



Child Protection (Safeguarding Policy):

Our centre wants to work with children, parents and the community to ensure the safety of children and to give them the very best start in life. Ireland Wood Children's Centre recognises that safeguarding means protecting children from maltreatment, preventing impairment to a child's health or development, and ensuring children are growing up in circumstances consistent with the provision of safe and effective care, modelled through centre practices. Child protection is a part of safeguarding and welfare promotion, but is an activity undertaken to protect specific children who are suffering or likely to suffer harm.

Ireland Wood Children's Centre recognises its moral and statutory responsibility to safeguard and promote the welfare of all children. It endeavours to provide a safe and welcoming environment where children are respected and valued. The centre is committed to providing an environment which ensures children are safe from potential abuse and will respond to any suspicion of abuse in a way that protects the child's rights and reinforces the adult's responsibilities to the children.

Children learn best when they feel healthy, safe and secure, when their individual needs are met and when they have positive relationships with the adults caring for them. Here at Ireland Wood Children's Centre we take all necessary steps to keep all children in our care safe and well. We make sure that all practitioners who have contact with the children in our care promote good health, manage behaviour, maintain records accurately and abide by all of our policies and procedures.

Safeguarding is a much wider subject than the elements covered within this single policy, therefore this policy should be used in conjunction with the centre's other policies and procedures contained within the document.

Safeguarding and promoting the welfare of children is defined in 'Working Together to Safeguard Children 2015' as:

- Protecting children from maltreatment
- Preventing the 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 outcomes.



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Ireland Wood Children's Centre will always be on alert to any issues that may be of concern in a child's life at home or elsewhere. We have policies and procedures that we implement to safeguard all children in our care. These are in line with the guidance and procedures of the Local Safeguarding Children Board.

We have regard to the government's statutory guidance 'Working Together to Safeguard Children 2015'. If we have any concerns about children's safety or welfare, we will notify agencies that have statutory responsibilities without delay. These include: Local Safeguarding Children Board, local children's social care services and, in emergencies, the police.

We will inform Ofsted of any allegations of serious harm or abuse by any person living, working or looking after children at the centre. We will also inform Ofsted of the action taken in respect of the allegations; these notifications will be made as soon as reasonably practicable, but at the latest within 14 days of the allegations being made.

Important Contact Details

Local Safeguarding Children Board (LSCB) 01133950297

Local Authority Designated Officer (LADO) 01132478652

Ofsted Telephone: 0300 123 1231

Aims

- To ensure that the welfare of children is given paramount consideration when developing and delivering all activities.
- To ensure that all children, regardless of age, gender, disability, culture, race, language, religion or sexual identity have equal rights to protection.
- To encourage the children in our care to develop a positive self-image and a sense of autonomy and independence through adult support in making choices and in finding names for their own feelings and acceptable ways to express them.
- To work with children, staff, parents/carers and the community to ensure the safety of children and to create a safe environment for all.
- To ensure staff are trained to understand safeguarding and child protection training and procedures; are alert to identify possible signs of abuse; understand what is meant by child protection; and are aware



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of the different ways in which children can be harmed, including by other children through bullying or discriminatory behaviour. Staff will be provided with a copy of this policy and will be given refresher training on this annually.

- To provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need.
- To make any referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Local Safeguarding Children Board.
- To ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest.
- To ensure parents are fully aware and provided with a copy of child protection policies and procedures when they register with the centre and are kept informed of all updates when they occur.
- To regularly review policies, especially where an incident or new legislation/guidance suggests the need for a review to be undertaken.

Good Practice Guidelines

To meet and maintain our responsibilities towards children, the setting's staff agree to adhere to the following standards of good practice:

- Treat all children with respect;
- Set a good example by conducting ourselves appropriately and being a positive role model;
- Involve children in decision-making which affects them and equip children with the skills they need to keep themselves safe (taking age and development of children into account);
- Encourage positive and safe behaviour among children;
- Always listen to children;
- Be alert to changes in a child's behaviour;
- Recognise that challenging behaviour may be an indicator of abuse;
- Ask the child's permission before doing anything for them which is of a physical nature, such as assisting with dressing or administering first aid (where age appropriate);



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- Maintain appropriate standards of conversation and interaction with and between children and avoid the use of sexualised or derogatory language;
- Be aware that the personal and family circumstances and lifestyles of some children lead to an increased risk of neglect and or abuse;
- Raise awareness of child protection issues in a timely manner.

Designated Safeguarding Co-Ordinator

We have a named person within the centre who takes lead responsibility for safeguarding and co-ordinates child protection and welfare issues, known as the Designated Safeguarding Co-ordinator (DSCO). The Designated Safeguarding Co-ordinator (DSCO) at the centre is Linda Parkin.

