# PEWSHAM PRESCHOOL LTD POLICIES AND PROCEDURES

Safeguarding and Welfare Requirement: Child Protection

Providers must have and implement a policy, and procedures, to safeguard children.

## 1.2 Safeguarding children, young people and vulnerable adults

#### **Policy statement**

Our setting will work with children, parents and the community to ensure the rights and safety of children, young people\* and vulnerable adults.

#### **Procedures**

We carry out the following procedures to ensure we meet the three key commitments of the Safeguarding Children Policy, which incorporates responding to child protection concerns.

We are committed to building a 'culture of safety' in which children, young people and vulnerable adults are protected

#### Key commitment 1

face value but can be respectfully sceptical.

from abuse and harm in all areas of our service delivery. Our designated person who co-ordinates child, young person and vulnerable adult protection issues is: П Janet Croft When the setting is open but the designated person is not on site, a suitably trained deputy is available at all times for staff to discuss safeguarding concerns. Our designated deputy is: Barbara Heath П The designated person, the suitably trained deputy and the designated officer ensure they have relevant links with statutory and voluntary organisations with regard to safeguarding. The designated person (and the person who deputises for them) understands LSCB safeguarding procedures, attends relevant LSCB training at least every two years and refreshes their knowledge of safeguarding at least annually. We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too. All staff understand that safeguarding is their responsibility. 

All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse

All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at

All staff understand the principles of early help (as defined in Working Together to Safeguard Children, 2018) and

and neglect and understand their professional duty to ensure safeguarding and child protection concerns are reported to the local authority children's social care team or the NSPCC. They receive updates on safeguarding at least annually.

are able to identify those children and families who may be in need of early help and enable them to access it.

	All staff understand the thresholds of significant harm and understand how to access services for families,
includ	ling for those families who are below the threshold for significant harm, according to arrangements published by the
LSCB	or safeguarding partners in areas where the safeguarding partners have replaced the LSCB.
	All staff understand their responsibilities under the General Data Protection Regulation and the Data Protection
Act 20	018, and understand relevant safeguarding legislation, statutory requirements and local safeguarding partner
requir	rements and ensure that any information they may share about parents and their children with other agencies is
share	d appropriately and lawfully.
	We will support families to receive appropriate early help by sharing information with other agencies in
accor	dance with statutory requirements and legislation.
	We will share information lawfully with safeguarding partners and other agencies where there are safeguarding
conce	erns.
	We will be transparent about how we lawfully process data.
	All staff understand how to escalate their concerns in the event that they feel either the local authority and/or their
own c	organisation has not acted adequately to safeguard and know how to follow local safeguarding procedures to resolv
profes	ssional disputes between staff and organisations.
	All staff understand what the organisation expects of them in terms of their required behaviour and conduct, and
follow	our policies and procedures on positive behaviour, online safety (including use of cameras and mobile phones),
whistl	eblowing and dignity at work.
	Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or
comp	laints that they may have in an age appropriate way.
	All staff understand our policy on promoting positive behaviour and follow it in relation to children showing
aggre	ession towards other children.
	Adequate and appropriate staffing resources are provided to meet the needs of children.
	Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of
Offen	ders Act 1974.
	Enhanced criminal records and barred lists checks and other suitability checks are carried out for staff and
volunt	teers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the
setting	g or has access to the children.
	Where applications are rejected based on information disclosed, applicants have the right to know and to
challe	enge incorrect information.
	Enhanced criminal records and barred lists checks are carried out on anyone living or working on the premises.
	Volunteers must:
-	be aged 17 or over;
-	be considered competent and responsible;
-	receive a robust induction and regular supervisory meetings;
-	be familiar with all the settings policies and procedures;
-	be fully checked for suitability if they are to have unsupervised access to the children at any time.
	Information is recorded about staff qualifications, and the identity checks and vetting processes that have been
comp	leted including:
-	the criminal records disclosure reference number;
	and the standard and the transmit plant where a LIK DDC about it and appropriate.

- certificate of good conduct or equivalent where a UK DBS check is not appropriate;
- the date the disclosure was obtained; and
- details of who obtained it.

