

Safeguarding/ Child protection Policy

Ethos

The George Eliot follows the belief that all children have the right to be safe and live without fear in their lives. We have a statutory obligation to comply with the Child Protection Guidelines and follow closely the principles and values of the Coventry Safeguarding Children's Board.

Our main priority at The George Eliot is ensuring all children in our care are safe and live a happy life away from harm.

Safeguarding Children

People coming into contact with children and families in their everyday work, including those not directly involved with Child Protection, have the duty to safeguard and promote the welfare of children.

We are likely to be involved in three ways:

- We may have concerns about a child and refer these concerns to Children's Social Care or the Police.
- We may be approached by Children's Social Care in reference to a child in our care to provide relevant information such as an assessment or to attend a child protection conference.
- We may be asked to carry out a specific type of assessment or to provide a particular service to a child or their family in order to facilitate the child's progress as agreed with the relevant organisations.

Designated Person

The Roles and Responsibilities of the Designated Safeguarding Lead (DSL)

- The Designated Safeguarding Lead (DSL) is a senior member of staff who co-ordinates the settings safeguarding and child protection arrangements by providing advice and support to other staff on child welfare and child protection matters, to take part in strategy meetings and inter-agency meetings – and /or to support other staff to do so - and to contribute to the assessment of children.
- The Designated Safeguarding Lead (DSL) liaises with the local authority and works with other agencies in line with Working Together to Safeguard Children (2015). Where there are serious/complex needs or child protection concerns, this includes referrals to Children's Social Care. In exceptional circumstances, i.e. in an emergency or concern that appropriate action hasn't been taken, staff members can speak directly to Children's Social Care.
- The setting also has a two deputy Designated Safeguarding Lead (DSL) to cover for when the Designated Safeguarding Lead (DSL) is not available; the lead responsibility however remains with the Designated Safeguarding Lead.

The designated person with the responsibility for Safeguarding at The George Eliot is the Manager Megan Haggerty. In cases where Megan is not available Anila Asghar, Deputy Manager, will have responsibility. If ever Megan or Anila are not available then Neelam Yasmin, Senior Practitioner, will have responsibility. Neelam is acting as 3rd designated person, until further notice.

Megan and Anila are responsible for booking training and also the implementation of this policy. Megan and Anila have experience dealing with Children's Social Care. Megan and Anila are there to give support and guidance to all staff at The George Eliot on an on-going basis and on any specific Safeguarding issues when necessary.

Further information can be obtained from Megan, Anila or Neelam.

Training

All staff attend Effective safeguarding training, and DSL attend Children and young people's level 2 in Safeguarding. All safeguarding training is updated in line with 'keeping children safe in education 2015', which states that DSL should undergo updated child protection training every 2 years and refresher every year. All other staff are to attend training regularly in line with advice from LSCB. It is the responsibility of the Manager to update staff on any changes to safeguarding procedures and enrol them on up to date training.

All staff meetings require to involve a section on safeguarding to refresh staff's knowledge and inform them of any changes to policies and procedures. It is the Managers responsibility to ensure all staff receive new information and up to date training regularly.

We must make it clear, that it is every one's duty to ensure all children in your care are kept safe.

If a staff member or parents has a concern about a child they should....

Discuss any concerns and any differences of opinion with the Manager. If you still have concerns you may wish to discuss them with a senior colleague or someone from another agency – this is an important way for you to develop an understanding of the reasons for your concern.

If after these discussions you still have concerns, consider what agency is the most appropriate to voice your concerns to in order to make this referral. If the child is in need, you must refer the child and family to Children's Social Care. This may include a child who you feel is at risk of harm or significant harm. Concerns for children at risk of significant harm may also arise with children who are already known to Children's Social Care. Information under these circumstances may be discussed with the allocated social worker. The Police and NSPCC have powers to intervene in these circumstances. In general, try to discuss concerns with the child as appropriate to their level of understanding whilst maintaining the child's right to confidentiality, and with the parents and try to seek their agreement to a referral unless you consider that placing yourself in this situation may cause further problems.

What happens when a referral is made?

When a referral is made, agree with the recipient of the referral what the child and parents will be told, by whom and when. If this referral has been made by telephone, confirm it in writing within 48 hours. Children's Social Care will respond to this letter within one working day, but it is necessary to contact them again within 3 days to report if this has not been done.

