



CHILD PROTECTION POLICY

1. This organisation believes that children must be protected from harm at all times.
2. We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are suffering harm.
3. We want children who use or have contact with this organisation to enjoy what we have to offer in safety.
4. We want parents and carers who use or attend our organisation to be supported to care for their children in a way that promotes their child's health and well-being and keeps them safe.
5. We will achieve this by having an effective child protection procedure and following National and Local guidance; Working Together to Safeguard Children 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf
6. and the Staffordshire Safeguarding Children Board Child Protection Procedures – www.staffsscb.org.uk;
7. If we discover or suspect a child is suffering harm we will notify social services or the police in order that they can be protected if necessary.
See Appendix A for the categories of abuse
8. This child protection policy and our child protection procedure apply to all staff, volunteers and users of The Glebe Pre-school and anyone carrying out any work for us or using our premises.
9. We will review our child protection policy and procedures annually to make sure they are still relevant and effective.

Signed: _____ (Chair person) **Date: February 2023**

Signed: _____ (Other member) **Date: February 2023**

1. There will be a named person for child protection who will be responsible for dealing with any concerns about the protection or welfare of children. This person is currently **Georgina Lightfoot**. For further details of their role please see **Appendix B**.
2. All staff and volunteers will be carefully selected and vetted to try and ensure they do not pose a risk to children or vulnerable adults (**See Appendix C**). Those staff and volunteers who are involved in regulated activity with children, young people and vulnerable adults will be checked through the **Disclosure and Barring Service (DBS)**¹.
3. All staff and volunteers will receive information and basic training in safe conduct and what to do if they have concerns about a child. This will include information on recognising where there are concerns about a child, where to get advice and what to do if no one seems to have taken their concerns seriously.
4. We will endeavour to make this organisation is a safe and caring place for children to be by having a code of conduct for staff and users. This will be given to all staff and users and they will be expected to comply with it. See **Appendix C**.
5. Whistle blowing – If a member of staff feels that concerns, with regard to the conduct of a colleague, are not being dealt with appropriately they are able to raise concerns independently by calling the FIRST RESPONSE team and requesting to speak to the LADO (Local Authority Designated Officer). See also **Whistle Blowing policy**.
6. Staff are aware of and have received PREVENT training regarding counter terrorism and extremism. **See appendix D**. Childcare Providers must ensure they have due regard in preventing children/families being drawn into extremist and terrorist activity and:-
 - Actively promote fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.
7. It is important that children are collected by the named person(s) on the essential information form. In the case of uncollected children we will do everything possible to contact the emergency contacts you provide and your child will be kept safe. However if we have not been able to contact anyone within half an hour of home time, it is our policy to inform Social Services who will instruct us on what to do next. It is advised that you keep our telephone number on you at all times and contact us if you are unavoidably detained.

¹ The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

8. Children arriving with visible injuries will have these noted on an incident form and an opportunity will be given for the cause to be recorded by parent(s)/carer(s).
9. Injuries noticed later during the course of the session will be noted, discussed and recorded and appropriate action taken if necessary.
10. Information regarding safeguarding issues will be taken seriously and information received from other sources will also be taken seriously, discussed, recorded and appropriate action taken if necessary.
11. Any information from children will be discussed, recorded and appropriate action taken if necessary.
12. Volunteers do not work unsupervised.
13. We have procedures for recording the details of visitors to the organisation.
14. We have security measures in place that ensure that we have control over who comes into the organisation so that no unauthorised person has unsupervised access to the children.
15. **Disclosures.** Where a child makes disclosure to a member of staff, that member of staff will:-
 - Offers reassurance to the child
 - Listens to the child
 - Gives reassurance that action will be taken
 - The member of staff does not question or interrogate the child
16. **Recording suspicions of abuse or disclosures.** Staff make a record of:-
 - The child's name
 - The child's address
 - The age of the child
 - The date and time of the observation or the disclosure
 - An objective record of the observation or disclosure
 - The exact words spoken by the child
 - The name of the person to whom the concern was reported, with date and time
 - The name of any other person present at the time
 - Records are then signed and dated and kept in a separate, confidential file
 - All suspicions and investigations are kept confidential and shared only with those who **need** to know
17. **Informing parents.** Parents are normally the first point of contact. If a suspicion of abuse is recorded parents are informed at the same time as the report is made, except where the guidance of the Safeguarding Children Board does not allow this. This will usually be the case where the parent is the likely abuser. In these cases the investigating officers will inform parents.
17. Other relevant policies to refer to are:-
 Accident policy, Behaviour management policy, complaints procedure, confidentiality policy, Daily admissions policy, Equality and diversity policy, Health and safety policy, ICT policy, Lost child procedure, Mobile phone policy, Non-collection of a child policy, Outings policy, Social networking policy, Staffing and recruitment policy, Recruitment policy.