□ reprima	All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or ands and warnings which may affect their suitability to work with children (whether received before or during their	
-	ment with us).	
	From 31 August 2018, staff and volunteers in childcare settings that are not based on domestic premises are not	
require any rel refused childmi any rel provision	d to notify their line manager if anyone in their household (including family members, lodgers, partners etc.) has evant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration d or cancelled in relation to any childcare provision or have had orders made in relation to care of their children. For inders and childcare provided from domestic settings they will be required to notify if anyone in their household has evant convictions, court orders or reprimands or had registration refused or cancelled in relation to childcare on or have had certain Orders made in relation to the care of their children in accordance with the Childcare lification and Childcare Regulations 2018, and Disqualification under the Childcare Act guidance effective from 31	
and lea	arning needs are reviewed regularly.	
□ [outline	In addition to induction and supervision, staff are provided with clear expectations in relation to their behaviour ed in the employee handbook].	
	We notify the Disclosure and Barring Service of any person who is dismissed from our employment, or resigns in	
	stances that would otherwise have led to dismissal for reasons of a child protection concern.	
	Procedures are in place to record the details of visitors to the setting.	
	Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised	
	has unsupervised access to the children.	
_	Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record	
their de	evelopment or their participation in events organised by us. Parents sign a consent form and have access to	
records	s holding visual images of their child. Staff do not use personal cameras or filming equipment to record images.	
	Personal mobile phones are not used where children are present.	
	The designated person in the setting has responsibility for ensuring that there is an adequate online safety policy	
in place	9.	
	We keep a written record of all complaints and concerns including details of how they were responded to.	
	We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and	
that the	ey are regularly reviewed and updated, in line with our health and safety policy.	
	The designated officer will support the designated person to undertake their role adequately and offer advice,	
guidan	ce, supervision and support.	
	The designated person will inform the designated officer at the first opportunity of every significant safeguarding	
concer	n, however this should not delay any referrals being made to children's social care, or where appropriate, the	
Design	ated Office for Allegations, Ofsted or RIDDOR.	
Key co	ommitment 2	
We are	committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may	
occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're		
worried	d a child is being abused' (HMG, 2015) and the Care Act 2014.	
Respo	nding to suspicions of abuse□	
	We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as	
neglec	t.	

	We ensure that all staff have an understanding of the additional vulnerabilities that arise from special educational					
needs a	and/or disabilities, plus inequalities of race, gender, language, religion, sexual orientation or culture, and that these					
receive	full consideration in relation to child, young person or vulnerable adult protection.					
	When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be					
demons	strated through:					
-	significant changes in their behaviour;					
-	deterioration in their general well-being;					
-	their comments which may give cause for concern, or the things they say (direct or indirect					
-	disclosure);					
-	changes in their appearance, their behaviour, or their play;					
-	unexplained bruising, marks or signs of possible abuse or neglect; and					
-	any reason to suspect neglect or abuse outside the setting.					
	We understand how to identify children who may be in need of early help, how to access services for them					
	We understand that we should refer a child who meets the s17 Children Act 1989 child in need definition to local					
authorit	y children's social work services					
	We understand that we should refer any child who may be at risk of significant harm to local authority children's					
social w	vork services.					
	We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider					
other fa	actors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or					
physica	ıl illness and parent's learning disability.					
	We are aware that children's vulnerability is potentially increased when they are privately fostered and when we					
know th	nat a child is being cared for under a private fostering arrangement, we inform our local authority children's social					
care tea	am.					
	We are prepared to take action if we/I have concerns about the welfare of a child who fails to arrive at a session					
when ex	xpected. The designated person will take immediate action to contact the child's parent to seek an explanation for					
the child	d's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the					
designa	ated person has reason to believe that the child is at risk of significant harm, the relevant professionals are					
contacte	ed immediately and LSCB procedures are followed. If the child has current involvement with social care the social					
worker i	is notified on the day of the unexplained absence.					
	We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children					
and you	ung people using our provision, such as abuse of children who have special educational needs and/or disabilities;					
fabricate	ed or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including					
through	internet abuse; Female Genital Mutilation and radicalisation or extremism.					
	In relation to radicalisation and extremism, we follow the Prevent Duty guidance for England and Wales published					
by the F	Home Office and LSCB procedures on responding to radicalisation.					
	All staff complete online Channel training and online Prevent training.					
	We are aware of the mandatory duty that applies to teachers, and health workers to report cases of Female					
Genital	Mutilation to the police. We are also aware that early years practitioners should follow local authority published					
safegua	arding procedures to respond to FGM and other safeguarding issues, which involves contacting police if a crime of					
•	as been or may be about to be committed.					
	We also make ourselves aware that some children and young people are affected by gang activity, by complex,					
multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking.						
While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting						
	older children and young people who we may come into contact with.					