Following a referral, the manager and you will decide upon the next course of action within one working day and accurately record this decision. If you decide you will take no further action, tell the referrer of your decision and the reasons behind it. When a referral is received from a member of the public, rather than professional, personal information about them including anything which may identify them to others, should only be disclosed to third parties with their consent only. If the police become involved, you will need to discuss with them when to inform the parents of the referral, as this will have a bearing upon the police investigation.

All phone calls and conversations with parents, social care, child/ren and a other professionals must all be recorded as soon as possible, in much detail as possible.

How do I contact someone if I am concerned about a child or young person?

Emergency

If a child is in immediate danger or left alone, **you should contact the police on 0345 113 5000 or, call 999 in an emergency.**

Police Child Abuse Investigation Unit: **024 7653 9044.**
Social worker (out of office hours): **024 7683 2222.**

Non - emergency

If there is no immediate danger or you need advice or information, you should call the **Referral and Assessment Service on 024 7678 8555.**

Key responsibilities of the manager

- Provide relevant information to Children's' Social Care or the police about the child or family members.
- Contribute to core or initial assessments, if requested, regarding the child or family member.
- Provide support to the child or family as part of an agreed plan and contribute to the reviewing o the child's developmental progress.
- As a general rule, you should treat all personal information you acquire or hold in the course or working with children and families as confidential
- Take particular care with sensitive information.

DATA PROTECTION ACT 1998

If you are making a decision to disclose information you must comply with the Act, which includes eight data protection principles.

These should not be an obstacle if:

- You have particular concerns about the welfare of a child.
- You disclose information to Children's Social Care to another professional.
- The disclosure is justified under the common-law duty of confidence.

It is our duty of care at The George Eliot to share any information in regard to an ongoing case if it is in the best interest of a child, for example if a child leaves to attend another nursery or leave to go to school, any relevant information will be passed onto the relevant agencies to ensure the child continues to receive appropriate support. The George Eliot will keep a copy of all information passed on for our own records.

The George Eliot transfers all relevant information to all relevant parties for example DSL of a new setting through a transition meeting where all people involved share information regarding that child. All information and files gathered in regard to any child's case will be passed on to relevant agencies during this meeting.

It is The George Eliot's responsibility to routinely ask the DSL of a previous setting of a child for any information regarding child protection or safeguarding concerns, and to transfer all relevant files. All information received is the responsibility of the settings involved and parents should not be involved in the transferring of any files. A written note must be signed by both parties to evidence that information has securely been transferred.

If a child under a child protection plan leaves the setting and we are unsure as to where they have moved to, it is our responsibility to inform the child's social worker to ensure records can be transferred.

About Coventry Safeguarding Children's Board

What they do and who they are:

The Board is made up of a group of people from different organisations including the police, the city council, the health service, the probation service, connexions and voluntary organisations like the NSPCC.

They focus on all areas of keeping children and young people safe in Coventry; this includes ensuring that the most vulnerable like those that have been abused or neglected in anyway are protected.

The board are also working on ways to prevent children being harmed, for example trying to spread the message that Safeguarding children is everybody's business, where early concerns about a child or young person can be addressed before problems escalate. This includes supporting and assisting families in safe and effective care for their children.

Another important function of the board is coordinate and ensure that each organisation is effective in its role to safeguard and promote welfare of children. Part of this is to agree how

service and organisations will co-operate to safeguard children and young people in Coventry.

Details for Coventry Safeguarding Children's Board

Coventry Local Safeguarding Children Board (LSCB)

Email: coventryLSCB@coventry.gov.uk

Tel: 024 7683 4851/2568

Visit: <https://twitter.com/coventrylscb>

Website: www.coventry.gov.uk/lscb

Address

**Room 123
Civic Centre 1
Earl Street
Coventry
CV1 5RS**

5 Key outcomes for children

1. **Being healthy** - this outcome deals with the extent to which providers contribute to the development of healthy lifestyles in children. Evidence will include ways in which providers promote the following: physical, mental, emotional and sexual health; participation in sport and exercise; healthy eating and the drinking of water; the ability to recognise and combat personal stress; having self-esteem; and the avoidance of drug taking including smoking and alcohol. There should also be assessment of the extent to which appropriate support is available for both students and staff to help achieve these positive outcomes.

