

## **Safeguarding and Child Protection Policy**

Dilton Marsh Pre-School fully recognises its responsibilities for child protection.

### **INDEX**

- 1. Purpose of the policy**
- 2. Child Protection procedures and guidelines**
- 3. Safer Recruitment**
- 4. Staff training and induction**
- 5. Safer working practice**
- 6. Staff behaviour**
- 7. Managing allegations against staff and volunteers**
- 8. What constitutes child abuse and neglect?**
- 9. Early Help**
- 10. Responding to disclosures: guidance for staff**
- 11. Reporting concerns**
- 12. Monitoring of children subjected to a CP plan**
- 13. Children with Special Educational Needs and Disabilities**
- 14. Follow-up support of vulnerable children**
- 15. Welcoming other professionals**
- 16. Off sites visits**
- 17. Photography and images**

**Appendix 1a:** Child welfare and CP record sheet

**Appendix 1b:** Overview sheet

**This policy should be read alongside the following other main policies:**

- Anti Bullying
- Behaviour Management
- Child Protection
- Equality and Diversity
- Fire Safety and Emergency Evacuation
- First Aid
- Health and Safety
- Healthy Lunch Boxes
- SEND
- Lost Child
- Mobile Phones
- No Smoking
- Outings
- Photographs of Pre-School Children
- Settling Into Pre-School
- Sun Protection
- Uncollected Child

This document also references the following documents from the Wiltshire Safeguarding Children Board:

- *Revised Multi-Agency Thresholds for Safeguarding Children (December 2014)*
- *Escalation Policy for Dispute Resolution (October 2014)*

### **Manuals kept in the setting**

- What to do if you're worried a child is being abused (March 2015)
- Working together to Safeguard children (2015)
- Information Sharing (March 2015)
- The Prevent Duty (2015)

Dilton Marsh Pre-School staff are advised to maintain an attitude of 'it could happen here' as far as safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interest of the child.

Settings do not operate in isolation. Safeguarding is the responsibility of all adults and especially those working or volunteering with children. The setting aims to help protect the children in its care by working consistently and appropriately with all agencies to reduce risk and promote the welfare of children. All professionals work within the same safeguarding procedures.

### **1. Purpose of the policy**

- To raise the awareness of all staff of the importance of safeguarding children and of their responsibilities for identifying and reporting actual or suspected abuse
- To ensure children and parents are aware that the setting takes the safeguarding agenda seriously and will follow the appropriate procedures for identifying and reporting abuse and for dealing with allegations against staff
- To promote effective liaison with other agencies in order to work together for the protection of all children
- To support children's development in ways which will foster security, confidence and independence
- To integrate a safeguarding curriculum within the existing activities allowing for continuity and progress through all developmental stages
- To take account of and inform policy in related areas such as bullying and e-safety

There are three main elements to the safeguarding policy:

1. **PREVENTION** (positive and safe environment, careful and vigilant teaching, accessible support to pupils, good adult role models).
2. **PROTECTION** (agreed procedures are followed, staff are trained and supported to respond appropriately and sensitively to safeguarding concerns).
3. **SUPPORT** (to children, who may have been at risk of significant harm and the way staff respond to their concerns and any work that may be required).

### **2. Child Protection procedures and guidelines**

#### **What is Child Protection?**

Child Protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or at risk of

suffering, significant harm. Safeguarding, in addition to child protection, encompasses issues such as pupil health and safety, bullying/cyber-bullying, appropriate medical provision. These areas have specific policies and guidance which should be read in conjunction with this document.

### **What is significant harm?**

The Children's Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and require discussion with the statutory agencies.

### **Responsibilities**

The responsibility for child safeguarding falls on everybody who is employed at the setting. All adults who work at Dilton Marsh Pre-School are expected to support the Child Protection Policy, with overall responsibility falling upon the Owner. All staff, including volunteers, have a statutory obligation to report to the Designated Safeguarding Lead (DSL) if there is suspicion of abuse/neglect of a child or if a child discloses abuse or allegations of abuse.

We will follow the child protection procedures set out by the Wiltshire Safeguarding Children Board and will have regard to statutory guidance issued by the Department for Education *Statutory Framework for the Early Years Foundation Stage, 2014*.

