



## CHILD PROTECTION POLICY

**Aims of the Centre:**

The Centre is registered with OFSTED and employs competent, caring and experienced staff.

We aim to provide a high standard of care in a playful and enabling environment, competent and loving childcare in a happy atmosphere designed to stimulate and nurture growth and development and encourage social development, communication skills and good manners.

We aim to provide opportunity for imaginative play and develop creative potential, provide the stimulation necessary for the development and enjoyment of learning and to develop coping skills and the maturity necessary to facilitate a smooth transition to school.

To enable us to fulfil these aims we work in partnership with parents and carers and encourage involvement in the care and education of their child and ensure appropriate training and development of all employees in line with the business objectives

Safeguarding and promoting the welfare of children, for the purpose of this policy is 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. **(Definition taken from the HM Government document ‘Working together to safeguard children 2015’)**

The designated lead with overall responsibility for safeguarding is **(Reference statutory framework page 16 3.5)**

- Kelly Fong, Senior Early Years Professional
- Training: Designated Advanced Safeguarding Lead (NDNA)

The deputy designated lead with responsibility for safeguarding in the absence of the designated lead is:

- Rebecca Oberg, Nursery Manager and Strategic Lead: Play and Early Years
- Training: Designated Safeguarding Lead (NDNA)

The safeguarding of all children within Eureka! Nursery will always be of paramount importance. We intend to create an environment in which children are safe from harm and in which any suspicion of abuse receives a prompt and appropriate response. **(Reference children act 2004)**. In order to achieve this we will adopt the following practice and follow the guidance and procedures in line with Calderdale Safeguarding Children Board. The Calderdale Safeguarding Children’s Board are a partnership of voluntary, statutory and community agencies who work together to safeguard children. Contact number: MAST (Multi-Agency Screening Team) - 01422 393336, emergency duty out of hours team (EDT)-01422 288000 Email: [www.calderdale-scb.org.uk](http://www.calderdale-scb.org.uk)

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

POST: Adult and Children's Services  
 Multi-agency Screening Team (MAST)  
 Princess Building, Princess Street, Halifax, HX1 1TS

TELEPHONE: 01422 393336

FAX: 01422 392875

SECURE EMAIL (from secure emails only): [MAST@calderdale.gcsx.gov.uk](mailto:MAST@calderdale.gcsx.gov.uk)

The MAST team also offers advice on whether to make a referral or register a Single Assessment. Those cases requiring further social worker assessment and intervention will be transferred to Children's Assessment Team who can be contacted on 01422 393340.

Please direct any **LADO referrals or concerns** to the following:

LADO (Kathy Dempsey, Sharon Harris and Vicky Cross)

Telephone number: (01422) 394055

Mobile: 07769886090

Email: [cpadmin@calderdale.gov.uk](mailto:cpadmin@calderdale.gov.uk)

### Definitions

There are four types of child abuse. They are defined in the UK Government guidance *Working Together to Safeguard Children 2010* (1.33 – 1.36) as follows:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect

Bullying is not defined as a form of abuse in *Working Together* but there is clear evidence that it is abusive and will include at least one, if not two, three or all four, of the defined categories of abuse. For this reason it has been included in this factsheet.

### Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

## **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Neglect**

Neglect is 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 or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **Extremism**

From 1st July 2015, the Prevent duty came into force and all childcare providers must have regard to prevent people being drawn into terrorism. The Early Years Foundation Stage, Child Protection (3.7) already states that 'Providers must be alert to any issues for concern in a child's life at home or elsewhere. Providers must have and implement a policy, and procedures, to safeguard children'

### **– Signs may include:**

Out of character changes in dress, behavior and peer relationships

Secretive behavior

Losing interest in friends and activities

Showing sympathy for extremist causes

Glorifying violence

**Prevent Duty Contacts:** Local Police contacts for PREVENT are:

LA Contact for PREVENT - Sadia Hussain on 07702 656834 or by email: [sadia.hussain@calderdale.gov.uk](mailto:sadia.hussain@calderdale.gov.uk) (or the police via 101 should the PREVENT Co-ordinator not be available).

### **Safeguarding – Police contacts:**

Ed Chesters – Safeguarding and Partnerships

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

Det Insp Allan Raw (Childrens' Safeguarding)

Det Insp Dave Shaw (Adult Safeguarding).