The centre DSCO liaises with the Local Safeguarding Children Board (LSCB) and the local authority children's social care team; undertakes child protection training every 2 years and ensures their skills and knowledge are up to date at least annually, which shows them how to identify, understand and respond appropriately to signs of possible abuse and neglect; and receives regular updates to developments within this field. They also:

- Provide advice, support and guidance to other staff on an ongoing basis and on any specific safeguarding issue. They must be available for staff to discuss concerns at all times during operating hours, or an appropriately trained deputy Safeguarding Co-ordinator available instead;
- Share information about child protection and good practice with parent/carers, staff and volunteers;
- Keep written records of all concerns when noted and reported by staff or when disclosed by a child, ensuring that such records are stored securely and reported onward in accordance with this policy guidance, but kept separately from the child's general file;
- Consult with the West Yorkshire Consortium Procedures Manual for up to date information on child protection procedures;
- Refer cases of suspected neglect and/or abuse to children's social care, LSCB or police in accordance with this guidance and local procedure.



Types of Abuse

To ensure that our children are protected from harm, we need to understand what types of behaviour constitute abuse and neglect. We will ensure all staff understand their responsibilities in being alert to indicators of abuse and their responsibility for referring any concerns to the designated person responsible for child protection.

There are four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect.

1. Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the centre manager or room leader.

Female Genital Mutilation - This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child and any other siblings involved. Symptoms may include bleeding, painful areas, and acute urinary retention, urinary infection, wound infection, septicaemia, and incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as physiological concerns. If you have concerns about a child in this area, you should contact children's social care team in the same way as other types of physical abuse.

Fabricated/induced illness is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.



2. Emotional abuse

Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

3. Sexual abuse

Action needs be taken under this heading if the staff member has witnessed occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive pre-occupation with sexual matters, or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge, and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

4. 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. Action should be taken under this heading if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment when required on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at centre unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at centre in the same nappy they went home in or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at centre. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Peer Abuse:

Practitioners should be alert for signs of children being abused (physically, emotionally or sexually) by other children. This may not necessarily be from a child attending the centre, it may be by an older sibling for example. Where peer to peer abuse occurs it can also be an indication of abuse that the perpetrator has experienced previously and practitioners should be wary of this.

Should any behaviour occur between children at centre that may indicate peer abuse, the behaviour management procedures and anti-bullying procedures should be followed initially. Where it is felt that there are greater concerns of a more serious nature the matter should be referred to the DSCO and the normal child protection (safeguarding) procedures followed. This may be the case for both the 'victim' and the 'perpetrator' as the perpetrator may well also be a victim of abuse.

Indicators of abuse and what you might see

Ireland Wood Children's Centre trains all staff to understand their safeguarding policies and procedures, and make sure that all our staff has up to date knowledge of safeguarding issues. Training that we provide to our staff enables them to identify signs of possible abuse and neglect at the earliest opportunity, and how to respond in a timely and appropriate way. They are aware that it is their responsibility to report concerns. It is



not an employees responsibility to **investigate or decide** whether a child has been abused. Signs may include:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at centre, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are reluctant to go home after centre;
- Children with poor attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They will be viewed as part of a jigsaw, and each small piece of



information will help the Designated Safeguarding Co-Ordinator to decide how to proceed. It is very important that concerns are reported – 'absolute proof' that the child is at risk is not needed at this stage.

Children who may be particularly vulnerable

To ensure that all of children receive equal protection, we will give special consideration and attention to children who are:

- Disabled or have special educational needs (they may have difficulty in communicating what is happening, may have an impaired capacity to resist or avoid abuse, or may not understand what is unacceptable);
- Living in a known domestic abuse situation;
- Affected by known parental substance misuse;
- Asylum seekers;
- Living in temporary accommodation;
- Living transient lifestyles;
- Living in chaotic, neglectful and unsupportive home situations;
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality;
- Do not have English as a first language.

Support for those involved in a child protection issue

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for staff who become involved.

We will support the children and their families and staff by:

- Taking all suspicions and disclosures seriously;
- Responding sympathetically to any request from a member of staff for time out to deal with distress or anxiety;
- Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies;
- Storing records securely;
- Offering details of helplines, counselling or other avenues of external support;



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- Following the procedures laid down in our whistle blowing, complaints and disciplinary procedures;
- Co-operating fully with relevant statutory agencies.

Procedure to follow

If a member of staff notices something which indicates that a child may be suffering from abuse or neglect, they should report this to the Designated Safeguarding Co-ordinator. If they feel that a child is in immediate danger or is at risk of harm, they should refer to children's social care and/or the police.

They should then complete a Cause for Concern Form, supported by the centre manager or Designated Safeguarding Co-ordinator (DSCO). This record should include:

- Child's name;
- Child's address;
- Age of the child and date of birth;
- Date and time of the observation or the disclosure;
- Exact words spoken by the child. (If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality as this promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth);
- Exact position and type of any injuries or marks seen;
- Exact observation of any incident including any other witnesses;
- Name of the person to whom any concern was reported, with date and time;
- The names of any other person present at the time;
- Any discussion held with the parent(s) (where deemed appropriate);
- Any other action taken.

