

Safeguarding Children – to include: Child Protection; Managing Allegations against Staff; Safer Recruitment; Uncollected Children and Missing Children

CHILD PROTECTION

Principles

“The welfare of the child is paramount” – Children’s Act 1989

Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them. Shaw Ridge Playgroup aim to provide a high-quality setting which is welcoming, safe and stimulating, and where children are able to enjoy learning and grow in confidence. We will take all necessary steps to keep children safe and well and ensure the suitability of adults who have contact with them. We will promote good health; manage behaviour; and maintain records, policies and procedures.

The Curriculum

We will provide a curriculum that encourages children to talk and be listened to. Children will be provided with opportunities to develop the skills they need to recognise and stay safe from abuse. Children will learn that their views are valued and respected.

Online Abuse – Children will be taught about keeping safe online through educating them about safe online procedures and by educating their parents about the dangers of the internet through leaflets, posters, newsletters etc. Where children have access to the internet, we will ensure that they are protected from harmful and inappropriate online material by putting effective monitoring and filtering in place.

The managers and staff are committed to:

- Ensuring the setting practices safer recruitment in checking the suitability of staff and volunteers (refer to the South West Child Protection Procedures <http://www.online-procedures.co.uk/swcpp/contents/safer-recruitment>)
- Following the settings code of conduct (Safer working practice guidance for adults who work with children)
- Establishing and maintaining a safe environment.
- Supporting pupils who have been abused and carrying out specific actions in accordance with the agreed child protection support plan.
- Providing a curriculum and experiences to enable children to develop the skills they need to stay safe from abuse.
- Ensuring that staff and volunteers are aware of the signs and symptoms of abuse, know the correct procedure for referring concerns or reporting allegations against staff and receive appropriate training to carry out these requirements.
- Working in partnership with other agencies. This includes sharing information effectively, attending child protection conferences, core groups and other relevant meetings and preparing reports for conference.
- Working in partnership with parents/carers.

Procedures

Staff and volunteers

- **The Designated Safeguarding Lead (DSL) for child protection is Emma Gunston**
- **The Deputy Designated Safeguarding Lead (DDSL) for child protection is: Alison Pope**
DURING WORKING HOURS, THERE WILL BE A DSL OR DDSL AVAILABLE AT ALLTIMES FOR STAFF TO DISCUSS CONCERNS.

Child Protection

Staff understand that safeguarding and promoting the welfare of children is **everyone's** responsibility they will be alert to any issues or concerns in the child's life at home or elsewhere. They will be aware that children with special educational needs or disability are particularly vulnerable to being abused. They will maintain an attitude of "it could happen here" where safeguarding is concerned and they will always act in the best interests of the child. Safeguarding and promoting the welfare of children is defined as: protecting children from maltreatment; preventing impairment of children's health and development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.

All action will be taken in line with the following local and national legislation/guidance:

- South West Child Protection Procedures (SWCPP), <http://www.online-procedures.co.uk/swcpp/>
- The Statutory Framework for the Early Years Foundation Stage – Safeguarding and Welfare Requirements 2014
- The Children Act 2004 and 2006
- Working Together to Safeguard Children March 2015
- What to Do If You're Worried a Child is Being Abused March 2015
- Local Safeguarding Children Board guidance, www.swindonlscb.org.uk
- Information Sharing: Advice for practitioners providing safeguarding services- March 2015
- The Prevent Duty-Departmental advice for schools and childcare providers-July 2015

Our child protection policy applies to all staff, managers, committee members, volunteers working in the setting and parents.

Other policies which should be read in conjunction with this child protection policy include;

- ➤ Staff Code of Conduct and Whistleblowing
- ➤ Mobile Phones; Cameras; Video and Internet Safety
- ➤ Health and Safety
- ➤ Nappy Changing (Promoting Health and Hygiene)
- ➤ Medicines, Illness and Accidents
- ➤ Achieving Positive Behaviour (Good Practice)
- ➤ Site Security (Maintaining Children's Safety and Security on the Premises)
- ➤ Risk Assessments
- ➤ Equal opportunities
- ➤ Outings/Visits (Maintaining Children's Safety and Security on the Premises)
- ➤ Smoking (Promoting Health and Hygiene)
- ➤ Emergency Evacuation Procedures (Health and Safety)
- ➤ Safer Recruitment (Health and Safety)
- ➤ Making a Complaint

The DSL will take lead responsibility for safeguarding children ensuring that all policies and procedures are implemented and shared with all staff, volunteers and parents.

They will liaise with local statutory children's services agencies, and with the Local Safeguarding Children's Board. They will provide support, advice and guidance to other staff, volunteers and parents on an on-going basis, and on any specific safeguarding issue as required.

