



STARLINGS PRESCHOOL

Safeguarding - 1.2 Safeguarding Children and child protection

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Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages:

<https://www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance>

Links to online specific advice and guidance can be found at:

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/onlineafety>



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Links to other pages from the local authority on safeguarding can be found at:

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren>

The procedures and guidance of the Hampshire Safeguarding Children Partnership can be accessed at <https://www.hampshirescp.org.uk/>

Starlings Preschool Safeguarding Policy

This policy should be read in conjunction with the setting's other policies.

Policy Statement

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their life. We are committed to safeguarding and promoting the welfare of all our children. The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of the setting. As such, this overarching policy will link to other policies

Aims

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice.
- To demonstrate our commitment to protecting children.

Safeguarding is:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes



The Four Categories of Abuse:

- Physical
- Emotional
- Sexual
- Neglect

Principles and Values

Safeguarding is everyone's responsibility. As such it does not rest solely with the Designated Safeguarding Lead (DSL) and their deputies to take a lone responsibility for all of the areas covered within this policy.

Safeguarding processes are intended to put in place measures that minimise harm to children. There will be situations where gaps or deficiencies in the policies and processes we have in place will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the setting.

Where communication development levels allow, children are able to talk to any member of staff to share concerns or talk about situations which are giving them worries. The staff will listen to the child, take their worries seriously and share the information with the safeguarding lead.

Areas of Safeguarding

Within Keeping Children Safe in Education (2019) and the Ofsted inspection guidance (2019), there are a number of safeguarding areas directly highlighted or implied within the text. These areas of safeguarding have been separated into issues that are emerging or high risk issues (part 1); those related to the children as an individual (part 2); other safeguarding issues affecting children (part 3); and those related to the running of the setting (part 4).

Definitions

Within this document:

'Safeguarding' is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the



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provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

The term **Staff** applies to all those working for or on behalf of the setting, full time or part time, in either a paid or voluntary capacity. This also includes parent volunteers and Committee Members.

Child refers to all young people who have not yet reached their 18th birthday. For the most part, this will apply to children attending Starlings Preschool. However, there maybe situations where the policy may be applied to siblings or other children in our community. It may also include employees or work-experience personnel who are under the age of 18. For this reason, this policy still considers the types of abuse that pre-school children may not be considered so vulnerable to, by reason of age. It mentions indicators of abuse that are more relevant to older children.

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, guardians, step parents and foster carers.

Key personnel

The Designated Safeguarding Lead for the setting is: Mrs Lesley Rust.

The Deputy Designated Safeguarding is Mrs Carol-Ann Watt.

Responsible for children in the care system: Mrs Lesley Rust.

Part 1 – High risk and emerging safeguarding issues

Contextual Safeguarding

In KCSiE 2019 the DfE refer to contextual safeguarding as a specific term that has come out of research from the University of Bedfordshire. The definition of Contextual Safeguarding is “an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships. Therefore children’s social care practitioners need to engage with individuals and sectors who do have influence over/within extra- familial contexts, and recognise that assessment of, and



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intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.”

We consider the various factors that have an interplay with the life of any child about whom we have concerns and the level of influence that these factors have on their ability to be protected and remain free from harm particularly when it comes to child exploitation or criminal activity. While this term applies to this specific definition, the notion of considering a child within a specific context is also important. What life is like for a child outside the setting, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child maybe vulnerable to radicalisation. The risks will need to be considered for political; environmental; cultural or faith based extremism that may lead to a child becoming radicalised.

As part of the preventative process resilience to radicalisation will be built through the promotion of fundamental British values through the curriculum. Any child who is considered vulnerable to radicalisation will be referred by the DSL to Hampshire children’s social care, where the concerns will be considered in the MASH process. If the police prevent officer considers the information to be indicating a level 8 of risk a “channel panel” will be convened and the setting will attend and support this process.

Gender based violence / Violence against women and girls

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

The government has a strategy looking at specific issues faced by that women and girls. Within the context of this safeguarding policy the following sections are how we respond to violence against girls. Female genital mutilation, forced marriage, breast ironing, honour-based violence and teenage relationship abuse all fall under this strategy.

Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and



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damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. FGM is illegal in the UK.

