



Child Protection Policy

Policy

Farthing Wood Nursery provides a safe nurturing environment for children to grow and develop. This includes safeguarding children's welfare whilst meeting their individual needs. Nursery Practitioners are committed to practice which safeguards children from abuse or neglect. Practitioners recognise their responsibility and role in safeguarding children. This Policy applies to all children regardless of gender, disability, ethnicity, religion or sexual orientation.

Farthing Wood Nursery has a duty to report any suspicions around abuse or neglect to the local authority. The legal framework and current guidance are as follows:

*The Children Act 1989 & 2004 (section 47(1) places a duty on the Children Care Services to investigate such matters.

*The Childcare Act 2006

*Working together to Safeguard Children Guidance (2015).

Safeguarding is an essential part of nursery life and the Early Years Foundation Stage (EYFS) statutory framework requires all staff working with children to have appropriate level of training and understanding in order to keep children safe and secure in their care.

Practitioners at Farthing Wood Day Nursery will endeavor to safeguard children's welfare by:

* Having an understanding of the nurseries Safeguarding Policies and Procedures.

- * Adopting child protection guidelines that are in line with the local safe guarding board.
- * Sharing these guidelines with parents, carers, nursery practitioners and volunteers.
- * Sharing information about concerns with parents and the children to Family Services, as appropriate.
- * Obtaining an enhanced Criminal Records (DBS) disclosure, identity checks, references and any other relevant health checks for employees, volunteers, and students on placement.
- * Providing effective training, support and supervision of nursery practitioners, volunteers and students on placement, as appropriate.
- * Evoking any other procedure that will assist with safeguarding children from abuse or neglect. Such procedures may include Equal Opportunities or Medical Procedures.

The safeguarding Policy and Procedure has been approved by the nominated person and will be reviewed on an annual basis. The nominated person in charge is **Adele Carney**, who has attended appropriate training which is updated when required. Adele's role is to take lead responsibility for safeguarding children within the setting and liaising with local statutory children's services agencies, and with the Local Safeguarding Board (LSCB).

Procedure

The purpose of this procedure is to enable practitioners to respond effectively and promptly when dealing with concerns about abuse or neglect of children. This includes steps to take in the event of an allegation of abuse or neglect or if the practitioner has concerns about a child's wellbeing.

Definitions

Abuse and Neglect.

Abuse and neglect are forms of maltreatment towards a child. An adult/adults or other child/children can abuse or neglect a child by inflicting and/or preventing harm.

Significant Harm.

This includes:

Neglect- persistent failure to meet a child's basic physical and/or psychological wellbeing, this includes failure to:

- Provide adequate food, clothing or shelter.
- Protect the child from physical and emotional harm and/or danger.
- Provide adequate supervision of the child.
- To access appropriate medical care or treatment.
- Respond to a child's basic needs.

Physical Abuse- physical harm to a child could include:

- Hitting
- Shaking
- Throwing
- Burning
- Scalding
- Suffocating
- Drowning
- Fabricating symptoms or deliberately inducing illness.

Sexual Abuse- this can involve:

- Forcing or enticing a child to take part in sexual activities.
- Penetrative or non penetrative acts
- Non contact activities, such as involving children in watching sexual activities or encouraging children to behave in sexually inappropriate ways

Emotional Abuse- the persistent or severe emotional maltreatment of a child so that there is severe adverse effect on the child's emotional development. This can include:

Bullying or making them feel like they are in danger.
Making the child feel worthless or unloved.
Making unrealistic expectations of a child.
Denying them normal social interactions.

Allegation

An allegation is where an adult has behaved in a way that has harmed or may have harmed a child.
Possibly committed a criminal offence against or related to a child.
Behaved towards a child in a way that demonstrates unsuitability to work with children.

Causes for Concern.

Physical Injuries- Nursery Practitioners are in regular contact with small children therefore are familiar with the normal range of minor injuries that children sustain in their day-to-day activity. There is a cause for concern if a child appears to sustain significantly more than the average of these types of injuries, or if the injury is in an unusual place, or forms a pattern suggesting the child has been hit, gripped or bitten, or is in physical pain or discomfort. Burns and scalds that have not been treated by a doctor are a cause for concern.

Poor Physical Appearance- the child is always inappropriately dressed for the weather or is dirty or in dirty clothes.

