

LITTLE SPONGES MONTESSORI

SAFEGUARDING AND CHILD PROTECTION

Policy Statement

At Little Sponges Montessori, we are committed to safeguarding children and we expect everyone who works in our Nursery to share this commitment. Little Sponges takes all welfare concerns seriously and encourages children to talk to us about anything that worries them. We will always act in the best interest of the child.

SAFEGUARDING

Safeguarding and promoting the welfare of children is defined as: protecting children from maltreatment; preventing impairment of children's health or 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.

CHILD PROTECTION

Child Protection describes the activity that is undertaken to protect children who are suffering or are likely to suffer significant harm.

Everyone employed by LITTLE SPONGES MONTESSORI has a responsibility in relation to safeguarding and child protection. In most cases this will be the referral of concerns to the Head of Little Sponges Montessori. In day-to-day contact with children at risk, staff has an opportunity to note concerns and to meet with parents and other associated adults.

This policy aims to outline the role that LITTLE SPONGES MONTESSORI will have in relation to Child Protection, the procedures that staff should take and guidance on issues related to child protection generally. It is not exhaustive. All staff should use as a rule of thumb the needs and safety of the child as being at the centre of any decision they make.

The aims of this policy are:

- to raise awareness of individual responsibilities in identifying and reporting possible cases of abuse
- to provide a systematic means of monitoring, recording and reporting of concerns and cases
- to provide guidance on recognising and dealing with suspected child abuse
- to provide a framework for inter-agency communication and effective liaison
- to identify strategies and interventions available to support children at risk.

Procedure

DESIGNATED SAFEGUARDING LEAD (DSL)

MRS. NICOLE BACON (Head of Little Sponges) is the Designated Safeguarding Lead (DSL) and has the lead responsibility for safeguarding and child protection. Advice and support to other staff on child welfare and child protection matters are given. The Deputy Safeguarding Lead is **Mrs. Simone Ellis (Deputy Manager)**.

ROLE OF THE DSL

Manage Referrals

The Designated Safeguarding Lead is expected to:

- Refer cases of suspected abuse to the Local Authority Children’s Social Care;
- Refer cases to the Channel programme where there is a radicalisation concern, as required;
- Support staff who make referrals to the Channel programme;
- Refer cases where a person is dismissed or left due to risk/harm to a child, to the Disclosure and Barring Service as required; and
- Refer cases where a crime may have been committed to the Police as required.

Work with Others:

The Designated Safeguarding Lead is expected to:

- As required, liaise with the “Case Manager” and the Designated Officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

Keeping Children Safe: Early Help & Social Care Front Door

‘Front Door’ is the term used to describe the arrangement that local authorities have in place to respond to an initial contact from a professional or member of the public who is concerned about a child.

At the Children’s Social Care front door, we have a statutory obligation to make decisions within one working day about how they will act on contacts made about safeguarding children.

In Royal Greenwich, there is a single Front Door which brings the Early Help Service and Social Care (MASH) Front Doors together into a single team which will receive all notifications of concern related to families where there are indications of risk that cannot be met by universal and targeted services working alone or together. This will provide a more streamlined response to contacts and referrals into Children’s Services.

The integrated team has expertise from both Early Help and the Children’s Social Care MASH Team and will offer a single point of contact for professionals and members of the public to ensure that children and families get the right response at the right time.

These changes will not impact on referrers or families’ ability to make a referral and during the interim all existing mechanisms and contact details will remain the same whether you are wishing to speak to Early Help or MASH.

Training

The Designated Safeguarding Lead (and deputy) undergo training to gain knowledge and skills required to carry out the role. This training is updated every two years.

- The Designated Safeguarding Lead, Deputy and all staff undertake Prevent Awareness training
- In addition to the formal training, knowledge and skills are refreshed (via e-bulletins, meeting other designated safeguarding leads and reading safeguarding developments (at regular

intervals, as required, but at least annually, to understand and keep up with any developments relevant to the role.

