



**Ofsted Registered Childminding Service**

## **Child Protection Policy**

I believe that it is always unacceptable for a child or young person to experience abuse of any kind and recognise that safeguarding the welfare of all children and young people is everyone's responsibility. I understand there is legislation to ensure children are protected and I follow Somerset Safeguarding Children Board (SSCB) procedures and acknowledge that the welfare of the child is paramount.

This policy is underpinned by the following legislation:

- **The Children Act 1989 and 2004** - Safeguarding and promoting the welfare of children is defined as; protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Section 3 (5) of the Children Act 1989 states that the law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard his/her welfare.

- **Counter-terrorism and Security Act 2015** – preventing people being drawn into terrorism and promotion of British values to ensure children are kept safe from radicalisation
- **Female Genital Mutilation Act 2003 – Serious Crime Act 2015** - mandatory reporting of FGM from 31<sup>st</sup> October 2015

I am familiar with the definitions, signs and symptoms of abuse or neglect as set out in Working Together to Safeguard Children March 2015.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

### **Dealing with Disclosures Receive**

Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. Listen quietly and actively, giving your undivided attention.

Allow silences when needed. Do not show shock or disbelieve but take what is said seriously.

### **Reassure**

Stay calm, no judgements, empathise. Never make a promise that you can keep what a child has said a secret. Give reassurance that only those who need to know will be told. Reassure the young person that they were right to tell you.

### **React**

React to the child only as far as is necessary for you to establish whether or not you need to refer this matter, but don't interrogate for full details. Don't ask leading questions – keep the open questions e.g. 'is there anything else you want to say?' Do not criticise the perpetrator; the child may have affection for him/her. Explain what you will do next – make a referral.

### **Record**

If possible make brief notes about what they are actually telling you at the time. Keep these notes, however rough they are. If you are unable to make notes at the time write down what was said as soon as you can. Try to record what was actually said by the child rather than your interpretation of what they are telling you. Record the date, time, place and any noticeable nonverbal behaviour.

### **Report**

If I have any cause for concern I will report it to the relevant bodies, following the Local Safeguarding Children Board (LSCB) procedures. The name of our LSCB is Somerset Safeguarding Children Board (SSCB) and their procedures can be found at <https://sscb.safeguardingsomerset.org.uk/working-with-children/local-protocols-guidance/>

As a registered childminder, it is my duty to respond promptly and appropriately to all concerns, incidents or allegations of abuse or neglect regardless of whether or not the child concerned attends my setting and make a referral without delay. I work in partnership with children, young people, their parents, carers and other agencies in accordance with SSCB procedures. My statutory duties and supporting guidance are set out in the Safeguarding and Welfare Requirements in the Statutory Framework for the Early Years Foundation Stage (EYFS) 2014, the Compulsory Childcare Register; and Working Together to Safeguard Children 2015, a copy of this has been downloaded to refer to and is kept on my computer.

As the designated lead practitioner for safeguarding, I update my child protection/safeguarding training regularly and am responsible for:

- I am able to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. Signs that indicate possible abuse may include significant changes in children's behaviour; deterioration in children's general well-being; unexplained bruising, marks or signs of possible abuse or neglect; children's comments which give cause for concern; any reasons to suspect neglect or abuse outside the setting, for example in the child's home; and/or inappropriate behaviour displayed by other members of staff, or any other person

working with the children. E.g. inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images.

- Being the first point of contact when concerns about children's welfare, poor practice or child abuse are identified;
- Providing basic advice and support with regard to child protection and poor practice;
- Completing the reporting and recording procedures;
- Promoting safe working practice/code of conduct;
- Attending training;
- Promoting and ensuring confidentiality is maintained;
- Promoting anti-discriminatory practice;
- Maintaining records related to child protection and unsuitable adults, and ensuring these are stored securely on the premises;
- Reviewing records on a regular basis to identify possible patterns of abuse.
- Making decisions on whether or not to refer any concerns, recording the reasons for that decision.
- Maintaining up to date contact details for other agencies and know how to access the most up to date SSSCB guidelines;
- Passing information to other relevant organisations /agencies as appropriate;
- Making referrals to the investigating agencies – South Somerset Council Initial Contact Team and the Police - in line with SSSCB child protection procedures;
- Informing Ofsted of any allegations of abuse made against a person working in the setting, or any other abuse alleged to have taken place on the premises;
- Sharing information about Safeguarding Children procedures with parents prior to their child starting in the setting.
- Updating the policy and procedure, and communicating updates with parents.
- Contributing to multi-agency meetings, assessments, core groups and conferences as required.
- Completing Section 9 practice audits and Section 11 audits as requested by SSSCB.