Unusual Behaviour- behaviour such as showing a negative behaviour or attitude towards an adult or the child's behaviour shows a pattern that is destructive, cruel, challenging or withdrawn. The child shows significant eating and/or toileting problems.

Verbal Comment- A child may say something that gives cause for concern.

Negative Parenting- The parent regularly shows anger, indifference or

rejection towards the child or is more favorable to one or the other.

A child in Need

There are some children who will have additional needs whereby a plan is required in order to bring together services to support the child. This is achieved in order to bring together services to support the child. This is achieved through the development of a Common Assessment Framework (CAF). This assessment brings the parents and services involved with the child together to devise a plan to meet the child's needs.

A child is considered to be in need if:

They are unlikely to achieve a reasonable standard of health or development

The child's health or development is likely to be significantly impaired without access to services.

The child is has a disability and/or special educational needs.

What to do if a child is in need

Share your concerns with the Safeguarding Officer.

Assess the child's needs and develop a plan with the parents so that the child's needs can be met.

The setting will work with the parent and the Early Intervention team at the Calderdale Council in the event that a CAF assessment is required.

In the event the child's needs are serious, a referral to the social care/ First Response team may be considered, with the parent's permission. A referral of a child in need to social services and a consent form must be completed.

Response to suspected child abuse.

A child's behaviour, comment, disclosure,
Your own observation or details in a report cause you
to be concerned for a child's safety.



Remain calm, stop and listen, comfort, observe.
Record actions, concerns and your response,
then report the Safeguarding Officer (S.O).
If necessary, ensure medical attention is received.
Complete Report Form, including diagrams.



Never promise a child or anyone
else that you will keep a secret



Do not ask leading questions,
Reassure the
child that you are listening
to them



Check the child's records for previous reports.



Where possible, talk with parents to establish how the
injuries occurred. If possible, ensure a witness is present.
Record the conversation, Consult the S.O or the person in charge.



If the S.O and you are
happy with the parent's
explanation, add the
report to the child's
personal file.



If there is still serious
cause for concern, the
S.O must contact the
first response team,
social care or police.



If the S.O or the person in charge is uncertain, a report must be held on the child's record, and a plan for Observations is put in place. The S.O or person in charge will consult the nominated person and may contact the nominated person and may contact another agency for confidential advice

Reporting Safeguarding Concerns

Flow Chart 1

Regarding a Child

1. You have a suspicion/concern
2. Report it to Safeguarding Officer or manager
3. Keep a record of evidence, times, dates etc.
4. All factors considered



- Safeguarding officer satisfied with explanation
- Keep a record
- No further action



- Concerns ongoing
- Consult with S.O
- Referral to social care/first response team
- Report to Ofsted as soon as possible (within 14 days)

Allegation against a staff member

To prevent any allegations arising against a member of staff, volunteer or other we have certain procedures in place.

The first being the interview process where we discuss what qualifications they have and why they think they are suitable for the job. (Certificates

are also required as evidence) They are asked scenario questions regarding positive behaviour and how this would be promoted etc. The interview panel will then discuss which candidate would best suit the role for the job and why and then would give the person the job based on these findings. We then request 2 references 1 of which from their previous employment (which is compulsory) which are read thoroughly and are questioned if needed to be taken further.

Background checks would then be carried out (Enhanced DBS). We employ initially on a 3 month trial called a Probation Period. In those 3 months a person is not allowed to be left unsupervised with any child. This gives us an insight of this person and whether we deem this person to be right for the job

Once the DBS is completed and returned to us and the person is deemed suitable only then will the person be able to be left unsupervised.

This would be the same procedure for a volunteer or other as we would interview them in the same way to get to know them, ask for references and complete a DBS also. This section of people would not be left unsupervised or change nappies as they would be classed as a helper.

If a parent has an allegation against a member of staff, volunteer or other regarding their child then the member of staff, volunteer or other involved will be suspended involuntary pending further enquiries.

What happens following a referral?

Social worker and Manager will acknowledge receipt of the referral and feedback to the S.O or person in charge regarding the next course of action.

Nursery Practitioners maybe required to produce statements and/or liaise with Social Care/ First Response Team and/or police.

Confidentiality

Concerns should be kept confidential and particular care taken when dealing with sensitive information. There is usually implicit consent to disclose information to nursery practitioners within the setting and the Nominated Person: however information may be disclosed to other professionals if circumstances justify the disclosure. Please refer to 'What to do if you're worried a child is being abused'.

