

TAYLORSTOWN CROSS COMMUNITY PRESCHOOL LTD.

SAFEGUARDING CHILDREN/CHILD PROTECTION POLICY **(IN LINE WITH TRUST PROCEDURE)**

PRINCIPLES

Legislation on Child Protection e.g. The Children (NI) Order 1995, taking into consideration the five main principles of the Order, the first being “the welfare of the child is paramount”.

CHILDREN'S RIGHTS AND ENTITLEMENTS

POLICY STATEMENT

- We promote children's right to be strong, resilient and listened to by creating an environment in our setting that encourages children to develop a positive self image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, culture traditions and home background.
- We promote children's right to be strong, resilient and listened to by encouraging children to develop a sense of autonomy and independence.
- We promote children's right to be strong, resilient and listened to by enabling children to have the self-confidence and the vocabulary to resist inappropriate approaches.
- We help children establish and sustain satisfying relationships within their families, with peers, and with other adults.
- We work with parents to build their understanding of, and commitment to, the principles of safeguarding all our children.

SAFEGUARDING CHILDREN AND CHILD PROTECTION

POLICY STATEMENT

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life.

PROCEDURES

In accordance with Trust Guidelines, Our Duty to Care and Social Services we will endeavour to safeguard children by:-

Key commitment 1

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

Staff /Students/Trainees and Volunteers

- Our designated person who co-ordinates child protection is: Mrs LeAnn McKeown (02879659229).
- Our designated officer who oversees this works is: Mrs Sarah Scullin (07927656061)
- We ensure that all staff and parents are made aware of our safeguarding policy and procedures.
- We provide adequate and appropriate staffing resources to meet the needs of children.
- Candidates are informed of the need to carry out 'enhanced disclosure' checks with the current up to date vetting procedures before posts can be confirmed.
- Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We abide by the Northern Health and Social Care Trust (NHSCT) requirements in respect of references and criminal record checks for staff/Students/Trainees and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Students/Trainees/Volunteers do not work unsupervised.
- We adhere to the NHSCT/ISA guidelines in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have lead to dismissal for reasons of children protection concern.
- We have procedure for recording the details of visitors to the setting.
- We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.

Key commitment 2

We are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set out.

Types of abuse

- **Physical Abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.
- **Sexual Abuse** occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images,

forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

- **Emotional Abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying including online bullying through social networks, online games or mobile phones – by a child's peers.
- **Neglect** is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.
- **Exploitation** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.
- **FGM-Female genital mutilation (FGM)** is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse.
- **Domestic violence** -- effects of domestic violence on children, result from witnessing domestic violence in a home where one of their parents are abusing the other parent, plays a tremendous role on the well-being and developmental growth of children witnessing the violence.

Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms – physical, emotional, and sexual, as well as neglect, exploitation, FGM & Domestic violence.
- When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour, or their play.
- Where such evidence is apparent, the child's key worker/staff member makes a dated record of the details of the concern and discusses what to do with the setting leader who is acting as the designated person. The information is stored on the child's personal file.

- We refer concerns to the Single Point of Entry team and cooperate fully in any subsequent investigation.
- We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
- We use detailed procedures and reporting format when making a referral to Single Point of Entry team.
- We will also contact our Early Years Link Social Worker/Early Years Team
- Where a child is already known to Social Services and has a social worker, we will contact them directly.

Recording suspicions of abuse

- Where a child makes comments to a member of staff that gives cause for concern (disclosure), observes signs or signals that gives cause for concern, such as significant changes in behaviour, deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect that a member of staff:
 1. listens to the child, offers reassurance and gives assurance that he/she will take action;
 2. does not question the child;
 3. makes a written record that forms an objective record of the observation or disclosure that includes;
 - the date and time of the observation or the disclosure;
 - the exact words spoken by the child as far as possible;
 - the name of the person to whom the concern was reported, with the date and time; and
 - the names of any other person present at the time.
- These records are signed and dated and kept in the child's personal file which is kept securely and confidentially.

Making a referral to Single Point of Entry Team

- We will follow any procedures that the Single Point of Entry team has in place.
- We will also inform our link social worker that we have made a referral to the Single Point of Entry team.
- Where the child already has a social worker, we will contact them directly.
- We will retain a copy of any forms filled in for the Single Point of Entry team in the child's personal file.
- All staff are aware of the referral procedures for recording and reporting.

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 guidance does not allow this.

- This will usually be the case where the parent is the likely abuser. In these cases the investigating officer will inform parents.

Liaison with other agencies

- We work with the NHSCT guidelines.
- All staff are familiar with what to do if they have concerns.
- We have procedures for contacting social services on child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and social services to work well together.
- We will notify NHSCT of any incident and any changes in our arrangements which may affect the well-being of children.
- If a referral is to be made to the Single Point of Entry team, we act within the the area's Safeguarding Children and Child Protection guidance in deciding whether we must inform the child's parents at the same time.

Allegations against staff

- We ensure that all parents know how to complain about the behaviour or actions of staff/students/trainees/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 NHSCT when responding to any complaint that a staff member, or student/trainee/volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
- We respond to any disclosure by children or staff that abuse by a member of staff, student/trainee/volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
- We refer any such complaint immediately to the Single Point of Entry team and the link social worker to investigate. We are aware that it is an offence not to do this.
- We will co-operate fully with any investigation carried out by the Single Point of Entry team/Early Years Team.
- Where the management committee and NHSCT agree it is appropriate in the circumstances, the chairperson will suspend the member of staff /volunteer/student/trainee, 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 the children and families throughout the process.

Disciplinary action

- Where a member of staff/student/trainee/volunteer has been dismissed due to engaging in activities that caused concern for safeguarding of children , we will notify the Single Point of Entry team/Early Years and The

Independent Safeguarding Authority of relevant information so that individuals who pose a threat to children (and vulnerable adults), can be identified and barred from working with these groups.

Key commitment 3

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

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 NHSCT guidelines for making referrals.
- We ensure that all staff know the procedures for reporting and recording their concerns in the setting.

Planning

- The layout of the room allows for constant supervision. No child is left alone with staff/volunteer/students/trainees in a one-to-one situation without being visible to others.

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 may 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.
- 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 NHSCT.

Support to families

- We believe in building trusting and supportive relationships with families, staff/students/trainees/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 NHSCT.
- We follow child protection guidelines as set out by NHSCT in relation to the settings 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 NHSCT guidelines.

Understanding the needs of children in Northern Ireland (UNOCNI)

We are aware of the referral system of UNOCNI – Understanding the Needs of Children in Northern Ireland. Our registering social worker and the Single Point of Entry team will keep us informed of any changes and training available.

**Single Point of Entry Team
Referral Gateway Team
Oriel House
2-8 Castle Street
Antrim
BT41 4JE**

Tel: 028 9442 4459

**Early Years Team
Raphael House
11b Fenaghy Road
Galgorm
Ballymena
BT42 1HW**

Tel: 028 2563 5110

**Out of Hours SW

After 5.00pm each evening and all day weekends and bank holidays**

Tel: 028 9446 8833

This policy has been adopted by the preschool committee at a meeting on

_____ (Chairperson)
Witnessed by _____

This Policy was reviewed on _____
Witnessed by _____ (Chairperson)

Complex Co-ordinator _____ Date _____