

## Child protection policy

### Aim of the policy

All staff have a duty to protect the welfare of every child in our care.

We aim to comply with the local authority child protection procedures and ensure that all adults working with and looking after children are able to put these procedures into practice.

### Points to consider

The following policies should be used alongside the child protection policy to form a full safeguarding procedure:

- Confidentiality policy
- Designated safeguarding lead (DSL)
- Multi Agency Safeguarding Hub (MASH)
- Local authority designated officer (LADO)
- What to do if you are worried about a child?
- What to do if a child discloses abuse?
- What will happen if you are accused of abuse?
- Suspected abuse by an early years worker
- Whistleblowing
- Disclosing information
- Safeguarding training
- Suitable people and safer recruitment
- Social networking
- Bruising on not-independently-mobile children

- Physical intervention policy
- Prevent duty
- Common assessment framework (CAF)
- Anti-bullying policy
- Lost/missing child policy
- Late/non-collection of a child
- Arrival and departure procedure
- Non-attendance policy
- Intoxicated persons policy
- Mobile phone policy
- Using tablets/iPads in the setting or club
- Using images policy
- Multi-agency working and information-sharing policy
- Data protection policy

**If you have a concern about a child**, you should share these concerns with parents/carers. However, if sharing these concerns puts the child at risk of significant or further harm, you should seek advice from the local authority team and the police depending on the circumstances.

For best practice, practitioners are asked not to use the word 'secret', as we do not want the children to keep secrets from us or their families. Instead, practitioners are advised to use the word 'surprise'.

As soon as you notice something or have a concern about a child you must complete a Cause for Concern form and give it to your DSL within half an hour.

**We record the following information for each child:**

- Name

14	<p><i>*Some policies continue to the next page. Please check you are referring to the complete policy content. These policies are reviewed annually and updated inline with changes to government legislation.</i></p>
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- Address/addresses
- Gender
- Date of birth
- Allergies
- Routine
- People with parental responsibility
- Legal contacts
- Who the child normally lives with
- Any other setting the child attends
- If an Early Help Assessment (EHA) has ever been done on the child

We will ensure this information is updated at least every year. Allergy and care plan information will be updated every three months.

Information relating to individual children with regard to child protection concerns or cases is kept in a secure location with access limited to those deemed suitable.

Child protection is an extremely sensitive and complex area. However, during the course of their work, staff may be concerned about a child's welfare. All agencies that work with children have a duty and responsibility to report and assist in child protection investigations.

Identification of child abuse is difficult and will normally be a combination of social and medical assessment. No list of signs or symptoms can be exhaustive. The following are for guidance only. It must be remembered that alternative medical or social explanations may exist for the problems listed here.

However, if anyone has a concern about a child, they must report it so a referral can be made.

See the safeguarding flow chart within this document for reporting procedures. The flow chart can also be found around the nursery on all doors as a daily reminder.

It is conventional to look for evidence of abuse in two categories:

- Physical signs
- Behavioural symptoms

## Signs and symptoms of abuse

Remember: PENS – Physical, Emotional, Neglect and Sexual

Significant harm can be the result of:

1. Physical abuse
2. Emotional abuse
3. Neglect
4. Sexual abuse

### 1. Physical abuse

#### Physical abuse

Most injuries to children are accidental and can be explained. Physical abuse is when someone hurts or harms a child or young person on purpose. It includes;

**Factors associated with injuries that may arouse the suspicion that they are not accidental may include:**

- Where the explanation is not consistent with the injury or with the stage of development of the child
- Where there are changes of explanation or no explanation
- Where there is a history of frequently repeated injury
- Where there has been considerable delay in seeking medical advice
- Where there are bruises of different ages on the child at any one time, other than on the common sites of accidental injury in a child of that age (e.g. on shins and forehead)
- Where there is facial bruising, other than over the bony prominences, particularly around the mouth, eyes or ears
- Where there are unexplained burns, bite marks, severe bruising or any combination of these
- Where there are bruises on the buttocks or thighs
- Any bruising in a baby not yet mobile, reluctance to move limbs or tenderness on handling

## Physical

- slapping and punching
- kicking
- shaking
- throwing
- poisoning
- burning and scalding
- biting and scratching
- breaking bones
- drowning

Bumps and bruises don't always mean a child is being physically abused. All children have accidents, trips and falls. And there isn't just one sign or symptom to look out for. But it's important to be aware of the signs.

If a child regularly has injuries, there seems to be a pattern to the injuries or the explanation doesn't match the injuries, then this should be reported.

Physical abuse symptoms include:

- bruises
- broken or fractured bones
- burns or scalds
- bite marks.

