Policy 6.1 Safeguarding children

Due to the many hours of care we are providing, staff will often be the first people to sense if there is a problem. They may well be the first people in whom children confide about abuse. The nursery has a duty to be aware that abuse does occur in our society. This policy lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to emotional, physical or sexual abuse or neglect.

Our prime responsibility is the welfare and well being of all children in our care. As such we believe we have a duty to the children, parents/carers and staff to act quickly and responsibly in any instance that may come to our attention.
The nursery has a duty to report any suspicions of abuse to the Local Authority which has a duty to investigate such matters. The nursery will follow the procedures set out in 'Safeguarding Children and Safer Recruitment in Education' and as such will seek their advice on all steps taken subsequently.

We aim to:

- Ensure that children are never placed at risk while in the charge of the nursery staff.
- Ensure that confidentiality is maintained at all times.
- Ensure that all staff are familiar with Child Protection issues and procedures.
- Regularly review and update this policy.

The safeguarding officer is Claire Stewart.

Procedure

6.1.1
Staff will be trained to ensure they would be able to identify child abuse when working at the nursery. If a member of staff has any concerns for the welfare of any child they will immediately inform a senior member of staff.

6.1.2
All concerns brought to the attention of the Manager or Senior will be recorded and investigated by:

- Filling out a Child Protection concern form (CAF)
- Discussion with parent/carer, where appropriate (this will also be recorded)
- Depending on the concern, recording what the child said or a site of injury form will need to be filled in.
- If concerns are still present or persistent the **duty welfare officer** will be contacted and a referral will be made to Hillingdon Local Safeguarding Children Board.

6.1.3
Records
The referrer should keep a written record of:

- Discussions with child
- Discussions with parent
- Discussions with managers
- Information provided to Social Services Department
- Decisions taken (clearly timed, dated and signed)

Staff will keep accurate records of their observations and of anything said to them by the child or others in connection with the suspected abuse, these will be kept locked in the child's individual file. It is always important to listen to children. Strict confidentially will be observed at all times. All our staff will receive training on the protection of children from abuse. It is the policy of the nursery to provide a secure and safe environment for all children.

6.1.4
It is the child protection officer's responsibility to support staff and decide upon the necessity for a referral.

6.1.5 – Parental Involvement
Where practicable, concerns should be discussed with the family and agreement sought for a referral to Social Services unless this may, either by delay or the behavioural response it prompts, place the child at risk of significant harm.

A decision by any professional not to seek parental permission before making a referral to Social Services must be recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed in the referral to Social Services

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Formal referrals from named professionals cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded
- Social Services should be told that the parent has withheld her/his permission
- The parent should be contacted to inform her/him that after considering their wishes a referral has been made

6.1.6 – <u>Referrals</u> (using the referral form - CAF**)**

Where available, the following information should be provided with the referral (but absence of information must not delay referral):

- Full names, date of birth and gender of child/ren
- Family address
- Identity of those with parental responsibility
- Names and date of birth of all household members
- Ethnicity, first language and religion of children and parents/carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of child/ren
- Any significant/important recent or historical events/incidents in the
- child's or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Referrer's relationship and knowledge of child and parents/carers
- Known current or previous involvement of other agencies/professionals
- Information regarding parental knowledge of, and agreement to, the referral

The referrer should confirm verbal and telephone referrals in writing, within 48 hours, using an interagency referral form (CAF). They need to be faxed or hand delivered and a copy should be kept by the setting.

<u>Ofsted</u> need to be informed ASAP following referral.

Social services should acknowledge referrals within one working day of receipt. If this does not occur within 3 working days, the referrer should contact social services again.

6.1.7 - Ensuring immediate safety
The safety of children is paramount in all decisions relating to their welfare. Any action taken by members of staff from an ACPC agency should ensure that no child is left in immediate danger.

The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare.

A teacher, foster carer, childminder or any professional should for example, take all reasonable steps to offer a child immediate protection from an aggressive parent.

Definitions

6.1.8 - Physical Abuse
Physical abuse is non – accidental injury that is deliberately enforced, it may take many forms e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. This unusual and potentially dangerous form of abuse is now described as fabricated or induced illness in a child.

6.1.9 - Emotional abuse
Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Imposing developmentally inappropriate expectations
- Causing children to feel frightened or in danger - e.g. witnessing domestic violence
- Exploitation or corruption of children

Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

6.1.10 - Sexual abuse
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening and includes penetrative (i.e. vaginal or anal rape or buggery) and non-penetrative acts.

It may also include non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

6.1.11 - Neglect
Neglect involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development.

This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs.

Recognising Abuse

6.1.12 – Physical Abuse
The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents / carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising
Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- 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
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

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 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 e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- 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 its 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

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures
Fractures may cause pain, swelling and discolouration over a bone or joint.
Non- mobile children rarely sustain fractures.
There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars
A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

6.1.13 – Emotional Abuse
Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.
The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others

6.1.14 – Sexual Abuse
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 / behavioural.

Some behavioural indicators associated with this form of abuse are:

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

Some physical indicators associated with this form of abuse are:
- Pain or itching of genital area
- Blood on underclothes
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

6.1.15 - Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

6.1.16

<u>What to do if a child discloses that he/she has been abused</u>

- Do not tell them that you will keep it a secret
- Listen and allow them to talk freely
- Don't ask leading questions
- When they have finished tell them they have done the right thing to tell someone.
- Tell them it wasn't their fault
- As soon as you can write down what the child has said using their words and make a note of the time, date, place and circumstances all this took place.
- Take this to the Child Protection officer or Manager straight away.

Important Numbers

Duty Welfare Officer: Andrea Nixon	**01895 277463 (x7463)**
Duty Welfare Team: (9am – 5pm)	**01895 250858 (x3858)**
Hillingdon Local Safeguarding Children Board	**01895 250253**
Police Child Protection Team: (8am – 6pm)	**020 824 61903**

Social Services

Children and families West team:	**01895 250731**
Out of hours:	**01895 250111**