The DSL and the deputy will attend level 3 Child Protection training as a minimum; this will be refreshed every 2 years. The DSL and the deputy will regularly update their knowledge and skills; this could be through attendance at update sessions, online training, newsletters etc (as a minimum annually).

Staff training and supervision

All other staff will attend level 1 (basic awareness) training every 3 years. They will receive regular safeguarding updates through staff meetings, email, newsletter etc

Training courses can be accessed by visiting the Swindon LSCB website www.swindonlscb.org.uk

Training will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. (See appendix 1 for definitions of abuse-Working Together 2015)

Induction training

All new staff will receive induction training to help them understand their roles and responsibilities. Induction training will include, as a minimum, information about emergency evacuation procedures, safeguarding/child protection procedures, the provider's equality policy, and the health and safety policy.

All staff will receive regular supervision and appraisals. Supervision will provide support, coaching and training and the opportunity for discussion of sensitive issues.

At least one person who has a current paediatric first aid certificate will be on the premises at all times when children are present, and will accompany children on outings.

All staff are required to have a sufficient understanding and use of English to ensure the well-being of children in their care

Signs and symptoms of possible abuse may include:

Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Untreated injuries.
- Admission of punishment which appears excessive.
- Fear of parents being contacted.
- Bald patches in the head.
- Withdrawal from physical contact.
- Arms and legs kept covered in hot weather.
- Fear of returning home.
- Fear of medical help.
- Self-destructive tendencies.
- Aggression towards others.

Failure to Thrive

- Child's weight falling below expected centile.
- Height often falling below centile.
- Skin dry and pale.
- Hair thin and straw like.
- Lack of energy, listless.
- May drink a lot of juice.
- Refuses food. Vomiting and diarrhoea.
- Failure to meet milestone of development.
- Lack of concentration.
- Behavioural problems.

Neglect

- Constant hunger.
- Poor personal hygiene.

- Constant tiredness.
- Poor state of clothing.
- Emaciation.
- Frequent lateness or non-attendance
- Untreated medical problems.
- Destructive tendencies.
- Low self esteem.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- No social relationships.
- Compulsive stealing or scavenging.

Emotional Abuse

- Physical, mental and developmental lags.
- Admission of punishment which appears excessive.
- Over-reaction to mistakes.
- Sudden speech disorders.
- Fear of new situations.
- Inappropriate emotional responses to painful situations.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- Self mutilation.
- Fear of parents being contacted.
- Compulsive stealing

Sexual Abuse

- Fearful about certain people like relatives or friends.
- Not allowed to have friends round.
- Soreness/bleeding in the genital or anal areas or in the throat.
- Finding excuses not to go home or to a particular place.
- Having recurring nightmares / afraid of the dark.
- Unable to concentrate, seem to be in a world of their own.
- Chronic ailments such as stomach pains and headaches.
- Sexually abuses or shows inappropriate sexual behaviour towards a sibling or friend.
- Exhibits a sudden change in attitudes at school
- Appears withdrawn, isolated, or excessively worried.
- Demonstrates outbursts of anger or irritability.
- Fearful of undressing

All staff will have an awareness of the safeguarding issues below;

Peer on Peer Abuse

We recognise that:-

- Safeguarding issues can manifest themselves via peer on peer abuse
- This is most likely to include, but is not limited to, bullying, gender-based violence, sexual assaults and sexting.
- This form of abuse should never be tolerated or passed off as 'banter' or 'part of growing up'.

We will ensure that children are appropriately supervised at all times to avoid these issues arising.

Radicalisation and Extremism

The setting realises that it has a duty to protect children from radicalisation and any form of violent extremism in line with government guidance "Prevent Duty" (June 2015).

In fulfilling this duty, the setting will work closely with the LSCB and will have regard to;

- Assessing the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This will be based on an understanding, shared with partners, of the potential risk in the local area. The setting will protect children from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate
- staff training so that staff have the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups. Staff should know where and how to refer children and young people for further help
- IT policies will ensure children are safe from terrorist and extremist material when accessing the internet by establishing appropriate levels of filtering.
- Promoting fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs which are already implicitly embedded in the 2014 Early Years Foundation Stage.

As with managing all other safeguarding risks, staff who have concerns about a child, should follow the settings safeguarding procedures and discuss with the designated safeguarding lead.

Female Genital Mutilation (FGM)

We recognise that FGM is a form of abuse and must be referred to Children's Social care through the usual channels. It comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs and that it is illegal in the UK and a form of child abuse with long-lasting consequences.