The **Designated Safeguarding Lead** is a senior member of staff designated to take lead responsibility for:

- Managing all child protection issues (Chair of Committee leads on allegations against staff)
- Keep secure child protection plans, write records and reports
- Child protection policy and procedures: lead in evaluation, review and revision, ensure available to staff and parents
- Induction of staff and volunteers/staff training/ensure staff are aware of safeguarding policy and procedure
- Providing advice, information and support to other staff/adults in the setting on safeguarding issues
- Understand (and participate in) early help assessments and process for early help
- Liaising with the local authority and local safeguarding children board
- Working in partnership with other agencies; referrals and support; information sharing
- Ensure a culture of listening to children and taking account of their wishes and feelings.

**The Designated Safeguarding Lead is: Karon Levett**

**The deputy Designated Safeguarding Lead is: Mary-Ann Glass**

### **3. Safer Recruitment**

- Dilton Marsh Pre-School follows the procedures set out in the Safer Recruitment training in which the Chair and Playleader are qualified.
- All staff, committee members and volunteers have completed an enhanced

DBS check with barred list information; other checks - identity checks, verify the candidate's mental and physical fitness, qualifications, employment references, DBS details, right to work in the UK – are carried out to assess the candidates suitability.

- Verified checks are recorded on the Single Central Record.
- New staff are supplied with copies of all policies and are made aware of ALL Safeguarding requirements prior to taking up a position, along with a detailed induction.

#### **4. Staff training and induction**

- The DSL will attend safeguarding training at least once every three years, attend safeguarding forums and keep up to date with recommendations from serious case reviews, changes to national and WSCB policy and guidance.
- The whole-setting staff group will receive safeguarding training at least every three years with annual up-dates and notifications of any necessary changes, reminders being made available as required.
- All new staff, volunteers and governors will receive Safeguarding induction to ensure understanding of the safeguarding policy.
- The CP policy and Code of Conduct will be provided to all staff –including temporary staff and volunteers- on induction.

#### **5. Safer working practice**

- Safe working practice ensures that children are safe and that all staff, volunteers and governors:
  - Are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions
  - Work in an open and transparent way
  - Work with other colleagues where possible in situations open to question
  - Discuss and/or take advice from management over any incident which may give rise to concern
  - Record any incident of decisions made
  - Apply the same professional standards regardless of gender, race, disability or sexuality
  - Be aware of confidentiality policy
  - Are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them..
- The WSCB Social Networking policy, 2015 is available to read.

#### **6. Staff behaviour**

Staff are aware of the requirements regarding behavior, this includes;

- Treating all children with respect
- Setting a good example by conducting ourselves appropriately
- Involving children in decision-making which affects them
- Encouraging positive and safe behaviour among children
- Being a good listener
- Being alert to changes in child's behaviour
- Recognising that challenging behaviour may be an indicator of abuse
- Reading and understanding all of the setting's safeguarding and guidance documents on wider safeguarding issues, for example bullying, physical contact and information sharing .

- Asking the child's permission before doing anything for them which is of a physical nature, such as assisting with dressing, physical support during PE, music or administering first aid
- Maintaining appropriate standards of conversation and interaction with and between children and avoiding the use of sexualised or derogatory language
- Maintaining professional standards and boundaries at all times on and off the site
- Being aware that the personal and family circumstance and lifestyles of some children lead to an increased risk of neglect and or abuse

## **7. Managing allegations against staff and volunteers**

**The Allegation Management WSCB flowchart has been included.**

Any report of concern about the behaviour of a member of staff or volunteer, or allegation of abuse against a member of staff must immediately be reported to the Manager/Owner who will refer to the appropriate designated officer(s) from the local authority:

**Wiltshire Designated Officer: 01225 718079 or 01225 713945**

Any concern or allegation against the Manager will be reported to the Chair of Committee without informing the Manager.

Any allegation of abuse will be dealt with in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

In some circumstances the member of staff will, without prejudice, be asked to take a period of paid leave pending the results of the investigation.

Dilton Marsh Pre-School will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

Malicious allegations against staff will be investigated and dealt with by the Manager and, if appropriate, the committee.

### **If you have concerns about a colleague**

If staff members have concerns about another staff member or volunteer than this should be referred to the Manager.

Where there are concerns about the Manager this should be referred to the Chair of Committee.