In line with SSSCB recommendations, I attend at least 6 hours of SSSCB approved training over 3 years (a minimum of 2 hours per year).

### **Record Keeping**

When a concern about a child's welfare or safety is raised it will be recorded. I will make a decision about whether the concern should be shared with another agency (see **decision making** below) or kept on record in case future concerns arise. The reason for my decision will be noted alongside this record.

All records will be stored in a separate confidential file in a locked, secure place with restricted access and retained for at least six years and then destroyed, or handed on to the child protection officer in the next organisation if there are on-going concerns.

Information is shared as necessary to protect children from harm. I follow the guidance in the HMG 2015 guide '*Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers*' and the HMG 2015 guide '*What to do if you are worried a child is being abused*'.

When information is being accumulated prior to possible referral I will start a chronology of events – see **Appendix B**. I will regularly review this chronology to decide if the accumulation of events is having a detrimental impact on the child and must be referred to Compass. If I decide not to refer to Compass, the reason for my decision will be noted on the child's chronology.

### **Decision making – ‘the right service at the right time’**

I take a holistic approach to safeguarding all children in my care and recognise that different families need a different level of support at different times. To enable me to recognise at which level a family might require support, I use the Somerset Safeguarding Children Board's *Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Somerset*. This guidance identifies 4 levels to ensure all children receive the support and intervention they need to achieve a positive life experience. Of central importance in understanding where a child's needs might lie on this continuum, is the co-operation and engagement of parents and carers and I aim to develop good, professional relationships to ensure a shared understanding of each child's needs.

It should be noted that if parents demonstrate a lack of co-operation or appreciation about the concerns I identify this may, of itself, raise the level of my concern and the level of action I take.

### **Level 1 - Universal**

I follow the Statutory Framework for the Early Years Foundation Stage 2014 to provide individual support for all children. I will establish stable and affectionate relationships with each child and his or her family. I will make observations and keep records to ensure there are no barriers to a child's learning and development. I anticipate that by working closely with parents and sign-posting families to other universal services within our community that I can meet the needs of children and families at this level.

***At this level parents will always be consulted before any action is taken.***

### **Level 2 – Children in need of Early Help**

Sometimes in discussion with parents and carers and through my observations and records I may think a child and their family could benefit from additional support from outside agencies to ensure he/she reaches his/her full potential. This process is known as Early Help. I have knowledge of the different agencies which may be able to offer support and I will work with parents and carers to decide which support would be most appropriate for their family. I will work with parents to complete any agency referral forms required to access this support. If I am unsure of where to access support I will contact Compass for advice.

Further information about Early Help can be found at:

<http://professionalchoices.org.uk/2016/08/24/early-help-assessment/>

***At this level parents will always be consulted before we contact another agency and their written consent gained before any action is taken.***

### **Level 3 –children with complex needs**

Sometimes in discussion with parents and carers and through my observations and records I realise that a child and their family have a number of needs which are preventing a child from reaching his/her full potential. In this case I will discuss the situation with parents and carers and try to identify each area of concern so that a range of other agencies can come together to offer support to the family. I will work with parents to complete an Early Help assessment and contact Compass to help us identify and co-ordinate a range of other agencies to support the family.

***At this level parents will always be consulted before we contact another agency and their written consent gained before any action is taken.***

### **Level 4 – children with acute specialist needs/ child protection**

Sometimes in discussion with parents and carers and through our observations and records I realise that a child is at risk of significant harm (see below) and I must take emergency action to ensure that the child is kept safe. If I am unsure whether or not the concern meets this threshold I may discuss the case with an Early Help Social Worker without consulting parents.

*There are no absolute criteria on which to rely when judging what constitutes significant harm.*

*Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.*

*Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.*

*Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.*

*Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. Further guidance can be found in the Safeguarding Procedures which are available at <http://sscb.safeguardingsomerset.org.uk/>*

***If a child has actually been injured or is in imminent danger of being injured then I will contact the emergency services, medical or police, immediately on 999 without consulting parents.***

When making a level 4 referral to Compass I will ensure we have a record of all details required.

