



St Bede's Childcare: Child Protection Policy

CONTENTS

1.0 Introduction

2.0 Responsibilities

3.0 Child Protection Procedures

4.0 Whistleblowing

5.0 Bullying

6.0 Non-Mobile Children

7.0 Female Genital Mutilation

8.0 Prevent Duty

9.0 Domestic Abuse

10.0 Racist Incidents

11.0 Confidentiality

12.0 Supporting Staff

13.0 Escalation

14.0 Monitoring and Evaluation

15.0 Useful Contact Details

Appendix 1 – Recognising Signs of Abuse

Appendix 2 – FGM Information

Appendix 3 – Domestic Abuse Information

Appendix 4 – Radicalisation and Modern Slavery Information

Appendix 5 – Suitability of Staff information

Appendix 6 – References for Further Reading

Appendix 7 – Flowchart for Concerns

Appendix 8 – Flowchart for Allegations Made Against Staff

Appendix 9 – Initial Report Form

Appendix 10 – Child Protection Incident Timeline

Safeguarding Statement:

Safeguarding children is the responsibility of ALL employees of St Bede's Childcare, St Bede Academy and St Bede's Services. Employees will work with Children, parents and external agencies to ensure the safety and welfare of all children. St Bede's endeavour to provide a safe and welcoming environment where children are respected and valued. All employees are alert to the signs of abuse and neglect and follow procedures to ensure that children receive effective support, protection and justice.

The safety and well-being of all children is paramount.

1.0 Introduction**Terminology**

For the purpose of this policy, 'safeguarding', 'child protection' and 'promoting the welfare of children' are defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- Taking action to enable all children to have the best outcomes.

Child Protection – is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or likely to suffer, significant harm.

Staff – refers to all those working for or on behalf of St Bede Academy, St Bede's Childcare and St Bede's Services, full or part time, temporary or permanent, in either a paid or voluntary capacity.

Child – refers to everyone under the age of 18

Parents – refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.

Documentation upon which this policy has been based:

- Childcare Act 2006
- Safeguarding Vulnerable Groups Act 2006
- Statutory Framework for the Early Years Foundation Stage 2014
- Working Together to Safeguard Children 2015
- Prevent Duty Guidance 2015
- Keeping Children Safe in Education 2016
- Ofsted: Inspecting Safeguarding in Early Years Education and Skills Settings 2016

Adults who work with children have the responsibility of maintaining public confidence in their ability to protect the welfare and best interests of children. It is expected therefore that they will maintain the highest standards of personal conduct to ensure the confidence and respect of both the public in general and the colleagues with whom they work. All adults in contact with children must understand, and be aware, that safe practice also involves using judgement and integrity about behaviours in places other than the work setting.

Children can only be kept safe if key agencies work consistently together. The Local Safeguarding Children Board (LSCB) or Local Child Protection Team assist in making sure this happens.

2.0 Responsibilities

There is a named Company Safeguarding Lead (CSL) – Kimberley Dearden – Childcare Director

Whose responsibility is for child protection and safeguarding for St Bede’s Childcare, St Bede Academy and St Bede’s Services under the guidance of Working Together to Safeguard Children and Keeping Children safe in Education.

The Designated Safeguarding Lead for each venue is the nursery manager, or most senior person on duty in their absence.

THE DESIGNATED SAFEGUARDING LEAD IS RESPONSIBLE FOR:

- Monitoring and recording the initial concerns about the well-being of a child or young person,
- Monitoring and recording the attendance of all children and being alert to patterns of absence that may indicate any other safeguarding concerns which may include radicalization, extremism and female genital mutilation,
- Promoting fundamental British Values and preventing radicalization and extremism,
- Making referrals to the local children’s services and with the Local Safeguarding Children Board/Local Child Protection Team or to the Designated Officer within the Local Authority in cases of allegations made against a member of staff within the setting,
- Liaising with other relevant agencies,
- Arranging training for staff and volunteers (formal training at least every two years and refreshed annually). Training includes the risks posed by social media to prevent bullying, grooming or abuse,
- Keeping their own training up to date and relevant,
- Ensuring effective systems are in place to meet the needs of all children and learners with any medical conditions, Special Educational Needs or Disabilities.

The Designated Safeguarding Lead will act on behalf of St Bede’s Childcare in the referral of concerns or allegations of harm to the LSCB/LCPT/DOLA or the Police Public Protection Unit, in cases where there are risks of radicalization, extremism and female genital mutilation or any other vocal or active opposition to the fundamental British Values. They will also be responsible for informing Ofsted as the Regulatory Body.

