



## **Stepping Stones Day Nursery & Nursery School Limited**

# **SAFEGUARDING & CHILD PROTECTION POLICY**

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

# Safeguarding and Child Protection Policy

The Designated Safeguarding Lead Officers are:

Jane Kelly

Bernadette Varney

Contact details:

If there are serious concerns and immediate advice is needed the DSL will contact the MASH (Multi Agency Safeguarding Hub).

MASH: 0345 050 7666

Emergency Duty Team (outside office hours): 0800 833 408

No name Consultations: if you would like to make a no names consultation OSCB advise you contact the Locality and Community Support Service (LCSS) on: 0345 2412703

Never attempt to carry out an investigation of suspected abuse by interviewing the young person or any others involved. This is a highly skilled role and any attempts by you could affect possible criminal proceedings.

## STATEMENT

The Child Protection Policy has been developed in accordance with policies established by the Oxfordshire Safeguarding Children's Board. They follow the principles established by The Children Act 1989 and 2004, The Early Years Foundation Stage, Sections 175 and 176 Education Act 2002 and related guidance), Working Together to Safeguard Children (updated 2017), What to do if you're worried a child is being abused (2015) .

The staff and members of Stepping Stones take seriously our responsibility under section 11 of the Children Act to promote the welfare and safeguard all the children and young people entrusted to our care. We understand that safeguarding is not just about protecting children from deliberate harm, neglect and failure to act – it relates to broader aspects of care and education including meeting the needs of children who have special educational needs and / or disabilities; meeting the needs of children with medical conditions; providing first aid; intimate care and emotional wellbeing and online safety.

Our setting should provide a safe, caring, positive and stimulating environment that promotes the social, physical and moral development of the individual child free from discrimination or bullying where children can learn and develop happily.

**The designated Safeguarding Officers who have responsibility for child protection practice in the setting are Jane Kelly and Bernadette Varney.**

**One of these designated people will always be available during opening hours.**

**Jane Kelly can be contacted on 07770 840068 and Bernadette Varney 07866 882250.**

As part of the ethos of the setting we are committed to:

- Maintaining children's welfare as our paramount concern.
- Practising Safe recruitment, including all staff having a DBS check as appropriate and maintenance of a register to evidence that all the safe recruitment checks have been undertaken.
- Providing an environment in which children feel safe, secure, valued and respected, confident to talk openly and sure of being listened to
- Providing suitable support and guidance so that children have a range of appropriate adults who they feel confident to approach if they are in difficulties
- Using learning at the setting to provide opportunities for increasing self awareness, self esteem, assertiveness and decision making so that young

children have a range of contacts and strategies to ensure their own protection and understand the importance of protecting others.

- Working with parents to build an understanding of the setting's responsibility to ensure the welfare of all children including the need for referral to other agencies in some situations.
- Ensuring all staff are able to recognise the signs and symptoms of abuse and are aware of the setting's procedures and lines of communication and the need to make referrals as needed.
- Monitoring children who have been identified as 'in need' including the need for protection, keeping confidential records which are stored securely and shared appropriately with other professionals.
- We operate a key person system whereby a child is predominantly cared for by their key person or buddy. This ensures that at least one staff member knows that child well enough to observe and recognise any changes that may indicate problems for their welfare. We adhere to the staff to child ratios (1:3 BU, 1:4 2-3's and 1:8 Pre-school) and often exceed. If a member of staff is taken home ill or has an accident the manager and office manager are supernumerary and can cover. The owner is available for cover if needed also. This ensures ratios are always met.
- Children will be encouraged to develop a sense of autonomy and independence through adult support in making choices and in naming and expressing their feelings. This will give the child the self-confidence and vocabulary with which to resist inappropriate approaches.
- Developing effective and supportive liaison with other agencies.

### **Stepping Stones staff's role and responsibility in Child Protection**

Everyone involved in the care of young children has a role to play in their protection. As a member of staff at Stepping Stones, you are in a unique position to observe any changes in a child's behaviour or appearance. If you have any reason to suspect that a child in your care is being abused, or is likely to be abused, you have a 'duty of care' to take action on behalf of the child by following this policy.

The designated Safeguarding Officers who have responsibility for child protection practice in the setting are Jane Kelly and Bernadette Varney.

#### **Designated Safeguarding Officers are responsible for:**

- Co-ordinating child protection action within the setting.
- Liaising with other agencies.
- Ensuring the locally established procedures are followed including reporting and referral processes.

