**Solihull Guidance**

**Child Protection Policy**

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**Insert Provider Name**

**Child Protection Policy Statement**

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. The policy applies to all children whose care and education comes within the remit of this provision. All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.

We will ensure that we will safeguard and promote the welfare of children and work together with other agencies to ensure that our setting has adequate arrangements to identify, assess and support those children who have been harmed or are at significant risk of being harmed.

* This policy sets out how INSERT EDUCATION PROVIDER NAME is carrying out its statutory responsibility to safeguard and promote the welfare of children in accordance with Regulations made under section 39(1)(b) of the Childcare Act 2006
* This policy applies to all staff, volunteers, temporary and supply staff working in the provision.
* This policy will be reviewed annually and is in line with the requirements of the Early Years Foundation Stage Statutory Framework (2017), Working Together to Safeguard Children (DfE, September 2018) , Inspecting safeguarding in early years, educations and skills settings Ofsted document (2019).
* This policy is made available to parents via outline how this will be made available to parents………

Child Protection Policy ratified by management board / proprietor (delete as appropriate) *insert name of setting* on *date.*

**This guidance is provided by Solihull Early Years and Education Improvement Service as a guide for Solihull providers but should be read and amended to ensure that the unique arrangements within the setting are described accurately.**

Registered provider:……………………………………………………………………

(Name and signature)

Next review date: …………………………….

Provision: Insert provision name

**NAME OF PROVIDER CHILD PROTECTION POLICY AND PROCEDURES**

**Education and care providers may wish to insert their mission statement or vision and values in line with their procedures for other policies.**

# Policy Statement:

Safeguarding children is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play. Children have a right to feel safe and secure and cannot learn effectively unless they do so.

The welfare of our pupils is our paramount concern. Our setting is a community and we all (staff, parents, families and pupils) have an essential role to play in making it safe and secure. This includes maintaining an attitude of “it could happen here” where safeguarding is concerned.

We make every effort to provide a safe and welcoming environment, underpinned by a culture of openness where both children and adults feel secure, able to talk and believe they are being listened to.

**Aims:**

* To set clear expectations of how we expect all staff and volunteers to respond in the event of a concern about a child or young person, including their responsibilities in identifying and reporting possible cases of abuse and neglect, in order to safeguard children and young people.
* To identify key roles and responsibilities for all staff in relation to child protection, and emphasise the need for good levels of communication between all members of staff in the setting.
* To recognise our responsibility to refer any significant concerns about a child or young person which may indicate physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) or neglect to Multi-agency Safeguarding Hub (MASH). The Solihull Multi-Agency Thresholds Criteria [https://solihulllscp.co.uk/media/upload/fck/file/Tools/(LSCP)%20Solihull%20LSCP%20Thresholds.docx](https://solihulllscp.co.uk/media/upload/fck/file/Tools/%28LSCP%29%20Solihull%20LSCP%20Thresholds.docx) should be used to support decision making in any referral.
* To provide reports to and attend any statutory child protection conferences, initial and review, core group meetings and child in need conferences that may be called in line with Solihull Local Safeguarding Children Partnership (LSCP) child protection procedures.
* To engage in child protection statutory assessment and interventions as required, recognising our duty to work with other agencies in protecting children from harm (e.g: Children’s Social Work Services, Police Public Protection Unit, health professionals including mental health professionals).
* To maintain clear management oversight of all child protection work; identifying, referring and supporting children known to be at risk of harm, ensuring pupils at risk of harm are safeguarded and receive timely support and intervention; including early help and prevention work.

# Definitions

**Safeguarding:** protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adulthood (as defined in the Children Act 2004). This is applied to every child.

**Child Protection:** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

**Child:** refers to all young people who have not yet reached their 18th birthday. The policy applies to all pupils in our setting. It will extend to visiting children and students from other establishments.

**Parent:** refers to birth parents and other adults in a parenting role, for example adoptive parents, step parents and foster parents.

**Abuse:** a form of maltreatment of a child. This could mean neglect, physical, emotional or sexual abuse or any combination of these. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children. In the Children’s Acts 1989 and 2004, **a child** is anyone who has not yet reached their eighteenth birthday.

# Legal Framework

The Children’s Acts 1989 and 2004 (as amended 2004 section 52) The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children Under Section 17 (10) of the Children Act 1989, a child is in “need” if:

* He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
* His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
* He/she is disabled.
* Disqualification under the Childcare Act 2006 (31 August 2018)

The Sexual Offences Act 2003

The Counter-Terrorism and Security Act (2015), section 26 The Prevent Duty

Serious Crime Act (2015),

Statutory Guidance: Working Together to Safeguard Children (September 2018)

Statutory Guidance: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE 2015).

