



BARNFIELDS EXTRA

Barney Bears Nursery Before and After School Club

Safeguarding, Incorporating Child Protection Policy

Purpose and Aims

The purpose of Barney Bears Nursery and the Before and After School Club's safeguarding policy is to provide a secure framework for the workforce in safeguarding and promoting the welfare of those children who attend our setting. The policy aims to ensure that:

- All our children are safe and protected from harm and maltreatment
- Children grow up in circumstances consistent with the provision of safe and effective care
- Other procedures and policies are in place to enable children to feel safe and adopt safe practices, promoting the welfare of all of our children.
- Action is taken to enable all children to have the best possible outcomes
- Staff, children, committees, visitors, volunteers and parents are aware of the expected behaviours and the setting's legal responsibilities in relation to promoting the safeguarding and welfare of our children.

Our Ethos

'Every child deserves the best possible start in life and the support that enables them to fulfil their potential. A secure, safe and happy childhood is important in its own right.' [Statutory Framework for the Early Years Foundation Stage \(EYFS\)](#).

A child's welfare is paramount. Each child has the right to be protected from harm and exploitation and to have their welfare safeguarded. Each child is unique, taking into account a child's cultural, ethnic and religious background, their gender, their individual ability and any special needs.

Safeguarding at Barney Bears Nursery and the Before and After School Club is everyone's responsibility and as such our settings aim to create the safest environment within which every child has the opportunity to achieve their full potential. Barnfields Extra recognises the contribution it can make to ensure that all children who use our settings feel that they will be listened to and are safe. The children will be able to talk freely to any member of staff if they are worried or concerned about something. This will include resources and learning experiences that will encourage our children to develop essential life skills and protective behaviours. We will do this by working in partnership with other agencies in accordance with '[Working Together to Safeguard Children - March 2015](#)' and seeking to establish effective working relationships with parents, carers and colleagues to develop and provide activities and opportunities that will help to equip our children with the skills they need. Parents will be advised about Barney Bears and the Before and After School Club's Safeguarding Policy in our prospectuses and, for the Nursery, during admissions, home visits and welcome meetings. The Club give a copy of the policy to parents with their registration packs. In order to keep children safe and provide appropriate care for them the Nursery and the Club requires parents to complete contracts, with information regarding

- Names and contact details of all adults with whom the child normally lives;
- Names and contact details of all persons with parental responsibility
- Emergency contact details
- Full details of any other adult authorised by the parent to collect the child from school
- Passwords for security
- Any legal or criminal changes which effects parental responsibility.
- Keeping all information up to date and accurate.

Responsibilities and expectations

Barnfields Extra has a board whose legal responsibility is to make sure that the settings have an effective safeguarding policy and procedures in

place and monitors that the settings comply with them. The board also ensures that the policy is made available to parents and carers if requested. It is the responsibility of the board to ensure that all staff and volunteers are properly checked by the Disclosure and Barring Service to make sure they are safe to work with the children who attend our setting (**See Safer Recruitment Policy**) and that the setting has procedures for handling allegations of abuse made against members of staff (including the Manager) or volunteers. They ensure the safe and appropriate use of cameras, mobile phones, technology and on line equipment within the setting. The board has appointed a Designated Safeguarding Lead who co-ordinates the child protection arrangements and is responsible for dealing with all safeguarding issues in our setting. There is a DSL available at all times for staff to discuss concerns.

Role	Name	Contact Details
<u>Nursery</u> Designated Safeguarding Lead (DSL)	Mrs Tracy Fewtrell <i>Manager</i>	01785 356363 tracy.gilhooly@barnfields.staffs.sch.uk
<u>Club</u> Designated Safeguarding Lead (DSL)	Mrs Beatriz Arnold <i>Manager</i>	01785 895971 barnfieldsexta@googlemail.com
<u>Nursery</u> Alternate DSL	Mrs Michelle Stephens <i>Deputy Manager</i>	michelle.stephens@barnfields.staffs.sch.uk
<u>Club</u> Alternate DSL	Mrs Alison Main <i>Deputy Manager</i>	barnfieldsextra@googlemail.com
School Based DSL	Mrs Gillian Richards <i>Head Teacher</i>	headteacher@barnfields.staffs.sch.uk
Alternate DSL	Mrs Pauline Heath <i>Foundation Stage Lead</i>	Pauline.heath@barnfields.staffs.sch.uk

It is the responsibility of the DSL to ensure that all safeguarding issues raised in the settings are effectively responded to, recorded and referred to the appropriate agency. They are also responsible for arranging the whole settings safeguarding induction and training for all staff and volunteers who work with children and young people in our settings. The DSL must ensure that the designated members of staff for safeguarding have safeguarding training every two years and their knowledge and skills are refreshed annually along with all staff.