It is not the role of the Designated Safeguarding Lead to undertake an investigation on the concerns or allegations of abuse or harm. It is the role of the Child Protection Office to collate and clarify details of the concern or allegation and to provide this information to the Local Safeguarding Children board or Designated Officer within the Local Authority, whose duty it is to make enquiries, in accordance with Section 47 of the Children Act 1989.

For referrals or concerns that relate to Prevent Duty the setting safeguarding procedures must be followed. In areas where Prevent is a priority, the Local Authority will have a designated Prevent lead who can provide support. Local contact information for safeguarding concerns, allegations and Prevent issues, can be located within the setting office, staff room and on each staff member's lanyard.

SENIOR STAFF (ROOM LEADER/THIRD IN CHARGE) RESPONSIBILITIES

All senior staff must support any staff member when they are dealing with child protection cases. Where a member of staff requires further support they can contact the Childcare Area Manager or Childcare Director.

Senior staff, including the Designated Safeguarding Lead must receive annual Local Authority Training related to safeguarding and Child Protection which will be recorded within the setting office.

ALL STAFF MEMBERS' RESPONSIBILITIES:

It is the responsibility of all staff members and visitors (including those visitors to the setting who are employed under the St Bede's Childcare, Services or Academy Group) who witness inappropriate conduct between a parent/carer and a child or any member of staff and a child, to immediately report it to the person in charge of the setting and record their initial concerns on the appropriate format provided by the setting.

This will include, but is not limited to:

- Inappropriate use of language,
- Inappropriate or rough handling of children,
- Smacking,
- Force feeding of children,
- Humiliating children,
- Language comments relating to the opposition of fundamental British Values,
- Shouting at and intimidation of children,
- Leaving children alone/unattended,
- Neglect,
- Exposure to danger by the parent/guardian,
- Starvation,
- Failure to access medical care or treatment,
- Inadequate shelter or clothing.

FAILURE BY ANY MEMBER OF STAFF TO IMMEDIATELY INFORM THE MOST SENIOR PERSON ON DUTY WITHIN THE SETTING OF ANY POTENTIAL/ACTUAL ABUSE OR ANY CONCERNS REGARDING THE SAFETY AND WELFARE OF THE CHILDREN WITHIN THE SETTING MAY RESULT IN DISCIPLINARY ACTION

3.0 CHILD PROTECTION PROCEDURES – CONCERNS ABOUT THE WELFARE/SAFETY OF A CHILD:

Where there is a concern that a child may be at risk of harm, the Designated Safeguarding Lead or most senior person on duty must be immediately informed. If it is not possible to contact a company representative and there is a belief a child may be at risk of harm, or there is a concern that the information provided to any senior staff member (inclusive of the Senior Management Team and Directors) has not been appropriately acted upon, the Local Safeguarding Children Board/Local Child Protection Team must be immediately informed.

Risk of harm includes (but is not limited to) – physical injury, physical neglect, failure to thrive, emotional abuse, sexual abuse, verbal abuse, the use of inappropriate language and swearing.

MANAGING DISCLOSURES OF ABUSE:

If a child discloses abuse it is important that, as far as possible, the following basic principles are adhered to:

- Listen to what the child has to say with an open mind,
- Do not ask probing or leading questions designed to get the child to reveal more,
- Never stop a child who is freely recalling significant events,
- Make note of the discussion, taking care to record timing, setting and people present as well as what was said. It is vital that the information is recorded exactly how the child said it, regardless of grammatical accuracy or correct use of vocabulary,
- Do not ask children to write a statement,
- Never promise the child that what they have told you will be kept a secret,
- Appropriately explain that you have a responsibility to report what the child has said to someone else.

THE DESIGNATED SAFEGUARDING LEAD MUST BE INFORMED IMMEDIATELY

4.0 CHILD PROTECTION PROCEDURES – ALLEGATIONS INVOLVING A MEMBER OF STAFF WITHIN THE SETTING - WHISTLEBLOWING

Should a member of staff witness a child being inappropriately treated, abused or at risk of harm by another member of staff, or an allegation is made against a member of staff in relation to their conduct by a parent, another member of staff or a child, the staff member must inform the Designated Safeguarding Lead immediately, who may seek advice from the Childcare Area Manager. However, the seeking of advice must not delay the reporting of the allegation to the Designated

Officer within the Local Authority (DOLA). In the absence of the Designated Safeguarding Lead, the allegation must be reported to the most senior staff member on duty or to the Childcare Area Manager.