What to do if you’re worried a child is being abused (March 2015)

# Leadership and Management of Child Protection

 The registered provider is responsible for:

* Ensuring there is a nominated safeguarding governor.
* Liaising with the manager and/or designated staff over safeguarding matters. This is a strategic role rather than operational.
* Supporting the manager and staff (such as the DSL- designated safeguarding lead) in their role by ensuring the allocation of funding and resource is sufficient to meet the current safeguarding activity.
* Ensuring leaders report to the registered provider at least annually. This should include feedback on self-evaluation activity.
* Ensure all staff receive safeguarding training, and the safeguarding lead attends appropriate training in order to guide staff on their responsibilities and to provide appropriate challenge and support for any action to progress areas of weakness or development in the provision’s safeguarding arrangements.
* Ensuring the setting has effective safeguarding policies and procedures in place.
* Ensuring that training is undertaken at the required frequency by all staff.
* Ensuring the setting has a broad and balanced curriculum that incorporates safeguarding.
* Ensuring the setting complies with relevant legislation and local guidance around safeguarding.
* Ensuring that there are clear lines of accountability within the setting’s leadership for safeguarding.

# Child Protection Roles

The Designated Safeguarding Lead (DSL) for Child Protection is ………………. and is a member of the Senior Leadership Team. His/her job description clearly reflects this role. He/she has undertaken relevant training to the role and receives at least bi-annual updates through reading, training, setting evaluation and reflection of practice.

The Deputy Designated Safeguarding Lead (DSL) for child protection is/are …………………………………………………….. His/her/their job description clearly reflects this role. He/she/they have undertaken relevant training to undertake the role and receive(s) at least bi-annual updates.

In the absence of the Designated Safeguarding Lead and the Deputy Designated Safeguarding Lead the most senior member of staff in the provision will assume responsibility for any child protection matters that arise.

 The manager/owner will ensure that the child protection policies and procedures are fully implemented and sufficient resources and time are allocated to enable staff members to discharge their safeguarding responsibilities.

Definitions of Abuse: **All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.**

**Physical Abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

**Emotional Abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual Abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities 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 of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect** is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health and development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

* provide adequate food, clothing and shelter (including exclusion from home or abandonment);
* protect a child from physical and emotional harm or danger;
* ensure adequate supervision (including the use of inadequate care-takers);
* ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

# Additional Vulnerabilities for Pupils with Special Educational Needs and Disabilities (SEND)

Additional barriers can exist when recognising abuse and neglect for children with special educational needs and disabilities, including:

* assumptions that indicators of possible abuse (eg: behaviour, mood, injury) relate to the child’s disability without further exploration;
* children with SEND can be disproportionally impacted by things such as bullying – without outwardly presenting any signs;
* communication barriers and difficulties (eg: not hearing, not listening, not seeing) in overcoming these.

# The Impact of Abuse and Neglect

The sustained abuse or neglect of children physically, emotionally, or sexually can have long-term effects on the child’s health, development and well-being. It can impact significantly on a child’s self-esteem, self-image and on their perception of self and of others. The effects can also extend into adult life and lead to difficulties in forming and sustaining positive and close relationships. In some situations it can affect parenting ability.

# Staff Induction, Training and Development

**All** staff members should receive appropriate safeguarding and child protection training, including induction, which is regularly updated. This should include training on how to recognise signs of abuse **and** how to respond to any concerns. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

Individuals **must**:

* read and understand the setting’s child protection policy and make sure they are clear on how to act in the event of a concern and maintaining confidentiality;
* understand the settings staff behaviour expectations(code of conduct), so that they are clear on what to do if there is a concern about a practitioners conduct This will include appropriate use of technology both within the setting and practitioners mobile devises. *NB as this is a statutory EYFS requirement the setting needs to outline the detail in relation to expected technology behaviour in more detail in either their safeguarding or child protection policy.*
* understand the difference between having a concern about a child, and a child in immediate danger, being clear on the relevant actions to take;
* know the role of the designated safeguarding lead in the setting;
* understand that early help and support can be provided by the setting, and their role in early help.

The DSL provides at least an annual briefing to the setting to provide staff with any updates on changes to the policy, child protection legislation, procedures and relevant learning from key serious case reviews.

This training and induction is proportionate to individuals’ roles and responsibilities.

The setting maintains accurate signed records of staff child protection induction, training and reading/ training.