The DSL is required to attend, or ensure, that a senior member of staff, who has the relevant training and access to appropriate supervision, attends where appropriate, all child protection case conferences, reviews, core groups or meetings where it concerns a child at our setting and to contribute to multiagency discussions to safeguard and promote the child's welfare.

The DSL is responsible for keeping written records of all concerns when noted and reported by staff or when disclosed by a child, ensuring that such records are stored securely and reported onward in accordance with this policy guidance, but kept separately from the child's general file.

The DSL is responsible for ensuring the acceptable, safe use and storage of all camera technology, images, and mobile phones through the implementation, monitoring and reviewing of the appropriate policies and procedures.

All Child Protection concerns need to be acted on immediately. If you are concerned that a child may be at risk or is actually suffering abuse, you must tell the Designated Safeguarding Lead.

The deputy designated lead is appropriately trained and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of the children.

Training

In line with recommendations following the '[Inspecting safeguarding in early years, education and skills settings](#)' document and our local Safeguarding Children's Board (SSCB) all members of staff and volunteers will receive regular updates on Safeguarding training at least annually.

We will also, as part of our induction, issue information in relation to our Safeguarding policy and any policy related to safeguarding and promoting our children/young people's welfare to all newly appointed staff and volunteers. Staff receive a 'Code of Conduct Policy' outlining expectations for suitable behaviours whilst working for the settings.

We actively encourage all our staff to keep up to date with the most recent local and national safeguarding advice and guidance. Using the guidance '[Keeping Children Safe in Education](#)' (2016) providing the links to guidance on specific safeguarding issues such as Child Sexual Exploitation and Female Genital Mutilation.

Our Designated Safeguarding Lead will undertake further safeguarding training, as advised by the SSCB. This will be undertaken at least every two years, which updates their awareness and understanding of the impact of the wide agenda of safeguarding issues. This will support both the DSL to be able to better undertake their role and support the setting in ensuring our safeguarding arrangements are robust and achieving better outcomes for the children in our setting. This includes taking part in multi-agency training in addition to safeguarding training. Our board will have access to safeguarding training and will also undertake additional awareness training at least every two years. They will also be advised to undertake additional training to support their employers' role in Handling Allegations against adults who work with children and young people, including our staff and volunteers.

Our safeguarding arrangements are reported on an annual basis to our board and our Safeguarding policy is reviewed annually, in order to keep it updated in line with local and national guidance/legislation. We will include our Safeguarding Policy in our settings website and will post copies of our policy throughout the setting. We are also able to arrange for our policy to be made available to parents whose first language is not English, on request.

Daily Safeguarding arrangements are discussed at staff briefing and at every staff meeting to highlight any changes and keep all staff up to date.

Recognising concerns, signs and indicators of abuse

Safeguarding is not just about protecting children from deliberate harm. For our setting it includes such things as child safety, bullying, racist abuse and harassment, visits, intimate care and Internet safety etc. However it must be acknowledged that technology itself will not present the greatest risk, but the behaviours of individuals using such equipment will. The witnessing of abuse can have a damaging effect on those who are party to it, as well as the child subjected to the actual abuse, and in itself will have a significant impact on the health and emotional well-being of the child. Abuse can take place in any family, institution or community setting, by telephone or on the Internet. Abuse can often be difficult to recognise as children may behave differently or seem unhappy for many reasons, as they move through the stages of childhood or their family circumstances change. However, it is important to know the indicators of abuse and to be alert to the **need to consult further**.

We acknowledge that abuse of children can take different forms. The main four categories of abuse are:

Physical Abuse

This can involve hitting, shaking, throwing, poisoning, punching, kicking, scalding, burning, drowning and suffocating. It can also result when a parent or carer deliberately causes the ill health of a child in order to seek attention through fabricated or induced illness. This was previously known as Munchausen's Syndrome by Proxy. When children are suffering from physical abuse they may have injuries or bruising that does not occur in normal play. Staff will document any injuries the child arrives with at the setting and the parent/carer signature will be recorded with any comment relating to the injury. If an injury is noted when the parent/carer has left, staff will call the parent and inform them of the identified injury, record and gain a signature of discussion at the end of the session. (See [Child File- Existing injury Form](#))

