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 Rainbows End Pre-School

 Timebridge Community Centre

 Mobbsbury Way

 Stevenage

 Herts

 SG2 0HT

**Safeguarding Children and Child Protection**

Including managing allegations of abuse against a member of staff, Prevent Duty (Extremism, Radicalisation, British values and FGM.

**Policy Statement**

Rainbows End Pre-School will work with children, parents, and the community to ensure the rights and safety of children and to give them the very best start in life. Our Safeguarding Policy is based on the three key commitments.

**Procedures**

We carry out the following procedures to ensure we meet the three key commitments.

*Key Commitment 1*

We are committed to building a 'culture of safety' in which children are protected from abuse and harm in all areas of our service delivery.

* Our designated person who co-ordinates child protection issues is:

***Samantha Oddy***

* Our Deputy designated officers are:

***Clair Rivers-Ward and Elise Bull***

Either the designated person or the deputies are always onsite during preschool opening hours.

* We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.
* All staff have an up-to-date knowledge of safeguarding issues.
* Adequate and appropriate staffing resources are provided to meet the needs of children.
* Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
* Enhanced DBS checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
* Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.
* Enhanced DBS checks are carried out on anyone working (who has contact with the Pre School) on the premises.
* Volunteers do not work unsupervised.
* Information is recorded about staff qualifications and the identity checks and vetting processes that have been completed including:
* the DBS reference number;
* the date the disclosure was obtained; and
* details of who obtained it.
* All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
* We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
* Procedures are in place to record the details of visitors to the setting.
* Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
* Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.
* Personal mobile phones are not used where children are present.
* All staff understand how to escalate their concerns, in the event that they feel either the local authority and/or their own organisation has not acted adequately to safeguard and know how to follow local safeguarding procedures to resolve professional disputes between staff and organisations.
* All staff understand what the organisation expects of them in terms of their required behaviour and conduct, and follow our policies and procedures on positive behaviour, online safety (including use of cameras and mobile phones), whistleblowing and dignity at work.
* Children have a key person to build a relationship with and are supported to articulate any worries, concerns or complaints that they may have in an age-appropriate way.
* From 31 August 2018, staff and volunteers in childcare settings that are not based on domestic premises are ***not*** required to notify their line manager if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision or have had orders made in relation to care of their children.
* Staff receive regular supervision, which includes discussion of any safeguarding issues, and their performance and learning needs are reviewed regularly.
* The designated person in the setting has responsibility for ensuring that there is an adequate online safety policy in place.
* We keep a written record of all complaints and concerns including details of how they were responded to.
* We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.

*Key Commitment 2*

We are committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you’re worried a child is being abused' (HMG 2015).

*Responding to Suspicions of Abuse*

* We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
* We ensure that all staff have an understanding of the additional vulnerabilities that arise from special educational needs and/or disabilities, plus inequalities of race, gender, language, religion, sexual orientation or culture and that these receive full consideration in relation to a child and young person.
* When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
* significant changes in their behaviour;
* deterioration in their general well-being;
* their comments which may give cause for concern, or the things they say (direct or indirect
* disclosure);
* changes in their appearance, their behaviour, or their play;
* unexplained bruising, marks or signs of possible abuse or neglect; and
* any reason to suspect neglect or abuse outside the setting.
* We take into account factors affecting parental capacity, such as social exclusion, domestic violence, parent’s drug or alcohol abuse, mental or physical illness or parent’s learning disability.
* We are aware of other factors that affect children’s vulnerability such as abuse of disabled children; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as through internet abuse; and Female Genital Mutilation; that may affect, or may have affected, children and young people using our provision. Please see the appendix for more information on FGM and Witchcraft.
* We also make ourselves aware that some children and young people are affected by gang activity, complex, multiple or organised abuse, through forced marriage or honour-based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
* We actively protect children and teach them to value British Values by recognising and valuing the universal uniqueness of all individuals and we are mindful to instil learning and resilience to protect children against the development of extremist and radicalised thinking and behaviour.
* In relation to radicalisation and extremism, we follow the Prevent Duty guidance for England and Wales published by the Home Office and local authority procedures on responding to radicalisation.
* The designated person completes online Channel training, and online Prevent training and attends local WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.
* Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns.
* Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is stored in the child's personal file.
* We refer concerns to Children’s social care and cooperate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Hertfordshire Safeguarding Children Board.
* We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
* We are prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The designated person or deputy designated person will take immediate action to contact the child’s parent to seek an explanation for the child’s absence and be assured that the child is safe and well. If no contact is made with the child’s parents and the designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately. If the child has current involvement with social care the social worker is notified on the day of the unexplained absence.
* We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person’s refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

*Recording Suspicions of Abuse and Disclosures*

* Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
* listens to the child, offers reassurance and gives assurance that she or he will take action;
* does not question the child;
* makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
* These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
* The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity.
* Where the Hertfordshire Safeguarding Children Board stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Hertfordshire Safeguarding Children Board.

