

STANDARD 1

– Child Protection



EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.3 Keeping safe	2.1 Respecting each other 2.2 Parents as partners	3.4 The wider context	

Standard 1.2 Safeguarding children, young people, and vulnerable adults

Policy statement

Horsted Keynes Preschool will work with children, parents, and the community to ensure the rights and safety of children, young people and vulnerable adults and to give them the very best start in life. We intend to create in our Preschool an environment in which children are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to.

From Tuesday 25th June the West Sussex Safeguarding Children Board was replaced by the West Sussex Safeguarding Children Partnership where three lead agencies; Health Partnership, Police and the Local Authority, will work together as joint and equal partners to shape bespoke arrangements for the needs of the children in West Sussex.

Our Safeguarding policy complies with the procedures approved by the West Sussex Safeguarding Children Partnership (WSSCP). We carry out the following procedures to ensure we meet the three key commitments of the Alliance 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 from abuse and harm in all areas of our service delivery.

- Our designated member of staff who co-ordinates child, young person or adult protection issues is: **SUSAN HICKS**
- 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 officer who oversees this work is: **CLARE HUMPHREYS**
- The designated person, the suitably trained deputy and the designated officer ensure they have links with statutory and voluntary organisations regarding safeguarding.
- 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 designated Child protection officers carry out training every 2 years.
- All staff refresh their knowledge of safeguarding annually.
- All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse and neglect, and understand their professional duty to ensure safeguarding and child protection concerns are reported to:
 1. West Sussex MASH (Multi Agency Safeguarding Hub) 01403 229900
 2. our LADO (local Authority designated officer based in MASH) Claire Coles 01403 229900 (Adults)
 3. or the NSPCC 0800 800 5000
- All staff know that if a child is in immediate danger then we would telephone 999
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.

- At Horsted Keynes Preschool all staff are aware of and follow the Sussex Child Protection & Safeguarding Procedures, produced by West Sussex, and available as an electronic copy at <http://sussexchildprotection.procedures.org.uk/>
- All staff are asked to read (and sign that they have read) Part 1 of Keeping Children Safe in Education (DfE September 2019) and be alert to signs of abuse and know to whom they should report any concerns or suspicions. If staff members are uncertain, they should always speak to the Designated Member of Staff for Child Protection (Clare Humphreys or Susan Hicks). In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to MASH (Our Multi Agency Safeguarding Hub).
- At Horsted Keynes Preschool all staff are aware of the procedures for handling suspected cases of abuse of children, including procedures to be followed if a child harms another child or a member of staff is accused of abuse, or suspected of abuse
- As Designated Members of Staff for Child Protection (referred to in 'Keeping Children Safe in Education (DfE September 2019) as 'Designated Safeguarding Lead') Clare Humphreys & Susan Hicks have responsibility for co-ordinating action within the Preschool and liaising with other agencies (see below for further details).
- As Designated Members of Staff for Child Protection, Clare Humphreys & Susan Hicks undergo updated child protection training every two years. All members of staff are provided with regular updated child protection training in line with advice from the West Sussex LSCP(Local safeguarding children partnership)(currently every three years).
- All staff understand the principles of early help (as defined in Working Together to Safeguard Children, 2018) and 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, including for those families who are below the threshold for significant harm, according to arrangements published by the LSCP.
- All staff understand their responsibilities under the General Data Protection Regulations and the Data protection act 2018 and understand relevant safeguarding legislation, statutory requirements and local safeguarding partner requirements and ensure that any information they may share about parents and their children with other agencies is shared appropriately and lawfully.
- We will support families to receive appropriate early help by sharing information with other agencies in accordance with statutory requirements and legislation.
- We will share information lawfully with safeguarding partners and other agencies where there are safeguarding concerns.
- We will be transparent about how we lawfully process data.
- All staff understand how to escalate their concerns should they feel either the local authority and/or their own organisation has not acted adequately to safeguard and know how to follow local safeguarding procedures to resolve professional 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), whistleblowing and dignity at work.
- Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or complaints 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 aggression 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 Offenders Act 1974.

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- Enhanced Disclosure and Barring checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.
- Enhanced Disclosure and Barring checks are carried out on anyone working on the premises during operational hours.
- 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 completed including:
 - the Disclosure and Barring Service certificate number;
 - the Update service registration number;
 - 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.
- All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- From 31 August 2018, staff and volunteers in childcare settings that are not based on domestic premises are **not** required to notify their line manager if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision or have had orders made in relation to care of their children.
- Staff receive regular supervision, which includes discussion of any safeguarding issues, and their performance and learning needs are reviewed regularly.
- In addition to induction and supervision, staff are provided with clear expectations in relation to their behaviour [outlined in our employee handbook].
- We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances 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 person 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 development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child. Any images of children are held securely on Tapestry and in a locked cupboard when not in use. 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.
- 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 they 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, guidance, supervision and support.

- The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern; however, this should not delay any referrals being made to MASH or where appropriate the LADO, Ofsted or Riddor.

Responsibilities of the Committee and the Manager of Horsted Keynes Preschool

- The Chairperson (Claire Speakman), and the Manager, Clare Humphreys - ensure that the policies, procedures and training in the Preschool are effective and comply with the law at all times. This includes:
- Ensuring that an effective child protection policy is in place and reviewed annually, together with a staff behaviour policy (code of conduct) which should, amongst other things, include staff/pupil relationships and communications, including the use of social media. These policies are provided to all staff – including temporary staff and volunteers – on induction and that staff are kept up to date with changes.
- Contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified. This includes allowing access for children's social care from the host local authority and, where appropriate, from a placing local authority, for that authority to conduct, or to consider whether to conduct, a section 17 (child in need) or a section 47 (child in need of protection) assessment.
- Appointing a designated member of staff for child protection who should undergo refresher child protection training every two years.
- Ensuring that the Preschool operates a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children (Part Three: Safer Recruitment. Keeping Children Safe in Education (DfE September 2019) Please see section on recruitment below.
- Ensuring that the Preschool keeps an up to date single central record of all staff and volunteers and the dates of all appropriate safeguarding checks.
- Monitoring the adequacy of resources committed to child protection, and the staff training profile.
- Making sure that the child protection policy is available to parents on request.
- Ensuring that this policy and practice complements other policies e.g. anti-bullying, and health and safety, to ensure safeguarding.
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Giving consideration as to how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Key commitment 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 a child is being abused'* (HMG 2015) and the Care Act 2014.