Staff who are concerned about the conduct of a colleague may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of a child is paramount. The setting's whistle blowing policy enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place. See Whistle Blowing policy for further details

## **8. What constitutes child abuse and neglect?**

All adults who work or volunteer with children should be able to identify concerns about child abuse. The four types of abuse, described in *Working Together to Safeguard Children 2015* are:

**Physical  
abuse  
Emotional  
abuse Sexual  
abuse Neglect**

**Specific safeguarding issues:** Dilton Marsh Pre-School recognises other safeguarding issues: Child Sexual Exploitation, Female Genital Mutilation, bullying (including cyber-bullying), domestic violence, drugs, fabricated or induced illnesses, faith abuse, forced marriage, gangs and youth violence, gender-based violence/violence against women and girls, mental health, radicalisation, sexting, teenage relationship abuse, trafficking.

The setting will endeavour to identify and act upon any forms of abuse according to our procedures.

## **9. Early Help**

The *Revised Multi-Agency Thresholds for Safeguarding Children (December 2014)* document aims to inform settings and other agencies about the suitable action to take when a child has been identified as making inadequate progress or having an unmet need. At Dilton Marsh Pre-School, whenever possible, we will ensure that early intervention is actioned via a referral to Early Help as soon as the criteria are met, to prevent situations to escalate into larger problems. The document can be found on the Wiltshire Safeguarding Children Board (WSCB) website.

**Early Help Single Point of Entry: 01225 718230**

Therefore the setting will consider the following:

- Undertake an assessment of the need for early help
- Provide early help services e.g. Children's Centre, family outreach worker
- Refer to appropriate services e.g. CAMHS etc.

## **10. Responding to disclosures: guidance for staff**

If a child wishes to confide in you the following guidelines should be adhered to:

- **Create a safe environment**

Take the child to a private and safe place if possible.

Stay calm.

Reassure the child and stress that he/she is not to blame.

Tell the child that you know how difficult it must have been to confide in you.

Listen to the child and tell them that you believe them and are taking what is being said seriously.

Tell the child what you are going to do next after the disclosure

- **Be honest**
  - Do not make promises that you cannot keep
  - Explain that you are likely to have to tell other people in order to stop what is happening
- **Record on the appropriate form exactly what the child has said to you as soon as possible and include the following into the form:**
  - Child's name, address, date of birth
  - Date and time of any incident
  - What the child said and what you said
  - Your observations e.g. child's behaviour and emotional state

**The Child Welfare and Child Protection Concern Sheet is included in Appendix 1a. An overview sheet is also available for quick reference, refer to Appendix 1b for further details.**

- **Be clear about what the child says and what you say**
  - Do not interview the child and keep questions to a minimum.
  - Encourage the child to use his/her own words and do not try to lead them into giving particular answers
- **Maintain confidentiality**
  - Only tell those people that it is necessary to inform
- **Do not take sole responsibility**
  - Immediately consult your Designated Safeguarding Lead so that any appropriate action can be taken to protect the pupil if necessary
  - The Designated Safeguarding Lead will consider the information and decide on the next steps.
- **Add the expectations of your setting** once a child has disclosed (ie. return to class/take time out, support offered etc.).

## **11. Reporting concerns**

Where any adult in the setting has concerns about a child they should discuss these in the first instance with the Designated Safeguarding Lead, or in their absence, the deputy. In exceptional circumstances, staff members can speak directly to Children's Social Care.

### **Children's Social Care referrals:**

Multi-Agency Safeguarding Hub (MASH): **0300 456 0108**  
Out of hours: **0300 456 0100**

If you believe the child is at immediate risk of significant harm or injury, then you must call the police on **999**

## **Sharing Concerns with Parents**

There is a commitment to work in partnership with parents or carers and in most situations it may be appropriate to discuss initial concerns with them. However there will be some circumstances where the Designated Safeguarding Lead will not seek consent from the individual or their family, or inform them that the information will be shared. For example, if doing so would:

- place a child at increased risk of significant harm;
- place an adult at increased risk of serious harm;
- prejudice the prevention, detection or prosecution of a serious crime;
- lead to unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult.

In some circumstances, the Designated Safeguarding Lead will seek advice from Children's Social Care by ringing the MASH to obtain advice about the recommended course of action.

The setting shares a purpose with parents to educate, keep children safe from harm and have their welfare promoted.

We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information until we have permission or it is necessary to do so to protect a child.

Dilton Marsh Pre-School will share with parents any concerns we may have about their child unless to do so may place a child at risk of harm.

We encourage parents to disclose any concerns they may have with Dilton Marsh Pre-School. We make parents aware of our Child Protection Policy which is also available on demand.