These records should be signed by the person reporting this and the Manager / Designated Safeguarding Co-ordinator, dated and kept in a separate confidential file.



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It is important that confidentiality is maintained and that information is only shared with those that 'need to know'. Staff must not make any comments either publicly or in private about a parent's or staff's supposed or actual behaviour. The member of staff should only discuss this with the Designated Safeguarding Co-ordinator and/or centre manager. From this point the information will continue to only be shared on a 'need to know' basis. This may include Local Safeguarding Children Board, Local Authority Children's Social Care Team, the police and the parents, if this is deemed appropriate.

Where the concern is about suspected harm or risk of harm to a child, the referral should be made to the local authority for the area where the child lives. Where the concern is an allegation about a member of staff in a setting, or another type of safeguarding issue affecting children and young people in a setting, the matter should be referred to the local authority in which the setting is located.

The Designated Safeguarding Person will follow the referral procedures set out by the Local Safeguarding Children Board if it is believed that a child is suffering or is at risk of suffering significant harm. When seeking advice the Safeguarding Officer will note the name of the individual they speak to, record exactly what advice is given and the date and time.

The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

Liasing with parents/carers

We will involve parents and carers wherever possible and ensure they have an understanding of the responsibilities placed on the setting for safeguarding children by setting out its statutory duty in the centre policy and procedures, prospectus and notice board.

Parents must notify the centre regarding any concerns they may have about their child and any accidents, incidents or injuries affecting the child, which will be recorded.

Where a safeguarding issue arises, 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 LSCB/ local authority children's social care team/police do not allow this. This will usually be the case where the parent or family member is the likely



abuser, or where a child may be endangered by this disclosure. In these cases the investigating officers will inform parents.

The centre continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interests of the child.

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate, in line with guidance of the LSCB with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

Allegations against Employees, students or volunteers of the centre or any other person living or working on the centre premises

The EYFS statutory framework states:

"Registered providers must inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). Registered providers must also notify Ofsted of the action taken in respect of the allegations.

These notifications must be made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made. A registered provider who, without reasonable excuse, fails to comply with this requirement, commits an offence."

When to refer:

- When an employee has harmed a child through their actions or inactions (relevant conduct) or,
- If the employee has received a caution, conviction or police warning for criminal offence against or related to a child
- Represent a risk of harm to a child (satisfied the harm test)

Harm Test

The harm test is when someone has not actually harmed but poses a risk of harm or they **may**;



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- Harm a child
- Cause a child to be harmed
- Put a child at risk of harm
- Attempt to harm or a child
- Incite another to harm a child

If a concern is raised or an allegation made, it must be reported immediately to the Designated Safeguarding Co-ordinator and the centre manager. Staff are reminded that this is to be kept confidential and only shared with those who need to know. Staff must not make any comments either publicly or in private about a parent's or staff's supposed or actual behaviour.

The centre manager or the most senior member of staff available will determine whether it is necessary for the person whom the allegation is against needs to be suspended and removed from the premises while the matter is investigated. The centre will support and treat with respect the member of staff who is suspended. Suspension is not an indication of guilt. No disciplinary action will be taken until the outcome of the investigation is concluded.

The DSCO/manager will promptly contact Ofsted, Local Authority Designated Officer (LADO) (within 24 hours) and Local Safeguarding Children Board (LSCB) (for the area where the setting is situated), providing details of the allegation, any further information and any action taken at that point. They will also record the name of the person and the advice obtained.

The parents/carers of the child/children concerned will be informed initially and informed as to the outcome of any investigation.

The external agencies (LADO, Ofsted, LSCB) will investigate and the centre will co-operate and provide assistance where necessary. The centre will carry out thorough investigations which will be well documented and stored securely, maintaining confidentiality.

The centre will co-operate fully with the process of any Local Childrens Social Care and/or Police investigations. However, if the Police, Social Services or Local Authority indicate that they do not feel that there is any need to investigate further but the setting feels there is a strong case



against the individual based on witness statements or CCTV evidence, we will thank the authorities for their advice and continue with our in-house investigation.

If the allegations are unfounded, the individual will be reinstated into the centre setting.

If the concerns or allegations against the individual are found to be true on the balance of probabilities, disciplinary action will be taken against that individual which may result in dismissal. If the individual is dismissed, the Designated Safeguarding Co-ordinator will complete a Disclosure and Barring Referral form; a copy may be found in the appendix.

Once referred the individual will be subject to the DBS 5 Stage barring process; details may be found in the appendix.

Whistle Blowing

Please refer to our "Whistle Blowing Policy", and consider it within the context of the safeguarding children policy.

Safeguarding covers broader issues than those covered in this policy. The policies contained throughout this document should be read in line with safeguarding and promoting the welfare of the children of the centre. Specifically regard should be had in relation to the mobile phone and camera policy, intimate care and nappy changing policy, preventing extremism and radicalisation policy.



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