Working in Partnership with Parents.

Farthing Wood nursery has a duty to refer to the Children and Families Services in the event that they believe a child is at risk of significant harm. Prior to making a referral the Safeguarding Officer (S.O) will discuss their intention and the reasons for their concern with the child's parent and, where possible, seek consent to share information. Should the S.O believe that this would significantly increase risk of harm to the child; the child's welfare must be the overriding consideration. In the event that consent to share information is not given, the S.O will respect the families wishes, unless the S.O believes that it is in the best interest of the child to override lack of consent to safeguard them from significant risk of harm or neglect. Nursery practitioners will refer to "Working together to safeguard children" to ensure effective sharing of confidential information with the parent and Social Care/ First Response Team.

Recording Information.

Recording an accurate account of disclosures, conversations, child's behaviour and observations is vital to ensure that factual and clear information is passed on to Social Care/ First Response Team. Information to include:

Child's personal details such as age, date of birth, home address, any disability or particular need.

Name of the person with parental responsibility or primary carer.

Date, time and location of observation or allegation.

Who was present?

Child's and parents behaviour or emotional state.

Child's appearance.

Child's relationship with other children and staff.

Details of any other agencies or professionals involved with the child.

All records must be up to date and stored safely.

Training For Nursery Practitioners.

Nursery practitioners will attend training in Safeguarding Children in order to ensure they are kept up to date with good practice and to enable them to deal with any concerns promptly and effectively.

The Use of personal Mobile Phones and Camera's.

Under NO circumstances do we allow Employees /Staff to use Mobile Phones whilst working with children in their designated rooms.

Mobile Phones are ONLY to be used when the children are on an outing.

The phone is to be used for emergencies only.

Staff / Employees are able to have access to their Mobile Phones within their free time, e.g. break and lunch times only. Mobile Phones are kept in their personal lockers and not in the Nursery rooms.

Nursery owns a digital camera which is used on all nursery floors; each staff member understands how to use it and this is used only for taking pictures of the children whilst taking part in the daily activities. The camera stays on nursery property unless on an outing where we take pictures of the children whilst they're out so we can show the parents/carers what they have been up to on their outing. The nursery manager or the proprietors will then take the camera and load the pictures on to the nursery computer where the pictures are saved for future reference (e.g. for learning journeys, observations, displays). We then print them out using the nursery printer, which is then given out to each room accordingly.

Making a Referral

When making a referral the following details must be to hand:

Child's details. - Name, Address, D.O.B, Parent/Cares name, Contact telephone number.

Details of child's G.P/ Health Visitor.

Your name and contact number.

The reason for referral, any actions you have taken so far (contact with carer, consultation with colleagues).

Any history of concern with actions taken.

Referrals should be made to the Referral and Assessment Team during office hours.

After office hours a referral should be made to the Emergency Duty Team where you will be transferred to an answering machine, please leave your name, the name of the Nursery and a contact telephone number. The Duty Social Worker will contact you as soon as possible. As a last resort the Emergency Duty Team are to be contacted in the event of a child not being collected from Nursery.

The Children and Families Services are also available to give advice and support. If you are unsure of any child protection issues do not hesitate to

contact them. Alternatively the NSPCC are able to give confidential advice.

If you have any suspicions that a child in your care is being abused take action quickly, do not delay.

Contact with OFSTED.

All referrals that are made to Social Care/ First Response Team, including allegations against adults at the nursery, must be reported to OFSTED as soon as possible, but at the latest within 14 days. Should an allegation be made against an adult at the nursery and the nursery does not know OFSTED will inform the Nursery.

The Role of the Safeguarding Officer

Main Purpose

To liaise with Child Protection agencies in any situation that requires concern and ensure staff are aware of child protection issues, including possible indications of abuse and neglect. Receive training and support to enable them to implement Child Protection Policies and Procedures.

Roles and Responsibilities

To liaise with safeguarding children in any agencies in child protection.

To ensure that all relevant people are kept informed on issues such as case reports, referrals and where appropriate, disciplinary action.

To provide information, advice and support to nursery practitioners.

Ensuring Child Protection Policies and Procedures are kept up to date according to LSCB (Local Safeguarding Children Board).

Maintain case records.

Attend any Safeguarding Children training and feed back to nursery practitioners.