On the 31 October 2015, it became mandatory for professionals to report known cases of FGM to the police. 'known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act. In these situations, the DSL and/or head will be informed and that the member of staff has called the police to report suspicion that FGM has happened. **At no time will staff examine children to confirm this.**

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated, the staff will inform the DSL who will report it as with any other child protection concern.

While FGM has a specific definition, there are other abusive cultural practices which can be considered harmful to women and girls. Breast ironing is one of five UN defined 'forgotten crimes against women'. It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty. This practice is considered to be abusive and should be referred to children's social care

Forced Marriage

In the case of children: 'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.' In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. are under 18.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care. While all professionals including Early Years Professionals have important responsibilities with regard to children



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who may be at risk of forced marriage, we should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

Characteristics that may indicate forced marriage

While individual cases of forced marriage, and attempted forced marriage, are often very particular, they are likely to share a number of common and important characteristics, including:

- an extended absence from school/college, including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse;
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage. It is also important to avoid making assumptions about an individual child's circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

Honour Based Violence

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct. For example, honour based violence might be committed against people who:



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- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture
- convert to a different faith from the family

Women and girls are the most common victims of honour-based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

If staff believe that a child is at risk from honour based violence the DSL will follow the usual safeguarding referral process; however, if it is clear that a crime has been committed or a child is at immediate risk, the police will be contacted in the first place. It is important that if honour based violence is known or suspected that communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

The Trigger Trio

The term 'Trigger Trio' has replaced the previous phrase 'Toxic Trio' which was used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred.

The above are viewed as indicators of increased risk of harm to children and young people. In an analysis of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in



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nearly 75% of these cases two or more of the issues were present. These factors will have a contextual impact on the safeguarding of children and young people.

Domestic Abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Research indicates that living within a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of what constitutes a normal relationship.

Children witnessing domestic abuse is recognised as 'significant harm' in law. These children may become aggressive; display anti-social behaviours; suffer from depression or anxiety; or fail to reach their educational potential.

Indicators that a child is living within a relationship with domestic abuse may include:

- being withdrawn
- suddenly behaving differently
- anxiety



- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- absent from educational setting
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- taking drugs
- use of alcohol
- self-harm
- thoughts about suicide

These behaviours themselves do not indicate that a child is living with domestic abuse, but should be considered as indicators that this may be the case. If staff believe that a child is living with domestic abuse, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

Parental mental health

The term 'mental ill health' is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not



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seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs
- Child's physical and emotional needs neglected
- A child acting as a young carer for a parent or a sibling
- Child having restricted social and recreational activities
- Child finds it difficult to concentrate- impacting on educational achievement
- A child missing school regularly as (s)he is being kept home as a companion for a parent / carer
- A child adopt paranoid or suspicious behaviour as they believe their parent's delusions. • Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

Parental Substance misuse

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them'.

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.



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For children the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency)
- Lack of engagement or interest from parents in their development, education or wellbeing
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour
- Bullying (including due to poor physical appearance)
- Isolation – finding it hard to socialise, make friends or invite them home
- Tiredness or lack of concentration
- Child talking of or bringing into school drugs or related paraphernalia
- Injuries /accidents (due to inadequate adult supervision)
- Taking on a caring role
- Continued poor academic performance including difficulties completing homework on time
- Poor attendance or late arrival.

These behaviours themselves do not indicate that a child's parent is misusing substances, but should be considered as indicators that this may be the case.

If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to be considered for children's social care.

Missing, Exploited and Trafficked Children (MET)

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or being exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all these issues, so that cross over of risk is not missed.



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Children Missing from Education

Patterns of children missing education can be an indicator of either abuse or safeguarding risks. A relatively short length of time a child is missing does not reduce risk of harm to that child, and all absence or non-attendance should be considered with other known factors or concerns.

DSL's and staff should consider:

Missing parts of sessions

Are there patterns in the lessons that are being missed? Is the child being exploited during this time? • Are they late because of a caring responsibility? • Have they been directly or indirectly affected by substance misuse?

Single missing days

Is there a pattern in the day missed? Is it before or after the weekend suggesting the child is away from the area? Is the parent informing the setting of the absence on the day? • Is the child being sexually exploited during this day? • Can the parent be contacted and made aware?