Emotional Abuse

Emotional Abuse is where a child's need for love, security, recognition and praise is not met. It may involve seeing or hearing the ill-treatment of someone else such as in Domestic Violence or Domestic Abuse. A parent,

carer or authority figure is considered emotionally abusive when they are consistently hostile, rejecting, threatening or undermining toward a child or other family member. It can also occur when children are prevented from having social contact with others or if inappropriate expectations are placed upon them. Symptoms that indicate emotional abuse include:

- Excessively clingy or attention seeking.
- Very low self-esteem or excessive self-criticism.
- Withdrawn behaviour or fearfulness.
- Lack of appropriate boundaries with strangers; too eager to please.
- Eating disorders or self-harm.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. This may include physical contact both penetrative and non-penetrative, or viewing pornographic material including through the use of the Internet. Indicators of sexual abuse include: allegations or disclosures, genital soreness, injuries or disclosure, sexually transmitted diseases, inappropriate sexualized behaviour including words, play or drawing.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs which can significantly harm their health and development. Neglect can include inadequate supervision (being left alone for long periods of time), lack of stimulation, social contact or education, lack of appropriate food, shelter, appropriate clothing for conditions and medical attention and treatment when necessary.

We keep up to date with the most recent local and national safeguarding advice and guidance.

The Prevent Duty (2015) & Promoting British Values

From 1st July 2015 all schools, registered early years childcare providers and registered later years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

Indicators

Staff will be alert to issues including:

- Disclosures by children of their exposure to the extremist actions, views or materials of others outside of the setting, such as in their homes or community groups
- Graffiti symbols, writing or art work promoting extremist messages or images
- Parental reports of changes in behaviour, friendship or actions and requests for assistance
- Use of extremist or 'hate' terms to exclude others or incite violence
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture

In order to ensure that we adhere to and achieve the Prevent duty we will:

- Provide appropriate training for staff. Part of this training will enable staff to identify children who may be at risk of radicalisation
- We will build the children's resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views (for early years providers the statutory framework for the EYFS sets standards for learning, development and care for children from 0-5, thereby assisting their personal, social and emotional development and understanding of the world)
- We will assess the risk, by means of a formal risk assessment, of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology

- We will ensure that our staff understand the risks so that they can respond in an appropriate and proportionate way
- We will be aware of the online risk of radicalisation through the use of social media and the internet
- As with managing other safeguarding risks, our staff will be alert to changes in children's behaviour, which could indicate that they may be in need of help or protection (children at risk of radicalisation may display different signs or seek to hide their views). Our Key Person approach means we already know our key children well so we will notice any changes in behaviour, demeanour or personality quickly
- We will not carry out unnecessary intrusion into family life but we will take action when we observe behaviour of concern. Our key person approach means that we already have a rapport with our families so we will notice any changes in behaviour, demeanour or personality quickly
- We will work in partnership with our LSCB for guidance and support
- We will build up an effective engagement with parents/carers and families. (This is important as they are in a key position to spot signs of radicalisation)
- We will assist and advise families who raise concerns with us. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms
- We will ensure that all staff will undertake Prevent awareness training (as a minimum) which includes guidance on how to identify those who may be vulnerable to being drawn into terrorism and how to refer them into the Channel process
- We will ensure that any resources used in the nursery are age appropriate for the children in our care and that our staff have the knowledge and confidence to use the resources effectively

Female Genital Mutilation (FGM)

FGM is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and

groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

FGM refers to procedures of any alteration involving partial or total removal of the external female genital organs. The procedure may lead to short term and long-lasting harmful consequences such as death, trauma, infections, flashbacks, infertility, kidney problems, sexual dysfunctions, incontinence, post-traumatic stress disorder etc. It is known to be practised in the North African countries, the Middle-East, Indonesia, Malaysia, India and Pakistan. However, with migration worldwide it is also practised in the UK, the USA, Canada, Australia etc.

The United Nations addresses FGM as violation of human rights. In the UK, FGM is a criminal offence and a harmful form of child abuse. It is illegal to practice in the UK and/or anyone involved in taking girl outside of the UK to have FGM carried out will be punished under the FGM Act 2003 and Serious Crime Act 2015.

FGM is not a religious practice.

Indicators

There are a range of potential indicators that a girl may be at risk of FGM.

FGM often takes place in the summer holidays, as the recovery period after FGM can be 6 to 9 weeks. Professionals should be mindful of high risk times when children go on long holidays and/or are getting a visit by female elder from their country of origin. Additionally, girls are considered at risk where their mother or sisters have undergone FGM, and girls are talking about a 'special' event or procedure to 'become a woman.'