	if we become concerned that a child may be a victim of modern slavery of number transcring we will refer to the
Nationa	al Referral Mechanism, as soon as possible and refer and/or seek advice to the local authority children's social
work se	ervice and/or police.
	We will be alert to the threats children may face from outside their families, such as that posed by organised
crime g	roups such as county lines and child sexual exploitation, online use and from within peer groups and the wider
commu	ınity.
	Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow
the pro	cedures below for reporting child protection and child in need concerns and follow the LSCB procedures, or when
they co	me into force replacing the LSCB, we will follow the local procedures as published by the local safeguarding
partner	S.
	Where such indicators are apparent, the child's key person makes a dated record of the details of the concern
and dis	cusses what to do with the member of staff who is acting as the designated person. The information is stored on
the chil	d's personal file.
	In the event that a staff member or volunteer is unhappy with the decision made of the designated person in
relation	to whether to make a safeguarding referral they must follow escalation procedures.
	We refer concerns about children's welfare to the local authority children's social care team and co-operate fully
in any s	subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local
Safegu	arding Children Board (or the local safeguarding partners when their published safeguarding arrangements take
over fro	om the LSCB).
	We respond to any disclosures sensitively and appropriately and take care not to influence the outcome either
through	n the way we] speak to children or by asking questions of children (although we may check out/clarify the details of
what w	e think they have told us with them).
	We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may
include	students or school children on work placement, young employees or young parents. Where abuse or neglect is
suspec	ted we follow the procedure for reporting any other child protection concerns. The views of the young person will
always	be taken into account in an age appropriate way, but the setting may override the young person's refusal to
consen	t to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one
may ha	we been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where
not sha	ring it could be worse than the outcome of having shared it.
	All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of
commu	inity care services.
	All staff know that they can contact the NSPCC whistleblowing helpline if they feel that or organisation and the
local au	uthority have not taken appropriate action to safeguard a child and this has not been addressed satisfactorily
through	n organisational escalation and professional challenge procedures.
	We have a whistleblowing policy in place.
	Staff/volunteers know they can contact the organisation Public Concern at Work for advice relating to
whistle	blowing dilemmas.
Record	ding suspicions of abuse and disclosures
	Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of
ataff ab	serves signs or signals that give cause for concern, such as significant changes in helpaviour; deterioration in

Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:

- listens to the child, offers reassurance and gives assurance that she or he will take action;
- does not question the child, although it is OK to ask questions for the purposes of clarification;