Continuous missing days:

Has the setting been able to make contact with the parent? Is medical evidence being provided? Are siblings attending local school? • Did we have any concerns about radicalisation, FGM, forced marriage, honour based violence, sexual exploitation? • Have we had any concerns about physical or sexual abuse? • Does the parent have any known medical needs? Is the child safe?

The setting will view absences as both a safeguarding issue and an educational outcomes issue, whilst acknowledging that attendance is not mandatory.

Children Missing from Home or Care

Children who run away from home or from care, provide a clear behavioural indication that they are either unhappy or do not feel safe in the place of residence.



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Research shows that children run away from conflict or problems at home or school, neglect or abuse, or because children are being groomed by predatory individuals who seek to exploit them. Many run away on numerous occasions.

The Association of Chief Police Officers has provided the following definitions and guidance:-

“Missing person is: ‘Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.’ “

An absent person is: ‘A person not at a place where they are expected or required to be.’ “

All cases classified as ‘missing’ by the police will receive an active police response – such as deployment of police officers to locate a child. Cases where the child was classified as ‘absent’ will be recorded by the police and risk assessed regularly but no active response will be deployed.

The absent case will be resolved when a young person returns or new information comes to light suggesting that he/she is at risk. In the latter instance, the case is upgraded to ‘missing’.

Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include: • Conflict with parents/carers • Feeling powerless • Being bullied/abused • Being unhappy/not being listened to • The Trigger Trio (was Toxic Trio)

Pull factors include: • Wanting to be with family/friends • Drugs, money and any exchangeable item • Peer pressure • For those who have been trafficked into the United Kingdom as unaccompanied asylum seeking children there will be pressure to make contact with their trafficker.

Child Sexual Exploitation (CSE)

Child sexual exploitation is 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



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contact; it can also occur through the use of technology (Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation, February 2017).

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be peer-on peer
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted.

Indicators a child may be at risk of CSE include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education
- appearing with unexplained gifts or new possessions
- associating with other young people involved in exploitation
- having older boyfriends or girlfriends
- suffering from sexually transmitted infections
- mood swings or changes in emotional wellbeing
- drug and alcohol misuse
- displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim. As a setting we educate all staff in the signs and indicators of sexual exploitation.



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We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form which can be downloaded from <https://www.safe4me.co.uk/portfolio/sharing-information/>

To help improve information sharing, the CPI form gives professionals a safe and direct way to share **non-urgent** information with Hampshire Constabulary relating to children/adults at risk of:

- **Missing, Exploited, Trafficked**
- **Child Sexual Exploitation**
- **Criminal Exploitation**
- **Drug Related Harm**
- **Modern Day Slavery**
- **Community Cohesion**
- **Anti-Social Behaviour**
- **Organised Crime**

The CPI Form: Use and Process Summary

If the information known to you is non-urgent, not a crime and a child/adult is not at immediate risk, this is appropriate to be shared as police intelligence using the CPI form. **The CPI form is not a referral form, it is for sharing non-urgent information only specific to the risks listed above.**

Child Criminal Exploitation (including county lines)

Child Criminal Exploitation is defined as:- 'where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact, it can occur through the use of technology'.

The exploitation of children and young people for crime is not a new phenomenon as evidenced by Fagan's gang in Charles Dickens book, 'Oliver Twist'. Children under the age of criminal responsibility, or young people who have increased vulnerability due to push:pull



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factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

A current trend in criminal exploitation of children and young people are 'county lines' which refer to a 'phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas.

Indicators that a child may be criminally exploited include:

- Increase in Missing episodes – particular key as children can be missing for days and drug run in other Counties
- Having unexplained amounts of money, new high cost items and multiple mobile phones
- Increased social media and phone/text use, almost always secretly
- Older males in particular seen to be hanging around and driving
- Having injuries that are unexplained and unwilling to be looked at
- Increase in aggression, violence and fighting
- Carrying weapons – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- Significant missing from education and disengaging from previous positive peer groups
- Parent concerns and significant changes in behaviour that affect emotional wellbeing

We will treat any child who may be criminally exploited as a victim in the first instance and refer to children's social care in the first instance. If a referral to the police is also required as crimes have been committed, these will also be made.

Serious Violence

Serious violence is becoming a factor for those who are involved in criminal exploitation. It can also be an indication of gang involvement and criminal activity.

All staff will be made aware of indicators, which may signal that children, or members of their families, are at risk from or involved with serious violent crime.