Post FGM symptoms can include, but are not limited to:

- Difficulty in walking, sitting or standing.
- Spending long periods of time in the bathroom/toilet.
- Displaying unusual behaviour after a lengthy absence.
- Parents/carers reluctant to explain reasons for absence.

- Talking about themselves in the third person or talking about a "friends" problem.

Mandatory Reporting Duty

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gave the Government powers to issue statutory guidance on FGM to relevant persons. The guidance provides professionals with the information they need to help them understand the issues around FGM; professionals' responsibilities on FGM linked to wider safeguarding duties and good practice; the range of legal interventions to deal with FGM; guidelines for key professionals including police, healthcare professionals, children's social care and schools and colleges, and working with communities to prevent FGM.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining children - it is likely that discovery will be made by disclosure by the student, parent or otherwise. These cases must be referred to police.

Immediate reporting is required if FGM has been performed recently, and in historical cases, reporting must take place within one month.

Unless the teacher has a good reason not to, they should still consider and discuss any such case with the designated safeguarding lead and involve children's social care as appropriate. While the duty is limited to the specified professionals described above, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with the procedures of their Local Safeguarding Children Board (LCSB).

As a setting, we will aim to raise awareness of FGM by:

- Circulating and display materials about FGM

- Displaying relevant information (for example, details of the NSPCC's Helpline and appropriate black and minority ethnic women's groups)
- Informing colleagues/raising awareness of the issues around FGM - as well as including appropriate training in continuing professional development

Managing Concerns and Recording Disclosures

Anyone working with the children at our nursery are advised to maintain an attitude of 'professional curiosity and uncertainty' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child and have a responsibility to take action as outlined in this policy.

All staff are encouraged to report any concerns that they have and not see these as insignificant. Concerns can accumulate over a period of time and are evidenced by building a picture over time; this is particularly true in cases of emotional abuse and neglect. In these circumstances, it is crucial that staff record and pass on concerns in accordance with this policy to allow the DSL to build up a picture and assess support for the child at the earliest opportunity. Staff record their concerns on the agreed reporting form in the 'Confidential File' stored in a secure filing cabinet. These files are the responsibility of the DSL. Child Protection information will only be shared within school on the basis of 'need to know in the child's interests' and on the understanding that it remains strictly confidential. If we discover or suspect a child is suffering from harm we will notify Staffordshire's First Response service or Stoke-on-Trent's Safeguarding Referral Team (SRT) or the Police in order that they can be protected if necessary.

Staffordshire's First Response

0800 1313 126

8.30-5.00pm Monday to Thursday 8.30-4.40pm Friday

Or

Email: frist@staffordshire.gov.uk

EDS (out of hours) Tel No **0845 6042886**

Or email eds.team.manager@staffordshire.gov.uk

Non-emergency- call Staffordshire Police on 101

Stoke-on-Trent Safeguarding Referral Team (SRT)

01782 235100

8.30-5.00pm Monday to Thursday

8.30-4.30pm Friday

Or Emergency Duty Team (out of hours)

Tel No. **01782 234234**

Non-emergency- call Staffordshire Police on 101

Early Intervention

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life. An [Early Help Assessment](#) (EHA) will be initiated when welfare concerns are raised in relation to the child and their family. This will also be done when the support of more than one additional agency is needed in order to meet the child/family's needs.

Staff will discuss children who appear to have additional needs with the DSL and SENCO, and parents/carers.

A consent form will be obtained for an EHA to be completed. Staff will refer to the Staffordshire's Threshold Framework: '[Accessing the Right Help at the Right Time](#)', Threshold Criteria for the Guide to Levels of Need for Children, Young People and Families and Information Sharing Guidance for practitioners for clarity if consent is refused. Whenever an EHA is initiated we will inform the Local Support Team (Staffordshire).

When concerns reach the threshold of Child in Need

A 'Child in Need' referral should be considered where the needs of the child are unlikely to be met under an EHA, such as a child with complex disabilities, when a social work led assessment is required.

If the DSL considers that the welfare concerns indicate that a 'Child in Need' referral is appropriate, they will speak with parents/carers and obtain their consent for referral to First Response.

With the exception of child protection, referrals will not be accepted by First Response in the Multi Agency Safeguarding Hub (MASH) without the parents/carers having been consulted.