Records will include:

- Full name, date of birth and home address of the child
- details of parent with whom the child normally lives
- all concerns/ nature of injuries with dates / times / location (you may wish to use a body map to record the site of injuries)
- exact words used by the child if disclosure made and name of others present
- observations made
- actions taken
- reasons for any decisions
- practitioner's printed name, role and signature, dated and timed
- clearly and concisely written report in a manner that cannot be erased or added to (e.g. written in permanent ink with no spaces where additional wording can be inserted or saved electronically either as a 'read only' or PDF document), as soon as possible after the event

***At this level I will not inform parents that I have made a referral until I have received advice from South Somerset District Council's Child Protection Team that is safe to do so. This is to ensure that any investigations by senior social workers and the Police are not compromised and children are kept safe as a priority.***

### ***Specific legal duties to report***

New legislation has recognised and criminalised the following types of abuse and placed duties on education settings to report offences to the authorities:

- **Radicalisation and the Prevent Duty**  
The government set out its definition of British values in the 2015 Prevent Strategy – this promotes the values of:
  - democracy
  - the rule of law
  - individual liberty
  - mutual respect
  - tolerance of those of different faiths and beliefs

My setting promotes these values to ensure that children build resilience –

If I have evidence that children or their families are at risk of radicalisation I will contact Compass to ensure that I am meeting our duties to protect children and vulnerable adults.

***Depending on the level of risk, I may or may not consult parents before contacting Compass.***

- **Female Genital Mutilation (FGM)**

If I become aware of any cases where girls are at risk of FGM or have actually been harmed, I will contact Compass to ensure that I am meeting my reporting duties.

***I may not seek parental consent if this may put the girl at increased risk.***

- **Domestic abuse and honour based violence**

Children living in households where there is domestic abuse which could be coercion or violence, including honour based violence, could be at significant risk of harm. I will seek support for victims and their children through Compass.

***Depending on the level of risk, I may or may not consult parents before contacting Compass.***

### **Escalating / de-escalating concerns**

Just because a child is assessed at a point in time as meeting a certain threshold criteria does not mean that they always will. An assessment is an on-going process, not an event; children's needs often change over time. I will maintain an overview of all children with a plan to ensure children's needs are being met at the right level of intervention. Of central importance in understanding where a child's needs might lie on this continuum, is the cooperation and engagement of the parents and carers – a lack of co-operation or appreciation about my concern may of itself raise the level of the need and required action.

### **Forced marriages (FM)**

FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014. A FM is a marriage conducted without the valid consent of one or both parties, and where duress is a factor. Forced marriage is when someone faces physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if someone is made to feel like they're bringing shame on their family). This is very different to an arranged marriage where both parties give consent. FM is illegal in England and Wales. This includes: • taking someone overseas to force them to marry (whether or not the forced marriage takes place) • marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

### **Child sexual exploitation (CSE) and Trafficking**

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people, (or a third person or persons) receive something, (e.g. food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) as a result of them performing and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidations are common, involvement in exploitative relationships being characterised in the main by the child's or young

person's limited availability of choice, resulting from their social/economic and/or emotional vulnerability. (DCSF 2009)

#### Key facts about CSE

- Sexual exploitation often starts around the age of 10 years old. Girls are usually targeted from age 10 and boys from age 8.
- It affects both girls and boys and can happen in all communities.
- Any person can be targeted but there are some particularly vulnerable groups: Looked After Children, Children Leaving Care and Children with Disabilities.
- Victims of CSE may also be trafficked (locally, nationally and internationally).
- Over 70% of adults involved in prostitution were sexually exploited as children or teenagers. LADO/Policies/Safeguarding and Child Protection Policy (Updated April 2017) Page 11
- Sexual violence or abuse against children represents a major public health and social welfare problem within UK society, affecting 16% of children under 16. That is approximately 2 million children.

#### **Good Practice**

##### **Individuals**

- Recognise the symptoms and distinguish them from other forms of abuse
- Treat the child/young person as a victim of abuse
- Understand the perspective / behaviour of the child/young person and be patient with them
- Help the child/young person to recognise that they are being exploited
- Collate as much information as possible
- Share information with other agencies and seek advice / refer to Social Care

##### **Good Practice**

##### **Organisations**

- Ensure robust safeguarding policies and procedures are in place which cover CSE
- Promote and engage in effective multi-agency working to prevent abuse
- Work to help victims move out of exploitation
- Cooperate to enable successful investigations and prosecutions of perpetrators

#### **County Lines and Cuckooing**

County lines is the organised criminal distribution of drugs from the big cities into smaller towns and rural areas using children and vulnerable people. Although cannabis is occasionally linked to the county lines organisations, it is harder drugs that provide the focus: heroin, cocaine, and amphetamines.

The main county line gangs operate from London and Liverpool, but other groups work out of Reading, Birmingham, and Manchester. Faces from the cities are not known by police in the quieter areas and can operate more easily. At least for a time.