Everyone has a duty to report any instances where staff fail to follow company policies and procedures, thus compromising the safety and well-being of a child.

The Designated Safeguarding Lead, most senior staff member on duty, or the Childcare Area Manager will in the first instance, make a referral as highlighted within the 'making a referral' section of this policy and the company flow charts (appendix A and B). If a staff member or visitor has concerns about an adult's behaviour in the setting which might be signs of abuse or neglect, this must be reported following the Whistleblowing Procedure.

Support available for staff

Should there be an allegation made against a staff member that warrants the staff member suspension an investigation will be carried out; if this then proceeds to a disciplinary hearing, the suspended staff member will be given the opportunity to nominate a person who will be their support, and if they so wish, represent or accompany them as part of the investigation/disciplinary process surrounding the allegation.

Actions following dismissal

Managers have a responsibility, under the Safeguarding Vulnerable Groups Act 2006, to make a referral to the Disclosures and Barring Service (DBS) when a member of staff is dismissed because they have harmed a child or put a child at risk of harm. In cases where the staff member leaves their employment prior to the outcome of the investigation/disciplinary process, but the outcome would have resulted in dismissal, a DBS referral must still be made.

PROTECTION OF CHILDREN IS PARAMOUNT. ANY CONCERNS RELATING TO A CHILD AT RISK WILL BE REPORTED TO THE LOCAL SAFEGUARDING BOARD.

Documentation

In any case where there are concerns regarding the welfare of a child, the following procedure must be followed:

- The chronology form must be completed from the first point in which a concern is considered..
- Appropriate flowcharts to be followed (whether there is a concern about a child or an allegation made against a staff member)
- All concerns must be logged on an Initial Report Form

5.0 BULLYING

This is identified as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms but the main types are:

- Physical – hitting, kicking, theft
- Verbal – racist or homophobic remarks, threats, name calling
- Emotional – isolating an individual from activities/social acceptance of their peer group.

The inflicted damage by bullying (including cyber bullying) can be frequently underestimated. Bullying can cause considerable distress to the extent that it can affect health, development and at the extreme, significant harm, both mental and physical.

St Bede's are aware of peer on peer abuse and the risks surrounding this and acknowledge that to allow or condone bullying may lead to consideration under safeguarding procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. The Manager will keep a record of known bullying incidents on the Initial Report Form. All staff are aware that children with SEND and/or differences or perceived differences are more susceptible to being bullied or victims of child abuse. Children with the most profound difficulties, with little or no verbal communication and need for intimate care are at an extremely higher risk.

6.0 BRUISING ON NON-MOBILE CHILDREN

Injuries and/or bruising found on a child must be brought to the attention of the Designated Safeguarding Lead who will then follow this through in a discussion with the parents (unless doing so would put the child at immediate risk of harm, in this circumstance, the Local Safeguarding Children Board or Local Child Protection Team must be informed).

Bruising and/or injury to a non-mobile baby must be immediately reported to the Local Safeguarding Children Board or Local Child Protection Team and a paediatric opinion may need to be sought. Parents should be fully involved in the decision making process, unless this would increase the risk of significant harm. Should the parent refuse to take the child for further assessment or not co-operate with staff in relation to the concerns, this must be reported to the Local Safeguarding Children Board or Local Child Protection Team.

7.0 FEMALE GENITAL MUTILATION (FGM)

FGM is a collective term for all procedures which include the partial or total mutilation of the external female genital organs for alleged cultural or other non-therapeutic reason. The FGM Act 2003 and Serious Crime Act 2015 considers FGM a form of Child Abuse within the UK, this includes children being taken out of the country to have the procedure carried out.

Signs and symptoms:

A girl at immediate risk of FGM may not understand or know what is going to happen, but may talk about;

- Being taken 'home' to visit family,

- A special occasion to 'become a woman',
- An older female relative visiting the UK,
- Confiding in a professional that she is to have a 'special procedure' or attend a 'special occasion'
- Talking about a long holiday to her country of origin or another where the practice of FGM is prevalent, including African Countries and the Middle East
- Parents from practising communities stating that they or a relative will take the child out of the country for a prolonged period.