Appendix A

Categories of Abuse

Recognising the Signs and Symptoms of Abuse

The Department for Children, Schools and Families document 'Working Together to Safeguard Children' (2010) defines the main categories of child abuse, which is also used for the purposes of drawing up child protection plans for children at risk of harm. The categories are as follows:

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); or
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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.

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.

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 in so far 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 imposed on children. These may include 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 and Symptoms of Abuse

There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children/young people may show symptoms from one or all of the categories. This should not be used as a checklist. Workers and volunteers should be aware of anything unusual displayed by the child.

PHYSICAL SIGNS OF ABUSE	<ul style="list-style-type: none"> • Bruise marks consistent with either straps or slaps • Undue fear of adults - Fear of going home to parents or carers • Aggression towards others • Unexplained injuries or burns – particularly if they are recurrent and especially in non mobile babies • Any injuries not consistent with the explanation given for them • Injuries that occur to the body in places which are not normally exposed to falls, rough games, etc • Reluctance to change for, or participate in games or swimming • Bruises, bites, burns, fractures etc which do not have an accidental/ satisfactory explanation • Cuts/scratches/substance abuse • Hitting (with the hand or implement) smacking, punching, kicking, slapping, twisting/pulling ear, hair or fingers, holding/squeezing with a tight grip, biting, and burning • Fabricated illness –see SSCB website for the procedure including signs and symptoms.
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NEGLECT	<ul style="list-style-type: none"> • Exposure to danger/lack of supervision • Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc. • Injuries that have not received medical attention • Inadequate/inappropriate clothing • Constant hunger • Poor standards of hygiene • Untreated illnesses • Persistent lack of attention, warmth or praise
EMOTIONAL SIGNS OF ABUSE	<ul style="list-style-type: none"> • Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy. Also depression/ aggression, extreme anxiety • Nervousness, frozen watchfulness • Obsessions or phobias • Sudden under-achievement or lack of concentration • Inappropriate relationships with peers and/or adults • Attention-seeking behaviour • Persistent tiredness • Running away/stealing/lying • Humiliating, taunting or threatening a child whether in front of others or alone. • Persistent lack of attention, warmth or praise. • Shouting/yelling at a child • Radicalisation – use of inappropriate language, possession of violent extremist literature, behavioural changes, the expression of extremist views, advocating violent actions and means, association with known extremists, seeking to recruit others.
INDICATORS OF POSSIBLE SEXUAL ABUSE	<ul style="list-style-type: none"> • Language and drawing inappropriate for age. • Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour • Regularly engages in age inappropriate sexual play • Sexual knowledge inappropriate for their age • Wariness on being approached • Soreness in the genital area or unexplained rashes or marks in the genital areas • Pain on urination • Difficulty in walking or sitting • Stained or bloody underclothes • Recurrent tummy pains or headaches • Bruises on inner thigh or buttock. • Any allegations made by a child concerning sexual abuse • Sexual activity through words, play or drawing • Child who is sexually provocative or seductive with adults • Inappropriate bed-sharing arrangements at home • Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations • Eating disorders - anorexia, bulimia • Unaccounted sources of money • Telling you about being asked to 'keep a secret' or dropping hints or clues about abuse.