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These indications can include but are not limited to: increased absence from education; a change in friendships or relationships with older individuals or groups; a significant decline in performance; signs of self-harm; significant change in wellbeing; signs of assault; unexplained injuries; unexplained gifts and/or new possessions; possession of weapons.

We have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions. We will report concerns of serious violence to police and social care.

If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

Trafficked Children and modern slavery

Human trafficking is defined by the United Nations High Commissioner for Refugees in respect of children as a process that is a combination of:

- Movement (including within the UK);
- Control, through harm / threat of harm or fraud
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy
- Has a history with missing links and unexplained moves
- Is required to earn a minimum amount of money every day
- Works in various locations



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- Has limited freedom of movement
- Appears to be missing for periods
- Is known to beg for money
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good
- Is one among a number of unrelated children found at one address
- Has not been registered with or attended a GP practice
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault)
- Prevalence of a sexually transmitted infection or unwanted pregnancy
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation / the child has been seen in places known to be used for sexual exploitation
- Evidence of drug, alcohol or substance misuse
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding
- Persistently missing, staying out overnight or returning late with no plausible explanation
- Returning after having been missing, looking well cared for despite having not been at home
- Having keys to premises other than those known about
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity
- Truancy / disengagement with education



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- Entering or leaving vehicles driven by unknown adults
- Going missing and being found in areas where the child or young person has no known links
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked, but should be considered as indicators that this may be the case.

When considering modern slavery, there is a perception that this is taking place overseas. The government estimates that tens of thousands of slaves are in the UK today.

Young people being forced to work in restaurants, nail bars, car washes and harvesting fruit, vegetables or other foods have all been slaves 'hiding in plain sight' within the U.K and rescued from slavery. Other forms of slavery such as sex slaves or household slaves are more hidden but have also been rescued within the UK.

If staff believe that a child is being trafficked or is a slave, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

Technologies

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them.

Online Safety and Social Media

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- unwanted contact



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- grooming
- online bullying including sexting
- digital footprint

The setting will therefore seek to provide information and awareness to families through:

Curriculum activities involving raising awareness around staying safe online • Information included in letters, newsletters, web site, local magazine • Parents' evenings / sessions • High profile events / campaigns e.g. Safer Internet Day • Building awareness around information that is held on relevant web sites and or publications • Social media policy

Gaming

Online gaming is an activity in which the majority of children and many adults get involved. The setting will raise awareness:

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate
- By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
- By talking to parents about setting boundaries and time limits when games are played
- By highlighting relevant resources.

Online reputation

Online reputation is the opinion others get of a person when they encounter them on-line. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and staff are aware that anything that is posted could influence their future professional reputation. The majority of organisations and work establishments now check digital footprint before considering applications for positions or places on courses.

Grooming

On-line grooming is the process by which one person with an inappropriate sexual interest in children will approach a child on-line, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm.

We will build awareness amongst children and parents about ensuring that the child:



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- Only has friends on-line that they know in real life
- Is aware that if they communicate with somebody that they have met on-line, that relationship should stay on-line.

We will support parents to:

- Recognise the signs of grooming
- Have regular conversations with their children about on-line activity and how to stay safe on-line

The school will raise awareness by identifying with parents and children how they can be safeguarded against grooming.

Part 2 – Safeguarding issues relating to individual children’s needs

Homelessness.

As a setting, we recognise that being homeless or being at risk of becoming homeless presents a real risk to a child’s welfare. The impact of losing a place of safety and security can affect a child’s behaviour and attachments.

In line with the Homelessness Reduction Act 2017 we will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children’s social care where a child has been harmed or is at risk of harm.

Children with family members in prison

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation and poor mental health.

Starlings Preschool aims to:

Understand and respect the family’s wishes about sharing information. If other families become aware the school will be vigilante to potential bullying or harassment

Keep as much contact as possible with the Parent and Caregiver we will maintain good links with the remaining caregiver in order to foresee and manage any developing problems.



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Following discussions we will develop appropriate systems for keeping the imprisoned caregiver updates about their child's education.

Be Sensitive - we will consider the needs of any child with an imprisoned parent during lesson planning.

Provide Extra Support - we recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and particularly serious. We will provide support and mentoring to help a child work through their feelings on the issue.

