable Children:

Staff are aware and trained to support vulnerable children for example children with short or long term illness, children whose parents are going through a divorce or children who may have had a death in the family. Once these children are identified



staff work closely to observe the children more, to watch out for changes in behavior and give the children the support they may require. Staff will work more closely with the parents and share information regularly, if the child attends another setting we will liaise closely with the other setting to ensure all information is shared effectively.

Child Protection records

We now record causes for concern in a confidential file on an appropriate form, this will contain all the information collected. This is saved in the safeguarding file in the managers office.

- Child Protection Records can be kept on computer and are exempt from the disclosure provisions of the Data Protection Act 1984.
- In the case of manual records the Education Regulations 1989, exempt information relating to child abuse from the requirement of disclosure, however, for cases of alleged child abuse which comes to court the court may require the nursery to provide its child protection records.
- Nursery child protection records are NOT, therefore available to parents and they should be kept securely locked with access limited to those who need to know.
- When a child transfers schools, and once a new school is known, there should be contact between designated staff and between settings. The new school will be made aware of the records. These should be sent, marked confidential, to the designated member of staff at the receiving school.
- Notify local child protection agencies of any serious accident or injury to, or the death of any child in your care. LADO and Ofsted to be informed with in 14 days of the allegation been made.

Confidentiality/Disclosure

Nursery staff are in a unique position to recognize and refer suspected cases of child abuse because they have contact on a regular basis and are considered by them to be in a position of trust.

Abuse of a child is unlikely to stop without intervention and/or support. Children in these situations, whether the abuse is happening in the family or elsewhere, for various reasons often feel that they are able to confide in nursery staff.

A child must be made aware that any information they disclose cannot remain a secret. It will be shared on a need to know basis, but no promises must be made to keep a disclosure confidential.

Steps to be taken where a concern about a child's welfare or safety raised.



1. Discuss the concerns with the manager or named designated member of staff, if after this discussion there are still concerns then without necessarily identifying the child in question, discuss the concerns with senior colleagues.
2. If, after this discussion there are still concerns then a referral should be made.
3. In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to social care unless you consider such a discussion would place the child at an increased risk of significant harm.
4. When you make a referral, agree with the recipient of the referral what the child and parents will be told, by whom and when.
5. If you make a referral by telephone, confirm it in writing within 48 hours. Children's social care team should acknowledge your written referral within one working day of receiving it.
6. Early help available with parental permission.
7. MASH and MARF Procedure to be completed if we feel that a child is been harmed.

You might become involved because:

- ❖ You may see an injury about which there is no clear explanation.
- ❖ A child may want to tell you about what is happening to him or her.
- ❖ Another person may express concern about a child's well being.
- ❖ You may have noticed significant changes in a way a child behaves.

What to do:

- ❖ Listen - Non judgmental
- ❖ Ask open questions to clarify, but do not investigate.
- ❖ Do not promise confidentiality - explain you may need to talk to someone immediately.
- ❖ Reassure the child, but avoid unnecessary contact.
- ❖ Inform the designated member of staff - Nicola Raistrick or Trina Gillott about your concerns immediately.

Record:

- ❖ What the child has said - using the child's words.
- ❖ Note the context, time on your record and sign it.
- ❖ Avoid judgments and opinions.
- ❖ Seek advice as to what to do next from the designated member of staff.
- ❖ Maintain contact with the child for reassurance.
- ❖ Be professional. Do not discuss the matter openly.



What is child abuse?

Actual or likely harm to the child where harm includes both ill treatment (which includes sexual abuse and non-physical ill treatment such as emotional abuse) and the impairment of health or development, meaning physical or mental health and development meaning physical, intellectual, emotional, social or behavioral development.

As defined in the Children Act 1989.

Abuse and Neglect

"Somebody may abuse or neglect a child inflicting harm or by knowingly not preventing harm. Children may be abused in a family, an institutional setting or more rarely by a stranger"

('Working Together to Safeguard Children' 2015)

Types of Abuse:

Neglect

Neglect is the persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medicine, care or treatment. It may also include neglect of a child's basic emotional needs.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact including penetrative or non-penetrative acts. They also include non-contact activities such as involving children in looking at pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Staff are aware of children sexual exploitation and know the procedure to follow.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child 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 in so far as they meet the needs of another person. It may involve 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 ill treatment of a child, though it may occur alone.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. 'Munchausen syndrome by proxy' may also constitute physical abuse whereby a parent or carer feigns the symptoms of or deliberately causes ill health in a child.

Contacts:

Safeguarding Unit - 01709 743932

Education Safeguarding - 01709 743510 Sherran Finney & Gillian Brookes

Local Social Services for advice and referral - 01709 823987

National guidance on what to do if you're worried a child is being abused - 0845 6022260

MASH - 01709 336080

Vicky schofield: mash@rotherhamgcsx.gov.uk

LADDO: Gill Brookes:- 01709334186

Additional: 01709823914

South Yorkshire Police (mon-fri, 8am-4pm) - 01709 832793

South Yorkshire Police (out of hours) - 01142 202020

Ofsted - 0300 123 1231

Concerns: 0300123 4666

enquiries@ofsted.gov.uk

Address: Piccadilly Gate

Store Street



Manchester
M1 2WD

Rotherham safeguarding children's board: www.rscb.org.uk

Form to fill in: GrpRotherhamFrontlineTeam@rotherham.gov.uk

The setting follows British Values and prevent. We have a separate policy for this located in our policy file number 83.



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