Safeguarding Officers- Adele Carney

Emma Hand

Claire Westwood

PROCEDURE FOR ALL ABUSES LISTED ABOVE

If you are concerned about possible signs of abuse of a child:

- Write down what you have seen and/ or heard, stating clearly what fact is and what is your opinion.
- Discuss your concerns with parents (unless you feel this will put the child in danger)
- Contact Care Services to discuss your concerns.
- If you are uncertain how to proceed get advice from:

Multi-Agency Screening Team (MAST) - 01422 393336
Emergency Duty Team (Out of Hours) – 01422 288000
Local Authority Designated Officer (LADO) – 01422 394088
Police 999 (121 from mobile)
NSPCC Child Protection Helpline 0800 800 5000
OFSTED 0300 123 1231

OFSTED TELEPHONE NUMBER AND ADDRESS

Ofsted
Piccadilly Gate
Store Street
MANCHESTER
M1 2WD
HELPLINE: 0300 123 1231

MAST CONTACT DETAILS

MAST
Ground Floor
Northgate House
Northgate
HALIFAX
Email: MAST@calderdale.gov.uk

Calderdale Safeguarding board website - www.calderdale-scb.org.uk

Service Manager- MAST, Children's Assessment Team (CAT), Child Sexual Exploitation Team (CSE), Emergency Duty Team (EDT) Jamiila Sims

Email: Jamiila.sims@calderdale.gov.uk

Telephone: 01422 392813

Early intervention- Steve Woodhead

Email: steve.woodhead@calderdale.gov.uk

Telephone: 01422 392510

Local Authority Designated Officer – Cheryl Baxter

Email: cheryl.baxter@calderdale.gov.uk

Telephone: 07769886090

BEHAVIOUR AND DISCIPLINE PROCEDURE

Farthing Wood Private Day Nursery believes in promoting positive behaviour.

We aim to encourage self- discipline, consideration for each other, our surroundings and property.

Staffs always treat children with respect. A child is NEVER smacked, shaken or treated roughly. There are no circumstances in which such punishment can be justified. We do not believe that punishing children in any such form ever helps them to become self- disciplined.

By praising children and acknowledging their positive actions and attitudes, we hope to ensure that children see that we value and respect them.

Children must be encouraged to recognise that bullying, fighting, hurting and racist comments are not acceptable behaviour. We want children to recognise that certain actions are right and that others are wrong.

Nursery rules are concerned with safety and care and respect for each other. Children, who behave inappropriately, whether physically abusing another child or adult e.g. biting, kicking or verbal bullying, may be removed from the group. The child who has been upset will be comforted and the adult will confirm that the other child's behaviour is not acceptable. It is important to acknowledge when a child is feeling angry or upset that it is the behaviour we are rejecting not the child.

Children do need their own time and space. It is not always appropriate to expect a child to share and it is important to acknowledge children's individual feelings so that we can help them to understand how others might be feeling.

Children will know that they have equal rights and that those rights will be protected i.e. if a child is playing with a toy and another child takes it, an adult will help them preserve the right to finish using it but also encouraged to share with others.

Childcare practitioners are expected to model behaviour that they would expect from a child. Furniture should be moved quietly when setting up activities etc. Careful consideration will always be given to the way that materials and furniture are arranged, ensuring that the layout is one which encourages appropriate behaviour. One example of this is to make sure that the water is located away from the book area.

How a particular type of behaviour is handled will depend on the child and the circumstances. It may involve the child talking about the particular situation and thinking about what he/ she has done, and action

taken to correct the situation, e.g. understanding the other child's feeling and apologising.

Parents will always be informed if the situation is reoccurring or a child is harmed in the situations that arise. Each child remains confidential to the other child's parents/carers.

Our ultimate aim is that we will work in partnership with parents to lay foundations from which children will grow into happy, safe, self confident, well adjusted individuals.

Adele Carney is the named Behaviour Management person.

BITING POLICY

When a child Bites...

Biting occasionally happens in child care settings. Biting is a common development behaviour for children ages 18-26 months of age. There are several reasons why a child may bite. The reason may include:

Young children explore by placing objects in their mouths. Sometimes children 'accidentally' bite other children in the process. It is common for the 'biter' to look shocked at the other child's behaviour.

Young children do not have verbal skills to express themselves. Biting is a very powerful release of frustration. Most biting decreases by the age of three when the child has required better verbal skills and is able to communicate more easily.

Biting often results from frustration. Toddler hood is often more frustrating because children are developing within many areas e.g. social, physical, verbal development.