PROMOTING A PROTECTIVE ETHOS

We will create an ethos in which children feel secure, their viewpoints are valued, they are encouraged to talk, and they are listened to. This will be achieved in the following ways:

- All staff, including the Designated Persons, are trained regularly to ensure skills and knowledge are up to date.
- Staff know how to respond to child protection concerns.
- Contribution to an inter-agency approach to child protection by working effectively and supportively with other agencies.
- Raising children's awareness and actively promoting self-esteem building, so that children have a range of strategies and contacts to ensure their safety.
- Using personal safety programmes, such as Protective Behaviours, NSPCC PANTS campaign and the Early Years' Service 'Children's Safety Matters' training and resources.

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- Working with parents to build an understanding of the setting's responsibility to the welfare of the children.
- Ensuring the relevant policies are in place i.e. the use of mobile phones and cameras, behaviour management, intimate care, whistleblowing, social networking.
- Being vigilant to the inappropriate behaviour of staff or adults working with children and ensuring that all staff and volunteers know the allegations procedure and relevant contacts.
- Staff acting as positive role models to children and young people.
- Ensuring staff are aware of the need to maintain appropriate and professional boundaries in their relationships with children and parents/carers.

A 'young person' is defined as 16 to 19 years old – in our setting they may be a student, worker, volunteer or parent. A 'vulnerable adult' is defined as a person 'who is or may need community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- We ensure that all staff understand the additional vulnerabilities that arise from special educational needs and/or disabilities, plus inequalities of race, gender, disability, language, religion, sexual orientation, or culture and that these receive full consideration in relation to child, young person or vulnerable adult protection.

What is abuse?

Recognising abuse is one of the first steps in protecting children and young people. There could be signs or changes in behaviour that makes one feel concerned. All persons responsible for children at HKPS should be alert to the signs of abuse listed in the following info.

The 1989 Children's Act recognises four categories of abuse:

PHYSICAL ABUSE

- is the actual or likely physical injury to a child/young person/adult or failure to prevent physical injury (or suffering to a child).

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child/young person/adult.

When assessing bruises, burns and bites these are the signs to look for: Signs of Physical Abuse

- Bruising:
- We are all aware of the bruising protocol.
- Bruising in or around the mouth.
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive).
- Repeated or multiple bruising on the head, or on sites unlikely to be injured accidentally.
- The outline of an object used e.g. belt marks, or handprints (a pinch causes small double bruises, a punch or kick causes an irregular bruise with a paler centre, gripping causes ovals from fingertips or lines between fingers).
- Linear pink marks, haemorrhages or pale scars may be caused by ligature, especially at wrists, ankles, neck, male genitalia.
- Bruising or tears around, or behind, the earlobe(s) indicating injury by pulling or twisting.
- Bruising around the face.
- Broken teeth and mouth injuries (a torn fraenum-the flap of tissue in the midline under the upper lip-is highly suspicious).

- Grasp marks on small children.
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse. Especially on the insides.
- it is important to remember that children can have accidental bruising, but the signs above must be considered as highly suspicious of a non-accidental injury unless there is an adequate explanation provided and experienced medical opinion sought. Bruises are difficult to age accurately because they change colour at differing rates.

Bite marks:

- Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
- A medical opinion from a forensic dentist should be sought where there is any doubt over the origin of the bite.

Burns and scalds:

- It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, for example:
- Circular burns from cigarettes are characteristically punched out lesions 0.6 to 0.7 cm in diameter, and healing, usually leaves a scar.
- Friction burns resulting from being dragged.
- Linear burns from hot metal rods or electrical fire elements.
- Burns of uniform depth over a large area.
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of her/his own accord will struggle to get out and cause splash marks).
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

SEXUAL ABUSE

– is the actual or likely sexual exploitation of a child or adolescent.

- Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. The Sexual Offences Act 2003(implemented in full on 1st May 2004) generally strengthened protection for children and introduced a range of new sexual offences designed to address all inappropriate activity with children.

Child/young person/adult sexual abuse includes:

- Rape: vaginal, anal or oral penetration committed by a male on a female or male without consent (this is the only sexual offence that can be committed exclusively by a man, as the penetration must be by a penis)
- Sexual assault by penetration: penetration of the vagina or anus with a part of the body or anything else (this is a new offence that replaces indecent assault and recognises the seriousness of penetration.
- Sexual assault: touching a person sexually without consent (this also replaces the offence of indecent assault and covers non-penetrative touching of a victim and would include fondling, masturbation, digital penetration and oral-genital contact)
- Sexual activity with a child: person 18 or over intentionally sexually touching a child under 16 (this offence replaces the offences of indecent assault and unlawful sexual intercourse-a separate offence deals with the situation where both persons involved are under 18 and reduces the penalty); these offences include situations where there is consent between the parties; where this consent exists, and the parties are of a similar age, it is not anticipated that any criminal proceedings will take place.
- Causing or inciting a child to engage in sexual activity: a person aged 18 or over making a child under 16 commit a sexual act on another person (including making a child touch the offender)
- Other forms of sexual activity e.g. taking indecent photographs of children or exposing children to abusive images of children.