- Acting as a point of contact and info gathering for other setting staff.
- Making referrals as necessary.
- Maintaining a confidential record system.
- Representing or ensuring the setting is represented at inter-agency meetings in particular Strategy Discussions and Child Protection Conferences where this is appropriate.
- Managing and monitoring the setting's part in child care and child protection plans.
- Ensuring all setting staff have received appropriate and up to date child protection training.
- Liaising with other professionals including the Local Authority Designated Officer.

### **What is child abuse?**

Abuse is any behaviour, action or inaction, which significantly harms the physical and/or emotional development of a child. A child may be abused by parents, other relatives or carers, professionals and other children, and can occur in any family OR in any other area of society, regardless of social class, wealth or geographical location.

Abuse falls into four main categories (The following definitions are from Working Together to Safeguard Children):

- **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Staff are trained in the indicators of physical abuse (see "**What to look out for – the bruises of child abuse**").

- **Female Genital Mutilation (FGM)**

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies and procedures.

FGM is illegal in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Other than in the excepted circumstances, it is an offence for any person (regardless of their nationality or residence status) to perform FGM in England, Wales or Northern Ireland (section 1 of the Act); assist a girl to carry out FGM on herself in England, Wales or Northern Ireland (section 2 of the Act); and assist (from England, Wales or Northern Ireland) a non-UK person to carry out FGM outside the UK on a UK national or permanent UK resident (section 3 of the Act).

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' (WHO, UNICEF, UNFPA, 1997).

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 which 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 behavior 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.
- . (NSPCC FGM Helpline 0800 0283550.

- **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 included interactions that are beyond the child's developmental capability, as well as overprotection 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.

**Signs that MAY indicate Emotional Abuse:**

- Lack of self confidence / esteem
- Sudden speech disorders
- Self harming (including eating disorders)
- Lack of empathy (including cruelty to animals)
- Concerning interactions between parent / carer and the child (e.g. excessive criticism of the child or lack of boundaries)

- **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.

**Child sexual exploitation** (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organized crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming – to this effect no children are allowed access to the internet whilst at Stepping Stones and if the internet is used for educational purposes (for example teaching phonics) this is done under strict supervision by a member of staff. The manager James Chenery has enabled parental controls on all tablets used in the rooms for observations. Unless a password (known only by James Chenery) is put in access is denied for social sites, the internet, You Tube etc. However, it is also important to recognize that some young people who are being sexually exploited do not exhibit any external signs of this abuse. If you are concerned a child is being sexually exploited call the Kingfisher team on 018650309196.

**Signs that MAY indicate Sexual Abuse:**

**Changes in:**

- Changes in behavior.
- Changes in language.
- Changes in social interaction.
- Changes in physical wellbeing.

It is also important to recognize there may be no signs!

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

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

**Signs that MAY indicate a child is living in a neglectful situation:**

- Excessive hunger.
- Poor personal hygiene.
- Frequent tiredness.
- Inadequate clothing.
- Frequent lateness or non-attendance at nursery.
- Untreated medical problems.
- Poor relationship with peers.
- Compulsive scavenging.
- Rocking, hair twisting and thumb sucking.
- Running away.
- Loss of weight or being constantly underweight.  
(the same applies to weight gain or being excessively overweight).
- Low self esteem.
- Poor dental hygiene.

We must also take into consideration children who are vulnerable to **radicalisation**, whereby a young person can be drawn into terrorism and extremist ideology (**PREVENT DUTY**) As practitioners we should look out for young people (and families)

- Withdrawing from usual activities
- Accessing extremist literature / websites
- Expressing 'them and us' thinking

Resilience to radicalisation can be built by promoting **fundamental British values** (see separate policy) and building good partnership with parents so staff can be alert to any changes in behaviour etc. Any concerns should be shared with James Chenery who will contact the MASH: 0345 0507666



- **Forced marriages (FM)**

FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014. A FM is a marriage conducted without the valid consent of one or both parties, and where duress is a factor. Forced marriage is when someone faces physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if someone is made to feel like they're bringing shame on their family). This is very different to an arranged marriage where both parties give consent. Staff will be made aware that certain countries (e.g. African) are susceptible to forced marriages and be conscious if children are absent for a length of time, become withdrawn or mention things in relation to marriage.

Staff are also vigilant of negative peer interactions – we have 'golden rules' such as 'we will always walk inside; we will be kind and gentle; we will listen; we will use inside voices in the classroom etc.