APPENDIX B

DESIGNATED CHILD PROTECTION PERSON

1. This organisation has a dedicated person to take responsibility for child protection matters.
2. They will be selected by the committee following appropriate training is received by the dedicated person.
3. They will ideally be someone with some knowledge or expertise in the field of child protection and/or childcare through training received, however if this is not the case **specialist training** will be undertaken as quickly as possible.
4. Because of their key role in keeping children safe, for new employees taking on this role, enhanced level CRB checks will be undertaken and 2 references taken up.
5. Their role is to;
 - Ensure the organisation's child protection policy and procedures are followed.
 - Ensure they know how to make contact with First Response-Staffordshire or for Stoke – Advice and Referral Team and the police who are responsible for dealing with child protection concerns both during and after office hours.
 - Report any concerns to First Response- Staffordshire or for Stoke – Advice and Referral Team or the police. (N.B. Urgent concerns should be reported immediately by those aware of them if the designated person is not available.)
 - Act as a source of advice on all child protection matters and seek further advice and guidance from local statutory agencies as needed.
 - Ensure that a record is kept of any concerns about a child or adult and of any conversation or referrals to statutory agencies.
 - Maintain and regularly update their knowledge of child protection and safeguarding children through relevant training every 3 years.
 - Conduct regular audit activity to ensure your organisation is working in line with current practice **See Appendix E**

APPENDIX C

GUIDANCE FOR STAFF AND VOLUNTEERS

This organisation believes that **EVERYONE** has a responsibility to safeguard children from harm. Please read this guidance carefully. It will tell you what you need to know to safeguard children.

All staff and volunteers are expected to follow this guidance.

1. The Child Protection designated lead for **The Glebe Pre-school** is **Georgina Lightfoot** . They can be contacted by telephone on 07989036843 and/or email glebepreschool45@gmail.com

If you have any queries around the welfare of any child please contact them.

2. Please read: -

- This guidance
- The Code of Conduct for staff and volunteers
- 'What To Do If You're Worried A Child Is Being Abused' (DfES) and the additional information on recognising a child in need and what to do next

You must follow the advice given in the documents above. If there is anything that you do not understand or do not agree with please talk to the Child Protection designated lead about this.

3. Please attend any training and activity planning meetings that you are invited to.
4. All staff and volunteers must inform the Child Protection designated lead if they are: -
 - Charged with a criminal offence involving a child, violence, breach of trust or a criminal offence relevant to their duties, for example driving offence if they are driving as part of their duties.
 - Investigated by any authority due to concerns that you may have had involvement in causing harm to a child.
 - Diagnosed with any medical condition that may affect your ability to carry out your role with children safely, for example psychotic illness.
5. Make sure you know what to do if a child tells you or you suspect that they are being harmed.

Key points are:-

DO NOT

- Carry out your own investigation by talking to parents or carers etc.
- Put words in any child's mouth by asking direct questions such as "Did your dad do it?"
- Feel that you must inform parents/carers if you think it may put the child at risk of further harm or cause them to be silenced.
- Ignore your worry.

DO

- Ask open-ended questions to clarify your concern e.g. "What happened to your arm?"
- Listen to the child / your gut feelings.
- Take action.

Action to take:-

1. If a child has a serious injury (for example involving pain and bleeding) or is in immediate danger (for example parent has arrived to collect a child and is unfit to care for them, or a child left alone at home) dial 999 and request assistance from the ambulance service and/or police. If you know or suspect the child has come to harm through the actions of another make sure that the professional staff you hand the child over to understand this and take their name and record it. It will generally be appropriate to inform the child's parent or carers what has happened once the child is safe with an appropriate professional.
2. If it seems that a child has been abused in any way including sexual abuse (but is not in immediate danger) report this immediately to the service for the area where they live. The numbers are;

**Staffordshire Children's Advice and Support Service
(SCASS)**

Phone: **0300 111 8007** and select option 1 (free from a landline)

Monday - Thursday* 8:30am - 5pm

Friday: 8:30am - 4:30pm

*Excludes bank holidays

To report a concern outside of these hours, please contact the
Emergency Duty Service.

