

Safeguarding

Policy Statement

Safeguarding practices are embedded in all the work that we do with children, their families and all students and volunteers under the age of 18 years. Safeguarding is everyone's responsibility. This policy and procedure applies to: permanent staff, agency staff, casual staff, apprentices, volunteers and students. This policy is written in line with Local Safeguarding Children Board (LSCB).

Our Commitment to Safeguarding

Our commitment to safeguarding recognises the high standards expected of our service. There are a number of key principles underpinning Safeguarding, these are:

- All practitioners are subject to our recruitment procedure and are vetted to assess suitability prior to commencement of employment
- Children are empowered to know right from wrong through a play based supportive environment
- Reflection and reviewing of our service ensures that we use up to date practices
- Safeguarding is embedded into our service as a continuous activity not just an event
- The welfare of the child is our first concern
- We build on strengths as well as identify problems
- We work in partnership with children, their families and outside agencies to ensure that all the above points are met

Recognising Possible Signs of Abuse

Practitioner are aware that abuse can take different forms; physical, emotional, sexual and neglect. In order for them to respond appropriately to the needs of children with regards to protection from abuse or neglect, they must be suitably trained to identify the signs of abuse and have a good understanding of the typical stages of development for children from birth to 5 years.

Practitioners must complete an e-learning safeguarding course as part of their induction. This is then to be followed up by face to face safeguarding training. The nursery management team undertake Advanced Safeguarding Training.

As a point of information, signs of abuse may include but are not limited to:

- Significant change in the child's behaviour
- Deterioration in the child's general well-being.
- Unexplained bruising, marks or signs of possible abuse or neglect (also see section on bruising on immobile children)
- Children's comments which give cause for concern either through play or when engaging in conversation

Roles and Responsibilities

The adults who work with or on behalf of children have a responsibility to protect them. Therefore all practitioners are responsible for acting in the best interest of the child and should always raise concerns with the Lead Safeguarding Practitioner (LSP).

A LSP is appointed: this person is Rebecca Schaufler Nursery Manager and in her absence Coral Roper Deputy Nursery Manager. In the event that the Manager and Deputy are absent the Nurseries Third in Charge; Sarah Allen will take on the role of LSP.

The role of the LSP is to take the lead role when dealing with safeguarding issues, provide support, and give advice and to work with outside agencies as appropriate. The LSP and those who deputise are required to attend update training and/or network meetings with the Local Education Authority (LEA) every two years.

Reporting a Concern

If you have a concern regarding a child, in the first instance you should discuss this with the LSP. A discussion with the child's parent/s may be required to seek explanation for concerns raised i.e. a bruise or mark. This discussion should be documented and parent/s are made aware of this. If after the discussion concerns are still present and you are uncertain of the best way to proceed you can undertake a professional consultation with the relevant Children's Social Care team or the Referral and Assessment team. Formal referral or any urgent support and medical treatment must not be delayed by trying to consult with an outside professional.

When a decision is taken to make a referral, where possible, concerns and the referral should be discussed with the family and permission sought, unless this may place the child at risk of significant harm, may place a practitioner at risk by the response of the parent or where it may lead to the loss of evidential material. If deciding not to seek parental consent this should be recorded and a reason given as to why consent was not gained.

Where parental consent is sought but not given (parent refuses to give permission), consideration is given as to whether there is still a need for referral and consideration given towards parent/s wishes. If it is decided to continue with the referral the reasons for this must be recorded as to why the referral was made without consent. Children's Social Care should be informed that the parents withheld consent and so long as this would not place the child at risk of significant harm the parent must be informed that having considered their wishes a referral has been made. The nursery will continue to welcome the child and family whilst any safeguarding investigations are being carried out in regards to any alleged abuse.

Bruising on an Immobile Child

It is unusual for children who are immobile to have bruises/marks and unless parents/carers can provide a full consistent explanation it should be a cause of concern. Such injuries include:

- Small single bruises e.g. on face, cheeks, ears, chest, arms or legs, hand, feet or trunk
- Bruised lip or torn frenulum (are of skin between the upper and lower lip and gums)
- Lacerations, abrasions or scars.
- Burns or scalds
- Failure to use arms or legs which could indicate pain
- Small bleeds to the whites of the eyes or other eye injuries

All children aged 6 months and under and those who are immobile must be immediately referred to Children's Social Care so that advice can be sought from a consultant paediatrician. Injuries to older infants should also be given serious consideration.