## **Recording concerns**

When a concern about a child is raised by an adult in the setting, that person is responsible for making a written record of the disclosure as soon as possible after reporting it urgently to the Designated Safeguarding Lead, or their deputy.

Discussions should be recorded on the child welfare and CP record form (see Template in Appendix 1), with details of the concern and any agreed action that is to be taken. The records must be signed and dated.

## **Record keeping of child protection concerns**

The setting will:

- Keep clear written records of all child welfare and child protection concerns using the standard recording form, with a body map where injuries need to be noted (see Template in Appendix 1a), including actions taken and outcomes as appropriate.
- Ensure all child welfare and child protection records are kept securely, and in a locked location. The record must be signed and dated and kept securely in a file under the child name, away from the other records (medical forms, academic records etc.) The Designated Safeguarding Lead is responsible for ensuring that concerns and discussions are written up properly and acted on appropriately.

Ensure that all child protection records relating to a child who moves to another setting or school are passed on to the new school securely, promptly and

separate from the main pupil file, with a copy being kept in this setting. Confirmation of receipt should be obtained. Child welfare records below the child protection threshold but with continuing relevance to the child's wellbeing should also be transferred with parental consent.

### **Information sharing –internal process**

Information concerning students at risk of harm will be shared with all members of staff on a "need to know" basis. The Designated Safeguarding Lead will make a judgement in each individual case about who needs and has a right to access particular information.

## **12. Monitoring of children subjected to a CP Plan**

Children who are the subject of a Child Protection Conference will have either an agreed multi-disciplinary action plan or child protection plan. The Designated Safeguarding Lead will attend planning meetings and core group specified in the plan and contribute to assessments and plans.

The setting recognises that children who are the subjects of abuse or who live in situations of domestic violence may exhibit distressed or challenging behaviour and may not be reaching their full academic potential. The setting will ensure that appropriate support is in place at the setting.

## **13. Children with Special Educational Needs or Disabilities**

For a variety of reasons, children with additional needs face an increased risk of abuse and neglect; therefore adults are expected to take extra care to interpret correctly apparent signs of abuse or neglect. Indications of abuse will be reported as for other pupils.

Wiltshire Council provides targeted support services for children and young people with Special Educational Needs and/or a Disability who need additional support with:

- Communication
- Learning and processing information
- Experiencing the world around them, including sensory difficulties
- Physical or medical conditions that affect their life and learning
- Coping with social and emotional challenges

**The SEND service can be contacted on 01225 757 985.**

## **14. Follow-up support of vulnerable children**

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The setting may be the only stable, secure and predictable element in the lives of children at risk. When attending the setting their behaviour may be challenging and defiant or they may be withdrawn. The setting will endeavour to support the children through:

- Key person
- The content of the activities
- The setting's ethos which promotes a positive, supportive and secure environment and gives children a sense of being valued
- Liaison with other agencies supporting the child such as Children's Social Care, Children's Centres, the SEND team, etc. and where appropriate initiate and/or contribute to a CAF and Team Around the Child (TAC) meetings.

**In order to create a culture of safety in the setting, Dilton Marsh Pre-School will ensure that safeguarding is a standing item on all meetings agendas.**

### **15. Welcoming other professionals**

Visitors with a professional role, such as social workers will have had the appropriate vetting checks undertaken by their own organisation. Any professionals visiting the setting should provide evidence of their professional role and employment details (an identity badge for example). If felt necessary, the setting will contact the relevant organisation to verify the individual's identity.

Professionals will complete signing in/out forms and wear an I.D. badge if required to do so.

### **16. Off-site visits**

Appropriate risk assessments must be in place prior to any off-site visit taking place.

Safeguarding concerns or allegations will be responded to following the WSCB procedures (as above). The member of staff in charge of the visit will report any safeguarding concerns to the Designated Safeguarding Lead and Manager, who will pass to Social Care if appropriate. In emergency the staff member in charge will contact the police and/or social care.

### **17. Photography and images**

To protect children we will:

- Seek parental consent for photographs to be taken or published (for example, on our website or in newspapers or publications)
- Only use the setting equipment
- Only take photos and videos of children to celebrate achievement
- Use only the child's first name with an image
- Ensure that children are appropriately dressed
- Encourage children to tell us if they are worried about any photographs that are taken of them.

Where parents are taking photographs of children at special events these are to be for personal use only (these are not to be shared on social media for example).