Out of Hours: **0345 604 2886** (for emergencies only)

**Police Child Protection Unit - 999 or 101 for non
emergency calls**

3. If the concern is long term rather than immediate, for example a child who is often dirty, smelly or who has disruptive behaviour, you should discuss this with the child protection designated lead who will decide whether to make a referral.
4. If you have had to make an emergency referral tell the child protection designated lead as soon as possible. They should follow up and take further advice if they think the action that First Response/Advice and Referral Team take leaves the child in danger.

Code of Conduct for Workers

1. Always remember that while you are caring for other people's children you are in a position of trust and your responsibilities to them and the organisation must be uppermost in your mind at all times.
2. Never use any kind of physical punishment or chastisement such as smacking or hitting.
3. Do not smoke in front of any child or young person.
4. Do not use unprescribed drugs or be under the influence of alcohol.
5. Never behave in a way that frightens or demeans any child or young person.
6. Do not use any racist, sexist, discriminatory or offensive language.
7. Do not give your personal contact details / personal website details to children or young people.
8. Do not use internet or web-based communication channels to send personal messages to/ befriend children / young people.
9. Do not use mobile telephones or any other devices to take images of children and young people. You should always follow your organisations policy and procedures in relation to the taking or recording of images and informed written consent from parents / carers (and the child / young person) should always be sought.
10. Generally you should not give children presents or personal items. The exceptions to this would be a custom such as buying children a small birthday token or leaving present or help to a family in need such as equipment to enable them to participate in an activity. Both types of gift should come from the organisation and be agreed with the named person for child protection and the child or young person's parent. Similarly do not accept gifts yourself other than small tokens for appropriate celebrations, which you should mention to the activity leader.
11. You should not invite a young person to your home or arrange to see them outside the set activity times.

12. Exercise caution about being alone with a child or young person. In situations where this may be needed (for example where a young person wants to speak in private) think about ways of making this seem less secret for example by telling another worker or volunteer what you are doing and where you are, leaving a door ajar, being in earshot of others and lastly note the conversation in the log.
13. Physical contact should be open and initiated by the child's needs, e.g. for a hug when upset or help with toileting. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help.
14. Do talk explicitly to children and young people about their right to be kept safe from harm.
15. Do listen to children and young people and take every opportunity to raise their self-esteem.
16. Do work as a team with your co-workers/volunteers. Agree with them what behaviour you expect from young people and be consistent in enforcing it.
17. If you have to speak to a child/young person about their behaviour remember you are challenging 'what they did' not 'who they are'.
18. Do make sure you have read the Child Protection Procedure and that you feel confident that you know how to recognise when a child may be suffering harm, how to handle any disclosure and how to report any concerns.
19. Do seek advice and support from your colleagues, activity leaders or supervisors and your designated person for child protection.
20. Do seek opportunities for training.
21. Remember to enjoy yourself!

Appendix D

PREVENT: Counter terrorism and extremism in our communities – Essential information for childcare providers

What is Prevent?

PREVENT is about ensuring we all work together to 'prevent' children, young people and adults from being drawn into extremist activity including acts of terrorism. It is about everyone taking responsibility and knowing what to do if they have concerns.

The current threat from terrorism in the United Kingdom is high and can involve the exploitation of vulnerable people, including children of all ages. Staffordshire has a PREVENT strategy with a delivery plan which aims to:

- Respond to the ideological challenge of terrorism and the threat from those who promote it;
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- Work with sectors and institutions where there are risks of radicalisation.

What you need to know as a childcare provider?

Evidence shows that young children can be radicalised and therefore childcare providers need to know how to spot the signs which could suggest concern.

Have an understanding of the Staffordshire Safeguarding Children's Board (SSCB) guidance on *Safeguarding People who are vulnerable to being drawn into Violent Extremism and/ or Terrorism in Staffordshire/Stoke on Trent with a clear understanding of the vulnerability factors, referral pathway and channel panel process.

<http://www.staffsscb.org.uk/Professionals/Procedures/SectionSix/Section-6-Further-Guidance-for-Practitioners.aspx> (Section 6A & 6L are of specific relevance)

What you need to do as a childcare provider?