The influence of county lines is nationwide. Metropolitan Police have found gang members from Islington in 14 different police areas. Boys, typically 15 and 16, but sometimes younger, travel by coach, train, and taxi into rural or coastal area, with only a 'burner', or disposable phone, often stolen, and a stash of drugs. For the



gang's security each runner only knows one other phone number along the delivery chain.

The drug runner needs a place to stay and to do this the gang will take over the home of a vulnerable person, often after following them home. This is known as "cuckooing". Once in the property, drugs and weapons can be stored there along with a possible venue for dealing drugs and the sexual exploitation of girls and young women.

### **Responding to allegations against anyone living or working in my household**

It is my responsibility to ensure that during childminding hours I meet the EYFS Safeguarding and Welfare Requirements, including those relating to 'Suitable People' and obligations set out in the Compulsory Childcare Register CR2.3.

If an allegation of inappropriate behaviour (as defined in EYFS 3.6 final bullet point) or serious harm or abuse of a child is made against myself or anyone in my household, I will consult the Local Authority Designated Officer within 1 working day for advice. I will notify Ofsted within 14 days of the allegations first being made and inform them about what actions are being taken by completing the on-line form at:

[https://ofstedonline.ofsted.gov.uk/ofsted/Ofsted\\_Early\\_Years\\_Notification.ofml](https://ofstedonline.ofsted.gov.uk/ofsted/Ofsted_Early_Years_Notification.ofml)

If I am aware of the details of a child who has or may have been harmed by anyone connected with my household then I will contact Compass to make a referral to seek support for the child.

I will act in accordance with any advice I receive from Ofsted or the Local Authority Designated Officer (LADO) as to whether I continue operating as a childminder pending any investigations. If advised to cease providing childcare, I will notify all parents using my provision and signpost them to the Family Information Service for lists of alternative childcare in the area.

### **Partnership with parents**

A copy of this policy is made available to all parents prior to their child joining my setting as well as details of the complaints procedure. In general any concerns will be discussed with parents and I will offer support. If I continue to have concerns about a child's welfare then I will discuss this with parents and seek their consent to approach other agencies for support (level 2 and 3 threshold). If my concerns meet the level 4 threshold for child protection then I will not make parents aware until a senior social worker has confirmed it is safe to do so. This is to ensure that any investigations by senior social workers and the Police are not compromised and children are kept safe as a priority.

### **Injuries**

At the beginning of each session parents are requested to notify me of any accidents, incidents or injuries which may affect their child before leaving him/her in my care. A note will be made of any existing injuries and how the injury was received will be recorded.

Any serious injury occurring in my setting e.g. broken bone, is reported to Health and Safety Executive (HSE) via RIDDOR. This is also reported to Ofsted within 14 days.

### **Safe use of ICT and mobile phones**

The use of mobile phones and other electronic devices such as computers, tablets, and game devices is commonplace. However, as a society, we are beginning to recognise that although these devices have brought great benefit we also need to ensure that we help children to understand there are dangers and how to keep themselves safe. This includes:

- Keeping personal details secure
- Understanding that not all content is appropriate, truthful or legal
- What to do if they do accidentally access inappropriate or illegal content
- What to do if they are upset by something they receive
- What to do if they are going to physically meet someone they have met on-line

The use of a mobile phone is essential to my practice; I ensure that all information and communication on my mobile phone presents a professional image of my role as a childcare provider. I store contact details for all the children in my care and use the camera on my phone to take photographs of the children to share with their parents as part of their learning journey. To ensure that this information cannot be accessed I always keep my phone in a safe place to prevent theft; the phone cannot be accessed without a pin number. Photos are uploaded daily to my computer and deleted from my phone regularly. I never take photographs of children in intimate care situations such as nappy changing or toileting or when they are not dressed.

It is important to note that I keep the use of my mobile phone to a minimum; only using it when I am sure children are safe and keeping conversations brief. My main priority is the children's safety, well-being and support for their learning and development.

Visitors to the setting (including parents) are requested not to use their mobile phones on the premises. If parents or visitors do need to use their phones, I will ask them to move away from the children and will continue to supervise the children until their parent is ready to take responsibility for them. Children in my care will not be given access to the internet.

*My priority as a professional registered childminder is to remember at all times that the welfare of each child is paramount.*

**Linked to EYFS "Every Child Matters"**

**Also see Confidentiality, Allegations of Abuse, Making a Complaint, Accident, Illness, Behaviour, Bullying, Health & Safety, First Aid and Hygiene Policies**