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as Early Help Assessment;
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- Ensure each member of staff has access to and understands Little Sponges' Safeguarding and Child Protection Policy and Procedures, especially new and part-time staff;
- All staff will receive regular safeguarding and child protection updates as required, but at least annually to provide them with relevant skills and knowledge to safeguard children effectively.
- Safer Recruitment training is available to relevant staff who are involved in the recruitment process.
- Are alert to the specific needs of children in need, those with special education needs and young carers;
- Understand the requirements of the Prevent Duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures Little Sponges may put in place to protect them.

Raise Awareness

The Designated Safeguarding Lead:

- Ensures that Little Sponges' Child Protection policies are known, understood and used appropriately;
- Ensures the Nursery's Safeguarding and child protection is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly,
- Ensures the Safeguarding and child protection is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the Nursery in this; and
- Links with the Greenwich Safeguarding Children Partnership to make sure staff is aware of training opportunities and the latest local policies on safeguarding.

Child Protection File

Where children leave the Nursery, the DSL ensures that the Child Protection file is transferred to the new school as soon as possible. This is transferred separately, ensuring secure transit and confirmation of receipt will be obtained.

Availability

The DSL (or a deputy) is always available (during hours of operation) for staff to discuss any safeguarding concerns.

Whistleblowing – where there are concerns about the way that safeguarding is carried out in the Nursery, staff should refer to the Whistleblowing Policy (separate policy).

EARLY HELP

All staff are made aware of their duty to safeguard and promote the welfare of children at Little Sponges. They should be prepared to identify children who may benefit from Early Help in order to provide support as soon as the need arises and discuss early help requirements with the Designated Safeguarding Lead. Information on Early Help can be found in Chapter 1 of 'Working Together to Safeguard Children' (2018).

POLICY ON DEALING WITH SUSPECTED ABUSE AND CONCERNS

All staff should refer concerns to the Designated Safeguarding Lead as soon as possible. In the meantime, they should:

- believe the child and take him/her seriously
- remain calm and caring
- reassure the child that he/she has done the right thing in talking to them
- make notes of the conversation as soon as possible, using the child's own words where possible
- explain what will happen next and who will be told.

Staff should not:

- promise confidentiality
- postpone the discussion until a different time
- interpret what they have been told
- probe or ask leading questions

Where the staff member suspects that a child is being abused:

- immediately tell the Designated Safeguarding Lead about their concerns
- make factual notes of what has occurred, using the child's own words where relevant, and any action taken.

REPORTING CONCERNS / MAKING A REFERRAL

Where an individual has concerns about the safety or wellbeing of a child, these should be **recorded and discussed with the Designated Safeguarding Lead**. If there is uncertainty about the action that should be taken, concerns can also be discussed, without necessarily identifying the child in question, with the appropriate Local Authority Designated Officer (LADO).

If, after discussion, concerns remain and it seems that the child and family would benefit from other services, a decision should be made about making a referral to children's social care. The provider should not make its own decision about referring what appear to be borderline cases, but should take advice and if in doubt refer. If concerns arise about a child who is already known to social care, the allocated social worker should be informed of these concerns.

The Designated Safeguarding Lead will follow the procedure below:-

- Where possible, discuss concerns with the child and their parents and obtain agreement to make a referral to Greenwich Safeguarding and Social Care unless this discussion would put the child at increased risk of significant harm
- Seek professional advice if unsure about whether or not to talk to parents first by calling the Safeguarding Consultation Line 0208 921 2267

- In an emergency situation immediate contact should be made with the Greenwich Multi-Agency Safeguarding Hub (MASH) - telephone number 0208 921 3172. This number is easily accessible to staff in the event of needing to make a referral.

It is neither the role nor responsibility of those working with children to assess, diagnose or investigate whether a child is at risk of or is suffering harm or abuse. This is the role of children's social care. However, it is the responsibility of schools and early years services to report concerns appropriately.

According to *Working Together to Safeguard Children*, key principles should be:

- never delay emergency action to protect a child from harm
- always record in writing concerns about a child's welfare, including whether or not further action is taken
- at the close of a discussion, always reach a clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

In most cases concerns should be discussed with the family prior to referral. Where possible agreement should be sought. However, this should only be where such discussion will not place a child at increased risk of significant harm.