### **How to share your concerns**

Keep a factual note of any concerns, i.e. what you have observed and heard. Discuss your concerns with the lead person for child protection in your setting who will fill out an initial 'cause for concern' form. If there are serious concerns and the lead for child protection nor the deputy are available but immediate advice is needed contact the MASH (Multi Agency Safeguarding Hub). Sign and date your records for future reference on the 'safeguarding timeline' form.

If you are:

- Concerned that a child may be suffering physical, sexual or emotional abuse or is being neglected.
- Concerned a child or young person and you are being abused or neglected.
- Concerned a parent or carer and you feel you are harming your child or are close to doing so.

Contact one of the following numbers:

Multi-Agency Safeguarding Hub: **0345 050 7666**.  
Emergency Duty Team (outside office hours): **0800 833 408**.  
Ofsted: **0300 123 1231**.  
**NSPCC helpline: 0808 833408**.

If appropriate share any initial concerns with the child's parents, as there may be a perfectly innocent explanation for changes which you have observed, for example:

- A sudden change in behaviour could be due to the death or illness of a close family member or a pet.

- Weight loss and/or failing to thrive could be a symptom of an illness.
- A sibling or another child could have inflicted an injury accidentally.

However; if you suspect sexual abuse or you do not get an explanation which you feel is consistent or acceptable from the parents/carer or you feel that discussing the issue with parents may put the child at further risk of significant harm or you think a criminal offence has been committed.

Then you must discuss your concerns with the appropriate person in the setting as soon as possible and ideally without delay.

### **Concerns or uncertainties:**

There may be occasions when you have concerns about a child, which do not appear to justify a referral of suspected child abuse, but nonetheless leave you feeling uncomfortable. In these circumstances, following discussion with the lead for child protection in the setting use the 'cause for concern' form as initial documentation - a decision may be taken for a no names consultation using the numbers above as appropriate. All further information will be documented on the 'safeguarding timeline' forms.

You do not need to give the child's name at this point. You will then be advised whether or not your concerns do justify making a child protection referral.

The Social Worker may consider the child to be 'a child in need' rather than 'a child at risk of significant harm'. In this case, the common assessment framework may be implemented should you choose to make a referral using the appropriate forms. These forms and any referral can only be made **with the parent's agreement/consent**.

Families sometimes have a negative perception of the role of Children's Social Care, and are reluctant to contact them, fearing that their children may be taken into care. The reality is that Children's Social Care can offer a lot of help, both directly and through other agencies, to families who are experiencing difficulties, so your influence and support in the referral process will be very important. Children's Social Care or other agency will assess the issue, and consider what additional support may be required by the family.

If the family concerned is reluctant for Children's Social Care to be contacted and following a discussion with the lead person/Supervisor, you could ask the parents' permission to contact another relevant agency on their behalf such as the Health Visitor. It is important to document that parental consent had been obtained.

When making any referral the lead person/Supervisor will need to provide the following information, and will have it to hand when telephoning:

- The name, address, date of birth, ethnic origin and gender of the child.

- The names and contact telephone numbers of parents, and other carers or close family members if known.
- The name, address and telephone number of the child's Doctor, and Health Visitor if applicable.
- The incidents which gives rise for concern with dates and times
- The nature of the injuries observed, and/or the reason for your concerns.

Following a telephone referral, we will be expected to follow this up in writing, within 24 hours by completing an inter-agency referral form. These are available from the Oxfordshire Safeguarding Children Board Website.

Under Section 47 of the Children Act 1989, Local Authorities have a statutory duty to make enquiries, where they have "reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm". Children's Social Care carries this responsibility on behalf of the Local Authority. Once a referral has been made a referral, the settings immediate duty has been performed. It is at this point that Children's Social Care will take over where the referral is appropriate and a decision will be made on what happens next. All referrals are taken seriously, and the needs of the child and family will be assessed, so that appropriate enquiries are followed up and support can be put into place where relevant.

### **What will be the outcome?**

Having made a referral about a child, you will probably want to know the outcome of the investigation. You should receive some information, but for reasons of confidentiality, this will be on a 'need to know' basis. The lead person/Supervisor should be invited to participate in any meetings set up for the child.

### **How to respond to a child who discloses something to you.**

If a child tells you something, it is important that you respond appropriately:

- Reassure – do not show shock or disbelief. Take what is said seriously.
- Do listen to the child and avoid interrupting except to clarify.
- Allow the child or young person to make the disclosure at their own pace and in their own way.
- Do not interrogate the child. It is alright to ask for clarification, but you should not ask leading questions. Remember "WH" questions – What happened? / When did it happen? / Who did it? / Where were you?
- Misguided or inappropriate questioning in the first instance can do more harm than good, and may contaminate evidence, which could be needed in an investigation. Use open questions e.g. "Is there anything else you want to say?" The interviewing of children must be undertaken by the trained Social workers or Police Officers.
- Remember T.E.D – **T**ell me, **E**xplain to me, **D**escribe to me
- Do not make any promises to the child about not passing on the information – the child needs to know that you have to talk to someone who will be able to help them.