If at any point there is a risk of immediate serious harm to a child a referral should be made immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for reconsideration by raising concerns again .

Disclosures

If a child makes a disclosure or allegation of abuse against an adult or other child or young person, it is important that you:

- Stay calm and listen carefully.
- Reassure them that they have done the right thing in telling you.
- Do not investigate or ask leading questions.
- Let them know that you will need to tell someone else.
- Do not promise to keep what they have told you a secret.
- Inform your Designated Safeguarding Lead as soon as possible.
- Make a written record of the allegation, disclosure or incident which you must sign, date and record your position using the setting safeguarding record log forms.
- Ensure that the appropriate disciplinary procedures are followed including whether suspending a member of staff from work until the outcome of any investigation if this is deemed necessary.
- Act on any decision made in any strategy meeting.
- Advise the Independent Safeguarding Authority where a member of staff has been disciplined or dismissed as a result of the allegations being founded.
- Any causes for concern will be recorded. Staff will share their concerns with the DSL who in turn will then seek advice from Gill Richards (Head teacher at Barnfields Primary School) who will then seek advice or make a referral to First Response where appropriate.

Managing Allegations

We are aware of the possibility of allegations being made against members of staff or volunteers that are working or may come into contact with children and young people whilst in our setting. Allegations will usually be that some kind of abuse has taken place. This could include inappropriate behaviour displayed by members of staff or other persons working with the children such as inappropriate sexual comments, excessive one to one attention beyond the requirements of their role and responsibilities, inappropriate sharing of images. They can be made by children and young people or other concerned adults. Allegations are made for a variety of reasons:

- Abuse has actually taken place.
- Something has happened to the child that reminds them of a past event - the child is unable to recognise that the situation and people are different; Children can misinterpret your language or your actions.
- Some children recognise that allegations can be powerful and if they are angry with you about something they can make an allegation as a way of hitting out.

An allegation can be a way of seeking attention. If you are concerned that a member of staff or adult in a position of trust poses a danger to a child or young person or that they might be abusing a child or young person you should report your concerns to the Designated Safeguarding Lead. Where those concerns relate to the Designated Safeguarding Lead however, this should be reported to the board using the settings 'Whistle blowing' policy. If you feel unable to do any of those things you should report your concerns directly to the LADO (Local Authority Designated Officer) who manages allegations against staff. The DSL/Board will need to discuss with the Local Authority Designated Officer (LADO) the nature of the allegations made against the adult, in order for the appropriate action to be taken. This may constitute an initial evaluation meeting or strategy discussion depending on the allegation being made.

The Board will need to:

- Refer to the Local Authority Designated Officer (LADO) who can be contacted immediately and follow up in writing within 48 hours.

Consider safeguarding arrangements of the child or young person to ensure they are away from the alleged abuser.

- Contact the parents or carers of the child/young person if advised to do so by the LADO.
- Consider the rights of the staff member for a fair and equal process of investigation.
- Advise Ofsted of allegation within 14 days of the allegation.

Contact Details for the LADO-Staffordshire

Freephone: 0800 1313 126

(Monday to Thursday, 8.30-5.00pm and Friday 8.30-4.30pm)

Email: frist@staffordshire.gov.uk

In an emergency outside the office hours tel **0845 6042 886**

Contact Details for the LADO- Stoke-on-Trent

The Safeguarding Referral Team (SRT) 01782 235100

(Monday to Thursday, 8.30-5.00pm and Friday 8.30 to 4.30pm)

In an emergency outside the office hours tel 01782 234234

Mobile Phones and Cameras

Barney Bears Nursery and the Before and After School Club have policies and procedures in place with regard to the use of mobile phones and cameras in the setting and on visits etc. This can be found within our Policies and Procedures folder.

This document has regard to the statutory guidance [Working Together to Safeguard Children 2015](#). This policy is in keeping with [Staffordshire Safeguarding Children's Board](#) and [Stoke-on-Trent Safeguarding Children Board](#) policies and procedures and their respective workforce development and training strategy's. Child Protection has to be considered within professionals' wider safeguarding responsibilities that include a duty to co-operate under the [Children Act 2004](#) and takes account of the need for children to 'be healthy' and to 'stay safe'.

Relevant Policies

The following policies are also included under our safeguarding umbrella:

- Staff code of Conduct
- Whistleblowing
- Recruitment, Selection and Interview
- Social Media
- Manual Handling
- Health and Safety
- Missing Child
- SEND
- Mobile Phones and Cameras
- Behaviour
- Suitable Persons