Anti-Bullying

The nursery believes bullying to be a repeated action that intentionally causes hurt, either physically or emotionally, to a child or group of children. Although most of the children we care for are young and may not understand the implications of their behaviour we do our utmost to prevent it by instilling an ethos in which bullying is regarded as being unacceptable. Where appropriate the children will be involved in implementing 'room rules' which will include agreeing on suitable interactions with peers, how to manage conflict and respecting others.

If concerns regarding bullying are raised the nursery deals with this in the following ways:

- Children who are thought to be bullying will not be labelled as a 'bully'. It will be looked at as a behaviour that can be changed.
- All children involved will be spoken to in order to establish the facts.
- Incidences are addressed sensitively
- Practitioners will intervene should we witness any bullying behaviour.
- Practitioners will support the child/children who are being bullied and will monitor their time at nursery.
- Practitioners will ensure that children thought to be bullying receive positive feedback for considerate behaviour.
- We will discuss what has happened with the parents of the child/children who are being bullied as well as the child we believe to be bullying.
- Incidents of bullying will be documented.
- We may have to take more serious action for persistent bullying such as suspension.

The Prevent Duty

We have a duty to keep children, their families and practitioners safe from the dangers of radicalisation and terrorism. Every practitioner recognises that dealing with children who are exposed to radicalisation is no different to safeguarding against any other vulnerability and it should be approached in the same way as any other safeguarding concern.

All practitioners complete e-learning training on how to identify people who may be vulnerable to being drawn into terrorism and how to refer them. Any concerns regarding radicalisation and terrorism should be discussed with the LSP who will then make a referral to the Local Authority that the child resides.

Female Genital Mutilation (FGM)

FGM is a form of physical abuse against children. FGM is also known as female circumcision or female genital cutting and has no health benefits. This procedure can cause severe bleeding, infection, infertility as well as other complications. In a majority of cases FGM takes place between the ages of 5-14 years therefore girls in that age bracket are at higher risk.

The Female Genital Mutilation Act came in to effect in March 2004. It was made illegal to practice FGM in the UK and to take girls who are British nationals or permanent residents of the UK abroad for FGM regardless of whether it is legal in that country.

Signs that children may be at risk of FGM are as follows:

- Child is female
- Female child is born to a woman who has undergone FGM
- Female child has an older sibling who has undergone FGM
- From a culture where FGM is practiced
- Parents request or child talks about an extended holiday to the country of origin
- Family are already known to social care.

FGM should be approached in the same way as any other safeguarding concern. If practitioners are concerned that a child is at risk of FGM they must inform the LSP who will refer these concerns to the local authority that the child resides.

Making a Referral

Referrals must be made to the Children's Social Care team in which the child resides. If a child has an allocated Social Worker who is known to the nursery, the referral should be made to them or in their absence to the Duty Officer or Children's Social Care Manager.

The referral should be made on the relevant referral form for that agency and submitted to the Children's Social Care team by following the procedures given by them on the form. Referral forms must not be sent by email unless they are encrypted.

After a referral has been made, the referrer should expect confirmation of receipt of this referral within 1 working day. If after 3 working days no confirmation is made the referrer must contact the social care team to establish the current status of the referral.

The referral form requires the referrer to share information about the child, their family and other relevant information. For advice on information sharing you should refer to the Information Sharing Policy. And for up to date information the referrer must follow the LSCB Procedures which are located online at <http://berks.proceduresonline.com/chapters/contents.html>

Contact Details for making a child protection referral and/or seeking advice:

The Referral and Assessment Team - Wokingham triage@wokingham.gcsx.gov.uk	0118 908 8002
Reading – Children’s Single Point of Access ChildrensSinglePointofAccess@reading.gcsx.gov.uk	0118 937 3641
Slough Children’s Services – First Contact Child.Protection@slough.gcsx.gov.uk	01753 875362
West Berkshire – Contact Advice Assessment Service child@westberks.gov.uk	01635 503090
Windsor and Maidenhead – MASH	01628 683150
Out of Hours Emergency Team edt@bracknell-forest.gov.uk	01344 786 543
If you are uncertain how to proceed and there is no immediate danger to a child you may discuss your concerns with the Wokingham Early Years and Childcare Team	0118 908 8260
National Society for Prevention of Cruelty to Children (NSPCC) help@nspcc.org.uk	0808 800 5000
If you think a child is in immediate danger call the police.	999

Early Help Service

Wokingham Borough Council offers an Early Help service which enables professionals to identify child/family needs and offer help for children early on to prevent future problems and help them reach their full potential. This is done by:

- Identifying mental health problems, emotional or behavioural concerns
- Identifying physical, sensory or mental impairments and find ways to help them function.