Children with medical conditions (in setting)

There is a separate policy outlining the setting's position on administering medication.

As a setting we will make sure that sufficient staff are trained to support any child with a medical condition.

All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child.

An individual healthcare plan may be put in place to support the child and their medical needs.

Children with medical conditions (out of setting)

There will be occasions when children are temporarily unable to attend Starlings Preschool because of their medical needs.

These children and young people are likely to be:

- children suffering from long-term illnesses
- children with long-term post-operative or post-injury recovery periods

Starlings Preschool will contact family/carers of children with long term absence to offer support to promote development in the Home Learning environment or hospital as the reason for absence allows.

Special educational needs and disabilities

Children who have special educational needs and/or disabilities can have additional vulnerabilities when recognising abuse and neglect. These can include:



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- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers
- Have fewer outside contacts than other children
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- Have an impaired capacity to resist or avoid abuse
- Have communication difficulties that may make it difficult to tell others what is happening
- Be inhibited about complaining for fear of losing services
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers.

As a setting we will respond to this by:

- Making it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment
- Ensuring that disabled children receive appropriate personal, health and social education
- Making sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate.
- Recognising and utilising key sources of support including staff, friends and family members where appropriate
- Developing the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services
- Ensuring that guidance on good practice is in place and being followed in relation to: intimate care; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; monitoring and challenging placement arrangements for young people living away from home.



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Intimate and personal care

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing nappies, pull ups, continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care. Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of age, development level,



disability or medical need. Children may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required we will follow the following principles:

1. Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. Where age/development level renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk. For this reason staff never shut themselves in with a child.

3. Be aware of your own limitations

Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

4. Promote positive self-esteem and body image

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

5. If you have any concerns you must report them.

If you observe any unusual markings, discolouration or swelling, report it immediately to the DSL.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A



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written record of concerns must be made available to parents and kept in the child's child protection record.

Any injury, including bruising, to children who are not independently mobile (i.e. not walking, rolling or crawling) must be reported to Children's social care by the DSL or deputy. Further information can be found at <https://www.hampshirescp.org.uk/toolkits/abusive-head-trauma/resources/research-policies-and-procedures/>

6. Helping through communication

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

7. Support to achieve the highest level of autonomy

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Fabricated or induced illness

There are three main ways that a carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
- induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness we will inform children's social care.



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Mental Health

Staff see children regularly. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of children. The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in children's lives. These include:

- loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted
- life changes – such as the birth of a sibling, moving house or changing schools or during transition between stages of education.
- traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, staff will provide opportunities for the child to talk or receive support within the setting environment. Parents will be informed of the concerns and a shared way to support the child will be discussed. Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent's agreement.

Part 3 – Other safeguarding issues that may potentially have an impact on children

Bullying

The setting has a Positive Behaviour Policy which covers the procedures to tackle negative behaviour which maybe seen as peer on peer abuse or bullying.

Prejudice based abuse

Prejudice based abuse or hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a person's real or perceived:

- Disability



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- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender doesn't have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'. Families of children attending Starlings Preschool may be victims of prejudice based abuse which will impact their wellbeing and that of their children.

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language
- hate graffiti (e.g. on school furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
- distributing literature that may be offensive in relation to a protected characteristic
- verbal abuse
- inciting hatred or bullying against children who share a protected characteristic
- prejudiced or hostile comments in the course of discussions within lessons
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to co-operate with others because of their protected characteristic, whether real or perceived
- expressions of prejudice calculated to offend or influence the behaviour of others
- attempts to recruit others to organisations and groups that sanction violence, terrorism or hatred.



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Starlings Preschool will respond by:

- clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the setting
- taking preventative action to reduce the likelihood of such incidents occurring
- recognising the wider implications of such incidents for the school and local community
- providing regular reports of these incidents to the committee
- ensuring that staff are familiar with formal procedures for recording and dealing with prejudice based incidents and hate crimes
- dealing with perpetrators of prejudice based abuse effectively
- supporting victims of prejudice based incidents and hate crimes
- ensuring that staff are familiar with a range of restorative practices discussed in the positive behaviour policy
- where there is evidence a crime has been committed, this will be reported to Hampshire constabulary.

Faith Abuse

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. Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her.

A child could be viewed as 'different' for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure.