- Update your setting's Safeguarding Policies and Procedures to reflect the referral process for PREVENT with regard to vulnerability factors.
- Attend a childcare focussed 'Short PREVENT' or WRAP training session.
- Make sure all staff are briefed about PREVENT and understand what to look for and the referral process – Ofsted may question you and your staff about this.

- Be vigilant and take responsibility for any concerns you have and call the PREVENT team if you need further support/information direct on: **01785 232054 email prevent@staffordshire.pnn.police.uk**

Further guidance

If the practitioner feels that advising the parents / carer of the referral would increase the risk of harm to the child, then the practitioner should not inform them of the referral. However, it would be useful if the practitioner could tell the Prevent Team that they have not made the parents aware of the referral and the reasons for this, as this will help to inform the assessment.

If there is risk of immediate harm or danger then the practitioner should contact 999.

If it is appropriate and safe to do so, then the practitioner can tell the parents / carers that they are making a referral to the Prevent Team (in the same way that they would advise them they are making a referral to First Response).

Please note that a referral to the Prevent Team is the same as any other safeguarding referral and the same rules apply.

Further information/links:

<http://www.foundationyears.org.uk/files/2015/06/prevent-duty-departmental-advice.pdf>

<http://www.staffsscb.org.uk/Professionals/Procedures/Section-Six/Section-6-FurtherGuidance-for-Practitioners.aspx>