## 2. Emotional abuse

All forms of abuse have an emotional element, but some children may be very well physically cared for while being emotionally abused. An emotionally abused child may be subjected to constant criticism and scapegoating. There may on the one hand be continuous withholding of approval and affection, accompanied by severe discipline, or on the other hand, a total lack of appropriate control. Alternatively, a child may be exploited to fulfil the parents' emotional needs.

**The child may:**

- Have an impaired ability for enjoyment and play
- Lack curiosity and natural exploratory behaviour
- Be delayed in language development and play skills
- Have low self-esteem and feelings of worthlessness
- Show eating disturbances or growth failure

### 3. Neglect

Neglect is a failure to meet the basic needs of the child. This may include failure to provide food,

warmth, clothing or consistent care.

**Signs and symptoms may include:**

- Inappropriate or inadequate clothing
- Poor hygiene
- Developmental delay, poor speech and play skills
- Parents persistently failing to seek or follow medical advice
- Parents persistently fail to ensure the child's safety.

Some cases of failure to thrive also have a basis of neglect.

### 4. Sexual abuse

While there are several signs associated with sexual abuse, many of these are also associated with other problems. It is rare for sexual abuse to be recognised by one symptom. Rather, it is a matter of developing a full picture of the child. A child who is or has been sexually abused does not always display behavioural disturbances.

**Factors that may arouse suspicion of sexual abuse may include:**

- Overly sexualised behaviour
- Sexual awareness and knowledge in advance of developmental age
- Withdrawn behaviour
- Drawings or play activities that are explicitly sexual
- Compulsive masturbation
- Wetting and soiling (once toilet trained)
- Recurrent urinary tract infections
- Sexually transmitted disease
- Genital or anal inflammation or irritation

- Genital or anal bleeding or lacerations
- Changes in behaviour
- Anxiety during nappy or toileting times

**Signs that may suggest sexual abuse include:**

- Pain, bruising or bleeding in the genital area
- Vaginal discharge or infection
- Stomach pains
- Changes in behaviour
- Fear of being left with a specific person or group of people
- Sexual knowledge beyond their developmental level
- Sexual drawings or language
- Eating problems
- Self-harm
- Acting in a sexually explicit way towards adults

**Other types to be aware of include:**

- Child sexual exploitation (CSE)
- Female genital mutilation (FGM)
- Domestic violence and abuse
- County lines
- Breast ironing
- Fabricated/induced illness
- Child trafficking
- Cuckooing

- Toxic trio

### Child sexual exploitation

Child sexual exploitation is a form of sexual abuse in which a young person is manipulated or forced into taking part in a sexual act. This could be part of a seemingly consensual relationship or in return for attention, affection, money, drugs, alcohol or somewhere to stay.

### Female genital mutilation

FGM 'includes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons whether for cultural or other non-therapeutic reasons' (WHO, UNICEF, UNFPA, 1997).

FGM constitutes child abuse and causes physical, psychological and sexual harm that can be severely disabling.

In cases of suspected FGM, providers must not contact parents before seeking advice from the local authority.

#### Signs that may suggest FGM include:

- Talking about a special procedure or ceremony that is going to take place
- Prolonged absence from the setting
- Changes in behaviour on return
- Damage to the genital area and/or adjacent tissues
- Pain or difficulty in sitting
- Bleeding or infection
- Urine retention
- Fracture or dislocation as a result of restraint
- Psychological damage, including depression, anxiety and sexual dysfunction

### Domestic violence and abuse

The cross-government definition of domestic violence and abuse is any incident or pattern of incidents

of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological abuse
- Physical abuse
- Sexual abuse
- Financial abuse
- Emotional abuse

**Signs that may suggest children are exposed to domestic abuse include:**

- Aggressive behaviour
- Anti-social behaviour
- Acting out their experiences
- Suffering from depression or anxiety
- Not achieving their potential due to difficulties at home or disruption of moving to and from refuges

### Indicators of abuse

It is vital that staff are aware of the full range of physical and behavioural indicators of abuse and report any concerns to the designated safeguarding and child protection person. It is the responsibility of the childcare setting to report concerns, but it is not their responsibility to investigate or decide whether a child has been abused.

Indicators can take a number of forms, and individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They will be viewed as part of the bigger picture, and each small piece of information will help the designated safeguarding and child protection person decide how to proceed. The setting does not need absolute proof that the child is at risk to act.

### County lines

'County lines' is a form of criminal exploitation of children and young people with a devastating effect on each individual's life, family and community. Children are groomed and coerced into trafficking drugs by criminal gangs around the country.