## **Policy review**

The Chair of the Committee will undertake an annual review of the setting's Child Protection Policy and procedures and remedy any deficiencies and weakness found without delay.

*This policy was adopted at a meeting of the pre-school held on (date).....*

*Signed on behalf of the pre-school.....*

*Reviewed –*

*Reviewed –*

*Reviewed –*

## APPENDIX 1: Definitions and indicators of abuse and neglect

**Physical abuse:** *a form of abuse which 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.*

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

### **Some of the following signs may be indicators of physical abuse:**

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained:
  - bruises or cuts;
  - burns or scalds; or
  - bite marks.

**Emotional abuse:** *the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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, although it may occur alone.*

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

**Some of the following signs may be indicators of emotional abuse:**

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

**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.*

You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

**Some of the following signs may be indicators of sexual abuse:**

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

**Child sexual exploitation** *is 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 may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.*

**Some of the following signs may be indicators of sexual exploitation:**

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

**Neglect:** *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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.*

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

**Some of the following signs may be indicators of neglect:**

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

## **Other specific safeguarding issues**

### **Female genital mutilation (FGM) and Forced Marriage**

There are many different types of abuse but there are some that staff may be initially less aware of. Female Genital Mutilation (FGM) and Forced Marriage fall into this category.

Professionals need to be alert to the possibility of a girl being at risk of **FGM**, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM:

- Knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school;
- The child may also talk about a special procedure/ceremony that is going to take place on a special occasion to 'become a woman'.

Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Indicators that FGM may already have occurred:

- Prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems;
- Difficulty walking, sitting or standing, and look uncomfortable;
- Spend longer than normal in the bathroom or toilet
- May complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

### **Private fostering**

Under certain conditions, a child might be cared for, as part of a private arrangement, by someone who is not their parent or a 'close relative'. This constitutes private fostering when the following conditions are met:

- a child is under 16 years of age – 18 if they have a disability
- the arrangement is for 28 days or longer
- the child's new carer does not have parental responsibility for the child and is not a close relative.

Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

By law parents and carers must notify the local authority of private fostering arrangements to safeguard and protect the child's welfare as well as ensuring the child, carer and parent are receiving appropriate support and help.

As a setting, if we do become aware that a child or young person is being privately fostered, we will inform the carer/parent of their legal duty to notify Wiltshire Children's Social Care; we will follow this up by contacting Children's Social Care directly.