Child Sexual Exploitation (CSE)

We recognise CSE as a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child believes they are voluntarily engaging in sexual activity with the person who is exploiting them. CSE can happen online.

Disclosures

If a child discloses abuse, it is important to respond appropriately:

- Listen to the child and avoid interrupting except to clarify.
- Allow the child to make the disclosure at their own pace and in their own way.
- Do not interrogate the child. It is alright to ask for clarification, but leading questions should not be asked. The interviewing of children must be undertaken by trained Social workers or Police Officers.
- Do not make any promises to the child about not passing on the information – the child needs to know that you have to talk to someone who will be able to help them.
- Record the information as accurately as you can, including the timing, setting and those present, as well as what was said. Do not exaggerate or embellish what you have heard in any way.
- Inform the DSL as soon as possible (within the same working day).

Following a disclosure of abuse children will be supported in the setting. We will work closely with other agencies in implementing the actions of a child protection plan designed to support and protect the child. We will attend all child protection conferences, core groups and strategy meetings to support the child and family as necessary.

Procedures for Referral

Any member of staff or visitor to the setting who receives a disclosure of abuse, suspects that abuse may have occurred or is concerned for the safety or welfare of a child **must** report immediately to the DSL or if unavailable to the deputy.

The DSL/deputy will inform Childrens Services by telephone.

**Family Contact Point/ MASH - 01793 466903.
Emergency Duty Service - 01793 436699.**

A telephone referral will be confirmed in writing using the form RF1 (electronic copy available on <http://www.swindonlscb.org.uk/lscb-index/lcsb-professionals-home/lcsb-workers-forms.htm>), within 24 hours.

The referral will be shared with the parent/carer unless to do so may place the child at increased risk of significant harm, in which case advice should be sought from Family Contact Point.

If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, the Family Contact Point will be consulted before informing parents.

If the child is already subject to a Child Protection Plan the allocated Social Worker will be contacted, they will advise when, and by whom, the parents will be informed. (See appendix 2 – flow chart).

Early Help

Where staff have concerns about a child (as opposed to a child being in immediate danger) they will follow the early help process. This will include identifying emerging problems, discussing concerns with the DSL, sharing information with other professionals to support early identification and assessment and in some cases acting as the lead professional in undertaking an Early Help Record and Plan.

Record Keeping

Any member of staff receiving a disclosure of abuse, noticing possible abuse or with a concern about a child, will make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records must be dated and signed and discussed with the designated safeguarding lead.

- All hand-written records will be retained, even if they are subsequently typed up in a more formal report.
- Written records of concerns will be kept, even where there is no need to make a referral immediately.
- Any injuries will be marked on a body map, **photographs will never be taken** (Appendix 3)
- Where concerns do not meet the threshold for a referral to Children's Social Care, consideration will be given to the appropriateness of completing an Early Help Record and Plan (EHRP)
- All records relating to child protection concerns will be kept in a secure place and will remain confidential. They do not form part of the pupil's developmental records and must be kept separate from other records.
- A chronology will be kept at the front of each individual child protection file. It will be reviewed and updated whenever a new concern is raised or additional relevant information becomes available, noting any action taken.
- The quality of child protection records will be regularly monitored by the DSL and management.
- Where a child transfers to school or moves to a new setting, child protection documentation will be transferred to the receiving school/setting within 14 days, preferably by hand. If hand delivery isn't possible, postal delivery will be followed up with a telephone conversation. The original documents will be transferred and a receipt for handover will be obtained.
- Records will be retained in line with the Local Authorities Guidance on the Transfer and Retention of Child Protection Records (LSCB website).

Parental Involvement

Shaw Ridge Playgroup is committed to helping parents/carers understand its responsibility for the welfare of all pupils.

Parents/carers can access the Child Protection Policy both on our noticeboard and on our website <http://shawridgeplaygroup.org.uk/policies/>. Parents will be made aware of the policy during their induction meeting and will sign a statement to say they understand our child protection responsibilities.

Child protection or welfare concerns will usually be discussed with parents/carers. Where a referral to Social Care is needed, the agreement of parents/carers will be sought before making the referral, unless to do so may place the child at increased risk of significant harm. If a child is subject to a child protection plan, then the allocated social worker will be informed as soon as possible. A lack of agreement from the parent/carer will not stop a referral going ahead.

MANAGING ALLEGATIONS – ALLEGED ABUSE BY STAFF

Alleged Abuse by Staff

We follow the SWCPP for managing allegations against staff.