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The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the setting becomes aware of a child who is being abused in this context, the DSL will follow the normal referral route in to children's social care.

Private fostering

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement. If Starlings Preschool becomes aware that a child is being privately fostered we will inform the Children's Services Department and inform both the parents and carers that we have done so.

Parenting

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it makes them human and provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren).

Some children have medical conditions and/or needs e.g. Tourette's Syndrome, some conditions associated with autism or ADHD that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm.

In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.



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As a setting we will support parents in understanding the parenting role and provide them with strategies to make a difference by:

- providing details of community-based parenting courses
<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/familysupportservice>
- linking to web based parenting resources (for example <http://www.familylives.org.uk/>)
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence based parenting programmes)
- Considering appropriate early help services
<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/familysupportservice/earlyhelp>

Part 4 –Safeguarding processes

Safer Recruitment

Starlings Preschool operates a separate safer recruitment process as part of its Employment and staffing policy. The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

Staff Induction

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff behaviour policy/code of conduct, and part one of Keeping Children Safe in Education (2019).

This induction may be covered within the annual training if this falls at the same time; otherwise, it will be carried out separately during the initial starting period.

Health and Safety

The site, the equipment and the activities carried out as part of the curriculum are all required to comply with the Health and Safety at Work act 1974 and regulations made under the act.



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All risks are required to be assessed and recorded plans of how to manage the risk are in place. The plans should always take a common sense and proportionate approach to allow activities to be safe rather than preventing them from taking place. The setting has a Health and Safety policy which details the actions that we take in more detail.

Site Security

We aim to provide a secure site, but recognise that the site is only as secure as the people who use it. Therefore all people on the site have to adhere to the rules which govern it.

These are:

- Doors and garden gate are kept locked to prevent intrusion
- Door training is given to staff
- Visitors and volunteers enter through the front doors and must sign in
- Children are only allowed home during the school day with adults/carers with parental responsibility or permission being given
- All children leaving or returning during the day are signed in and out on the register

Missing Child

These procedures exist and are rigorously enforced to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our missing child procedure is followed.

Child going missing on the premises

- As soon as it is noticed that a child is missing, staff alert the Manager.
- All children are gathered in one safe space. (Mats, small hall.) The register is checked to ensure all other children are accounted for. An appropriate number of staff are named to be responsible for these children. They must be kept safe and calm.
- The Manager and other staff will carry out a thorough search of the building and garden.
- Doors and gates are checked to see if there has been a breach of perimeter security.



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- If the child is not found, the missing child is reported to the police and the parent is contacted.
- The Manager gathers information from the staff to find out when and where the child was last seen and records this.
- The Manager contacts the chairperson and reports the incident. The Manager carries out an investigation.
- Staff co-operate fully with police and their advice takes priority over our published procedures.

Missing child on an outing

- What to do when a child goes missing from a whole setting outing may be a little different, as parents usually attend and are responsible for their own child.
- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person and carry out a headcount to ensure that all other children are accounted for. One staff member searches the immediate vicinity but does not search beyond that.
- The Manager is contacted immediately, and the incident is reported.
- The Manager or parent if present contacts the police and reports the child as missing.
- The Manager contacts the parent, if not present.
- Designated staff take the remaining children back to the setting. They must be kept safe and calm.
- Where parents wish to take their children home, this is recorded on the register.
- In an organised venue, the staff contact the venue's security to implement their standard procedures and contact the police if they have not already been notified.
- The Manager contacts the chairperson and reports the incident. The Manager carries out an investigation.
- Staff co-operate fully with police and their advice takes priority over our published procedures.
- **The investigation**
- The Manager speaks with the parent(s).
- The Management Team carry out a full investigation taking written statements from all the staff in the room or who were on the outing.
- The statements are used to compile a report detailing:



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- The date and time of the report.
- What staff/children were in the group/outing and the name of the staff designated responsible for the missing child.
- When the child was last seen in the group/outing.
- What has taken place in the group or outing since the child went missing.
- The time it is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's Social Care may be involved if it seems likely that there is a child protection issue.
- Ofsted are advised immediately at <https://www.gov.uk/guidance/report-a-serious-childcare-incident>
- The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- Management consider where disciplinary action is required.
- The insurance provider is informed.