The consent of a parent or carer is not required to make a child protection referral.

Where there is reasonable cause to suspect that a child is suffering, or likely to suffer significant harm, a referral to local agencies will be made within 24 hours of the safeguarding issue being raised. For children in need of additional support from one or more agencies, the Nursery will seek advice from the Initial Referral and Assessment Service 0208 921 3172.

Confidentiality and Information Sharing

Relevant information about the protection of children must be shared with the investigative agencies, but only on a "need to know" basis. Staff should be careful in subsequent discussions and ensure that information is only given to the appropriate person. All staff should be aware of issues relating to confidentiality and the status of information they may hold.

According to the document, *Keeping Children Safe in Education (2019)*, The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. Little Sponges is aware of the additional barriers that exist when recognising abuse and neglect in this group of children.

Disabled children are at a greater risk of physical, sexual and emotional abuse and neglect than non-disabled children. Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with

speech and language difficulties, children with health-related conditions and deaf children. Bullying is a feature in the lives of many disabled children.

Factors that increase risk and lessen protection for disabled children include:

- attitudes and assumptions – e.g. a reluctance to believe disabled children are abused; minimising the impact of abuse; and attributing indicators of abuse to the child's impairment
- barriers to the disabled child and their family accessing support services

CHILD ABUSE AND RECOGNISING SIGNS OF ABUSE

Child abuse is a term used to describe ways in which someone, often in a position of power, harms children. *Working Together to Safeguard Children* defines it as any form of maltreatment of a child. It states that somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Abusers might be an adult or a group of adults, or they may be other children. A child may be abused in a family or in an institutional or community setting by those known to them. More rarely strangers may abuse them, such as through online abuse. It is not the responsibility of staff to decide whether child abuse is occurring but we are required to act on any concerns and report these to the appropriate party. The health, safety, wellbeing and protection of a child are paramount. Staff at Little Sponges Montessori is trained to recognise **the signs of possible abuse**.

The following main categories of abuse:

- Physical abuse.
- Emotional abuse.
- Sexual abuse.
- Neglect.

However, it is recognised that abuse rarely consists of “stand-alone events” that are covered by one definition or label. In most cases, multiple issues will overlap with one another.

Physical abuse

Physical abuse is non-accidental and deliberately inflicted. It can 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.

Signs of possible physical abuse include:

- refusal to discuss injuries
- improbable explanations of injuries
- untreated injuries or lingering illness
- admission of punishment which appears excessive
- shrinking from physical contact
- fear of returning home or parents being contacted
- fear of undressing
- fear of medical help
- aggression/bullying
- overly compliant behaviour
- running away

- significant changes in behaviour
- deterioration in work
- unexplained pattern of absence.

The majority of injuries to children occurs accidentally and can be explained simply. However injuries, which do not adequately fit the explanation given by the child or their carer, may indicate abuse. In young children, especially babies, crying due to internal injuries such as fractures or bleeding may initially be mistaken for other causes of distress, especially when there are no external signs of trauma. In some cases excessive force may be used when feeding or changing a child's nappy.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. This might include:

- physical contact — including penetrative or non-penetrative acts
- non-contact activities such as involving children in looking at pornographic materials or watching sexual activities
- encouraging children to behave in sexually inappropriate ways.

Possible signs of sexual abuse include:

- bruises, scratches, burns or bite marks
- scratches, abrasions or persistent infection in the anal or genital regions
- sexual awareness inappropriate to the child's age
- frequent public masturbation
- attempts to teach other children about sexual activity
- refusing to stay with certain people or go to certain places
- aggressiveness, anger, anxiety, tearfulness
- withdrawal from friends.

Sexually abused children are frequently obedient to adults and anxious to please but have poor peer group relationships.

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 might include:

- failure to provide adequate food and clothing
- failure to protect a child from physical and emotional harm
- failure to ensure adequate supervision including the use of inadequate care-takers
- failure to ensure access to appropriate medical care or treatment
- unresponsiveness to a child's basic physical needs.

