Safeguarding Children Policy

Alburgh with Denton & Harleston Preschool, staff and committee are committed the safeguarding of all children that attend our setting. We believe that all children, young people and their families have the right to be healthy, happy and safe; to be loved, valued and respected; and have high aspirations for their future.

What do we mean by Safeguarding?
'the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care, that enables children to have optimum life chances and enter adulthood successfully'.

Purpose

The Preschool's safeguarding policy applies to all employees, Trustees and service users at all levels of the business, as well as agency workers and volunteers.

The purpose of the policy is to protect children and vulnerable service users from harm and to provide all employees, workers and volunteers with information about the safeguarding policy adopted by the Preschools.

The policy is particularly important in the regulated activities that both the Preschools undertake with children and vulnerable service users. The policy is written in line with guidance and procedures of all our local safeguarding partners including the Norfolk Safeguarding Children Partnership

Our Preschools have a responsibility and duty of care to promote the welfare of children and vulnerable service users and to help keep children and vulnerable young people safe. All staffed access safeguarding training every 2 years and train to the Designated Safeguarding Lead level.

Therefore, we comply with all the legal obligations placed upon it by the Safeguarding Vulnerable Groups Act 2006 (England and Wales) and the Protection of Vulnerable Groups (Scotland) Act 2007 (Scotland).
As an Early Years provider, we have a duty to comply with the EYFS welfare requirements and details of how we must protect and promote the welfare of children can be found in the Working Together to Safeguard Children (2023)
https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf

The policy also sets out the reporting obligations for all employees and the procedure that should be followed to report abuse if this occurs to one of the Preschool's service users.

What is abuse?

Given the risk of abuse to children, all employees are required to be alert at all times to the possibility of abuse towards children and take appropriate action as required. Abuse may be a single incident or something that occurs over a long period of time. It can take many forms including, but not limited to:

- financial or material abuse
- physical abuse
- mental abuse
- neglect and failures to act
- sexual abuse
- threats of abuse or harm
- controlling or intimidating conduct
- self-neglect
- domestic abuse
- poor practices within an organisation providing care
- modern slavery.
- FGM (Female Genital Mutilation)

The abuse may come from parents, employees, personal assistants, service users, relatives, neighbours, social workers, providers of support services etc.

Indicators of Abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below *may* be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation.

Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- *Babies* – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding

- *Toddler/pre-school* – head banging, rocking, bad temper, 'violent', clingy. Spectrum from overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- *School age* – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- *Adolescent* – depression, self-harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

Neglect

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing, severe failure to meet a child's needs. The majority of these signs and symptoms can occur across any age group. Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning

- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

Physical Abuse

- Always obtain a medical diagnosis regarding any suspected abusive injury
- No injury is 100% symptomatic of abuse
- Look for unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries

Physical signs:

- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:
- Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference
- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes
- Consider the age of child:
- Any bruising to a young baby
- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- It is unusual for a child under the age of 1 year to sustain a fracture accidentally
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described
- Bruising:

- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury
- Bruises on black children will be more difficult to identify
- Mongolian blue spots may be mistaken for bruises. The Mongolian spot is a congenital developmental condition exclusively involving the skin. Usually, as multiple spots or one large patch, it covers one or more of the lower back, the buttocks, flanks, and shoulders. Mongolian spot is most prevalent among Asian groups. Nearly all East Asian infants are born with one or more Mongolian spots. Mongolian blue spot usually fades over the years and is most frequently gone by the time the child reaches adolescence
- Recent research indicates that bruises cannot be aged accurately. Estimates of the age of the bruise are currently based on an assessment of the colour of the bruise with the naked eye

Other injuries:

- Bite marks may be evident from an impression of teeth
- Small circular burns on the skin suggest cigarette burns
- Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
- Red lines occur with ligature injuries
- Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate
- Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
- Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
- Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive

- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
    - Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

Sexual Abuse

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a trusted adult
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

Behavioural changes in older children might involve:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
    - The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

Female genital mutilation (FGM) is illegal and it is a form of child abuse, further information can be found on https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm/

Domestic violence is the violent form of domestic abuse which is controlling, coercive or threatening behaviour between those aged 16 or over who are or have been intimate partners. Carers who are family members can also be perpetrators. Further information can be found on https://www.ncdv.org.uk/what-is-domestic-violence/ Children exposed to violence in the home are also victims of physical abuse.https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children - references

Children who witness domestic violence or are victims of abuse themselves are at serious risk for long-term physical and mental health problems. Children who witness violence between parents may also be at greater risk of being violent in their future relationships.