Uncollected Child

In the event that a child is not collected by an authorised adult at the end of a session/day, the setting puts into practice agreed procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child. We will ensure that the child receives a high standard of care in order to cause as little distress as possible.

We inform parents/carers of our procedures so that, if they are unavoidably delayed, they will be reassured that their children will be properly cared for.

Children should be collected punctually at the end of each session by an adult named on the emergency contact form. Where this is not possible, Starlings Preschool should be notified in advance. A password can be set up to identify individuals collecting in an emergency.

Two members of staff who have a clear DBS check remain when children are on the premises. One should have a current first aid certificate.



When a child has not been collected, 10 minutes after their session ends, we call the emergency contacts provided to establish who is collecting the child and when.

If after one hour, we have not been able to establish who is collecting the child and when, we will call the local authority Child Services department on 0300 555 1384.

Staff do not leave the premises with the child or to look for parents.

A record of the incident and outcome is recorded on the child's file. Starlings Preschool reserves the right to charge for staff time when children are collected late.

First Aid

First Aid is covered in policy 1.9 – Promoting health and hygiene on the premises.

Physical Intervention (use of reasonable force)

We have a separate policy 1.5 outlining how we will use physical intervention.

Taking and the use and storage of images

We will seek consent from the parents of children and from teachers and other adults before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in school publications, printed media or on electronic publications. We will not seek consent for photos where you would not be able to identify the individual.

Photographs will only be taken on setting owned equipment. No images of children will be taken or stored on privately owned equipment by staff members.

Staff and visitors do not have their mobile phones, personal cameras or personal tablets in the Child areas.

Disqualification under the childcare act

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare. Previously this disqualification also extended to risk by association of anyone living within the same household and required us to carry out a self disclosure process with staff. The risk by association element of the Act has now been refocused by the DfE and no longer applies to pre-school staff. We will continue to check for disqualification under the Childcare Act



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as part of our safer recruitment processes for any offences committed by staff members or volunteers.

Referral Process

Professionals make referrals to Hampshire Children Services using the Inter-agency referral form https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-7e6115a7-b0ba-484d-991f-084c1248ac72/AF-Stage-52cf8e73-0daf-47d4-bb55-0fdad856d3e6/definition.json&redirectlink=/en&cancelRedirectLink=/en

Child Services can also be reached at:

Public phone number: 0300 555 1384 (out of hours 0300 555 1373)

For urgent Child protection enquiries, Professionals can phone: 01329 225379.

For all children call 999 if you believe a child is in immediate danger

Informing parents

Parents are normally the first point of contact.

If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Local Safeguarding Children partnership does not allow this. This will usually be the case where the parent is the likely abuser. In these cases the investigating officers will inform parents.

Allegations against staff

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 follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff, or volunteer within the setting, or anyone 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 on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.



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We refer any such complaint immediately to the local authority's social care department to investigate. We also report any such alleged incident to Ofsted and what measures we have taken. We are aware that it is an offence not to do this. We will advise the LADO who is Mark Blackwell on **01962 876364**

We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.

Where the management committee and children's social care agree it is appropriate in the circumstances, the chairperson will suspend the member of staff on full pay, or the volunteer, 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 Independent Safeguarding Authority (ISA) 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. www.isa.gov.org.uk

Training

We seek out training opportunities 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. Adults are aware that abuse may be peer on peer abuse, including bullying.

We ensure that all staff know the procedures for reporting and recording their concerns in the setting. Supervision interviews take place every half term with all staff.

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.



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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 that they develop an understanding of why and how to keep safe.

We create within the setting a culture of value and respect for the individual, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background. This includes reference to our responsibilities under the PREVENT duty.

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 Local Safeguarding Children Board.

Support to families

We believe in building trusting and supportive relationships with families, staff and volunteers in the group.

We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, providing information, 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 Local Safeguarding Children Partnership.



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Further Guidance

GOV.UK – Keeping Children safe in Education

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999348/Keeping_children_safe_in_education_2021.pdf

Ofsted – Inspecting safeguarding in the early years

<https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills/inspecting-safeguarding-in-early-years-education-and-skills>

This policy was adopted by Starlings Preschool

On 6th September 2021

Date to be reviewed

Signed on behalf of the management committee

Name of signatory T. Hunt

Role of signatory Chair Person