

Safeguarding Children Policy

Index

- 1.1 Policy Statement**
- 1.2 Legal Framework**
- 1.3 Definition of Safeguarding Children**

- 2.1 Policy Intention**
- 2.2 Little Gems Montessori Nursery responsibilities**
- 2.3 Links with other policies**

- 3.1.a Types of abuse and procedures to follow**
- 3.1.b Indicators of abuse**
- 3.1.c Recording suspicions of abuse and disclosures**
- 3.2.a Physical Abuse**
- 3.2.b Fabricated Illness**
- 3.2.c Procedure**
- 3.3.a Sexual Abuse**
- 3.3.b Procedure**
- 3.4.a Emotional Abuse**
- 3.4.b Procedure**
- 3.5.a Neglect**
- 3.5.b Procedure**

1.1 Policy Statement:

Little Gems Montessori Nursery will work with children, parents and the community to ensure the rights, welfare and safety of all children and to give them the very best start in life. We believe that children have the right to be treated with respect, be helped to thrive and be in a safe environment free from any abuse in whatever form. We believe that every child should be completely secure from both the fear and reality of abuse and we are committed to protecting all the children in our care from harm and maltreatment.

To this end we will:

- Create an environment to encourage children to develop a positive self-image
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate.

1.2 The legal framework for this policy is based on:

- Safeguarding Vulnerable Groups Act (2006)
- Early Years Foundation Stage (EYFS 2012)
- Working together to safeguard children (2013)
- Lanzarote Convention (June 2015)
- The Cyprus National Strategy 2016 – 2019

1.3 Safeguarding and promoting the welfare of children, in relation to 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
- Taking action to enable all children to have the best outcomes

2.1 Policy Intention:

All early years practitioners have a duty to protect and promote the welfare of children. Due to the many hours spent with a child, practitioners can often be the first people to sense that there may be a problem. They may well be the first people in whom children confide about abuse or to spot changes in a child's behaviour, which may indicate abuse. Little Gems Montessori Nursery has a duty to be aware that abuse does occur in our society. This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional 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 and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for children's social care, health professionals or the police. All staff will work as part of a multi-agency team, where needed, in the best interests of the child.

2.2 Little Gems Montessori Responsibilities

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate.

2.3 Links with other policies

Safeguarding and Protection issues overlap with procedures addressed in other policies such as:

- Confidentiality Policy
- Late Collection Policy
- Key Person Policy
- SENCO Policy
- Behaviour Management Policy & Procedure
- Complaints Procedure
- Health & Safety
- Partnership with Parents
- Illness Policy

3.1.a Types of abuse and particular procedures to be followed.

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.

3.1.b Indicators of child abuse

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

3.1.c Recording suspicions of abuse and disclosures

Staff should make an objective record of any observation or disclosure, supported by the Designated Safeguarding Lead (DSL), Jane Mylonas. This record should include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of any injuries or marks seen
- Exact observation of any incident including any other witnesses
- Name of the person to whom any concern was reported, with date and time; and the names of any other person present at the time
- Any discussion held with the parent(s) (where deemed appropriate).

The person reporting this should sign these records and the DSL, dated and kept in a separate confidential file. If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure details must be logged accurately. It may be thought necessary that through discussion with all concerned, the matter needs to be raised with the local authority, social services or child welfare agencies. Staff involved may be asked to supply details of any information/concerns they have with regard to a child. Little Gems nursery expects all members of staff to co-operate with relevant authorities in any way necessary to ensure the safety of the children. Staff must not make any comments either publicly or in private about a parent's or staff's supposed or actual behaviour.

3.2.a Physical abuse

Action needs to be taken if staff have any 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 DSL. Children 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 DSL. Physical abuse could also entail restraining a child from his/her norm of physical development.

3.2.b 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.

3.2.c Procedure:

- All signs of marks/injuries to a child, when they come into nursery or occur during time at the nursery, will be recorded as soon as noticed by a staff member
- The incident will be discussed with the parent at the earliest opportunity, where felt appropriate
- Such discussions will be recorded and the parent will have access to such records

- If there appear to be any queries regarding the injury, the relevant local authority or child welfare agencies will be notified.

3.3.a Sexual abuse

Action needs to be taken under this heading if the staff member has witnessed occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive pre-occupation 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.

If a child starts to talk openly to an adult about abuse they may be experiencing; the procedure stated later in this document under 'recording abuse suspicions' will be followed.

3.3.b Procedure:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the DSL
- The matter will be referred to the local authority or children's welfare agencies
- A sensitive and confidential discussion will be held with the parents/carers of any other children party to inappropriate play.

3.4.a Emotional abuse

Action should be taken under this heading 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.

3.4.b Procedure:

- The concern should be discussed with the DSL
- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records

- If there appear to be any queries regarding the circumstances, the matter will be referred to the local authority or child welfare agencies.

3.5.a Neglect

Action should be taken under this heading if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including 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 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.

3.5.b Procedure:

- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records
- If there appear to be any queries regarding the circumstances the local authority or child welfare agencies will be notified.