- As soon as an allegation is made a Local Authority Designated Officers (LADO) will be contacted on 01793 463854
- Ofsted will be informed of the allegation within 14 days.
- The LADO will advise on the appropriate action to be taken.
- Staff/volunteers will report an allegation about a member of staff immediately to the Owner/Manager, unless they are the subject of the allegation. The Owner/Manager will then proceed as above.
- Where the allegation is against the Owner/Manager, the member of staff/volunteer will contact the LADO as above.
- An allegation must not be discussed with the alleged perpetrator or other members of staff/committee, unless advised to do so by the LADO.
- In exceptional circumstances it may be necessary to protect the child, by contacting the police, before contacting the LADO.
- The setting will make a referral to the Disclosure and Barring Service if at the end of the allegation process if a member of staff or volunteer is removed from their position, or if they leave while under investigation for allegedly causing harm or posing a risk of harm to children.

All Staff will be directed to read the "Guidance for Safer Working Practice for Adults who Work with Children and Young People." <http://www.swindonlscb.org.uk/lscb-index/lscb-professionals-home/lscb-professionals-protocols.htm>)

All staff will read the setting's "Whistleblowing Policy" as part of their induction procedure. They will be aware of the procedure for reporting concerns about other staff or unsafe practice. They will also know how to contact the NSPCC whistleblowing helpline on 0800 028 0285 or by email help@nspcc.org.uk

Suitable People/Safer Recruitment

We will ensure that staff working with children are suitable to fulfil the requirements of their roles. We have effective systems in place to ensure that practitioners, and any other person who is likely to have regular contact with children (including those living or working on the premises) are suitable. We request enhanced Disclosure and Barring Service checks and disqualification checks for all staff prior to commencing work. We comply with recruitment procedures as set out in the South West Child Protection Procedure.

- Interview panels will have at least one person who has completed Safer Recruitment Training. There will be a Safeguarding statement in all job advertisements and job descriptions. Any gaps in employment history or unaccounted for periods of time will be fully

investigated. References will be requested prior to interview. One of the references will be from the applicant's most recent childcare placement.

- All staff are informed that they are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment at the setting). We will not allow people, whose suitability has not been checked to have unsupervised contact with children being cared for. Staff are also asked to disclose if they or anyone living or working in their household has ever been disqualified from childcare.
- We will record information about staff qualifications, identity checks, disqualification and vetting processes that have been completed (including the Disclosure and Barring Service reference number, the date a disclosure was obtained and details of who obtained it) on a central register.

Visitors to the Setting

- We have procedures for recording the details of visitors to the setting. They are asked to sign our visitors booked which contains guidelines for conduct during the visit. They are asked to place their mobile phones etc in a box for safe keeping.
- 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.
- The layout of the rooms allows for constant supervision. No child is left alone with staff, visitors or volunteers in a one-to-one situation without being visible to others.

UNCOLLECTED CHILDREN

Policy statement

In the event that a child is not collected by an authorised adult at the end of a session/day, the setting puts into practice agreed procedures. These ensure the child is cared for safely by experienced and qualified staff members who are known to the child. We will ensure that the child receives a high standard of care in order to cause as little distress as possible.

Procedures

- Parents of children starting at the setting are asked to provide specific information regarding their full personal and contact details which is recorded on our Personal and Medical Details form.
- On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.
- On occasions when parents or the persons normally authorised to collect the child are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child i.e. password.
- Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures. We provide parents with our contact telephone number.
- If a child is not collected within 15 minutes of the end of the session/day, we follow the following procedures:
- The child's file is checked for any information about changes to the normal collection routines.
- If no information is available, parents/carers are contacted at home or at work.
- All reasonable attempts are made to contact the parents or nominated carers.
- The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
- If no-one collects the child after 15 minutes and there is no-one who can be contacted.
- We contact our local authority children's social services care team:

- **Family Contact Point**

- **01793
466903**
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- The child stays on the premises in the care of two fully-vetted workers where possible until the child is safely collected either by the parents or by a social care worker.
- Social Care will aim to find the parent or relative if they are unable to do so, the child will become looked after by the local authority.
- Under no circumstances do staff to go to look for the parent, nor do they take the child home with them.
- A full written report of the incident is recorded in the incident book.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked by our staff.
- Ofsted may be informed.

MISSING CHILDREN

Policy statement

Children's safety is maintained as the highest priority at all times both on and off premises. Every attempt is made through carrying out the outings procedure and the exit/entrance procedure to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our missing child procedure is followed.