- In law children under 16 years of age cannot consent to any sexual activity occurring, although in practice young people may be involved in sexual contact to which, as individuals they may have agreed. Children under 13 years cannot in law under any circumstances consent to sexual activity and specific offences, including rape, exist for child victims under this age.
- Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional or behavioural.

These are some of the signs to look for: **Signs of Sexual Abuse**

Behavioural indicators:

- Inappropriate sexualised conduct.
- Sexually explicit behaviour play or conversation, inappropriate to the child's age.
- Continual and inappropriate or excessive masturbation.
- Self-harm (including eating disorder), self-mutilation and suicide attempts.
- An anxious unwillingness to remove clothes for-e.g. sports events (this may be related to cultural norms or physical difficulties).
- Running away.

Physical indicators:

- Pain or itching of genital area.
- Vaginal discharge.
- Sexually transmitted diseases.
- Blood on underclothes.
- Physical symptoms e.g. injuries to genital or anal area, bruising to buttocks, abdomen and thighs.

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity;

- A. in exchange for something the victim needs or wants, for example food, drugs, alcohol, gifts or in some cases simply affection and/or
- B. for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through technology (cyber bullying) and grooming.

Like all forms of child sexual abuse, child sexual exploitation:

- Can affect any child or young person (male or female) under the age
- Can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex;
- Can still be abuse even if the sexual activity appears consensual;
- Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
Can take place in person or via technology, or a combination of both;
- Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- May occur without the child or young person's immediate knowledge (through others copying videos or images they have created and posting on social media, for example);
- Can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and

- Is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

All staff at HKPS will be aware of the following indicative behaviours associated with a child who is experiencing sexual exploitation; however, we also realise that they are not conclusive signs in themselves:

Physical symptoms

- Sexually Transmitted Infections, chronic fatigue, bruising suggesting assault, pregnancy and/or seeking a termination);
- Truancy from school/disengagement from education;
- Acquisition of money, possessions or accounts of social activity with no plausible explanation;
- Expressions of despair (self-harm, overdose, eating disorder, challenging and/or volatile behaviour, aggression);
- Drug and alcohol misuse;
- Reports from reliable sources that a child is being sexually exploited or frequenting known areas of concern;
- Relationship with a controlling adult/older 'boyfriend', who encourages emotional dependency and controls through violence or threats;
- Having contact with unknown adults outside the usual range of child's social contacts;
- Getting into/out of vehicles driven by unknown adults;
- An adult loitering outside home with the intention of meeting up with the child;
- Use of mobile phones/emails/internet that causes concern;
- Missing from home, or persistently leaving home or returning late without permission and no plausible explanation;
- Returning from being missing looking well-cared for in spite of having no known base;
- Contact with other young people known to be involved in sexual

If CSE is suspected, or a child in our setting has made a disclosure to us, we will follow our child protection procedure and make a referral to MASH.

TARGETING AND GROOMING:

- Sex offenders carefully plan how to gain access to children/young people and are skilled at selecting and targeting children/young people who may be vulnerable in some way. Having selected their target, they will then 'groom' the child/young person by finding ways of gaining the child's/young persons' confidence.
- Children/young people can be targeted and 'groomed' in a number of ways:
- They may seek to become friends of families and gain the trust of family members.
- They may seek out parents who are stressed or isolated and offer their support
- They may target vulnerable families and communities and attempt to make themselves indispensable.
- They may become organisers or leaders of organisations that children go to or seek occupations that have significant contact with families.
- When working in an organisation, the abuser will do everything they can to prevent colleagues from becoming suspicious of them.
- They may frequent places where children go e.g. parks, playgrounds.
- Pretend to be a child in an internet chat room.
- Explain their behaviour as what people do when they love each other.
- Sex offenders are more likely to take advantage of:
- Children's lack of sexual knowledge
- Children's natural wish to please.
- Children's tendency to respond to an adult's requests or commands.
- Children not knowing what the abuser does is wrong.

Four stages to offending:

1. Wanting to do it.

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2. Thinking it is ok to do it.
3. Finding an opportunity.
4. Getting a child to go along with it.

The factors described above are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of possible significant harm.
- Must prompt a member of staff to seek further information.
- Justify the need for careful assessment and discussion with designated/named/manger (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and/or referral to MASH.
- In an abusive relationship, the child may:
- Appear frightened of the parent(s).
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

- Persistently avoid child health services and treatment of the child's illnesses.
- Have unrealistic expectations of the child.
- Frequently complain about/to the child and fail to provide attention or praise (a high criticism/low warmth environment)

Child Criminal Exploitation (CCE)

Child Criminal Exploitation is the exploitation of a child to engage in criminal activity for the gain of another adult. County Lines is a term used to describe organised criminal networks exporting illegal drugs into one or more importing areas (within the UK). They use dedicated mobile phones in the 'dealing lines' and often use children and adults to move and store drugs and money through coercion, intimidation, violence, sexual violence and weapons.

County lines-

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

If there are any concerns a child or young person is at risk of Criminal exploitation MASH must be contacted for advice.

Emotional Abuse

– is the actual or likely severe adverse effect on the emotional and behavioural development of a child/young person caused by persistent or severe emotional ill treatment or rejection.

- Emotional abuse is the persistent emotional ill-treatment of a child/young person/adult such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children/young people/adults that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of

another person, age or developmentally inappropriate expectations being imposed on children. This includes interactions beyond the child's developmental capability, as well as over protection and limitation of exploration and learning, or preventing the child's participating in normal social interaction. Some level of emotional abuse is involved in most types of ill treatment of a child, though emotional abuse may occur alone. Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. Indicators of emotional abuse are often associated with other forms of abuse.