Operation Encompass our Preschool settings are part of Operation Encompass which is a national scheme that operates jointly between schools, early years providers and police forces.
Operation Encompass is the reporting to schools and Early Years providers, prior to the start of the next school day, when a child or young person has experienced domestic abuse.
As an Early Years educational setting we have ensured that 2 members of our staff at each preschool (the Designated Safeguarding Leads) known as Key Adults, have been trained in the Operation Encompass procedures allowing us to then use the information that has been shared, in confidence, to support the child/ren in our care.

The Domestic Abuse Act 2021 identifies children who experience domestic abuse as victims of domestic abuse in their own right.

https://www.gov.uk/government/publications/domestic-abuse-act-2021

You can **Report a concern to Norfolk Police Central Referrals 01603-222288 or** Any concerns about the safety of a child considered ***at immediate risk of danger*** must be reported to **CADS (Children's Advice and Duty Service**) tel; 0344 800 8021. For concerns about a child's safety, who is not considered ***in immediate risk of danger*** this can be reported, via completion of the request for support CADS Contact Form 2025 *s*ent to cadsadmin@norfolk.gov.uk

Reporting and investigating abuse

Alburgh with Denton & Harleston Preschool Nurseries treat all complaints, allegations or suspicions of abuse with the utmost seriousness. Compulsory Safeguarding training is provided to all staff from the point of employment, to ensure that staff are aware of the warning signs of abuse and the correct reporting procedure to follow if they suspect abuse is, or has, taken place. All staff access Designated Lead Practitioner training to a higher safeguarding level, to ensure they are confident and competent to work together to keep children safe.

Employees that suspect abuse is occurring must take appropriate action immediately by reporting the matter to the manager, with as much detail as possible or directly to CADS and the Police. The manager will need to be informed of the names of the people involved (if known), what type of abuse is or may be occurring, and the dates and times this occurred (if known). An official written report of the alleged act (will) be requested at this stage as part of the evidence gathering procedure. It is the duty of all staff to take responsibility to ensure that suspected abuse is reported to CADS. All sensitive information and evidence gathered, will be stored securely in the child's information folder which is kept in the office. Child protection information, which is being kept for any child, will be kept in a separate folder and stored in a locked cupboard in the office, for relevant staff and professionals to access as required. A note will be written on the child's general information folder to inform professionals that there is a CP folder in place.

In the event of any safeguarding concerns the following steps will be taken.

1) If a child has a specific injury, mark, bruise or burn, that staff have cause for concern; or
2) If a child tells of an incident which causes concern; or
3) If someone expresses reasonable concerns about a particular child; or
4) If there is a more general cause for concern raised by staff, which has either built up over a period of time or been recently observed.

Staff and or the manager will take action, and the type of action will depend on the level of concern and the urgency of the situation.

If a child is able to communicate effectively, then a nominated member of staff will talk to the child. If a satisfactory explanation is given, the conversation will be noted in the child's file, a discussion will be had with the child's parent, to explain the concern and seek their views or more clarity, and to perhaps enable us to build up a bigger picture; action will be taken if it is considered appropriate to do so.

However, if the child/parent appears to be uneasy or gives an explanation, which gives cause for concern, or the member of staff is not satisfied by the outcome, or the child/parent is unable to explain his/her injuries then a 'Request for Support' will be made to CADS (Children's Advice and Duty Service) via their online service https://www.norfolk.gov.uk/article/60983/Request-for-support . If the online service is unavailable, and we have an immediate safeguarding concern for a child, we will contact the Children's Advice and Duty Service (CADS) on 0344 800 8021
The parent/ carer will be notified prior to contact being made to CADS **unless the safety of the child is further compromised by doing so.**

If the child is too young or unable to communicate, cannot or will not explain or the situation is unclear, an explanation will be sought from the parent. If staff feel reassured by the explanation the matter will be recorded and kept in the child's file and no further action will be taken. However, if staff member is still concerned it is their responsibility and or the managers (if agreed) to notify the parent that a report will be made to CADS (Children's Advice and Duty Service).
If the child is already known to Social Care, and there is a Social Worker in place, supporting the family, contact will be made to the S/W by the DSL, to seek further information and/or to notify them of the current safeguarding concerns.