Indicators:

Evidence that FGM may have already taken place, could be;

- An older child spending long periods of time in the bathroom with bladder problems,
- A child having difficulty walking, sitting or standing,
- Prolonged absences from setting, with potential noticeable changes in behaviour upon their return,
- A child making a disclosure that it has happened,
- Recurrent Urinary Tract Infections (UTI) or complaints of abdominal pain.

If a child demonstrates symptoms that they have been exposed to FGM, or there is good reason to suspect they are at risk of exposure, this must be referred following the company Child Protection procedures to the Local Safeguarding Children Board or Local Child Protection Team, as this is the procedure for all other instances of child abuse.

TRAINING

It is a requirement of this policy that all staff complete online FGM training.

8.0 PREVENT DUTY GUIDANCE – IN LINE WITH DUTY REQUIREMENTS OF EARLY YEARS PROVIDERS WITHIN THE COUNTER TERRORISM AND SECURITY ACT 2015

From July 2015, all childcare providers must have due regard to the need to prevent people being drawn into terrorism.

The Government has defined extremism in the Prevent Strategy as “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.” As an early years provider, St Bede’s Childcare Ltd. is considered within the Prevent Duty Guidance to be a ‘Specified Authority’ and therefore has responsibilities to demonstrate that the company is protecting children and young people from being drawn into terrorism by having robust Child Protection Policies in place to identify children at risk and intervening as appropriate.

Prevent aims to protect those who are vulnerable to exploitation from those who seek the support from others in behaving in opposition to the British Values. Every staff member has a role to play in protecting vulnerable people which includes children, staff and students within the setting and company.

Key person relationships are an integral part of early years provision, this relationship is imperative in the identification of any behavioural or personality changes that cause concern and may identify children who are at risk.

If there is a concern in any way about a child or adult and their behaviour, language or comments they make, no hesitation should be made to speak to the Setting Manager as Prevent Duty Officer, in the first instance or to the Childcare Area Manager or member of the Senior Management Team.

Indicators of a prevent concern

Some possible indicators that staff may observe or identify regarding individuals behaviour may include, but is not limited to, the following:

- Graffiti symbols, writing or artwork promoting violent extremist messages or images,
- Changes of behaviour, friendship groups or actions,
- Voicing opinions drawn from violent extremist ideologies and narratives,
- Use of extremist or hate terms to exclude others or to incite violence,
- Harmful influences on vulnerable individuals, staff, students, children's families and staff family members,
- Inappropriate use of the internet within St Bede's settings, including within the administration offices,
- Accessing violent extremist material online, including social networking sites.

Making a referral in the case of Prevent

Channel is a supportive multi-agency process, designed to protect those individuals who may be vulnerable to being drawn into any form of terrorism and is a key part of the Prevent Strategy. Channel works by identifying those who may be at risk, assessing the nature and extent of the risk and where necessary providing support tailored to the individual need.

In cases where managers need to make a referral for Prevent, the Local Authority guidance will need to be followed. In areas where Prevent is a priority the Local Authority will have a Prevent Lead who can provide support.

The local police can also be contacted or dial 101 (police non-emergency number), they can speak to staff in confidence about their concerns and assist in giving support and advice.

Working Together to Safeguard Children (HM Government 2015) states that professionals should seek to discuss concerns with the family and where possible seek their agreement to making referrals. **This should only be done if the discussion will not increase the risk of significant harm.** Where there is uncertainty as to whether to contact the parents in advance of a referral advice should be sought from the Childcare Area Manager or a member of the Senior Management Team.

INFORMATION SHARING

Effective information sharing between professionals and local agencies is essential for effective identification and assessment. Early sharing of information is the key to providing effective early help where there are emerging problems. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

No Designated Safeguarding Lead, Manager or **any** other staff member should assume that someone else will pass on information which they think may be critical to keeping a child safe, information should be dealt with sensitively and promptly. The Designated Safeguarding Lead/Setting Manager should include an agenda point for child protection at every staff meeting.

Where appropriate and advised by the LSCB/LCPT and on a case by case basis information should be shared regarding concerns within the setting. Sharing information will ensure all staff who work shifts, take annual leave or are absent due to sickness will have an awareness of the children they care for and how signs and symptoms of changes in children they are responsible for are recorded.

TRAINING

It is a requirement of this policy that all staff complete the Channel online Prevent Duty training.

9.0 Domestic Abuse

Domestic abuse represents one quarter of all violent crime. It is actual or threatened physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, religion, mental or physical ability.