Possible signs of neglect include:

- constant hunger
- poor personal hygiene
- inappropriate clothing
- frequent lateness or non-attendance
- untreated medical problems
- low self-esteem

- poor social relationships
- compulsive stealing or scrounging
- constant tiredness.

When children are seriously neglected then their health or development may be impaired. An example of emotional neglect is if a parent refuses to give love and affection to their child.

Emotional abuse

Emotional abuse is the persistent emotional or psychological maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. This could include:

- conveying to a child that they are worthless or unloved
- inappropriate expectations being imposed on the child with respect to their age or level of development
- seeing or hearing the ill-treatment of another
- serious bullying
- the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Possible signs of emotional abuse include:

- continual self-deprecation
- fear of new situations
- inappropriate emotional responses to painful situations
- self-harm or mutilation
- compulsive stealing/scrounging
- drug/solvent abuse
- neurotic behaviour — obsessive rocking, thumb-sucking, etc
- air of detachment — “don't care” attitude
- social isolation
- attention-seeking behaviour.

There is increasing evidence regarding the adverse long-term consequences for children's development where they have been subject to persistent emotional abuse. Emotional abuse has an important adverse impact on a child's mental health, behaviour and self-esteem.

Children who are emotionally abused often feel worthless, unloved, inadequate or valued only in so far as they meet the needs of a particular person. Children who are overprotected and limited from exploring and learning or normal social interactions may be being emotionally abused.

Specific Safeguarding Issues

While physical abuse, emotional abuse, sexual abuse and neglect are widely recognised as the principal forms of child abuse, the staff at Little Sponges is aware of specific safeguarding issues.

Keeping Children Safe in Education states that this can include, but may not be limited to, the following:

- bullying (including cyberbullying)

- children missing from education
- children missing from home or care
- children with family members in prison
- child sexual exploitation (CSE)
- domestic abuse
- drug misuse
- fabricated or induced illness
- faith abuse
- gangs and youth violence
- gender-based violence/violence against women and girls
- hate crime
- so-called “honour” based violence, including female genital mutilation (FGM) and forced marriage.
- mental health
- homelessness
- private fostering
- preventing radicalisation
- trafficking
- county lines

Domestic violence

Child abuse is often linked with high levels of domestic violence in a family.

Domestic violence is the physical, sexual or emotional (including verbal and financial) abuse inflicted on a man or woman by their partner or ex-partner. Children might witness a significant number of the abusive incidents that take place.

All children who witness domestic violence are being emotionally abused.

In some cases, children might be encouraged by the abusive parent to take part in bullying or threatening the other parent.

Children may feel that they are in some way to blame for the abuse or that they ought to be able to stop it. They may want to stay at home to protect the parent or be scared to leave them because of what might happen.

“Honour based” abuse

So-called “honour-based” violence (HBV) includes crimes committed to protect or defend the “honour” of a family or a community. It can include issues such as Female Genital Mutilation (FGM) or forced marriage, etc.

If staff have a concern regarding a child that might be at risk of HBV, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care.

Female genital mutilation (FGM)

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. FGM typically takes place

between birth and around 15 years old. However, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk Factors include:

- Low level of integration into UK society
- Mother or a sister who has undergone FGM
- Visiting female elder from the country of origin
- Being taken on a long holiday to the country of origin

Symptoms of FGM

FGM may be likely if there is a visiting female elder, or parents wish to take their daughter out-of-school to visit an 'at-risk' country (especially before the summer holidays). Staff should not assume that FGM only happens outside the UK.

Indications that FGM may have already taken place may include:

- Difficulty walking, sitting or standing and may even look uncomfortable.
- Spending longer than normal in the bathroom or toilet due to difficulties urinating
- Frequent urinary or stomach problems
- Prolonged or repeated absences from school, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return.
- Confiding to a professional without being explicit about the problem due to embarrassment or fear
- Talking about pain or discomfort between her legs.