2. **Staying safe** - this outcome is principally about the extent to which providers contribute to ensuring that 'children' stay safe from harm. Evidence includes complying with child protection legislation, undertaking CRB checks, protecting young people and vulnerable adults from bullying, harassment and other forms of maltreatment, discrimination, crime, anti-social behaviour, sexual exploitation, exposure to violence and other dangers. Ensuring that all relevant staff are appropriately trained.

3. **Enjoying and achieving** - this outcome includes attending and enjoying education and training, and the extent to which learners make progress with regard to their learning and their personal development. Evidence to evaluate this includes arrangements to assess and monitor learners' progress, support learners with poor attendance and behaviour, and meet the needs of potentially underachieving groups. Also, relevant will be the extent and effectiveness of the 'enrichment' of provision by promoting social, cultural, sporting and recreational activities. Learners' views about the degree to which they enjoy their 'learning life' are taken into account here.

4. **Making a positive contribution** - this outcome includes the development of self-confidence and enterprising behaviour in learners, together with their understanding of rights and responsibilities, and their active participation in community life. Evidence includes measures to ensure understanding of rights and responsibilities, the extent to which learners are consulted about key decisions, and the provision of opportunities for learners to develop and lead provider and community activities. There should also be a focus on enabling young people to develop appropriate independent behaviour and to avoid engaging in antisocial behaviour.

5. **Achieving economic well-being** - this outcome includes the effectiveness of the ways in which the provider prepares learners for the acquisition of the skills and knowledge needed for employment and for economically independent living. Evidence includes arrangements for developing self-confidence, enterprise and teamwork, the provision of good careers advice and training for financial competence, and the accessibility of opportunities for work experience and work-based learning.

Recognising different types of abuse

Signs which may suggest physical abuse

- Any bruising to a baby - pre-walking stage
- Multiple bruising to different parts of the body
- Bruising of different colour's, showing repeated injuries
- Fingertip-shaped bruising to the chest, back, arms or legs
- Burns of any shape or size
- An injury for which there is no proper explanation

Signs of possible sexual abuse

- Something a child has told you
- Something a child has told someone else
- A child who shows worrying sexualised behaviour in their play or with other children
- A child who seems to have unsuitable sexual knowledge for their age
- A child who may be visiting or being looked after by a known or suspected sexual offender

Signs which may suggest emotional harm

The following signs may be present in children whose parents are over-critical and emotionally distant, or who are unable to meet their child's emotional needs:

- Children whose behaviour is excessive. For example, excessive bedwetting, overeating, rocking, head banging.
- Children who self-harm. For example, they may cut or scratch themselves or overdose.
- Children who attempt suicide
- Children who persistently run away from home
- Children who show high levels of anxiety, unhappiness or withdrawal
- Children who usually seek out or avoid affection.

Signs which may suggest neglect

- Squalid, unhygienic or dangerous home conditions
- Parents who fail to attend to their children's health or development needs
- Children who appear persistently undersized or underweight
- Children who continually appear tired or lacking in energy
- Children who suffer frequent injuries due to lack of supervision.

FGM

What is FGM –

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before **puberty** starts. It is illegal in the UK and is child abuse.

It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

Signs which may suggest FGM - Female Genital Mutilation

- Have difficulty walking, standing or sitting
- Spend longer in the bathroom or toilet
- Appear withdrawn, anxious or depressed
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear
- Severe pain
- Shock
- Bleeding
- Infection such as tetanus, HIV and hepatitis B and C
- Organ damage
- Blood loss and infections that can cause death in some cases.

If you would like more information, look at the link below:

<http://www.nhs.uk/Conditions/female-genital-mutilation/Pages/Introduction.aspx>

Getting help and support

All women and girls have the right to control what happens to their bodies and the right to say no to FGM.

Help is available if you've had FGM or you're worried that you or someone you know is at risk.