- Recognition of emotional abuse is usually based on observations over time and the following are some signs to look for: **SIGNS OF EMOTIONAL ABUSE;**
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or failure to attach.
- Persistent negative comments about the child or 'scapegoating' within the family.
- Inappropriate or inconsistent expectations of the child e.g. over-protection or limited exploration.
- Delay in achieving developmental, cognitive and/or other educational milestones.
- Failure to thrive/faltering growth.
- Behavioural problems, e.g. aggression, attention seeking.
- Frozen watchfulness, particularly in pre-school children.
- Low self-esteem, lack of confidence, fearful, distressed, anxious.
- Poor relationships with peers, including withdrawn or isolated behaviour.
- Dysfunctional family relationships including domestic violence.
- Parental problems that may lead to lack of awareness of child's needs, e.g. mental illness, substance misuse, learning difficulties.
- Parent/carer emotionally or psychologically distant from the child.

Neglect

– is the persistent or severe neglect of a child/young person or the failure to protect a child/young person from harm.

- All staff are aware of Howes 4 types of neglect.
- Neglect is the persistent failure to meet a child's/young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Such as failing to provide adequate food, clothing or shelter (including exclusion from home or abandonment).
- Failing to protect a child/young person from physical and emotional harm or danger
- Failing to ensure adequate supervision including the use of inadequate caretakers.
- Failing to access appropriate medical care or treatment.
- Failing to meet a child's/young person's basic emotional needs.
- Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, long term difficulties with social functioning, relationships, and educational progress. Neglect can also result, in extreme cases, in death.
- Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

These are some signs of neglect to look for: **SIGNS OF NEGLECT**

- An unkempt, inadequately clothed, dirty or smelly child/young person.
- A child/young person who is perceived to be frequently hungry.
- A child/young person who is observed to be listless, apathetic, and unresponsive with no apparent medical cause; displaying anxious attachment; aggression or indiscriminate friendliness.
- Failure of a child to grow or develop within normal expected patterns with an accompanying weight loss or speech/language delay.
- Recurrent/untreated infections or skin conditions
- Unmanaged/untreated health/medical conditions including poor dental health.
- Frequent accidents or injuries.
- Poor self-esteem.

- A child/young person who thrives away from the home environment.
- Failure by parents to meet basic essential needs e.g. adequate food, clothes etc.
- Failure of parents/carers to meet the child's/young person's health/medical needs e.g. failure to attend doctors/dental/health visitor appointments.
- A dangerous or hazardous home environment.
- Child left with adults who are intoxicated or violent
- exposure to any kind of danger including cold and starvation, or failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including failure to thrive.

Other forms of abuse which need to be taken seriously include:

Perplexing cases which may indicate a possibility of fabricated or Induced Illness (FFI)

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- discrepancies between reported and observed medical conditions, such as the incidence of fits
- attendance at various hospitals, in different geographical areas
- development of feeding / eating disorders, as a result of unpleasant feeding interactions
- the child developing abnormal attitudes to their own health
- nonorganic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- speech, language or motor developmental delays
- dislike of close physical contact
- attachment disorders
- low self esteem
- poor quality or no relationships with peers because social interactions are restricted
- poor attendance at Preschool and under-achievement.

These cases are very complex and for a case to be considered as FFI is after careful and detailed review by a consultant paediatrician. Please refer to Pan-Sussex Child Protection Procedures for further information.

Historical Abuse –

This is when a child/young person will disclose abuse (either sexual, physical emotional or neglect) which occurred in the past. This information will be treated in the same way as any other form of abuse.

The reason for this is that the abuser may still represent a risk to children now.

Domestic Abuse –

This is abuse caused within the home which may be physical, emotional, or due to neglect. Children experiencing this may demonstrate many of the symptoms below. Staff will need to treat them sensitively, record their concerns and consider informing Children and Young People's Service.

Female Genital Mutilation (FGM) –

This is illegal in the UK and it is an offence to take UK nationals abroad to aid, abet or carry out FGM. All agencies have a statutory responsibility to safeguard children from being abused through FGM. If you have any concerns with regards to a girl in our care being at risk of FGM then this is a child protection issue and must be documented and reported to Social Services or to the Police. Some warning signs include parents requesting extended leave, if a girl comes from a country that has high prevalence to FGM, mothers and other siblings have already undergone FGM, a girl may indicate that they are going away for a special event.

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

Std. 1.2 Safeguarding Children, Young People and Vulnerable Adults

Types of FGM

FGM has been classified by the World Health Organisation (WHO) into four types:

- Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the ‘lips’ that surround the vagina);
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and
- Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Names for FGM

FGM is known by a variety of names, including ‘female genital cutting’, ‘circumcision’ or ‘initiation’. The term ‘female circumcision’ is anatomically incorrect and misleading in terms of the harm FGM can cause. The terms ‘FGM’ or ‘cut’ are increasingly used at a community level, although they are not always understood by individuals in practising communities, largely because they are English terms.

Breast Ironing

Much like FGM (Female Genital Mutilation), Breast Ironing is a harmful cultural practice and **is** child abuse.

What is breast ironing?

Breast Ironing, also known as “breast flattening,” is the process whereby young pubescent girls’ breasts are ironed, massaged and/or pounded down through use of hard or heated objects. This is done in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore kept in education.

Breast ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware. Estimated range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa.

The United Nations (UN) states that breast ironing affects 3.8 million women around the world and has been identified as one of the five under-reported crimes relating to gender-based violence.

Breast Ironing in the UK

Concerns have been raised that breast ironing is also found to be amongst African communities in the UK, with as many as 1,000 reported cases of young girls being subjected to breast ironing. These cases have mainly been from the Birmingham and London areas. Keeping Children Safe in Education (DfE September 2019) mentions breast ironing, as part of the section on so called “Honor Violence”.

Professional working with children and young people must be able to identify the signs and symptoms of girls who are at risk of or have undergone breast ironing.

The Indicators

Breast ironing is a well-kept secret between the young girl and her mother/grandmother. Some indicators that a girl has undergone breast ironing are as follows:

- Unusual behaviour after absence from school or college including depression, anxiety, aggression, withdrawn etc;
- Reluctance in undergoing normal medical examinations;
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear
- Fear of changing for physical activities due to scars showing or bandages being visible.