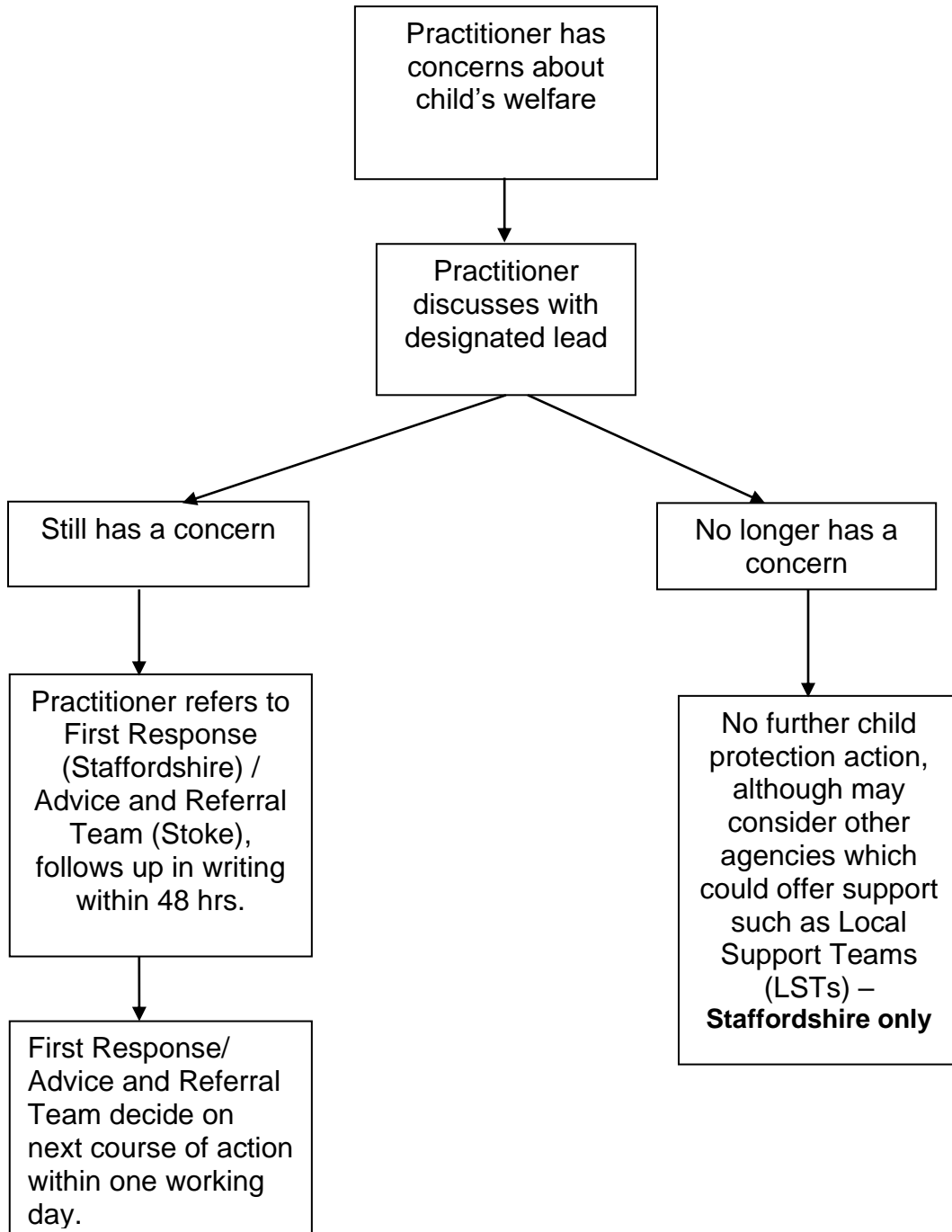
Appendix E

All round checklist

Does your group have?	Yes	How? Who? Comments	No	Action details, completed and how?
A child protection policy and a procedure for what to do if there are concerns about a child's welfare.	X	In the policy folder and reviewed annually		
A named person for dealing with concerns or allegations of abuse and step-by-step guidance on what action to take who is level 2 trained.	X	Named person currently is Jo Wyss, level 2 trained and updates accessed every 3 years		
A rigorous recruitment and selection process for paid staff and volunteers who work with children.	X	By the committee		
A written code of behaviour which outlines good practice when working with children.	X	Behaviour policy		
A training plan and regular opportunities for all those in contact with children to learn about child protection and about health and safety.	X	Training reviewed regularly and updates accessed every 3 years		
A whistle-blowing policy. This is an open and well-publicised way for adults and young people to voice any concerns about abusive or unethical behaviour.	X	As part of the child protection policy and as a separate policy		
Information for children, young people and for parents and carers about the child protection policy and where to go for help.	X	Welcome pack directs parents to the policies.		
A protective culture that puts children's interests first – children must feel confident that if they have concerns someone will listen and take them seriously	X	Key person system in place.		
Guidance on taking children away on trips and on internet use: new technology safety, guidance on photographs, video, digital equipment and web sites, including chat rooms and social networking sites.	X	IT policy. Social networking policy. Mobile phone policy.		
Policies on bullying and on health and safety.	X	Behaviour policy. Health and safety policy.		
Are there up to date written risk assessments that take account of specific activities/ events/ outings/ equipment involving children/ young people/ care needs.	X	Risk assessment file, reviewed termly.		