-	makes a written record that forms an objective record of the observation or disclosure that includes: the date and					
time	of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person					
to wh	nom the concern was reported, with the date and time; and the names of any other person present at the time.					
$\ \square$ These records are signed and dated and kept in the child's personal file, which is kept securely and co						
	The member of staff acting as the designated person is informed of the issue at the earliest opportunity, and					
alwa	ys within one working day.					
	Where the Local Safeguarding Children Board or local safeguarding partners safeguarding procedures stipulates					
the p	process for recording and sharing concerns, we include those procedures alongside this procedure and follow the					
steps	s set down by the Local Safeguarding Children Board.					
Mak	ing a referral to the local authority children's social care team					
	When referring to the local children's social care team we use the template forms provided by Wiltshire Council					
ʻInter	Agency Referral Form' a copy of which we hold in our safeguarding file.					
	We keep a copy of this document alongside the procedures for recording and reporting set down by our Local					
Safe	guarding Children Board.					
Esca	alation process					
	If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or					
resp	onded to, we will follow the LSCB escalation process.					
	We will ensure that staff are aware of how to escalate concerns.					
	We will follow local procedures published by the LSCB or safeguarding partners to resolve professional disputes.					
Info	rming parents					
	Parents are normally the first point of contact. Concerns are normally discussed with parents to gain their view of					
even	ts, unless it is felt that this may put the child or other person at risk, or may interfere with the course of a police					
inves	stigation, or may unduly delay the referral, or unless it is otherwise unreasonable to seek consent. Advice will be					
soug	ht from social care, or in some circumstances police, where necessary.					
	Parents are informed when we make a record of concerns in their child's file and that we also make a note of any					
discu	ussion we have with them regarding a concern.					
	If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral wil					
be m	nade, except where the procedures of the Local Safeguarding Children Board/Local Safeguarding Partners does not					
allow	this, for example, where it is believed that the child may be placed at risk.					
	This will usually be the case where the parent is the likely abuser or where sexual abuse may have occurred.					
	If there is a possibility that advising a parent beforehand may place a child at greater risk (or interfere with a					
polic	e response) the designated person should consider seeking advice from children's social care, about whether or not					
to ad	lvise parents beforehand, and should record and follow the advice given.					
Liais	son with other agencies and multi-agency working					
	We work within the Local Safeguarding Children Board/Local Safeguarding Partners guidelines.					
	The current version of 'What to do if you're worried a child is being abused' is available for parents and staff and					
all st	aff are familiar with what they need to do if they have concerns.					
	We have procedures for contacting the local authority regarding child protection issues and concerns about					
child	ren's welfare, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure					
that i	it is easy, in any emergency, for the setting and children's social care to work well together					

	We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-
being o	of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to
harm o	r abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably
practica	able, but at the latest within 14 days of the allegations being made.
	Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.
Allega	tions against staff and persons in position of trust
	We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the
setting,	or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
	We ensure that all staff volunteers and anyone else working in the setting knows how to raise concerns that they
may ha	ave about the conduct or behaviour of other people including staff/colleagues.
	We differentiate between allegations, and concerns about the quality of care or practice and complaints and have
a sepai	rate process for responding to complaints.
	We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or
working	g on the premises, which includes:
-	inappropriate sexual comments;
-	excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate
sharing	g of images
	We will recognise and respond to allegations that a person who works with children has:
-	behaved in a way that has harmed a child, or may have harmed a child
-	possibly committed a criminal offence against or related to a child
-	behaved towards a child or children in a way that indicates they may pose a risk of harm to children
	We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are
not sati	isfied with our response
	We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting,
	one living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording
	ails of any such alleged incident.
	We refer any such complaint immediately to a senior manager within the organisation and the Local Authority
Design	ated Officer for Allegations as necessary to investigate and/or offer advice:
	(name and phone number)
	We also report any such alleged incident to Ofsted (unless advised by The Designated Officer for Allegations)
	s is unnecessary due to the incident not meeting the threshold), as well as what measures we have taken. We are
	that it is an offence not to do this.
	We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
	Where the management team and children's social care agree it is appropriate in the circumstances, the member
	or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the
_	I incident has taken place, but is to protect the staff, as well as children and families, throughout the process.
	it is appropriate and practical and agreed with The Designated Officer for Allegations, we will seek to offer an
alterna	tive to suspension for the duration of the investigation, if an alternative is available that will safeguard children and

# Disciplinary action

not place the affected staff or volunteer at risk.

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service of relevant information, so

that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

# Key commitment 3

alleged abuse.

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering children through our early childhood curriculum, promoting their right to be strong, resilient and listened to.