- Record the information as accurately as you can, including the timing, setting and those present, as well as what was said. Do not exaggerate or embellish what you have heard in any way.
- Inform the lead person for child protection.

### **Record Keeping:**

Staff can play a vital role in helping children in need or at risk by effective monitoring and record keeping. Any incident or behavioural change in a child or young person that gives cause for concern should be recorded on a 'cause for concern' form, copies of which are **kept in the incident book in the office**. It is important that records are kept factual and reflect the words used by the child or young person. Records must be signed and dated with timings if appropriate.

Information to be recorded:

- Child's name and date of birth
- Child in normal context
- The incident with dates and times
- A verbatim record of what the child or young person has said
- If recording bruising/injuries indicate position, colour, size, shape and time on body map.
- Action taken.
- Further information is to be documented on the 'safeguarding timeline' form.

### **What to do if you need to take emergency action to protect a child**

On very rare occasions, it may be necessary to act quickly, for example, to protect a child from a drunken or violent parent. In these circumstances, it would be appropriate to discuss this with the lead person/Supervisor or person in charge immediately who should telephone the police.

In an unlikely event that a child is brought to the setting with serious injuries, it would be appropriate to discuss this with the lead person/supervisor or person in charge immediately who should telephone for an assistance and contact police/social care.

**However, it is important to remember that these types of scenarios are very unlikely to happen.**

### **Allegations against staff – see separate Allegation Against Staff Policy**

- All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- All staff should be aware of the settings behaviour/discipline policy.

We understand that a pupil may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the lead person/supervisor or the most senior staff member available.

- The Lead person/supervisor on all such occasions will discuss the content of the allegation with the LADO (Local Authority Designated Officer) before taking any action. All settings are required to report allegations to the LADO within one working day. In our county contact should be made with **the LADO (01865 810603)**
- If the allegation made to a member of staff concerns the lead person/supervisor the person receiving the allegation will immediately inform the owner Jane Kelly on 01865 875029 who will contact the above LADO. They may also contact the LADO directly.

No attempt should be made to investigate or act on any allegation before consultation with the LADO (contact details above).

- Suspension of the member of staff against whom an allegation has been made needs careful consideration, and we will consult with above named professionals in making this decision.

It is noted that the provisions of the Education Act and other relevant legislation place a general duty on our schools and settings to provide for the welfare of children in our care and, as such, staff will adhere to other related school policies and guidance i.e. Whistle blowing etc.

### **Whistle blowing:**

We recognise that children cannot be expected to raise concerns in an environment where staff fails to do so.

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues. (see our whistle blowing policy) and appropriate advice will be sought from the LADO or Safeguarding Team.

### **What support is available to you?**

There will be regular staff training on Safeguarding. All members of staff must receive regular generalist safeguarding training at least every 3 years. The lead person for child protection and any deputy will also receive specialist safeguarding training every 2 years.

All members of staff should receive an induction which includes an explanation of the procedures to be followed when concerned about a child but also guidance on appropriate staff behaviour around children and whistle blowing.

Any member of the team affected by issues arising from concerns for children's welfare or safety can seek support from their Designated Safeguarding Officers Jane Kelly and Bernadette Varney.

The lead DSO can put staff and parents in touch with outside agencies for professional support if they wish so.

**Use of mobile of Mobile Phones:**

Please note that our setting and all others are expected to have guidance around the use of mobile phones in the setting this guidance is in the policy folder.

**Monitoring and Review:**

All setting personnel and visiting staff will have access to a copy of this policy and will have the opportunity to consider and discuss the contents. The policy will also be available to parents.

The policy will be reviewed regularly if changes in safeguarding arise and as a minimum annually.

<b>This policy was adopted on</b>	11/01/05
<b>Signed on behalf of the nursery:</b>	<b>Date Reviewed:</b>
<b>James Chenery</b>	09/06, 09/07, 09/08, 09/09, 09/10, 09/11, 09/12, 09/13, 09/14, 09/15, 07/16, 09/16, 03/17, 09/17, 12/17, 01/18
<b>Jane Kelly</b>	09/2018