Procedures

Child going missing on the premises

- As soon as it is noticed that a child is missing the staff alert the manager.
- The manager or deputy will carry out a thorough search of the building and garden.
- The register is checked to make sure no other child has also gone astray.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- If the child is not found, the parent is contacted and the missing child is reported to the police.
- The manager talks to the staff to find out when and where the child was last seen and records this.
- The manager contacts the chairperson and reports the incident. The chairperson, with the management committee will carry out an investigation and may come to the setting immediately.

Child going missing on an outing

This describes what to do when staff have taken a small group on an outing, leaving the manager and/or other staff back in the setting. If the manager has accompanied children on the outing, the procedures are adjusted accordingly.

What to do when a child goes missing from a whole setting outing may be a little different, as parents usually attend and are responsible for their own child.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity but does not search beyond that.
- The manager is contacted immediately and the incident is reported.
- The manager contacts the police and reports the child as missing.
- The manager contacts the parent, who makes their way to the setting or outing venue as agreed with the manager. The setting is advised as the best place, as by the time the parent arrives, the child may have been returned to the setting.
- Staff take the remaining children back to the setting.
- The manager contacts the chairperson and reports the incident. The chairperson, with the management committee, carries out an investigation and may come to the setting immediately.
- The manager, or designated staff member may be advised by the police to stay at the venue until they arrive.

The investigation

- Staff keep calm and do not let the other children become anxious or worried.
- The manager together with the chairperson or representative from the management committee speaks with the parent(s) and carry out a full investigation taking written statements from all the staff in the room or who were on the outing.
- The key person/staff member writes an incident report detailing:
 1. The date and time of the report.
 2. What staff/children were in the group/outing and the name of the staff designated responsible for the missing child.
 3. When the child was last seen in the group/outing.
 4. What has taken place in the group or outing since the child went missing.
 5. The time it is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's services may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- In the event of disciplinary action needing to be taken, Ofsted is informed.
- The insurance provider is informed.

Managing people

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- The staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.
- Staff may be the understandable target of parental anger and they may be afraid. The managers will ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame staff and may single out one staff member over others; they may direct their anger at the setting leader. When dealing with a distraught and angry parent, there should always be two members of staff, one of whom is the manager and the other should be the chairperson of the management committee or representative. No matter how understandable the parent's anger may be, aggression or threats against staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly but also reassure them.
- In accordance with the severity of the final outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. The chairperson will use their discretion to decide what action to take.
- Staff must not discuss any missing child incident with the press without taking advice.

This policy will be reviewed on an annual basis and updated where appropriate, however if a weakness is identified in the setting's procedures the policy will be reviewed and revised immediately.

This policy was adopted at a meeting of	Shaw Ridge Playgroup
Held on	_____ (date)
Date to be reviewed	_____ (date)
Signed on behalf of the management committee	_____
Name of signatory	_____
Role of signatory (e.g. chair/owner)	Chairperson

Appendix 1 – Definitions of Abuse “Working Together” 2015

Physical Abuse

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

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 the child that they are worthless, unloved or inadequate, or valued in so far 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 of the child, 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 or serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

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

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 or development. Neglect may occur during pregnancy as a result of maternal substance abuse. 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-givers);
- Ensure access to appropriate medical care or treatment.
- Respond to a child’s basic emotional needs.

Sharing / recording concerns

An individual with concerns about a child records these and shares these with [the Designated Safeguarding Lead \(DSL\) Emma Gunston](#) or [the deputy DSL Alison Pope](#), as soon as possible.



Consideration

The DSL will consider the information, in the context of any other concerns / disclosures, and decide on next steps. Where possible this should be done in consultation with others in the safeguarding team. Parents / carers should be involved at this stage, **unless to do so may place the child at increased risk of significant harm, in which case advice should be sought from Family Contact Point.**



Referral to children's social care

The DSL will make a telephone referral in the first instance to Family Contact Point on 466903 (Emergency duty service 436699)
This must be followed up within 24 hours with a written referral, using form RF1.
The RF1 form must be signed and dated by the referrer.
If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, the setting must consult the Duty Social Worker before informing parent/s.

No referral to children's social care

Actions will be agreed to monitor the child and support the child / family where needed.
An Early Help Record and Plan (EHRP) should also be considered at this stage.



Children's social care consideration

Children's social care decides within 1 working day what action will be taken, including if an assessment is needed and will **feedback to the referrer**. This decision will be made using the **Swindon LSCB threshold document**.



Assessment

Children's social care completes the assessment within 45 working days of the referral; it could be a section 17 or section 47 assessment. All schools and colleges should allow local authorities access to facilitate arrangements.

No Assessment

If the information supplied in the referral does not meet the threshold, an EHRP should be started and/or onward referral to other specialist or universal services; **children's social care will feedback to the referrer.**

Appendix 3