Sometimes there are situations where the parent/ carer must not be informed either of concerns or of a referral. If the concerns relate to the possibility of sexual abuse, the matter will be referred immediately to CADS without a prior discussion with the parents.

Any information concerning a child protection investigation will remain strictly confidential. Staff and appropriate trustee members will be advised of our policy of confidentiality and will be required to respect it.
Once a referral has been made it will be the local authority that is responsible for leading and managing the investigation, not the setting.

Further support and advice can be sought from the Best Start Family Hub https://www.norfolk.gov.uk/article/40406/Best-Start-Family-Hubs or you can call in Long Stratton Early Childhood and Family Service Base (Get directions on Google Maps)
Manor Road, Long Stratton, Norfolk, NR15 2XR
Phone: 01603 307703

The Best Start Family Hubs approach, supports parents and carers of children and young people from conception until they are 19 years old. They support families with young people who have special educational needs and/or disabilities, until they are 25 years old

Further details about keeping children safe can be found on the Norfolk Safeguarding Children's Partnership website http://www.norfolklscb.org

'In every setting, a practitioner must be designated to take lead responsibility for safeguarding children. The designated safeguarding lead (DSL) is responsible for liaison with local statutory children's services agencies, and with the Local Safeguarding Partners. Every person looking after children must be alert to any issues of concern in the child's life at home or elsewhere.'
EYFS Sept 26, page 23

The nominated DSL persons at the preschools to report concerns to, or those who will be active in Child Protection issues are

- Manager; Jayne Rayner jayne@alburghwithdentonpreschoolnursery.co.uk
- Trustee; Hannah King hannah772@msn.com
- Karen Edwards (Alburgh) karen@alburghwithdentonpreschool.co.uk
- Allie Moss (Harleston) allie@harlestonpreschoolnursery.co.uk

All staff members employed have accessed Norfolk County Council Safeguarding training, prior to having unsupervised access to children at the setting. And will be accessing the Designated Lead Practitioner training within 2 years of completing their basic safeguarding training.
DSL training is refreshed every 2 years, however the Manager may consider, whether any staff need to undertake annual refresher training during any two-year period, to help maintain basic skills, keep up to date with any changes to safeguarding procedures or as a result of any safeguarding concerns that occur in the setting.

Any allegations of serious harm or abuse by any person, working or looking after children on or off the premises and any action taken in respect of these allegations will be reported to OFSTED as soon as is reasonably practical and within days of the allegation being made.
Any concerns about the inappropriate behavior of a volunteer, staff member or student will be reported to;
LADO (local area designated officer) LADO@norfolk.gov.uk **and OFSTED; 0300 123 4666 within 1 day of the accusation being made.**

Further information re; allegations about a staff member or trustee please refer to policy no PCG030 (procedures for allegations against staff)
Employees may be asked to refrain from discussing alleged abuse with fellow colleagues, other than those specified by the manager, to avoid the spread of potentially harmful misinformation and to protect the validity of any investigation.

The allegations will be investigated fully, and all such reports are taken seriously. The investigation will be conducted in a discrete and timely manner and will involve the collation of evidence typically derived from witness statements.

If it is suspected that a criminal act may have been committed, the matter will be reported to the police.

Employees suspected of carrying out abuse will be suspended on full pay pending a full investigation of the complaints. It should be noted that this suspension is not an indication of the employee's guilt, but rather a necessity given the circumstances. The charity appreciates the impact prolonged suspension can have on an employee's reputation, even when allegations are later found to be incorrect, and does not take the decision to suspend lightly.

Ensuring that children are safe and free from harm is a responsibility we should all be prepared to accept. There is an initiative which has been developed by the 'Norfolk Safeguarding Children Partnership' which is asking all members of our community if they have- seen or heard something, that makes you feel worried about a child nearby, to report these concerns.