Children may be teething

Children may be hungry or tired.

BITING PREVENTION DURING CHILDCARE

Activities will be planned to allow children to release frustration.

Age appropriate toys/activities available that stimulate interest and decrease frustration/boredom.

Provide biting substitutes such as teethingers, wet facecloths etc

WHEN BITING OCCURS

The child is calmly removed and given 'quiet time'. The adult explains calmly that biting is not acceptable. A child may be too young to understand what they have done. This is taken into account.

The bitten child is consoled and the wound is checked and cleaned. The child that has bitten should be encouraged to help with the healing process and encouraged to say sorry. This process is a good way to encourage nurturing behaviour.

Once the problem is tackled, the incident is not mentioned again.

THINGS WE WILL NEVER DO

Bite the child back

Encourage the other child to bite back.

Use inappropriate names, e.g., bad, naughty.

Tell the parents which child did the biting.

Biting can be an uncomfortable issue for parents. Parents of a child who has been bitten are often outraged and angry. Parents of the biter may feel embarrassed and frustrated. Sharing information about the causes of biting and our foundations for controlling the situation can help parents/ carers put things into perspective.

Appendix 1

Female Genital Mutilation (FGM)

FGM is a form of child abuse. Farthing Wood uses the world Health organisation definition as written below.

Female Genital Mutilation comprises of all procedures involving partial or total removal of the external genitalia or other injury to the female genital organs, whether for cultural or non-therapeutic reasons (W.H.O 1997)

The UK government has written advice and guidance on FGM. It states;

FGM is considered child abuse in the UK and a grave violation of the Human Rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK government has signed a number of international human rights laws against FGM, including the convention on the rights of the child.

Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they are potentially at risk of undergoing FGM. UK communities that are most at risk of FGM include Kenyan's, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However, women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

Procedures

- FGM training for the Designated Safeguarding Officer and disseminated training for all staff working directly with children.
- Vigilance from all staff.
- Follow the settings safeguarding procedure as appropriate.

Appendix 2

Intimate care (including toileting and nappy changing)

All children at Farthing Wood have the right to be safe and to be treated with dignity, respect and privacy. This policy sets our clear guidelines on supporting intimate care with particular reference to toileting.

This policy supports the safeguarding and welfare requirements of the EYFS (2014).

It is the right of the child to be treated with sensitivity and respect in such a way that their personal care is a positive one. As far as possible, children will be encouraged to be independent during personal care.

Intimate care tasks:

- dressing and undressing
- washing (including intimate parts)
- helping a child to use the toilet
- nappy changing

We recognise that children have differing levels of independence and development in toileting and self-care.

- Nappy changing details are shared with parents daily
- Bathrooms are inviting and there are safe areas to carry out changing nappies/toileting accidents.
- Each child has their own nappies, clearly labelled
- Gloves and aprons are put on before changing commences
- A clean and comfortable changing mat is used for all children
- All staff are familiar with hygiene procedures
- Staff recognises that nappy changing is relaxed and time to promote independence in young children.
- Nappies are disposed of quickly and efficiently. Soiled clothes are bagged up and put in children's own bags to take home.
- Children are not left in wet or soiled clothing/pants/nappies.
- Older children can access the bathroom whenever they need to and are encouraged to be as independent as possible.
- Children are reminded regularly to use the toilet.
- New children are given a 'tour' of the bathroom to help make them feel more comfortable
- Children are encouraged to wash hands independently using soap and disposable hand towels.

Best practice- when intimate care is given, a staff member explains fully what is to be carried out (nappy change etc) and the reason for it. Staff encourage children to do as much as they can themselves, lots of praise and encouragement will be given to they child when they achieve it. All staff at Farthing Wood are subject to an Enhanced DBS (criminal records) check prior to starting work. If creams are to be applied then we would follow the settings procedure.

Sensitivity and respect

- Each child will be spoken to by name and an explanation of what is happening
- Privacy appropriate to the child's age and situation will be provided
- Items of spare clothing will be provided as necessary.

Safeguarding children and Adults

- All staff undergone an enhanced DBS disclosure
- All staff are aware of the settings policies and procedures and are updated with any changes.
- All staff receive safeguarding training and will receive support where necessary.
- All toilet accidents/nappy changes are recorded on the child's daily sheet and shared with parents, including time, nature of the accident/wet or soiled and the staff in attendance.

Reviewed September 2016
Next review date September 2017