The Serious Crime Act 2015 places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases face disciplinary sanctions.

Staff must personally report to the police cases where they discover that an act of FGM appears to have been carried out; and discuss any such cases with the Safeguarding Lead and Children's Social Care.

The 2018 edition of Working Together requires Local Authorities in England to have clear procedures and processes for cases relating to female genital mutilation or the sexual exploitation of children.

Children Missing Education (CME)

Knowing where children are during school hours is an extremely important aspect of Safeguarding. Missing school can be an indicator of abuse and neglect and may also raise concerns about other safeguarding issues, including the criminal exploitation of children.

We monitor attendance carefully and address poor or irregular attendance without delay.

We will always follow up with parents/carers when children are not at Nursery. This means we need to have at least two up-to-date contact numbers for parents/carers. Parents should remember to update the Nursery as soon as possible if the numbers change.

In response to the guidance in *Keeping Children Safe in Education (2019)*:

- Staff understand what to do when children do not attend regularly
- Staff know the signs and triggers for risks of travelling to conflict zones and risk of FGM.

Forced marriage

A forced marriage is defined as one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Forcing a person into a marriage is a crime in England and Wales.

Child Sexual exploitation

Statutory definition: Child sexual exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 in sexual activity.

- (a) In exchange for something the victim needs or wants, and or,
- (b) For the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. Some signs include:

- Acquisition of money, clothes, mobile phones without plausible explanation.
- Inappropriate sexualised behaviour for age
- Evidence or suspicions of sexual assault
- Relationship with controlling or significantly older individuals or groups

Recent years have seen truly alarming prosecutions of organised groups involved in grooming and abusing young children.

Statutory guidance: Child Sexual Exploitation: Definition and a Guide for Practitioners (DfE, 2017)

Private Fostering

A private fostering arrangement is one that is made privately without the involvement of a Local Authority for the care of a child under 16 years (under 18 if disabled) by someone other than a parent or close relative, in their own home with the intention that it should last for 28 days or more. Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the Local Authority, particularly when the child has come from another country. In some cases, privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

The Designated Safeguarding Lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The Nursery itself has a duty to inform the Local Authority of the private fostering arrangements. On admission to Little Sponges Montessori, we take steps to verify the relationship of the adults to the child who is being registered.

Radicalisation – The Prevent Duty

Under the Counter-Terrorism and Security Act 2015 schools have a duty to ‘prevent people being drawn into terrorism’. This has become known as the ‘Prevent Duty’. Where staff are concerned that children are developing extremist views or show signs of becoming radicalised, this should be discussed with the Designated Safeguarding Lead (DSL). The DSL has received training about the Prevent Duty and tackling extremism and we have a duty to refer any concerns of extremism to the police.

This may be a cause for concern relating to a change in behaviour of a child, family member or adult working with the children in the setting, comments causing concern or actions that lead staff to be worried about the safety of a child in their care.

Alongside this we will be alert to any early signs in children and families who may be at risk of radicalisation, on which we will act and document all concerns when reporting further.

The NSPCC states that signs of radicalisation may be:

- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use.

We will tackle radicalisation by:

- Training all staff to understand what is meant by the Prevent Duty and radicalisation
- Ensuring staff understand how to recognise early indicators of potential radicalisation and terrorism threats and act on them appropriately in line with national and local procedures
- Make any referrals relating to extremism to the police (or the Government helpline) in a timely way, sharing relevant information as appropriate
- Ensure our Nursery is an inclusive environment, tackle inequalities and negative points of view and teach children about tolerance through British Values
- Using the Government document Prevent Duty Guidance for England and Wales

The Guidance reminds early years providers of their safeguarding duties and encourages them to help children to, in an age-appropriate way:

- Learn right from wrong
- Mix and share with other children and value others’ views
- Know about similarities and differences between themselves and others
- Challenge negative attitudes and stereotypes

The Prevent Duty has been designed to be seen as part of existing safeguarding duties and not an additional duty and is linked to the **Channel programme**. (**Channel** is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation).