- Providing support to financially disadvantaged children and their families.
- Providing Common Assessment Framework (CAF) documents to practitioners to help identify individual needs.

Allegation Made Against a Practitioners

In the event that there is an allegation of abuse or neglect made against a practitioner, paid or unpaid, the Nursery Manager or LSP and the Local Authority Designated Officer (LADO) must be informed immediately.

Head of LADO team:

Email: LADO@wokingham.gcsx.gov.uk or telephone 0118 974 6141

It is a legal requirement that this information is reported to Ofsted as soon as possible but always within 14 days of the incident. Where an allegation relates to a practitioner the Nursery Manager will make the referral to the LADO, where the allegation relates to the Nursery Manager the referral may be made by RUSU's Chief Executive, relevant HR representative or Senior Nursery team member such as Nursery Deputy Manager.

To inform Ofsted call 0300 123 1231. This information should be followed up in writing and emailed to Ofsted as soon as possible but always within 14 days of the incident. The local authority will then advise and may conduct an investigation.

There will be no internal investigation until the matter has been discussed with the LADO as to not jeopardise a potential police investigation. If a practitioner is suspended whilst the investigation is taking place it is not an admission that the alleged incident has taken place but it is to protect practitioners, children and families. After the external investigation, whether it be criminal investigations or child protection processes, are complete internal organisational procedures may commence. This may involve a review in practice, procedures and service delivery or disciplinary action.

Whistle Blowing

Whistle blowing occurs when an employee or worker provides certain types of information, usually to an employer or a regulator, which has come to their attention through work. The whistle blower is usually not directly, personally affected by the danger or illegality, although they may be. Whistle blowing is therefore 'making a disclosure in the public interest' and occurs when an employee raises a concern about danger or illegality that affects others for example; the children in our care.

Practitioners should read the Public Disclosure Policy detailed in their staff handbook for more organisation information. Complaints regarding the nursery may also be made directly to Ofsted. Please read our Complaints Policy for more information on how to make a complaint.

Record Keeping

If you come into contact with information regarding the welfare of child, you must first assess whether this information suggests the child is in immediate danger. This disclosure may come by the child disclosing information, being told by another practitioner, other person or by the parent/s. If it is decided that they are this must be assessed before completing paperwork. However it is important to make notes of times, quotes, other people present, etc.

When recording information care must be taken to ensure its accuracy. When completing paperwork for this concern you must use the provided Child Protection Concerns form which is available from any member of the management team. This information should be filed along with the child's personal file but separate to the day to day paperwork. This includes a copy of the referral form if it was required.

E-Safety

When using technology with young children in early years settings practitioners need to ensure that the resources are used safely and responsibly. The children have access to a computer where they are able to use age appropriate programmes and there is access the internet.

The internet access for the computer in the Children's Zone is restricted to ensure only suitable and age appropriate material can be viewed. Usage of the computer is closely monitored by practitioners so that they can guide the children to use it appropriately. The children's computer is not used for any social networking sites. Any e-safety concerns should be raised with the LSP.

General Information

- Practitioners undertake supervisions with their line managers which include a discussion about any safeguarding concerns.
- In the event of a practitioner being dismissed from employment or them tendering their resignation due to safeguarding concerns the nursery will ensure that the Disclosure and Barring Services (DBS) are notified.
- Practitioners are updated on any changes to safeguarding regulations as and when needed through training and/or staff meetings.
- If a child is on a Child Protection Plan we will ensure that the plan is followed as set by the social worker who has been assigned to the family.
- In situations where the parents of children on a Child Protection Plan or Child in Need Plan are in a dispute regarding residency or contact, the nursery may restrict access to the Children's Zone of the nursery. This is so that nursery management can safeguard other children, parents and practitioners. We ask that the parents alert a member of the management team that they have arrived so that the child's key person can collect and return the child to the nursery lobby. This will be a temporary arrangement until the dispute has been resolved.
- We will engage with any Child in Need Plan or Early Help Plan as agreed.