Breast Ironing = Physical Abuse

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Although, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditions practices, it is not against the law.

There is no specific law within the UK around breast ironing, however, it is a form of physical abuse and if professionals are concerned a child may be at risk of or suffering significant harm, they must refer to their Local Safeguarding Children's Board Procedures.

Health Consequences & Outcomes

Due to the instruments which are used during the process of breast ironing, for example spoon/broom, stones, pestle, breast band, leaves etc., combined with the insufficient aftercare, young girls are exposed to significant health risks. Breast ironing is extremely painful and violates a young girl's physical integrity. It exposes girls to numerous health problems such as, abscesses, itching and discharge of milk, infection, dissymmetry of the breasts, cysts, breast infections, severe fever, tissue damage and even the complete disappearance of one of both breasts. In some extreme cases, breast ironing can even be related to the onset of breast cancer.

Breast ironing can also have a massive impact on young girls social and psychological well-being.

Forced Marriage

A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities or mental incapacity, cannot) consent to the marriage and violence, threats or any other form of coercion is involved. Coercion may include emotional force, physical force or the threat of physical force and financial pressure.

Bullying –

This is abuse that is deliberately hurtful and is repeated over a period of time. Bullying includes verbal threatening, insulting and personal remarks. It also includes physical abuse e.g. hitting, kicking, pinching, punching etc. Bullying can also be done indirectly e.g. excluding individuals, talking inappropriately about others etc.

Human trafficking –

This involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. If an identified victim of human trafficking is a child, the response will be coordinated under the safeguarding process.

Any committee member, paid staff member, student or volunteer has the responsibility to be vigilant to signs that all is not well with a child or young person. Not all concerns about children or young people relate to abuse; there may well be other explanations. It is important to keep an open mind and consider what one knows about the child and their circumstances. If any person has concerns, it is not their responsibility to decide if it abuse. It is their responsibility to act on any

Homelessness

Our Preschool recognises that being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The Designated Safeguarding Lead (and any deputies) should be aware of contact details and referral routes into the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into Children's Social Care where a child has been harmed or is at risk of harm.

- The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live.
- The following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

- In most cases Preschool staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis.

Recognising inappropriate behaviour in staff, volunteers and other adults

As an organisation that cares for children, it is necessary for staff members to have physical contact with them for reasons of safety (e.g. holding hands when outside), hygiene (e.g. changing nappies or other toilet trips) and emotional support (e.g. comforting and cuddling upset children).

Staff are encouraged to make such contact and should not fear allegations of inappropriate contact being made where the circumstances demand it. Note that in some circumstances it could be considered neglectful not to provide physical contact as a comfort to a child.

To minimise the risk of allegations being made against staff, they are discouraged from spending long periods alone with children, frequently repeated contact (particularly with the same child) and from gestures of intimacy (e.g. kissing the child) particularly where comforting is not required.

Further signs of inappropriate behaviours may include:

- Paying an excessive amount of attention to a child or groups of children, providing presents, money or having favourites.
- Seeking out vulnerable children, e.g. disabled children.
- Trying to spend time alone with a child or group of children on a regular basis.
- Making inappropriate sexual comments.
- Sharing inappropriate images.
- Mistreating a child.
- Being vague about where they have worked or when they have been employed.
- Encouraging secretiveness.
- There may be other signs of concern.
- 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 1989/2004 child in need definition to local authority children's social work services
- We understand that we should refer any child who may be at risk of significant harm to MASH.
- We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical 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 that a child is being cared for under a private fostering arrangement, we inform MASH.
- We are prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The designated person will take immediate action to contact the child's parent to seek an explanation for the child's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and LSCP procedures are followed. If the child has current involvement with social care the social worker 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 young people using our provision, such as, abuse of children who have special educational needs and/or disabilities; fabricated 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 Home Office and LSCP procedures on responding to radicalisation.

- The designated person completes online Channel training, online Prevent training and attends local WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.
- 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 safeguarding procedures to respond to FGM and other safeguarding issues, which involves contacting police if a crime of FGM has been or may be about to be committed.
- If we become concerned that a child may be a victim of modern slavery or human trafficking, we will refer to the National Referral Mechanism, as soon as possible and refer and/or seek advice to the local authority children's social work service and/or police.
- We will be alert to the threat's children may face from outside their families, such as that posed by organised crime groups such as county lines and child sexual exploitation, online use and from within peer groups and the wider community.
- 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 procedures below for reporting child protection and child in need concerns and follow the LSCP procedures.
- Where such indicators are apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is stored on the child'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 MASH and co-operate fully in any subsequent investigation. NB in some cases this may mean the police, or another agency identified by the Local West Sussex Safeguarding Children Partnership (WSSCP).
- We respond to any disclosures sensitively and appropriately and take care not to influence the outcome either through the way we speak to children or by asking questions of children (although we may check out/clarify the details of what we 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 1989/2004. This may include students or school children on work placement, young employees or young parents.
- Where abuse or neglect is suspected, 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 consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing 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 community care services.
- All staff know that they can contact the NSPCC whistleblowing helpline if they feel that or organisation and the local authority have not taken appropriate action to safeguard a child and this has not been addressed satisfactorily through organisational escalation and professional challenge procedures.
- We have a whistle blowing policy in place.
- Staff/volunteers know they can contact the organisation "Public Concern at Work" for advice relating to whistleblowing dilemmas.

Recording suspicions of abuse and disclosures

- The first concern will be the child. 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 including any concerns of young children where there is a potential risk of FMG (female genital mutilation).