Little Sponges has a duty to do all it can to help prevent radicalisation and to protect children from being drawn into terrorism and belief systems that preach hate, extremism, intolerance and violence.

Race, ethnicity, faith and culture

When considering areas such as FGM, HBV, forced marriage, radicalisation and faith crime, early years practitioners need to be sensitive to differing family patterns and lifestyles and to differences in child-rearing patterns across racial, ethnic and cultural groups. However, it must be strongly emphasised that child abuse can never be condoned for religious or cultural reasons.

Little Sponges will work with the support systems available within families, ethnic groups and communities wherever possible, and always act to safeguard and promote a child's welfare.

The particular needs of children of mixed parentage and refugee children should be taken into account.

Online safety

Please refer to the *E-Safety* policy as well as the policy for the Use of iPads in the Setting, which cover adult, and children's usage of digital technologies, such as computers, tablets and mobile phones.

Computers and networks are fitted with appropriate protection, such as a firewall and anti-virus software. Suitable filters are in place to prevent access to inappropriate Internet sites.

Cyber-bullying refers to the use of Internet social networks, email or mobile phones to threaten, tease, upset or humiliate someone else. Early years staff should be encouraged to be alert for any signs of such bullying and report it.

A policy is in place covering the use of camera and mobile phones and the taking of photographs. Any official photographs taken by staff must have signed parental consent.

CONTEXTUAL SAFEGUARDING

Little Sponges Montessori assesses the risks and issues in the wider community when considering the wellbeing and safety of the children. See related policies – Lock Down and Critical Incident.

PHYSICAL CONTACT

All adults who come into contact with children and young people in their work have a duty of care to safeguard them and promote their welfare. Children learn best when they are healthy, safe and secure.

There is no legal ban on physical contact between children and practitioners. The Children Act 1989 places the wellbeing of the child at the centre of keeping them safe and does not prevent staff from helping with ordinary basic physical needs. All staff working in LITTLE SPONGES MONTESSORI knows that inappropriate behaviour with or towards a child or children is unacceptable.

The aim of this policy is to ensure that all physical contact between adults and children in LITTLE SPONGES MONTESSORI promotes the child's/children's safety and welfare. This policy is part of our Safeguarding and Child Protection Policy and is used in conjunction with our Behaviour Management Policy. It also forms part of our Code of Conduct for Staff and Volunteers.

The principles underlying this policy are taken from this guidance.

- In accordance with the Children Act 1989, the welfare of the child is paramount and all members of staff in the nursery are responsible for safeguarding and promoting the welfare of each child attending.
- Each staff member is responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- The same professional standards are always applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
- All members of staff encourage children to take responsibility for their own behaviour, using a range of approaches, which help to safeguard each child and promote their welfare. These approaches will include: positive role modeling; providing a range of planned interesting and stimulating activities, setting and enforcing appropriate boundaries and expectations and giving positive feedback.

There are occasions, however, when a child's behaviour presents particular challenges that may require physical handling. This policy sets out expectations for the use of physical handling. There are three main types of physical handling that staff in the nursery may use.

Positive Handling

The positive use of touch is part of normal human interaction and may be appropriate in a range of situations, such as: giving guidance to children, such as how to hold a paintbrush; providing emotional support, for example placing an arm around a distressed child; giving physical care, such as assistance with toileting or changing a nappy or wet or soiled clothing and providing first aid.

The staff at LITTLE SPONGES will use appropriate care when touching children and will be sensitive to those children for whom touch may not be appropriate, such as a child who has a history of physical or sexual abuse, or is from a particular cultural group. In all such cases, discussion will take place with parents/carers about the most appropriate forms of promoting the child's welfare.

Physical Intervention

This may include mechanical or environmental means, such as a locked gate. Such measures are used to ensure a child's safety and promote their welfare.

Restrictive Physical Intervention

This involves the intentional use of force by a staff member to restrict a child's movements against the child's will. Generally this will be through the use of the adult's body rather than by the use of mechanical or environmental means.