The number to call in this instance is 0344 800 8020. In an emergency call 999 and speak to a member of the Police

Further information on this and other policies can be found on our website;
alburghwithdentonpreschoolnursery.co.uk
harlestonpreschoolnursery.co.uk
Further information regarding County Lines can be found by clicking on this link https://learning.nspcc.org.uk/child-abuse-and-neglect/county-lines

Norfolk Continuum of Need is a Child Centred Framework for making decisions, that ensure children & young people receive the right services at the right time and for the right duration. Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC (norfolklscp.org.uk)

This Norfolk Continuum of Needs Guidance sets out our approach to keeping children in Norfolk safe and protected from harm. This guidance replaces the previous Threshold Guide and is designed to ensure that across the continuum of need professionals consider that the right help is given to the right children at the right time and for the right duration.

DBS
All new staff, Trustees and students over the age of 16 years old, will have a DBS check carried out and the certificates of staff and Trustees held on the Gov update service.
All staff sign a yearly declaration to confirm the current status of their DBS and request the current situation regarding any criminal offences. Staff also complete and sign a Health declaration and Smart Watch/Gasses declaration. As part of our

ongoing commitment to ensure that adults working and connected to our preschool are safe to do so.

Making a Barring Referral to the Disclosure and Barring Service
If an allegation has been made about a staff member or volunteer, then our organisation has a legal duty to make a barring referral if the following conditions are met:

Condition 1

- you withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. Examples: dismissed, re-deployed, retired, been made redundant or retired.

Condition 2
You think the person has carried out 1 of the following:

- engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;
- satisfied the harm test
- received a caution for, or a conviction for, or been convicted for a relevant offence

Guidance on making a Barring Referral can be found online and contact will be made to the East of England DBS Outreach Advisor for support. A Barring Referral can be completed at https://www.submit-a-barring-referral.service.gov.uk/start

Remember; If you feel a child is at risk of immediate harm, call the Police on 999.

The role of the Designated Safeguarding Lead Practitioner

- They are the named person that safeguarding concerns are reported to.
- Liaise with Children's Services and other agencies and make referrals to The Children's Advice and Duty Service or Local Authority Designated Officer (LADO) when required.
- Responsible for making sure the policy is reviewed yearly and updated when changes happen at local/national level.
- Ensure all staff/volunteers/visitors/parents are aware of this policy and the procedures to follow.
- Ensure all staff and volunteers have received appropriate safeguarding information during induction and have received safeguarding training.
- Ensure that safer recruitment practices are followed.
- Update staff on changes to safeguarding.
- Completed DSL Training and attend other relevant training to upskill
- Follow the Norfolk Continuum of Needs Guidance produced by the Norfolk Safeguarding Children Partnership (NSCP).

Charity Commission

Alburgh with Denton Preschool Nursery is a registered Charity, and the Charity Commission requires charities to report serious incidents.
A serious incident is an adverse event, whether actual or alleged, which results in or risks significant:

- harm to your charity's beneficiaries, staff, volunteers or others who come into contact with your charity through its work
- loss of your charity's money or assets
- damage to your charity's property
- harm to your charity's work or reputation

Further guidance and support can be found here:

https://www.charitysafeguarding.dcms.gov.uk/handling-safeguarding-allegations-charity?page=1

https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees#handle-and-report-incidents-and-concerns

Norfolk Safeguarding Children's Partnership (NSCP)

Our role as Early Years educators means that we are responsible for, and work and care for children, and a large part of our role involves keeping them safe.
The safeguarding of children is a huge responsibility, as well as a delicate balance when it comes to dealing with difficult issues such as exploitation, abuse and neglect.

We are members of the NSCP and their role is;

'to make sure that all children and young people in Norfolk can expect to stay safe and that the appropriate action will be taken by relevant organisations, if children are in need of help'.

Further information can be found by clicking on this link https://norfolklscp.org.uk.

The NSCP provides further safeguarding training, guidance and support with our policies and procedures, which ensure that we are meeting the needs of our vulnerable children and their families and that we remain compliant and effective in all areas of safeguarding children.