That member of staff will;

- listen to the child, offer reassurance and help the child to understand that they themselves are valued and respected and have not been at fault
- give 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;
- Whenever worrying changes are observed in a child's behaviour, physical condition or appearance, a specific and confidential record will be set up, quite separate from the usual on-going records of children's progress and development. Make 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 whom the concern was reported, with the date and time; and the names of any other person present at the time.
- These records will be signed, dated and kept in the child's personal file which is kept securely and confidentially.
- The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity, and always within 1 working day.
- The member of staff acting as the designated person is informed of the issue at the earliest opportunity, and always within one working day.
- Where the West Sussex Safeguarding Children Partnership (WSSCP). or local safeguarding partners safeguarding procedures stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by our West Sussex Safeguarding Children Partnership (WSSCP). (MASH)
- If a volunteer or member of staff is accused of any form of child abuse, s/he will be interviewed immediately by the person in charge of the group. The person accused may choose to attend the interview accompanied by a friend or colleague. The interview will usually be with the Preschool Manager. However, if the allegation is against the Manager, the interview may be conducted by the Deputy Manager. The person against whom the allegation is made will be informed of the allegation and will immediately be suspended on full pay while an investigation is made. Investigations will be in line with the West Sussex Safeguarding Children Partnership (WSSCP) procedures and conducted in conjunction with the West Sussex Safeguarding Children Partnership (WSSCP) Confidential records will be kept of the allegation and of all subsequent proceedings.

Making a referral

- The Preschool will follow the procedures for making a referral to MASH, based on 'Working Together to Safeguard Children' (HMG 2018) alongside 'What to do if you're worried a child is being abused' (HMG 2015)
- We keep a copy of these documents and follow the detailed guidelines given.
- All members of staff are familiar with the Child Protection Record and follow the procedures for recording and reporting, based on 'Working Together to Safeguard Children' (HMG 2018) alongside 'What to do if you're worried a child is being abused' (HMG 2015)
- We have copies of Request for support forms for recording concerns and making a referral.
- Referrals are made online using the online form. Sent securely.

Escalation process

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCP escalation process.
- We will ensure that staff are aware of how to escalate concerns.
- We will follow local procedures published by our LSCP or safeguarding partners to resolve professional disputes.

Informing parents

- Parents are normally the first point of contact, but if they are not in a position to allay any legitimate anxieties, the matter will be taken up with the Social Services Department in accordance with procedures laid down by the West Sussex Safeguarding Children Partnership (WSSCP).
- Concerns are normally discussed with parents to gain their view of events, unless it is felt that this may put the child or other person at risk or may interfere with the course of a police investigation or may unduly delay the referral, or unless it is otherwise unreasonable to seek consent. Advice will be sought from MASH if 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 discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to MASH, parents are informed at the same time that the referral will be made, except where the procedures of the Local West Sussex Safeguarding Children Partnership (WSSCP)/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 police response) the designated person should seek advice from MASH, about whether or not to advise parents beforehand, and should record and follow the advice given.
- If there is a possibility that advising a parent beforehand may place a child at greater risk (or interfere with a police response) the designated person should consider seeking advice from children's social care, about whether or not to advise parents beforehand, and should record and follow the advice given.

Liaison with other agencies and multi-agency working

- We work within West Sussex guidelines.
- The current version of 'What to do if you're worried a child is being abused' available for parents and staff and all staff are familiar with what they need to do if they have concerns. Confidential records kept on children about whom the Preschool is anxious will be shared with MASH if the Preschool feels that adequate explanations for changes in the child's condition have not been provided.
- We have procedures for contacting MASH regarding child protection issues, and concerns about children's welfare, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and MASH/social services to work well together.
- We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff, and any specific procedures such as responding to concerns about radicalisation or extremism (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, 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) or other contact(s) as appropriate are also kept.
- At times, it may be deemed necessary to use WSCC integrated frontline services, to ensure support is provided to our families in a holistic manner. This service is accessed via an online system called Holistix, permission via parents/carers is always gained prior to accessing the system. (see policy: Information Sharing).

Information sharing

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment, and service provision. Fears about sharing information should not stand in the way of the need to promote the welfare and protect the safety of children professional should assume that someone else will pass information which they think may be critical to keeping a child safe. If a professional has concerns, then they should share the information with Mash or the Local Authority Designated officer.

Dealing with Child Protection issues are upsetting for all those involved in supporting the child and the family. It is important that any persons dealing with any issues relating to child abuse expresses their feelings through talking with either the Manager, MASH or their LADO. They will endeavour to provide the right support.

For further information about Inter-Agency working please see the Working Together to Safeguard Children document at <https://www.gov.uk/government/publications/working-together-to-safeguard-children>.

Our Procedure if there are signs or concern of suspected abuse

- If you think a child may be in immediate danger, phone the police
- Stay calm.
- Do not rush from the room to get someone else to listen
- If a child is making a disclosure listen to what the child is actually saying and reassure them that they have done the right thing by disclosing.
- Be careful to protect the environment of the disclosure and to not compromise any future investigations or legal action: offer reassurance to the child and believe the child.
- Whatever the situation, do not ask closed or leading questions. Ensure that any questions that are asked are for clarification purposes only. An example of an open question is 'Why are you upset?' An example of a leading question is 'Are you afraid to go home because your mum will hit you?'
- Do not promise the child that any information/concerns can be kept a secret as subsequent disclosures could then lead to the child feeling betrayed. Explain to the child, no matter what age, that you are obliged to inform someone.
- Reassure the child that the people that are being informed will be sensitive to their needs and will protect and support them.
- The person who raises concerns/suspects the abuse will discuss the concern confidentially with the manager and the designated safeguarding Officer.
- If appropriate the manager or safeguarding Officer should then raise the concern with the parent either by phone if necessary or wait until the end of the session. 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 MASH 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.
- If the senior staff member dealing with the issue considers the parent's explanation to be adequate, the matter needs to be logged but need go no further. Both parent/carer and staff member should fill in an incident form acknowledging that the information sharing process has taken place, this will be kept in the child's file and reported to the appropriate bodies if need be.
- All information protected by the General Data Protection Regulations (GDPR) (2018) will be treated in line with HKPS's Confidentiality and Data Protection Policy, a copy of which is available on request.
- If the senior staff member feels that any child is at risk of any immediate danger, they have the right to contact the appropriate services without consent from the parent/carer.
- Before any contact is made with any external agency the child must be informed that this action is being taken in the best way that is relevant to the child and their development stage.
- The senior staff member will contact MASH or The Local Authority Designated Officer (LADO, based in MASH). They will ask various related questions and from this decide the best route for helping the child, young person and/or family.
- It is of key importance that the person who has raised the concerns logs all the facts using any words used by the child as soon as possible. Records should include:
 1. The child's known details including name, date of birth, address and contact numbers.
 2. Whether or not the person making the report is expressing their own concerns or those of someone else.
 3. The nature of the allegation, including dates, times, specific factors and any other relevant information.