## Breast ironing

Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's breasts using hard or heated objects to try to prevent them from developing or make them disappear.

## Fabricated/induced illness

This happens when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. The parent or carer tries to convince doctors that the child is ill or that their condition is worse than it really is. The parent/carer may induce physical illness through poisoning, starvation or inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

## Child trafficking

Children are tricked, forced or persuaded to leave their homes. Traffickers often use grooming techniques to gain the trust of a child, family or community.

Traffickers may promise children an education or persuade parents their child can have a better future in another place.

Sometimes families will be asked for payment towards the 'service' a trafficker is providing – for example sorting out the child's documentation prior to travel or organising transportation.

Traffickers make a profit from the money a child earns through exploitation, forced labour or crime. Often this is explained as a way for a child to pay off a debt they or their family 'owe' to the traffickers.

Identifying a child who has been trafficked is difficult as they are intentionally hidden and isolated from the services and communities who can identify and protect them.

Signs that a child has been trafficked may not be obvious, but could include:

- living apart from family or having limited social contact with friends, family and the community
- living somewhere inappropriate, like a work address or dirty, cramped, unhygienic or overcrowded accommodation, including caravans, sheds, tents or outbuildings
- lacking personal items
- consistently wearing the same clothes

- physical or psychological abuse, ill health, exhaustion or injury – may look unkempt and malnourished
- providing a prepared story if questioned or struggling to recall experiences

This is not an exhaustive list. The warning signs presented by children and young people who are being exploited will present differently for each individual. Children may find it hard to understand that what's happening is abuse – especially if they have been groomed. A victim of grooming may believe they are in a relationship with their abuser and be unaware that they are being exploited.

### Cuckooing

Cuckooing happens when a county lines gang takes over the home of a vulnerable adult by coercion or force, and use it as a base to deal drugs from. The vulnerable adult may have issues with substance misuse or mental health problems, be elderly, young, disabled or be in debt to the gang.

As well as drugs, they may also be involved in the movement of cash and weapons. The people who are 'recruited' by criminals to transport, store and sell these, are targeted for a variety of reasons and from all areas of the UK, including rural areas. They are often chosen because they seem less likely to stand out and therefore they are less likely to get caught. County lines activity is linked to cuckooing.

Children may reside in cuckooed houses, either because it is their home that has been targeted, or they have been moved into the house for the purposes of exploitation. This puts them at high-risk for abuse and neglect, and any safeguarding concerns regarding their wellbeing should be raised and dealt with swiftly and effectively.

### Toxic trio

The term 'toxic trio' has become key in the safeguarding domain – it is a concept that everyone with safeguarding responsibilities should be aware of, so that you can identify risk factors and act in children's best interests. The 'toxic trio' is made up of three issues: domestic abuse, mental

many different situations that could lead to all three of the toxic trio arising.

You need to be able to understand how the members of the toxic trio interlink, to ensure that you put appropriate, effective interventions in place. Adequate support can reduce the risk of children experiencing long-term negative consequences stemming from these issues. It is also vital to be aware of the toxic trio **risk factors**, including parents or carers having a history of childhood abuse or neglect, or other family history with social care services.

It is necessary for each family member to be spoken to by the DSL about what is happening in their household, including children, both parents (mothers are often focused on), and new or ex-partners. Children should be spoken to away from their parents, wherever possible, because they may not be able to be honest in front of them – they might fear negative consequences. They should also be reassured about what will happen when they tell the truth. Parents and carers should be spoken to separately in cases of domestic abuse for similar reasons.

Remember to always put the needs of the child first, and think about how to achieve sufficient change within a timescale that reflects those needs. If parents are not engaged or not complying, it may be the case that you have to escalate your response, in order to keep children safe.

### **The Prevent Duty**

Prevent duty refers to preventing children from radicalisation. You must be alert to any reason for concern in the child's life at home or elsewhere. This includes the awareness of the expression of extremist views.

One reason why these issues often coexist is that a parent misusing drugs or alcohol is more likely to be in a relationship where domestic abuse occurs – those who misuse drugs or alcohol have a greater chance of experiencing mental ill-health. Conversely, adults with mental health problems are more likely to abuse drugs or alcohol; there are many different situations that could lead to all three of the toxic trio arising.

### **Children who may be particularly vulnerable to abuse**

All children should receive equal protection, so providers should be particularly aware of children in the following circumstances who may be particularly vulnerable:

- Looked after
- Disabled or have special educational needs
- Living in a known domestic abuse situation
- Affected by known parental substance misuse
- Asylum seekers
- Living in temporary accommodation or living transient lifestyles
- Living in chaotic, neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- Do not have English as a first language