Sergeants are: DS Helen Madden (CSE), DS Mick Richmond, DS Jayne Maiden, Temp DS John Moore (all 3 are the daily reactive teams), DS Sally Fletcher (Domestic Abuse)

Police Safeguarding Unit: 01422 337041

### **Abuse of Disabled Children**

Safeguards for disabled children are essentially the same as all other children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and to high standards of practice, and strengthening the ability of children and families to help themselves.

#### **Measures should:**

- Make it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment;
- Ensure that disabled children receive appropriate personal, health and social education
- Make sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate.
- Recognise and utilise key sources of support such as support workers, friends and family members where appropriate;
- Ensure that there is an explicit commitment to and understanding of disabled children's safety and welfare among all providers of services used by disabled children;
- Develop the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services;

Concerns about the welfare of a disabled child should be acted upon in the same way as any other child in accordance with the **Referrals Procedure**. The same thresholds for action apply.

[http://westyorkscb.proceduresonline.com/chapters/p\\_abuse\\_disabld.html](http://westyorkscb.proceduresonline.com/chapters/p_abuse_disabld.html)

### **Peer on Peer abuse**

#### **Definition**

There is no legal definition of bullying. However, it's usually defined as behaviour that is:

- Repeated;
- Intended to hurt someone either physically or emotionally; and
- Often aimed at certain groups, eg because of race, religion, gender or sexual orientation.

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

It can be inflicted on a child by another child or an adult (see Working Together - Nursery Staff Code of conduct)

**It can take many forms, and can include:**

- Physical Assault - for example, hitting, kicking, shoving, theft;
- Verbal - for example, teasing, making threats, name calling, racist or homophobic remarks;
- Emotional - for example, isolating an individual from activities/games and the social acceptance of their peer group;
- Online - bullying via mobile phone or online (e.g. email, social networks and instant messenger).

Any child may be bullied, but bullying often occurs if a child has been identified in some ways as vulnerable, different or inclined to spend more time on his or her own.

Children living away from home are particularly vulnerable to bullying and abuse by their peers.

Children are often held back from telling anyone about their experience either by threats or by a feeling that nothing can change their situation.

Parents and carers need to be alert to any changes in behaviour such as refusing to attend nursery or a particular place or activity, becoming anxious in public places and crowds and becoming withdrawn and isolated. Parents should be encouraged to share any concerns with the setting.

**Action and Prevention**

All settings in which children are provided with services should have in place anti-bullying strategies. The following anti bullying strategies should be rigorously enforced:

- A sense of community will be achieved only if organisations take seriously behaviour which upsets children;
- Promotion of all children within the setting counters isolation of individuals by others, and nurtures friendships between children.
- Support should be offered to children for whom English is not their first language to communicate needs and concerns;
- Children should be able to approach any member of staff within the setting with personal concerns.

Clear messages must be given that bullying is **not acceptable** and children must be reassured that significant adults involved in their lives are dealing with bullying seriously.

A climate of openness should be established in which children are not afraid to address issues and incidents openly.

Consideration should always be given to the existence of any underlying issues in relation to race, gender and sexual orientation. This should be addressed and challenged accordingly.

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

Where a child is thought to be exposed to bullying, action should be taken to assess the child's needs and provide support.

**A range of active listening techniques which provide a more helpful response include:**

Technique	Suggested Response
THE LISTENER:	Listening patiently with full attention, encouraging, clarifying, restating, reflecting, validating, summarising.
THE DETECTIVE:	Investigating the situation sensitively and patiently.
THE SUPPORTER:	Seeing their side, acknowledging and allowing expression of their feelings.
THE COACH:	Checking out what help is being asked for and offering practical, realistic help.

If the bullying involves a physical assault, as well as seeking medical attention where necessary, consideration should be given to whether there are any child protection issues to consider and whether there should be a referral to the Police where a criminal offence may have been committed.

Creating an Anti-Bullying climate that is conducive to equality of opportunity, co-operation and mutual respect for differences can be achieved by, for example:

- Low Tolerance of Minor Bullying - "Nipping in the bud" the incidents at the earliest sign;
- Never ignoring victims of bullying, always showing an interest/concern;
- Publicly acknowledging the bullied child's distress;
- Planning and implementing age appropriate activities/circles, which allow children to work together to identify their own problems, the causes and the solutions, with sensitive facilitators.