- **If someone is in immediate danger**, contact the police immediately by dialing 999.
- **If you're concerned that someone may be at risk**, contact the NSPCC helpline on 0800 028 3550 or fgmhelp@nspcc.org.uk.
- **If you're under pressure to have FGM performed on your daughter**, ask your GP, health visitor or other healthcare professional for help, or contact the NSPCC helpline.
- **If you've had FGM**, you can get help from a specialist NHS gynecologist or FGM service – ask your GP, midwife or any other healthcare professional about services in your area

The law and FGM

FGM is illegal in the UK.

It is an offence to:

- perform FGM (including taking a child abroad for FGM)
- help a girl perform FGM on herself in or outside the UK

- help anyone perform FGM in the UK
- help anyone perform FGM outside the UK on a UK national or resident
- fail to protect a girl for whom you are responsible from FGM

Anyone who performs FGM can face up to 14 years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to seven years in prison.

IF ANYONE HAS A CONCERN ABOUT A CHILD THEY MUST RAISE THIS IN AN APPROPRIATE AND CONFIDENTIAL MANNER WITH THE MANAGER IMMEDIATELY

Please see below for link to training on FGM

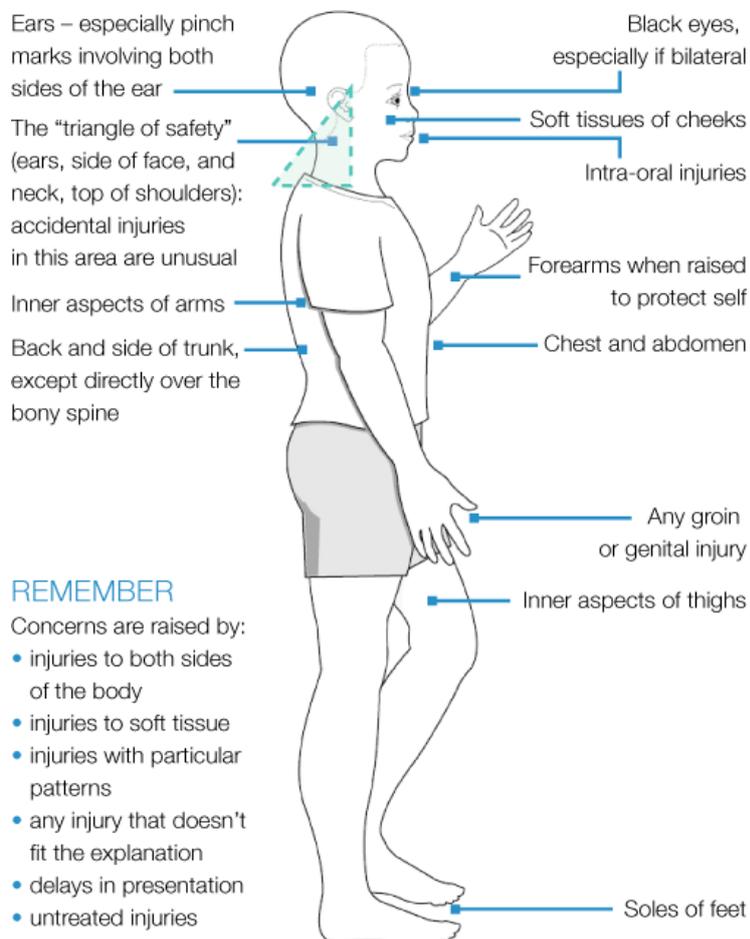
<https://fgmelearning.co.uk/>

Signs of physical abuse

What is a non-accidental injury site?

Injuries which should cause you concerns remembering that victims may experience more than one type of abuse, staff should be vigilant and aware of changes in behaviour or signs of other abuse. For instance, a child who has been physically abused may have been subject to emotional abuse. It is very important to ensure that the safety of the child is paramount.