4. Make a clear distinction between what is fact, opinion or hearsay.
5. A description of any visible bruising or other injuries. If necessary, a diagram will be drawn to show the position of any bruises or marks the child or young person may have, with an indication of the size, colour and shape.
6. Any indirect signs, such as behavioural changes.
7. Details of witnesses to the incidents, if any.
8. The child's account if it can be given, of what has happened and how any bruising or other injuries occurred.
9. Factual accounts from others, including colleagues and parents.
10. The name of the person to whom the concern was reported, with date and time;
11. The reasons why you are recording this information e.g. specific concerns.
12. These records are signed and dated and kept in a separate confidential file. All members of staff know the procedures for recording and reporting.

Allegations 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 have 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 separate process for responding to complaints.
- We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working 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 of images.
- 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 satisfied with our response
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
- We refer any such complaint immediately to the Local Authority Designated Officer (LADO) as necessary who is based in MASH, to Claire Coles 01403 229900 investigate and/or offer advice.
- We also report any such alleged incident to Ofsted, (unless advised by LADO that this is unnecessary due to the incident not meeting the threshold), as well as what measures we have taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by MASH in conjunction with the police.
- Where the management team and MASH agree, it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families throughout the process. Where it is appropriate and practical and agreed with LADO, we will seek to offer an alternative to suspension for

the duration of the investigation, if an alternative is available that will safeguard children and not place the affected staff or volunteer at risk.

Disciplinary action

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

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.

Training

- Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals. Training opportunities should also cover extra familial threats such as online risks, radicalisation and grooming, and how to identify and respond to families who may be in need of early help, and organisational safeguarding procedures.
- The Designated Member of Staff for Child Protection should receive appropriate training, as recommended by the West Sussex Safeguarding Children Partnership (WSSCP), every two years and refresh their knowledge and skills at least annually in order to:
 1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
 2. Be alert to those children within the Preschool who are at risk of: child sexual exploitation; domestic violence; female genital mutilation; being missing from education; child trafficking; radicalisation; bullying (which includes race/hate or homophobic behaviour).
 3. Have a working knowledge of how the local authority conducts a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
 4. Be alert to the specific needs of children in need, those with special educational needs and young carers.
 5. Be able to keep detailed, accurate, secure written records of concerns and referrals.
 6. Obtain access to resources and attend any relevant or refresher training courses.
 7. In any protection measures taken, encourage a staff culture of listening to children, to take account of their wishes and feelings
 8. Link with the West Sussex Safeguarding Children Partnership (WSSCP). to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
 9. Organising child protection training for all staff every three years.

Raising Awareness and other duties

- The designated member of staff should ensure the setting's policies are known and used appropriately: ensuring each member of staff has access to and understands the setting's child protection policy and procedures, especially new and part time staff. In addition, the DMS should ensure that all staff read, at least, Part One of Keeping Children Safe in Education (DfE September 2019) and have a record of when this was done.
- Ensure the setting's child protection policy is reviewed annually, the procedures and implementation are updated and reviewed regularly, and work the Preschool proprietor regarding this.

Std. 1.2 Safeguarding Children, Young People and Vulnerable Adults

- Ensure that the child protection policy is available publicly and that parents are aware that referrals about suspected abuse or neglect may be made and the role of the Preschool in this.
- Designated persons receive appropriate training, as recommended by the West Sussex Safeguarding Children Partnership (WSSCP), every 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 provision.
- 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.

Planning

- The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being within sight and/or hearing of other staff or volunteers.
- All personal mobile phones are placed in a box on the stage in the main room at the beginning of every session. These are not turned off in case of a personal emergency for an individual member of staff but are only removed from the box during a break away from the premises or at the close of the session when children have left the premises. There is an official Preschool mobile phone that can be used in case of emergency or the need to evacuate the premises.
- Requests are made to parents/carers and visitors not to use their mobile phone whilst on the premises.
- The taking of photographs in the setting is for the purposes of recording children's learning and development and to be included in individual Learning Journals. They are taken on one of two Preschool tablets and can be accessed by all staff via an individual pin number during the session.
- Photographs are only taken of children whose parents have given written permission for the setting to do so.
- Clare Humphreys is responsible for approving observations/photographs and uploading them to the child's online Learning Journal.
- Parents have an individual password protected login, to access their child's journal.
- Images are deleted from the tablets on a weekly basis. At the end of each session the tablets are stored in a locked cupboard within the Preschool.

Curriculum

- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop 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 heritage 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.

Confidentiality

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the West Sussex Safeguarding Children Partnership (WSSCP). /MASH /Local Safeguarding Partners and in line with the GDPR, Data Protection Act 2018, and Working Together to safeguard children 2018

Support 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 MASH.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social care worker in relation to the setting's designated role and tasks 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 child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the West Sussex Safeguarding Children Partnership (WSSCP).