Trainii	na					
signs a	and signals of possible physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) and					
•	t and that they are aware of the local authority guidelines for making referrals. Training opportunities should also					
•	extra familial threats such as online risks, radicalisation and grooming, and how to identify and respond to families					
	ay be in need of early help, and organisational safeguarding procedures.					
	Designated persons receive appropriate training, as recommended by the Local Safeguarding Children Board,					
everv t	two years and refresh their knowledge and skills at least annually.					
	We ensure that all staff know the procedures for reporting and recording any concerns they may have about the					
provisi						
	We ensure that all staff receive updates on safeguarding via emails, newsletters, online training and/or discussion					
at staff	meetings at least once a year.					
Planni	ing					
	The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-					
one sit	uation without being within sight and/or hearing of other staff or volunteers.					
Curric	eulum					
	We introduce key elements of keeping children safe into our programme to promote the personal, social and					
emotio	nal development of all children, so that they may grow to be strong, resilient and listened to and so that they					
develo	p an understanding of why and how to keep safe.					
	We create within the setting a culture of value and respect for individuals, having positive regard for children's					
heritag	e arising from their colour, ethnicity, languages spoken at home, cultural and social background.					
	We ensure that this is carried out in a way that is developmentally appropriate for the children.					
Confid	dentiality					
	All suspicions and investigations are kept confidential and shared only with those who need to know. Any					
informa	information is shared under the guidance of the Local Safeguarding Children Board/Local Safeguarding Partners and in					
line with the GDPR, Data Protection Act 2018, and Working Together 2018.						
Suppo	ort to families					
	We believe in building trusting and supportive relationships with families, staff and volunteers.					
	We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of					
concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.						

We will continue to welcome the child and the family whilst investigations are being made in relation to any

	We follow the Child Protection Plan as set by the child's social worker in relation to the setting's designated role					
and tas	sks in supporting that child and their family, subsequent to any investigation.					
	We will engage with any child in need plan or early help plan as agreed.					
	Confidential records kept on a child are shared with the child's parents or those who have parental responsibility					
for the	the child in accordance with the Confidentiality and Client Access to Records procedure, and only if appropriate under					
the gui	dance of the Local Safeguarding Children Board.					
Legal	framework					
Primary	y legislation					
	Children Act (1989 s47)					
	Protection of Children Act (1999)					
	The Children Act (2004 s11)					
	Children and Social Work Act 2017					
	Safeguarding Vulnerable Groups Act (2006)					
	Childcare Act (2006)					
	Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018					
Second	dary legislation					
	Sexual Offences Act (2003)					
	Criminal Justice and Court Services Act (2000)  Equality Act (2010)					
	General Data Protection Regulations (GDPR) (2018)					
	Childcare (Disqualification) Regulations (2009)					
	Children and Families Act (2014)					
	Care Act (2014)					
	Serious Crime Act (2015)					
	Counter-Terrorism and Security Act (2015)					
	Counter Terrorism and Occurry Net (2010)					
Further	guidance					
	Working Together to Safeguard Children (HMG, 2018)					
	What to do if you're Worried a Child is Being Abused (HMG, 2015)					
	Framework for the Assessment of Children in Need and their Families (DoH 2000)					
	The Common Assessment Framework for Children and Young People: A Guide for Practitioners					
(CWDC	2010)					
	Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of					
the Chi	ldren Act 2004 (HMG 2008)					
	Hidden Harm – Responding to the Needs of Children of Problem Drug Users (ACMD, 2003)					
	Information Sharing: Advice for Practitioners providing Safeguarding Services (DfE 2018)					
	Disclosure and Barring Service: www.gov.uk/disclosure-barring-service-check					
	Revised Prevent Duty Guidance for England and Wales (HMG, 2015)					
	Inspecting Safeguarding in Early Years, Education and Skills Settings, (Ofsted, 2016)					

This policy was adopted by

(name of provider)

On	(date)				
Date to be reviewed		(date)			
Signed	Signed on behalf of the provider				
Name	Name of signatory				
Role of signatory (e.g. chair, director or owner)					
Other u	Other useful Pre-school Learning Alliance publications				
	Safeguarding Chi	ldren (2013)			
	Safeguarding thro	ough Effective Supervision (2013)			
	The New Early Y	ears Employee Handbook (2016)			
	People Managem	nent in the Early Years (2016)			

<sup>\*</sup>A 'young person' is defined as 16 to 19 years old – in [my/our] setting they may be a student, worker, volunteer or parent.

#### Definitions and indicators of abuse and neglect

What to do if you are worried a child is being abused 2015 describes some of the signs that might be indicators of abuse or neglect.

#### Physical abuse

Physical abuse is a form of abuse which 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.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.