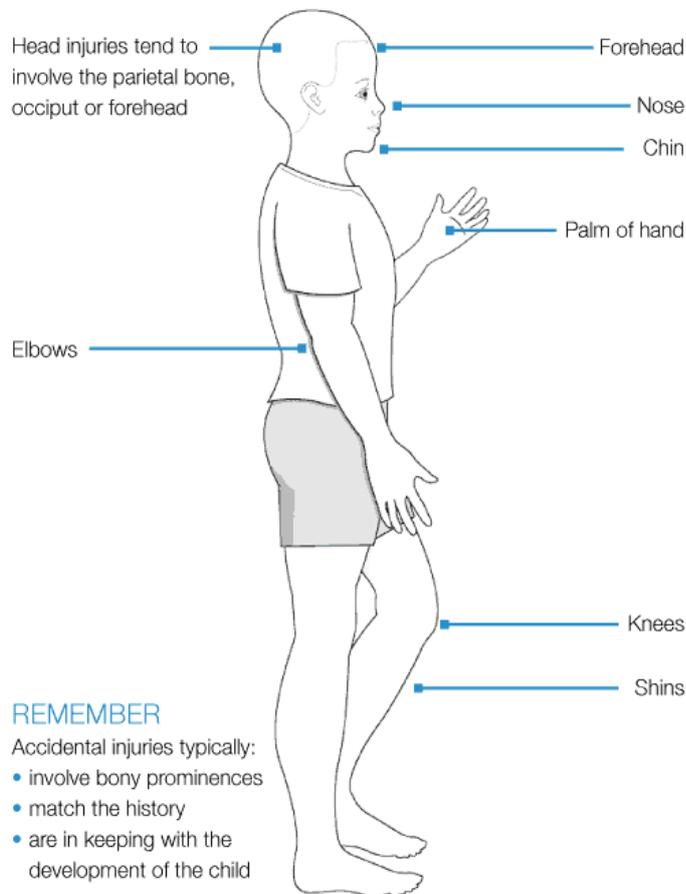
Typical features of non-accidental injuries (injuries that should raise concerns)



What is an accidental injury site?

Injuries which may not cause you concerns and are in keeping and consistent with explanations offered by a parent or carer. Staff should be aware that children displaying other forms of abuse combined with injuries within non accidental sites should still be considered of concern. Of utmost importance is to remember that the safety of the child is paramount.

Typical features of accidental injuries.



Radicalisation and the Prevent duty

In June 2015, the Department of Education put in place a non-statutory advice document for schools and nurseries to help recipients understand the implications of the Prevent Duty. The Prevent duty is the duty in the Counter-Terrorism and Security Act 2015 on specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.

From 1st July 2015, childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism. This duty is known as “The Prevent duty”

“Radicalisation” refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. During that process, it is possible to intervene to prevent vulnerable people being drawn into terrorist-related activity.

“Extremism” is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas. Terrorist groups very often draw on extremist ideas developed by extremist organisations.

At the George Eliot, it is everyone’s responsibly to ensure that all children are safeguarded. Protecting children and families from radicalisation is part of our Safeguarding duty. The Prevent Duty is part of our Safeguarding policy all staff are aware of. Through relevant training, staff are made aware of the signs and how to identify any individuals who are susceptible to terrorist ideology. Staff have a good understanding of how to identify children who they feel may be at risk of radicalisation and what to do to support them. Staff at The George Eliot are alert in noticing changes in children/parent’s behaviour which could indicate they are in need of protection.

Early intervention is important when an individual is at risk of extremism. The Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual’s engagement with the programme is entirely voluntary at all stages.

If anyone has a concern about a child, then the normal safeguarding procedures should be followed.

Please see below link for online training on prevent duty.

<https://www.elearning.prevent.homeoffice.gov.uk>

Prevent referral – The Prevent Duty requires that if there are concerns that an individual may be vulnerable to radicalisation around violent extremism then these concerns need to be shared so that appropriate support is provided in order to safeguard those individuals. A revised referral form has been prepared to make sure that it is easier to outline and submit the referrals. The new referral form is available on the [LSCB website](#). For individuals 18

years of age and under it needs to be sent to both of the following email addresses:
prevent_inbox@west-midlands.pnn.police.uk
ras@coventry.gcsx.gov.uk

Contact Details for Prevent

Geoff Thomas

024 7683 1437

References

Working Together Document:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Safeguarding children and young people and young vulnerable people

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/446122/Safeguarding_children_and_young_people_and_young_vulnerable_adults_policy.pdf

The Prevent Duty Guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf

EYFS

http://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf

Related Policies

- Mobile phone and camera policy
- Professional abuse policy
- Door Policy
- Recruitment Policy
- DBS Policy
- Security Policy
- Whistleblowing

Please see above policies for more information. Policies are located in the main office. We also have a policy folder.

Updated on 15.08.2017

By Anila Asghar