It is important when addressing bullying behaviour by another child to avoid accusations, threats or any responses that will only lead to the child being uncooperative, and silent.

The focus should be on the bully behaviour rather than the child and where possible the reasons for the behaviour should be explored and dealt with. A clear explanation of the extent of the upset the bullying has caused should be given and encouragement to see the bullied child's points of view.

The children (bully and bullied) should be carefully assessed and closely monitored. The times, places and circumstances in which the risk of bullying is greatest should be ascertained and action taken to reduce the risk of recurrence.

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

Whatever plan of action is implemented after the above issues have been identified, the plan must be reviewed with regular intervals and amended if necessary to ensure that the bullying has ceased.

**Female Genital Mutilation (FGM)**

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

The World Health Organisation (WHO) (2008) classifies FGM as follows:

**Types of FGM:**

**Type 1 often referred to as clitoridectomy**– removing some or the entire clitoris

**Type 2 often referred to as excision**– removing some or all of both the clitoris and the small labia (the “lips” that surround the vagina).

**Type 3 often referred to as infibulation**– removing some or all of the female genitalia, including the clitoris then sewing the edges together to leave a small hole.

**Type 4** – all other types of harm, including cutting, burning, scraping, pricking and stretching the female genitals.

**Why does FGM happen?**

It is usually a girl’s parents or extended family who arrange for her to have FGM. Reasons for doing it include:

- Custom
- Religion
- Preserving tradition
- Preserving virginity
- Cleanliness
- protecting family honour

**Identifying Children at risk of FGM or who have been subject to FGM**

**Risk Factors for FGM:**

- The family belongs to a community in which FGM is practised, or they have limited levels of integration within UK community;
- There are older girls or women in the family (e.g. older sister/s, mother) who have undergone FGM;
- The child talks about a ‘special procedure/ceremony’ s going to take place or a long holiday to her country of origin or another country where the practice is prevalent;

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

- Repeated failure to attend or engage with health and welfare services or the mother of a girl is very reluctant to undergo genital examination;
- The child talks about ‘becoming a woman’ or ‘rites of passage’;
- The child becomes withdrawn or ‘acting up’ (out of character);

**Practitioners should also consider whether any other indicators exist that FGM may have or has already taken place, for example:**

- A prolonged absence from the setting with noticeable behaviour changes on the girl’s return could be an indication that the girl has recently undergone FGM;
- The child has health problems, particularly bladder problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable;
- A child may confide in a professional or ask for help;

**What do you do if you Identifying Children at risk of FGM or who have been subject to FGM**

- Female genital mutilation should always be seen as a cause of significant harm and normal child protection procedures should be invoked.
- Where a child or young person within a family has already been subjected to female genital mutilation, consideration must be given to other female siblings or close relatives who may also be at risk.

FGM has been a criminal offence in the UK since 1985 when the Prohibition of Female Circumcision Act was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and also made it an offence for UK nationals or permanent or habitual UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

**Mobile devices**

- Eureka nursery operates a zero policy on the use of personal mobile devices. If staff or children bring mobile devices into the setting they must be locked away in the manager’s office and can be used on their designated breaks and away from the children or in relation to the child at home time. **(Reference mobile devices and social networking policy)**

**Recruitment**

- All applicants for work will be interviewed before an appointment is made.
- On the application form all applicants are asked to disclose if they or anyone in their household has been convicted of a criminal offence. **(cross reference to application form)**
- Two references will be sought before an appointment is confirmed
- Recruitment advertisements for all posts will carry notice that enhanced disclosure from the DBS is required. Staff will not be left unsupervised until their enhanced disclosure is cleared. Students will not be left unsupervised at any time.
- All appointments will be subject to a probationary period and will not be confirmed unless the setting is confident that the applicant can be entrusted with children. **(Reference recruitment policy)**

**Staff and students in post Training**

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

- We will seek out training opportunities for staff and students to ensure they recognise the symptoms of possible physical, emotional and sexual abuse and of neglect.
- All our members of staff will be trained in child protection procedures.(**reference statutory framework page 17 3.6**)
- In order to maintain staff awareness regular training sessions will be held to reinforce issues such as security and the monitoring of every person entering the building (**reference security policy**).
- The Safeguarding Lead has Training as and when required and disseminates any new guidance to the team

All staff have access to a whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner. (**Reference Equality act 2010**)

### Responding appropriately and procedure

- As we may provide many hours of care, it is possible that staff who are in immediate contact with a child may be the first to become aware of a problem, even before the parent/carer. Should any member of staff have concerns for the welfare of any child they will immediately inform Alison Webb, Nursery Manager and Designated Safeguarding Lead or in her absence Kelly Fong Deputy Safeguarding Lead.
- The child's parents will be spoken to about any concerns unless there is a view that the child is at risk of significant harm.
- The designated lead will then contact MAST.
- If a child talks openly about abuse they may be experiencing the procedure below will be followed
- The adult should reassure the child and listen without interruptions
- The child's exact words should be documented on a CP1 Form located in all rooms with the child's name, location, time, and the name of the practitioner that the information was disclosed to.
- All such suspicions as investigations will be kept confidential, shared only with those who need to know. Such records will be kept in a sealed envelope in the child's hanging file. Records will be kept for a minimum of 21 years after children have left Eureka! Nursery.
- A copy of the Child Protection Policy is given to all parents / carers in their welcome pack in addition to a copy kept in the policy file accessible to all Parents / carers and staff.(**Reference statutory framework page 13 3.4**)

With the proviso that the care and safety of the child must always be paramount, the setting will do all in its power to support and work with the child's family/carers.

### Staff accused of child abuse

It is rare for a member of staff to be accused of abuse but it can happen. In this situation the same approach will be taken as in any other investigation:

OFSTED, Calderdale safeguarding children board and the LADO (01422) 394055 **Mobile** 07769886090 will be contacted immediately.

- The member of staff will be suspended pending a full investigation

Investigations of this kind are inevitably distressing and the setting recommends that practitioners seek personal support from their professional organisation.

### West Yorkshire Consortium Procedures Manual

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019

## **Context**

The West Yorkshire Consortium of Local Safeguarding Children Boards (LSCB), consortium is made up of all five West Yorkshire LSCBs (Bradford, Calderdale, Kirklees, Leeds and Wakefield).

The Manual is permanently available via the websites for each LSCB to facilitate ready access and permit regular updating. The procedures are updated regularly; when amendments to procedures are made, they will be highlighted on the Contents page to draw your attention to where they are. A paper copy can be found in the front of the Safeguarding/Child Protection File.

The development of inter-agency procedures for staff and volunteers is one of the core functions of each Local Safeguarding Children's Board in its role to coordinate local work to safeguard and promote the welfare of children.

The collective procedures have been written so as to be part of the wider goal of improving the overall wellbeing of children and achieving the five outcomes as specified in the Children Act 2004. They focus on the 'Staying Safe' outcome, however, and provide a framework for an integrated approach to safeguarding children from harm.

The procedures reflect current legislation, accepted best practice and comply with the government guidance: [Working Together to Safeguard Children 2015](#).

### **Relevant Staff:**

The contents of the Manual are for application by those working, whether paid or unpaid, in LSCB member agencies and in private or voluntary sector organisations with responsibilities for children living or present in the LSCB areas.

### **Sources of reference**

<http://westyorkscb.proceduresonline.com/chapters/contents.html>

<http://www.anti-bullyingalliance.org.uk/resources/>

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/bullying-and-cyberbullying/research-and-resources/>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/512906/Multi\\_Agency\\_Statutory\\_Guidance\\_on\\_FGM\\_-\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/525390/FGM\\_safeguarding\\_report\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf)

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/>

<http://westyorkscb.proceduresonline.com/chapters/contents.html>

Duty Holder	Date Created	Date Reviewed	Date of Next Review
Rebecca Oberg Teresa Corbridge	January 2008	Nov 2012, 2013, Feb 2014 (updated), Mar 2014, July 2014 Jan 2015 (Updated), April 2015 July 2015, March 2016, July 2016 (updated) August 2016 (Updated) April 2017 (Updated) April 2018 (Updated), December 2018	April 2019