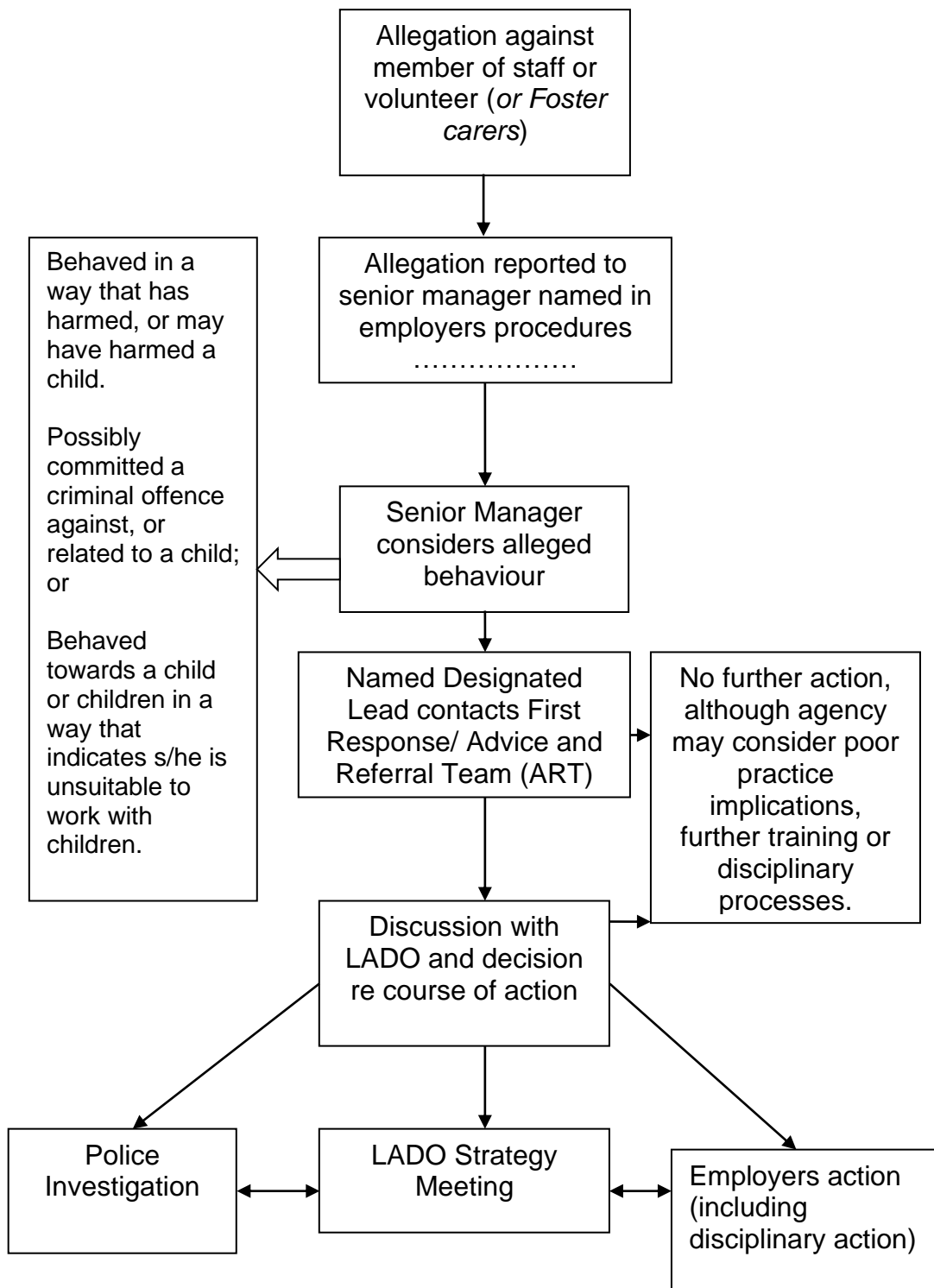
Does your group have?	Yes	How? Who? Comments	No	Action details, completed and how?
Are there clear guidelines on consent – e.g. parental consent for activities and when completing a CAF	X	Information form completed on starting.		
Is the information clear on who has parental responsibility/ legal contact and does this impact on the child/ young person?	X	Information form completed on starting.		
Are there systems in place that collect detailed information about each child's/ young persons medical/ dietary needs, allergies/ specific developmental needs	X	Essential information form completed when starting.		
Is there an up to date first aid box and staff/ volunteers who are first aid trained.	X	All permanent staff first aid trained and box updated termly.		
Is there a reporting procedure for accidents children/ young people and a procedure for those arriving with existing injuries- recording system?	X	Accidents and incidents folder.		
Do you hold adequate insurance for all the groups/ organisations requirements and is this clearly displayed	X	Certificate on view on notice board.		
Are you compliant with regulations covering fire precautions, food hygiene, health and safety, use of hazardous substances, reporting injuries and/or diseases and for children under 8 years of age – adult: child ratios	X	All these covered in policies or procedures.		

Appendix F



The **First Response Service** (Staffordshire) can be contacted on 0800 131 3126, or in the Police on 101.

Appendix G - Managing Allegations against Staff and Volunteers



LADO tracks progress, monitors outcomes and reports to LSCB and Disclosure and Barring Service (DBS)