*Making a Referral to Children’s Schools and Families*

* Follow the Hertfordshire Safeguarding Board ‘Recognise, Respond and Refer’ Guidelines.
* If, at any time, we believe that a child may be a child in need, or that a child is being harmed or is likely to be, we would refer immediately to local authority children’s social care. (contact number 0300 123 4043) This referral can be made by any practitioner. **If we see further signs of potential abuse and neglect, we will report and refer again**.
* We keep a copy of this policy alongside ‘Working together to safeguard children’ (HMG 2018).
* We will refer to (HMG 2015) ‘What to do if you are worried a child is being abused’ document

*Informing Parents*

* Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events unless it is felt that this may put the child in greater danger.
* Parents are informed when we make a record of concerns in their child’s file and that we also make a note of any discussion we have with them regarding a concern.
* If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Hertfordshire Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed in greater danger.
* This will usually be the case where the parent is the likely abuser. In these cases, the social workers will inform parents.

*Liaison with other Agencies*

* We work within the Hertfordshire Safeguarding Children Board guidelines.
* The current version of 'What to do if you’re worried a child is being abused' is available for parents and staff and all staff are familiar with what they need to do if they have concerns.
* We have procedures for contacting the local authority regarding child protection issues, including a poster on the parent and staff notice board with the contact number.
* We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
* Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

*Allegations against Staff and Persons in Position of Trust*

* We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
* We respond to any inappropriate behaviour displayed by members of staff, volunteers or any other person living or working on the premises, which includes:
* inappropriate sexual comments;
* excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
* We follow the guidance of the Hertfordshire Safeguarding Children Board when responding to any complaint that a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
* We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
* We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate:

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* We also report any such alleged incident to Ofsted, as well as what measures we have taken. We are aware that it is an offence not to do this.
* We co-operate entirely with any investigation carried out by children’s social care in conjunction with the police.
* Where the management team and children’s social care agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place but is to protect the staff, as well as children and families throughout the process.

*Disciplinary action*

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

*Key commitment 3*

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering young children, through our early childhood curriculum, promoting their right to be strong, resilient and listened to.

*Training*

* Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.
* Designated persons receive training in accordance with that recommended by the Hertfordshire Safeguarding Children Board.
* We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.
* All staff have up-to-date knowledge of safeguarding issues and have also attended WRAP training regarding the Prevent Duty and Radicalisation and FGM training.

*Planning*

* The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being visible to others. (A risk assessment has been carried with regard to the settings toilets)

*Curriculum*

* We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.
* We create within the setting a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
* We ensure that this is carried out in a way that is developmentally appropriate for the children.

*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 Hertfordshire Safeguarding Children Board.

*Support to Families*

* We believe in building trusting and supportive relationships with families, staff and volunteers.
* We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children’s social care team.
* We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
* We follow the Child Protection Plan as set by the child’s social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
* Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Hertfordshire Safeguarding Children Board.

**Legal framework**

*Primary legislation*

* Children Act (1989 s47)
* Protection of Children Act (1999)
* Data Protection Act (1998)
* The Children Act (Every Child Matters) (2004)
* Safeguarding Vulnerable Groups Act (2006)
* The Female Genital Mutilation Act 2003

*Secondary legislation*

* Sexual Offences Act (2003)
* Criminal Justice and Court Services Act (2000)
* Equalities Act (2010)
* Data Protection Act (1998) Non-Statutory Guidance

*Further Guidance*

* Working Together to Safeguard Children (2018)
* What to do if You're Worried a Child is Being Abused (HMG 2015)
* Framework for the Assessment of Children in Need and their Families (DoH 2000)
* Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
* Information Sharing: Guidance for Practitioners and Managers (HMG 2018)
* The Prevent Duty
* Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check) (Our umbrella group is Capita)

This policy was adopted by Clair Rivers-Ward

**Guide to FGM from Hertfordshire’s multi agency team**

The World Health Organisation (WHO) defines Female genital mutilation (FGM) as comprising all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

 FGM is defined into four categories as follows:

**Type One:** Clitoridectomy Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

**Type Two:** Excision Partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora.

**Type Three**: Infibulation Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.

**Type Four**: All other Harmful procedures to the female genitalia for non-medical purposes (such as pricking, piercing, incising, scraping, cauterizing (burning) the genital area.

**Risk Factors**

Factors that may heighten risk of FGM include:

History of FGM in family - Any girl who has a sister who has already undergone FGM must be considered to be at risk, as must other female children in the extended family. Any girl born to a woman who has been subjected to FGM may also be at risk.

**County of Prevalence** - Pressures from community members, widespread support for FGM and high prevalence levels may increase risk to girls who are visiting their country of origin and may compromise the capacity of parents/carers to safeguard their children from FGM. Risk assessment should consider the views of the parents as well as the influence of extended family/community in the parent’s decisions concerning their children.

**Cultural or religious requirement** – Some families believe that FGM is integral to their child’s acceptance into their culture/community or that FGM is necessary to fulfil a religious obligation (i.e. make the child pure/clean). They may believe that if they do not perform FGM, this may result in negative consequences for the whole family (bad luck/spirit possession/ostracised). Girls born to such parents must be considered to be at risk.