**APPENDIX 1a**

**Child Welfare and Child Protection  
Concern Sheet**

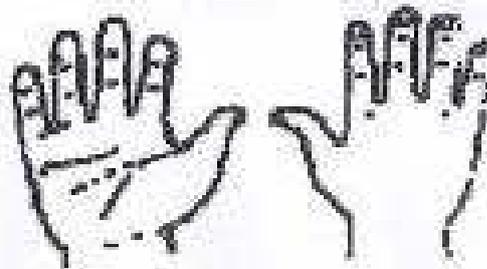
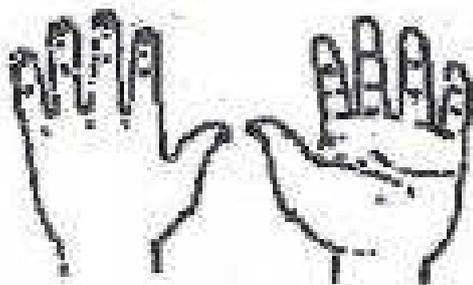
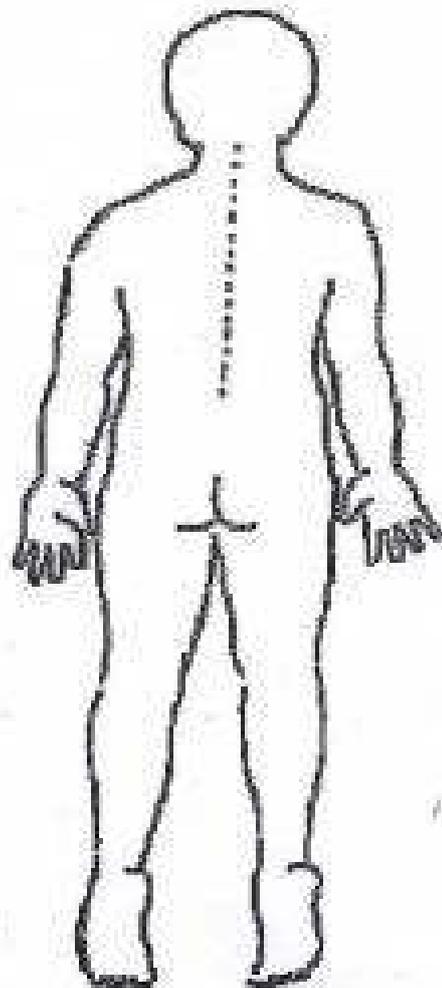
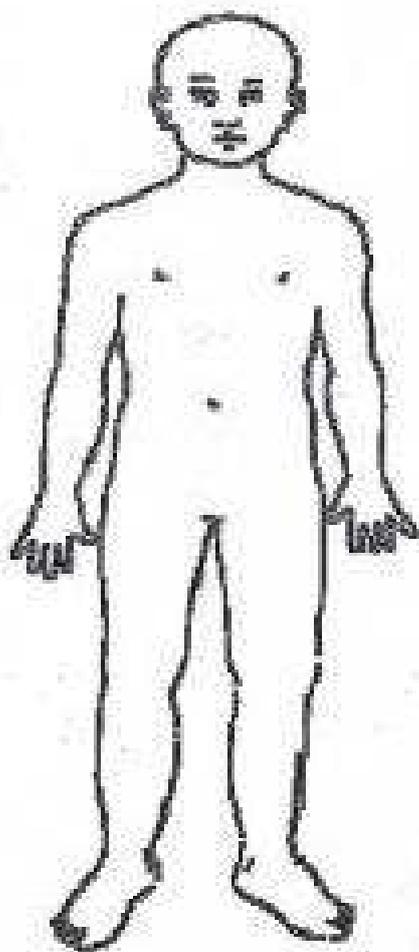
*For completion by staff or volunteers when they become aware of child welfare concerns, in accordance with government guidance and the child protection policy. The Designated Safeguarding Lead will monitor concerns and report where appropriate to Children's Social Care if a child is deemed at risk of significant harm. This information will be disclosed only to those staff who need to know for the purposes of child protection. Concerns should usually be shared with parent/child, unless to do so may place a child/ren at increased risk of harm (if in doubt about this, consult with social care). Please write legibly and do not use acronyms. Exact words must be used even if they may offend.*

<b>Date of alleged incident</b>		<b>Date/time of disclosure</b>	
<b>Name of child/ren</b>		<b>Class</b>	
<b>Name of person making this record</b>		<b>Role in setting</b>	
<b>Signed as a true record</b>		<b>Date DD/MM/YY</b>	

<b>Nature of concern</b>  <b>Attach additional sheet(s) if necessary</b>  (include observations as well as professional opinions)								
	<b>Body map used</b>	<b>Yes</b>		<b>No</b>				
<b>Any other relevant information</b> (previous concern, other professionals involved/SEN details etc.)								
<b>Current status with social care</b> (please tick & add name where known)	<b>None</b>		<b>Known to social care</b>		<b>Allocated social worker</b>		<b>Child protection plan</b>	

<b>Name of Designated Safeguarding Lead reviewing the concern</b>		<b>Initial Action taken</b>		<b>Date</b>	
<b>Further action taken</b> Please also record whether concerns were shared with: <ul style="list-style-type: none"> <li>• parents/carers</li> <li>• MASH</li> </ul> and reason(s) why:				<b>Date</b>	
<b>Final outcome</b>				<b>Date</b>	

Body Map			
Date concern noted		Date/time of report	
Name of child/ren		Class	
Name of person making this record (please print)		Role in setting	
Signed as a true record		Date DD/MM/YY	



**APPENDIX 1b**

**SAFEGUARDING OVERVIEW SHEET**

**(To be included in the child's CP file when concerns are logged for the first time)**

Name of child \_\_\_\_\_ DOB: \_\_\_\_\_

Date file created \_\_\_\_\_

Nature of concern:

Other known names \_\_\_\_\_

Address \_\_\_\_\_

Other family members:

(include full name, relationship e.g. mother, stepfather etc. For U18s, include age, if known)

Are any other child protection files held at the setting relating to this child or another child closely connected to him/her? YES/NO

If yes, which files are relevant?

Name and contact number of Social Worker (Children's Social Care) or CAF details:

Name and contact number of any other agency workers involved:

Name of lead person responsible for reviewing this record: