The Elizabeth Foundation Safeguarding and Child Protection Policy

Introduction

The Elizabeth Foundation (TEF) fully recognises its responsibilities for child protection and is committed to building a culture of safety in which children are protected from harm and abuse.

Our role in achieving this will be embedded in daily practice. We are committed to safeguarding and promoting the welfare of children and expect all staff and volunteers to share this commitment.

Aim

We are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are established.

TEF is committed to promoting awareness of child abuse issues. It is also committed to empowering young children, through its early childhood curriculum which is focused on promoting their right to be strong, resilient and listened to.

Objectives

At TEF our objectives are:

- To be fully aware of safeguarding children issues and to make appropriate responses
- To raise awareness of the need to safeguard children to all staff and volunteers
- To establish a safe environment in which children can learn and develop
- To equip children with the skills needed to keep them safe
- To practice safe recruitment in checking the suitability of staff and volunteers to work with children
- To develop and then implement procedures for identifying and reporting cases, or suspected cases, of abuse and/or neglect
- To be aware of prevention responsibilities for radicalisation and FGM
- To promote children's right to be strong, resilient and listened to by creating an environment in our setting that encourages children to have a positive self - image, and to develop a sense of autonomy and independence
- To appropriately support children in accordance with an agreed child protection plan, when one is in place

- To work in partnership with parents to build their understanding of and commitment to the principles of safeguarding our children

Identifying Abuse

We recognise that because of the day to day contact with children, members of staff are well placed to observe the outward signs of abuse. At TEF, we will therefore:

- Establish and maintain an environment where children feel safe and secure, are encouraged to talk, and are listened to
- Ensure children know that there are adults in the family centre who they can approach if they are worried
- Include opportunities in the curriculum for children to develop the skills they need to recognise and stay safe from abuse
- Ensure awareness of safeguarding and protocols to report concerns for all staff, volunteers, parents and visitors

Support to Children

TEF will endeavour to support the child through:

- The content of the curriculum
- TEF ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued
- Liaison with other agencies that support the child such as social services, Child and Adolescent Mental Health Service (CAMHS), education welfare service, educational psychology service and deaf CAMHS
- Ensuring that, where a pupil on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed

Commitment to keeping children safe in education

The following processes are adopted by TEF and will be implemented as follows:

- Ensure we have designated senior staff for child protection who have received appropriate training and support for this role
    - Designated Safeguarding Lead Professionals (DSLPs)– Julie Hughes, CEO; Rachel Mills, TOD; Kirsty Carey, SALT

- Ensure every member of staff, volunteer and Trustee knows the names of the designated senior people responsible for safeguarding and their roles
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated people responsible for safeguarding
- Ensure that parents understand the responsibility placed on TEF and staff for safeguarding by setting out its obligations in the parent partnership guide
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding safeguarding matters including attendance at case conference if needed
- Engage robust procedures for recording the details of visitors to the setting
- Ensure appropriate security to ensure we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children
- Ensure Safeguarding Guides are displayed at all entrances and all visitors are made aware safeguarding and emergency procedures.

Implementation of Processes and Procedures

Action in the event of a child allegation of abuse/neglect

The following points detail how TEF and other agencies will respond to a suggestion or a report that a child may be at risk from abuse.

- Abuse of children can take different forms: physical, emotional, and sexual as well as neglect – see appendix A
- When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in appearance, their behaviour, or in their play
- Notify social services if there is an unexplained absence of more than two days of a pupil who is on the child protection register; or a prolonged unexplained absence that raises welfare concerns for a family/child
- If a member of staff has identified concerns about a child they must report their concerns immediately to a DSLP
    - He/she will advise and coordinate the appropriate response to the concerns
- The DSLP will ascertain an accurate record of all that has happened, and this will be documented, noting:

- The time and date of the observation or disclosure
- An objective record of the observation or disclosure
- Signs of physical injury (using skin map)
- Comments by child concerned
- The name of the person who has reported the incident
- The names of any other persons present at the time
- All records will be kept securely, separate from the main pupil file and in locked locations

- The DSLP will provide advice and support to the member of staff and, if appropriate, make a referral to the local Multi-Agency Safeguarding Hub (MASH) appropriate to the child
- The DSLP may seek advice from the MASH where there is uncertainty about whether what has been said indicates abuse
- The DSLP will confirm in writing to MASH any actions that have been taken
- Members of staff working with children considered to be at risk will be informed on a need to know basis by the DSLP and updated as appropriate
- All information will be collated by the DSLP who will decide on further action in line with the policy and procedures detailed
- All members of staff know the procedures for reporting and recording
- TEF provide regular supervision that provides opportunity for staff and volunteers to discuss any issues concerning children's development or well-being

Nominated managers are provided for all members of TEF staff and volunteers to provide an opportunity to raise concerns if a colleague's behaviour and conduct is putting children at risk - nominated managers are: Julie Hughes, CEO; Karen Paine BEM, Deputy CEO; and John Atherton, Finance Director.

Action in the event of allegations against a member of staff

With so many safeguards in place at TEF, it is hoped that an allegation against a member of staff or volunteer would not take place. However, we recognize that a formal set of policies and procedures needs to be in place in the unlikely event that this should happen.

Methods and Procedures

- Allegations or concerns are identified and reported to the CEO/DSLP
- The Local Authority Designated Officer (LADO) is informed within 24 hours if the person has allegedly:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates that they would pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

- If the allegation meets this criterion, the DSLP should complete a referral form to refer information to the LADO within 24 hours of the allegation. Advice moving forward will be taken from the LADO; Ofsted will be informed of any allegations of serious harm or abuse by anyone working or looking after children at the premises. This will happen whether the allegations of harm or abuse are alleged to have been committed on the premises or elsewhere, for example on a visit. The DSLP will also notify Ofsted of the action they have taken in response to the allegations. Ofsted will be notified as soon as reasonably practical, but in any event within 14 days of the allegations being made.
- The LADO will provide advice and guidance to the senior management team, will liaise with the police and other agencies, and has oversight of investigations to ensure a timely, thorough and fair process.
- LADO may convene an Allegations Meeting to evaluate the risks to children and oversee that appropriate actions are taken, to protect young people but also the individual(s) themselves.

Confidentiality

All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children's Board.

Informing Parents

TEF aims to work in partnership with parents, who are normally the first point of contact. If suspicion of abuse is reported, then:

- Parents are informed at the same time as the report is made, except where the guidance of the Local Safeguarding Children's Board does not allow this
  - This is usually the case where the parent is the likely abuser
  - In this case staff from social services will inform the parents

Suitability and support to staff to work with children

TEF ensures that the procedures relating to the employment of members of staff, volunteers or students are rigorously followed as follows:

Staff and volunteers

- All staff and volunteers will have an enhanced DBS check, which is registered
- Proof of qualifications will be requested
- Employment history will be examined, and explanation regarding any gaps will be required
- Two written references will be required, including one from their most recent employer, before being offered a position
- An Induction process for new staff/volunteers starting at TEF is undertaken, including Safeguarding information review
- Staff are given a copy of the TEF Staff Handbook, which includes the code of conduct
- Education staff/volunteers have safeguarding training every year to update knowledge and skills

Students

TEF is very popular for student placements on speech and language therapy, early years and teaching courses. We also have student Health Visitors and Paediatric Nurses on half day visits.

All Colleges/Universities make sure that all their students are DBS checked before the placement. On rare occasions, we have school students on work experience. These students are not DBS checked, but are never left alone with the children. All students are supervised by a member of staff during their time with us. They must read our Safeguarding and Child Protection Policy as part of their induction/visit.

Use of Media by Parents

TEF recognises mobile phones, cameras and recording devices as effective means of communication and accepts that they are now a part of everyday life.

Whilst there are many benefits and learning opportunities to be gained from using technology such as mobile phones and other digital devices, every member of staff working with children has a duty of care to take appropriate action to protect and safeguard their health, development and welfare.

Parents have a similar responsibility when attending the setting or any TEF event. The general guidelines are detailed here:

- Parents may take photographs of school events subject to ordinary courtesies such as not obscuring the view of other audience members or distracting the children

- It is, however, important to note, and to advise parents that photographs or video footage should not be published in print or digitally e.g. on websites or social media sites without the approval of the parents of all the children featured in the photograph/video
- Full name and addresses should never be published in association with photographs
- Personal cameras, recording devices and other electronic devices with imaging and sharing capabilities are not to be used by staff, volunteers or visitors in the nursery setting

Please see our mobile phone, camera and recording devices policy for more details.

The Elizabeth Foundation – Supporting Policies

This policy is to be read alongside the following TEF policies and procedures:

- Recruitment and Selection policy
- Whistleblowing policy
- Adverse DBS and Disqualified Persons policy
- Health and Safety Policy
- Lone Working Policy
- Complaints Procedure Policy
- Confidentiality Policy
- GDPR Policy
- Equal Opportunities and Race Relations Policy
- Mobile phone, camera and recording devices policy
- Parent Partnership Charter
- Staff Development Policy (specifically supervision section)
- Staff Handbook/Code of conduct
- Trustees Code of contact

Contacts

The following list details who should be contacted in the first instance if there is a concern around safeguarding or child protection of any child within the care of TEF:

- A Designated Safeguarding Lead Professional (DSLP) – Julie Hughes, Chief Executive Officer; Rachel Mills, TOD; Kirsty Carey, SALT

- Multi-Agency Safeguarding Hub (MASH), Phone: 0845 671 0271 Email: MASH@portsmouthcc.gov.uk or an equivalent safeguarding team from the families LA
- Emergency Out-of-Hours, Phone: 0300 5551373
- Police (non-emergency), Phone: 0845 045 4545
- Local Authority Designated Officer (LADO), Lydia Bowles; Phone: 02392 882500 or email LADO@portsmouthcc.gov.uk
- Ofsted, Phone: 0300 123 1231

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Appendix A: Types of abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

The signs and indicators listed below may not necessarily indicate that a child has been abused but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries

- Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

- Low self-esteem
- Wetting and soiling
- Recurrent nightmares
- Aggressive behaviour
- Withdrawing communication
- Habitual body rocking
- Indiscriminate contact or affection seeking
- Over-friendliness towards strangers
- Excessive clinginess
- Persistently seeking attention.

Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the Teacher/Nursery Assistant.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the designated safeguarding lead professional (DSLP).

Female genital mutilation

This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England

including its effect on the child and any other siblings involved. This procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman's first pregnancy and varies widely according to the community. Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If you have concerns about a child relating to this area, you should contact children's social care team in the same way as other types of physical abuse. There is a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18. We will ensure this is followed in our setting.

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Sexual abuse

Action needs be taken if the staff member has witnessed an occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive preoccupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser, so all symptoms and signs should be looked at together and assessed as a whole.

Child sexual exploitation (CSE)

Working Together to Safeguard Children defines CSE as "…a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

We will be aware of the possibility of CSE and the signs and symptoms this may manifest as. If we have concerns, we will follow the same procedures as for other concerns and we will record and refer as appropriate.

Emotional abuse

Action should be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Neglect

Action should be taken if the staff member has reason to believe that there has been any type of neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment, when required, on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child

having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Appendix B: Regulatory Guidance

This policy has been drawn up on the basis of law and guidance that seeks to protect children. The list here details the numerous regulatory guidance documents that form the basis of this policy:

- Children's Act 1989
- Date Protection Act 1998
- The Protection of Children Act 1999
- The Children Act 2004 (Every Child Matters)
- The Children and Families Act 2014
- Keeping Children Safe in Education 2021
- Working Together to Safeguard Children
- Special educational needs and disability (SEND) code of practice: 0-25 years
    - Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM government – last updated 30 April 2020
- Neglect Identification and Measurement Tool – PSCB
- Portsmouth Safeguarding Children Compact – Self-Assessment Tool
- Information Sharing: Guidance for practitioners and managers
- Embedding Inter-agency Early Help and Safeguarding Practice Across Portsmouth
- Portsmouth Children's Trust and Portsmouth Safeguarding Children's Board Protocol and Guidance
    - What to do if you are worried that a child is being abused
- When to suspect child maltreatment
- Core-info: Emotional neglect and emotional abuse in preschool children, NSPCC
- PSCB Thresholds Document
    - Guidance for practitioners in working together so that families in Portsmouth have access to the right support at the right time

- Common Assessment Framework
- A guide to the recruitment of staff – early years and childcare service
- Bruising protocol for children not independently mobile, LSCB
- Neglect Identification and Management Tool
- PSCB Missing, Exploited and Trafficked (MET) Strategy