The Designated Safeguarding Lead for child protection ensures they are up-to-date with local and national guidance. This includes attending Solihull LSCP modules that are relevant to the setting.

We ensure that staff members provided by other agencies and third parties, are aware of our child protection policy and procedure, and have received appropriate child protection training.

Disqualification by associate no longer applies to settings other than child minders and settings need to ensure they consider and apply the following guidance : https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006

# Recognising Signs of Child Abuse

The following signs may indicate something is wrong:

* significant change in behaviour
* extreme anger or sadness
* aggressive and attention seeking behaviour
* suspicious bruises with unsatisfactory explanations
* lack of self esteem
* self-injury or harm
* depression
* age inappropriate sexual behaviour

If abuse is suspected, presence of signs of abuse is not proof that the abuse has occurred, but:

* must be regarded as indicators of the possibility of significant harm
* justify the need for careful assessment and discussion with the designated member of staff for child protection / decision making conversation which is logged
* may require consultation with and / or referral to Children’s Social Work Service

The absence of such risk indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

* appear frightened of the parents
* act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

* persistently avoid child health promotion services and treatment of the child’s episodes of illness
* have unrealistic expectations of the child
* frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
* be absent or misusing substances
* persistently refuse to allow access to professionals on home visits
* be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

# Significant Harm

The Children Act 1989 introduced the concept of **significant harm** as the threshold that justifies compulsory intervention in family life in the best interests of a child, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children (2018) as:

* protecting children from maltreatment;
* preventing impairment of a child’s health or development;
* ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
* taking action to enable all children to have the best outcomes.

# Action when a child has suffered or is likely to suffer harm

In the event of a safeguarding concern about a child, young person or vulnerable adult, the designated safeguarding lead or staff member will contact the local authority children’s services:

**MASH (Multi-Agency Safeguarding Hub) 0121 788 4300 (option 2)**

**or**

**Out of Hours (Emergency Duty Team) 0121 605 6060**

**Anybody can make a referral**

Members of staff should make a written account of any concern they have regarding the welfare or well-being of a pupil using the provision pro forma including making a note of any visible marks and injuries. In cases which also involve an allegation of abuse against the staff member, the setting’s managing allegations procedures should be followed in line with the organisation’s safeguarding policy, which explains action the setting should take in respect of the staff member.

**All staff members, volunteers and external providers** are expected to:

* Remember that the child’s welfare and interests must be the paramount consideration at all times.
* Never promise to keep a secret or confidentiality, where a child discloses abuse.
* Know the definitions for abuse and the impact abuse can have on children and young people.
* Be alert to signs and indicators of possible abuse and neglect including responding to concerns relating to Prevent.
* Listen to abuse concerns shared by a child (disclosure) and follow child protection procedures, including notifying the DSL immediately.
* Undertake induction and training on child protection as required.
* Notify the DSL of any unexplained absence of a child on a Child Protection Plan or subject to a Child In Need Plan.
* Report to the DSL any additional concerns, disclosures or observations after the initial referral, not assuming that a referral in itself will protect children.

Any member of staff who has concerns about the safety or potential abuse of a child must report their concerns to the Designated Safeguarding Lead for Child Protection **without delay**. This includes allegations made against other children.

Staff are not expected to take it upon themselves to investigate concerns or make judgements.

# Sharing concerns with parents

All practitioners in the setting are committed to working in partnership with parents. Our policy is that any concerns about a child’s safety and welfare are discussed with the parents, and parents given the opportunity to address those concerns, with support if necessary from the setting or through a referral to another agency.

Parents and carers will be informed if a referral is to be made to MASH unless to do so would place the child at risk of further harm or significant harm

In the event that we decide not to seek parental permission before making a referral, the decision will be recorded in the child’s confidential file with reasons, dated and signed.

We request that parents notify the setting regarding any concerns they may have about their child and any accidents, incidents or injuries affecting the child, which will be recorded. We also request that parents notify the setting if their child is going to be absent; we ask that this is done on the first day of absence as far as possible. Non-attendance will be followed up with a phone call on the first day, and subsequent days of absence if we do not hear from the parent. We have at least two contacts for each child to ensure we can follow up concerns.

# Serious accident or injury to, or the death of, any child while in the care of Name of setting

We are required by law to notify Ofsted as soon as possible and no later than 14 days, of any serious accident, illness or injury to, or death of, any child while in our care, and of the action taken. The Ofsted document ‘Early Years Compliance Handbook’ outlines examples of serious injury. We are also required to notify the local authority via the MASH team, and to act on any advice given by MASH or other agencies.