Types of Restrictive Physical Intervention

Where restrictive physical intervention is needed staff will:

- aim for side-by-side contact with the child and avoid positioning themselves in front (to reduce risk of being kicked) or behind (to reduce risk of allegations of sexual misconduct)
- aim for no gap between the adult's and child's body when side-by-side to minimise the risk of impact and damage
- aim to keep their own back as straight as possible
- be aware of head positioning to avoid head butts from the child

- hold children where there is the least likelihood of causing damage, i.e. by the “long” bones rather than the joints
- ensure that there is no restriction to the child’s ability to breathe, avoiding holding the child round the chest cavity or stomach
- avoid lifting the child.

Staff at LITTLE SPONGES MONTESSORI will use restrictive physical intervention only in the context of positive behaviour management, in extreme cases to prevent a child hurting themselves or others or causing damage to property.

Where possible staff will make use of other strategies, such as saying, “stop” and/or diverting the child to another activity. They will use restrictive physical intervention only when necessary and in conjunction with other forms of intervention. Where restrictive physical intervention is necessary, staff will use the minimum force that is proportionate to both the child’s behaviour and the harm that they may cause. Physical intervention will not be used as a form of punishment under any circumstances.

Recording and Monitoring

All incidents requiring restrictive physical intervention will be recorded as soon as possible and within 24 hours of the incident. This record will include:

- who was involved
- the reason physical intervention was considered appropriate
- how the child was held
- the date and time of the incident
- the length of time the physical intervention had to continue
- any injuries or subsequent distress
- the action taken.

Parents will be informed and given a copy of the record form.

Intervention will be monitored and any necessary adjustments made to keep the child/children safe and promote their wellbeing.

ALLEGATIONS OF ABUSE

Policy Statement

Ofsted requires all registered providers to have a policy regarding allegations being made against an adult working in the setting, whether they are a member of staff or a volunteer.

Appropriate policies and procedures, as well as following the principles of good practice, protect both children and adults. However, an allegation may be made and in such circumstances the Nursery’s procedures should be followed.

Procedure to follow when an allegation is made against a member of staff

The DSL should:

- Seek advice from the Local Authority Designated Officer (LADO) regarding incidents where it is unclear whether it is an allegation or a concern;

- Report all allegations of harm to the LADO.

The member of staff against whom an allegation has been made should always be:

- treated fairly and honestly and helped to understand the concerns and the processes involved
- kept informed of the progress and outcome of any investigation and the implications for themselves, e.g. disciplinary or related processes
- kept informed about events in the workplace if they have been suspended.

Suspension does not need to be automatic. It should be considered in cases where:

- it is suspected that a child(ren) is at risk of significant harm
- the police are investigating the allegation
- there are grounds for dismissal due to the nature of the allegation.

If the individual returns to work following suspension, the employer should consider what help and support might be appropriate and how best to manage the staff member's contact with the child concerned if they are still attending the setting.

Any allegation should be treated seriously and objectively, with those concerned keeping an open mind.

They should not:

- investigate or ask leading questions if seeking clarification
- make assumptions or offer alternative explanations
- promise confidentiality (reassure that the information will only be shared on a “need to know” basis).

They should:

- make a written record of the information given, including the time, date and place of the incident(s), persons present and what was said; sign and date the written record
- ensure that the Nursery’s procedures are followed.

Procedures to help protect staff from allegations of abuse

Staff should follow the provision's Code of Staff Conduct, particularly ensuring the following:

- The safety and welfare of the child is always paramount.
- Staff must fulfill their responsibilities and duties towards children by working in partnership with parents.
- Staff relationships with children and families are conducted in a professional manner at all times.
- Staff must be vigilant in health and safety matters, eg recording any bruises/marks a child may have, on arrival, in their incident book (separate pages for each child to ensure confidentiality).
- Comprehensive reporting of all children's' accidents should be made to parents, for their signature. Where possible, any written account should be witnessed by a second staff member.
- Any training needs identified in team members should be passed on to the Head of Little Sponges.
- Advice, help and/or support are sought if they find a child's behaviour is persistently challenging or difficult to manage.