**Social isolation** – Families from FGM practicing communities who are less integrated into UK society may be more likely to continue traditions such as FGM and have less understanding of the legal framework around FGM. It is important to note that in some countries FGM is legal and families may have the same expectation (if uninformed) of UK Law.

**Education** - Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights

\*Professionals should not assume that all women and girls from a particular community are supportive of, or at risk of FGM.

There can also be clearer signs when FGM is imminent:

It may be possible that families will practice FGM in the UK when a female family elder is around, particularly if she is visiting from a country of origin where FGM is practiced.

A professional may hear reference to FGM in a conversation, for example a girl may tell other children about it.

A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’.

A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.

Parents may state that they or a relative will take the child out of the country for a prolonged period.

A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.

\*The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood, in adolescence, at marriage or during the first pregnancy. **Assessment of risk should therefore be accompanied by Safety Planning in line with the possibility that risk of FGM may span a child’s lifetime.**

**Child Abuse linked to faith or belief including Witchcraft (CALFBW)**

*Introduction*

Child abuse linked to a faith or belief occurs across the country. In such cases a parent or carer has come to view a child as ‘different’ and they may have attributed this difference to the child being possessed. The term ‘belief in spirit possession’ is the belief that an evil force has entered a child and is controlling him or her. Sometimes the term ‘witch’ is used and is the belief that a child is able to use an evil force to harm others.

Genuine beliefs can be held by families, carers, religious leaders, congregations, and the children themselves that evil forces are at work. Families and children can be deeply worried by the evil that they believe is threatening them, and abuse often occurs when an attempt is made to ‘exorcise’, or ‘deliver’ the child. Exorcism is the attempt to expel evil spirits from a child.

*Definitions of CALFBW*

The number of known cases of child abuse linked to accusations of ‘possession’ or ‘witchcraft’ is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. It is likely that a proportion of this type of abuse remains unreported.

There are a variety of definitions associated with abuse linked to faith or belief. The Child abuse linked to faith or belief: national action plan – GOV.UK (www.gov.uk) includes the following when referring to Child Abuse Linked to Faith or Belief (CALFBW).

**Belief in Concepts of:**

* witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
* the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
* ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies
* use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

Reasons for the child being identified as ‘different’ may be a disobedient or independent nature, bed wetting, nightmares or illness. Attempts to exorcise the child may include but are not limited to beating, burning, starvation, cutting or stabbing and or isolation within the household.

Children with a disability may also be viewed as different, and various degrees of disability have previously been interpreted as ‘possession’, from a stammer to epilepsy, autism or a life limiting illness.

*Witchcraft*

Witchcraft is known by many terms; black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah or child sorcerers. All link to a genuine belief held by the family or carers that a child is able to use an evil force to harm others.

While these beliefs are not confined to any particular countries, cultures or religions, one message is clear; child abuse is never acceptable in any community or culture, under any circumstances.

Appendix 1

**Guide to FGM from Hertfordshire’s multi agency team**

The World Health Organisation (WHO) defines Female genital mutilation (FGM) as comprising all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

 FGM is defined into four categories as follows:

**Type One:** Clitoridectomy Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

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**Type Four**: All other Harmful procedures to the female genitalia for non-medical purposes (such as pricking, piercing, incising, scraping, cauterizing (burning) the genital area.

**Risk Factors**

Factors that may heighten risk of FGM include:

History of FGM in family - Any girl who has a sister who has already undergone FGM must be considered to be at risk, as must other female children in the extended family. Any girl born to a woman who has been subjected to FGM may also be at risk.

**County of Prevalence** - Pressures from community members, widespread support for FGM and high prevalence levels may increase risk to girls who are visiting their country of origin and may compromise the capacity of parents/carers to safeguard their children from FGM. Risk assessment should consider the views of the parents as well as the influence of extended family/community in the parent’s decisions concerning their children.

**Cultural or religious requirement** – Some families believe that FGM is integral to their child’s acceptance into their culture/community or that FGM is necessary to fulfil a religious obligation (i.e. make the child pure/clean). They may believe that if they do not perform FGM, this may result in negative consequences for the whole family (bad luck/spirit possession/ostracised). Girls born to such parents must be considered to be at risk.

**Social isolation** – Families from FGM practicing communities who are less integrated into UK society may be more likely to continue traditions such as FGM and have less understanding of the legal framework around FGM. It is important to note that in some countries FGM is legal and families may have the same expectation (if uninformed) of UK Law.

**Education** - Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights

\*Professionals should not assume that all women and girls from a particular community are supportive of, or at risk of FGM.

There can also be clearer signs when FGM is imminent:

It may be possible that families will practice FGM in the UK when a female family elder is around, particularly if she is visiting from a country of origin where FGM is practiced.

A professional may hear reference to FGM in a conversation, for example a girl may tell other children about it.

A girl may confide that she is to have a ‘special procedure’ or to attend a special occasion to ‘become a woman’.

A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.

Parents may state that they or a relative will take the child out of the country for a prolonged period.

A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.

\*The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood, in adolescence, at marriage or during the first pregnancy. **Assessment of risk should therefore be accompanied by Safety Planning in line with the possibility that risk of FGM may span a child’s lifetime.**