The term domestic abuse is used to reflect that a number of other abusive and controlling behaviours are involved beyond physical violence

Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse

The signs and symptoms of a child suffering or witnessing domestic abuse are similar to other forms of abuse or neglect (see appendix 3).

Should it be suspected that a child is subject to, or witnessing domestic abuse, this must be recorded on the Initial Report Form (Appendix 9) and the Flowchart for concerns must be followed (appendix 7).

10.0 Racist Incidents

St Bede's take racist incidents seriously, and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under safeguarding procedures. Records of racist incidents are kept on the Initial Report Form.

11.0 Confidentiality

St Bede's recognise that all matters relating to child protection are strictly confidential. The Manager/Designated Safeguarding Lead will disclose any information about a child to other members of staff on a need to know basis only.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

St Bede's will always share their intention to refer a child to Social Care with their parents/carers, unless doing so would put the child at greater risk of harm, or impede a criminal investigation. If in doubt, the Designated Safeguarding Lead will contact the Social Care Team.

12.0 Supporting Staff

St Bede's recognise that staff working within the nursery who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

St Bede's will support these staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

13.0 Escalation

Occasionally situations may arise when workers within St Bede's feel that the decisions made by a worker from an agency, on a child protection case is not a safe decision.

Disagreements could arise in a number of areas, but are most likely to arise around: Level of need / Risk assessment

- Intervention
- Communication
- Information sharing

Problem resolution is an integral part of professional co-operation and joint working to safeguard children. Both parties must work together in the interest of the child and it is recognised that at times there are differences of opinion on how to progress a case. Where resolution cannot be found appropriate escalation of concerns ensures that the child is safeguarded.

13.1 Escalation Procedure for Professionals with Child Protection or Child Welfare Concerns

1. If a Designated Safeguarding Lead or staff member is unhappy with a decision or response from any agency following referral or a decision in response to a concern being raised.
2. Designated Safeguarding Lead or staff member discusses concern with Line Manager with responsibility for Safeguarding in their region.
3. Line Manager with responsibility for escalating safeguarding concerns at the referring agency discusses concern or response with Company Safeguarding Lead.
4. If concern continues the Line Manager with Safeguarding responsibility in the referring region escalates the concern/response to the relevant senior professional with responsibility for Safeguarding within the other agency.
5. Professionals with responsibility for Safeguarding will liaise with equivalent lead officer immediately on becoming aware of the situation, enabling the concern/response to be discussed at Senior Management/Senior Leadership level and actions agreed in the agency.
6. Where the concern remains unresolved the issue should be escalated to a Partnership Support Manager to seek a multi-agency resolution.

At all stages of the escalation procedure actions and decisions must be shared in a timely manner with appropriate staff who are directly involved and communicated to the Childcare Area Manager and Company Safeguarding Lead.

Decisions should be recorded on the Initial Report Form ensuring the Chronology is also kept up to date and the referring staff member should be kept up to date of the escalation of their concern. In particular this must include written confirmation between the agency involved and the Designated Safeguarding Lead or their Line Manager about an agreed outcome of the disagreement and how outstanding issues will be pursued. All records should be retained in the child's file.

14.0 Monitoring and Evaluation

The Child Protection Policy is monitored and evaluated by:

- Regulatory visits to the nursery
- Monitoring of attendance data
- Monitoring of risk assessments
- Evidence recorded from staff meetings
- Logs of bullying/racist/behaviour/safeguarding incidents
- Review of parental concerns and parent questionnaire/feedback
- The Company Safeguarding Lead for St Bede's will regularly review all referrals to analyse and report back to the Senior Management Team the trends or areas for development.

Useful Contact details:

MANAGEMENT TEAM

Kim Dearden – Childcare Director: internal phone number 200

Danny Lydon – Childcare Area Manager: Internal phone number 201

Debbie Hardman – OOSC Area Manager: Internal phone number 300

Sarah Bagshaw – HR & Finance Director: Internal phone number 105

Jack Hatch/June Roberts – Internal Phone Number 104/116

LOCAL AUTHORITY CONTACT DETAILS

Bolton Referral and Assessment Team: **01204 331500** Out of hours: **01204 337777**

Bolton Designated Officer within the Local Authority: **Paula Williams – 01204 337474**

Wigan Specialist Assessment Team: **01942 828300** Out of hours: **01942 828777**

Wigan Designated Officer within the Local Authority: **Diane Kitcher - 01942 486034**

Police: **101 or in the case of an emergency 999**

Ofsted: **0300 1231231**