Babies and disabled children also have a higher risk of suffering physical abuse.

Physical abuse can also occur outside of the family environment.

# Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained bruises, cuts, burns, scalds or bite marks

#### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development.

It may involve conveying to a child 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 imposed on children.

These may include interactions that are beyond a 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 cyberbullying), 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, although it may occur alone.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers

# Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

## 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.

You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong.

Sexual abuse can have a long-term impact on mental health.

### Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

#### **Child Sexual Exploitation**

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status.

It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status.

Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them.

Child sexual exploitation doesn't always involve physical contact and can happen online.

A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

#### Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education

# **Neglect**

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child.

Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse

#### Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

## Other specific safeguarding issues:

# Female genital mutilation (FGM) and Forced Marriage

There are many different types of abuse but there are some that staff may be initially less aware of. Female Genital Mutilation (FGM) and Forced Marriage fall into this category.

Professionals need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

#### There is a range of potential indicators that a child or young person may be at risk of FGM:

- Knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school; The child may also talk about a special procedure/ceremony that is going to take place or a special occasion to 'become a woman'. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Indicators that FGM may already have occurred:
- Prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems;
- Difficulty walking, sitting or standing, and look uncomfortable;
- Spend longer than normal in the bathroom or toilet
- May complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

# **Private fostering**

Under certain conditions, a child might be cared for, as part of a private arrangement, by someone who is not their parent or a 'close relative'.

This constitutes private fostering when the following conditions are met:

- a child is under 16 years of age 18 if they have a disability
- the arrangement is for 28 days or longer
- the child's new carer does not have parental responsibility for the child and is not a close relative. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

By law parents and carers must notify the local authority of private fostering arrangements to safeguard and protect the child's welfare as well as ensuring the child, carer and parent are receiving appropriate support and help.

As a setting, if we do become aware that a child or young person is being privately fostered, we will inform the carer/parent of their legal duty to notify Wiltshire Children's Social Care; we will follow this up by contacting Children's Social Care directly.

Appendix 3 – Wiltshire Council Inter Agency Referral Form – printed and in policy

Appendix 3a – Overview Sheet – printed and in policy



# Offer of Early Help

Early help means taking action to support a child, young person or their family as soon as a problem emerges. It can be required at any stage in a child's life, from pre-birth to adulthood, and applies to any problem or need that the family can't deal with alone.

"Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from foundation years through to teenage years"

Working Together to Safeguard children, DfE, March 2015

Pewsham Preschool's commitment to Early Help is central to our work in safeguarding children and ensuring the bet outcomes for all. We aim to achieve this by:

- Staff consider if there is any offer of Early Help that we can make in order to help a child thrive.
- Understanding Early Help is an approach not necessarily an action.
- Understanding it includes prevention education as well as intervention where necessary or appropriate (In some cases immediate urgent action might be necessary if a child or young person is at risk of immediate harm).

Early help at Pewsham Preschool is offered through the following areas in collaboration with other agencies:

- Attendance in preschool
- Emotional and behavioural needs
- Parenting Skills
- Delay in development and learning
- Identification and assessment of special educational needs
- Speech and language delay
- Domestic abuse
- Faith abuse
- Gender based violence (Violence against women and girls, including FGM)
- Parental mental health
- Healthy eating and nutrition
- Child mental health
- Family support
- Private Fostering
- Radicalisation
- Child Sexual Exploitation
- Female Genital Mutilation

The help we offer is delivered by a wide range of professionals and organisations including;

- Education Psychologists
- Local Authority Inclusion Offers and SEND team

- Local Sure Start Centre
- Speech and Language Therapists
- Health Visitors
- Early Help Social Workers
- Specialist behaviour support workers

# How can I access help?

If you would like further information about accessing early help or would like to discuss a concern you can do so in any of the following ways:

- Talk to our SENCO Barbara Heath.
- Talk to either of the setting Managers Janet Croft or Barbara Heath.
- Talk to your child's keyperson.
- Access contact information for a range of services from our Website (useful contacts) or on our parent information board situated in our cloakroom.
- Visit our Local Sure Start Centre in the building behind preschool.
- Visit <u>www.wiltshirelocaloffer.org.uk</u>