Preventing Radicalisation and Extremism

Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism (Prevent Strategy, Home Office, 2011). In the context of this policy it includes children and young people who may be vulnerable to being radicalised through exposure to extremist views.

It is the duty of HKPS (including the committee members, staff and volunteers) to guard against radicalisation and extremism as outlined in this Policy. Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice. As a community-based organisation we have a role, in partnership with statutory bodies, in countering such activity.

POLICY

HKPS is committed to safeguarding and promoting the welfare of all its clients and recognises that safeguarding against radicalisation and extremism is no different to safeguarding against any other vulnerability in today's society. This policy sets out our strategies and procedures to protect vulnerable individuals from being radicalised or exposed to extremist views.

The policy works in conjunction with other policies, *Prevent Duty*

Equality and Diversity, Recruitment and Safer Recruitment and Disciplinary Policy. It also draws on external publications such as Department for Education guidance 'Working together to safeguard children'

- In this document the definitions used in the Home Office 'Prevent Strategy', 2011, are adopted.
- Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
- Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.
- We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Procedure for children and vulnerable adults

Radicalisation is a safeguarding issue in the context of children and vulnerable adults.

There are a number of behaviours which may indicate a child or vulnerable adult is at risk of being radicalised or exposed to extreme views. These include;

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person

Other factors or circumstances may also give cause for concern, for example behaviour of other family members.

Staff, committee members and volunteers should be aware of these behaviours and circumstances and feel confident in reporting them to their immediate manager if they have a concern

West Sussex Continuum of Need

The West Sussex Continuum of Need provides a framework for professionals who are working with children, young people and their families.

It aims to help you identify when a child may need additional support to achieve their full potential through a graduated response from universal, early help, targeted early help or specialist services.

It describes a continuum of help and support that addresses need across the spectrum of children's ages, needs, family functioning and the environment they live in.

If we have a concern about a child's welfare, we will contact Multi Agency Safeguarding Hub (MASH) (*previously CAP – Child Access Point*) for advice.

Earliest help (IH)

Any child may benefit from Early Help, but all Preschool staff should be particularly alert to the potential need for Early Help for a child who:

- is disabled and has specific additional needs;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- Is frequently missing/goes missing from care or from home or from Preschool.
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

Useful Contacts

The Safeguarding Officer in this setting is:

Name: **Clare Humphreys**

Job title: Manager

Contact telephone number: 07854609939

The Deputy Safeguarding Officer in this setting is;

Name: **Susan Hicks**

Job title: Deputy Manager

Contact telephone number: 07944549563

Chairperson - Claire Speakman 01825

In all cases talk to the Child Protection Officer or Deputy Child Protection Officer without delay:

- **Local Authority Designated Officer (LADO)** West Sussex county council multi agency safeguarding hub (MASH).
Claire Coles 01403 229900 LADO@westsussex.gov.uk
- **Assistant LADO** – Sally Arbuckle

Multi Agency Safeguarding Hub: West Sussex County Council MASH If urgent for advice (01403) 229 900 9.00-5.00pm Mon-Fri. In non-emergencies fill in:

The 'Request for support' online referral form for Adults –

<https://www.westsussex.gov.uk/raiseaconcernaboutanadult>

The 'Request for support' online referral form for Children –

www.westsussex.gov.uk/Raiseaconcernaboutachild

- At all other times including nights, weekends, and bank holidays contact 'out of hours' emergency team: 0330 222 6664 or Email: MASH@westsussex.gov.uk ensuring that you put in the subject box: ALERT FOR EDT. It is important to ensure that all emails to MASH are sent from a secure email address.
- **Designated Nurse Safeguarding children:** 07770 800 247
- **West Sussex Safeguarding Children Partnership:** 0330 222 7799 wsscp@westsussex.gov.uk
- **Police:** Safeguarding investigations unit: Telephone 101 and ask for the Safeguarding investigations unit or in an emergency dial 999
- **NSPCC:** (0800 800 5000) www.nspcc.org.uk
- **Professional association for Childcare and early years:** (0300 003 0005) (www.pacey.org.uk)
- **Children Are Unbeatable! Alliance:** (020)7713 0569 www.childrenareunbeatable.org.uk
- **Child death:** Notify the Coroner (in the case of an unexpected death) or registrar of the death of a child.
Single point of contact: Margaret Pugh, margaret.pugh@westsussex.gcsx.gov.uk (03302 226686) mob: 07834 614718

Informing Ofsted:

Ofsted nominated person: Rebecca Barnard

As a registered provider, we must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practical, but at the latest within 14 days of the allegation being made.

Ofsted :(0300 123 1231) www.ofsted.gov.uk. Ofsted Piccadilly Gate Store Street Manchester M1 2WD

Legal framework

Primary legislation

- Children Act (1989 s47 child in need of protection)
- 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

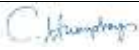
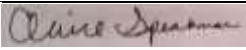

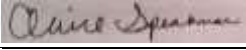
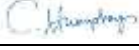
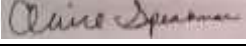

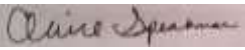
Secondary legislation

- 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)

Further guidance

Std. 1.2 Safeguarding Children, Young People and Vulnerable Adults

- Working Together to Safeguard Children (HMG 2018)
- Keeping Children Safe in Education (DfE September 2019)
- 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 Children 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, 2019)
- Safeguarding through Effective Supervision (2013)

This policy was adopted by	Horsted Keynes Preschool
On	24 th August 2017
Reviewed 1 st Aug 2018	 
Reviewed 1 st Aug 2019	 
Reviewed after training 29/11/19	 
Reviewed 1 st Aug 2020	
Reviewed 1 st Aug 2021	
Reviewed 1 st Aug 2022	
Signed on behalf of the provider	
Name of signatory & Role of signatory	Clare Humphreys Manager
Countersigned by Chair of committee	
Name of Counter signatory	Claire Speakman