**Blandford Opportunity Group**

**1027771**

**Safeguarding of Children Policy**

**SPoC (single point of contact also known as CHAD ( Childrens Advise and Duty Service) is the first point of contact for all referrals. 01305 228866, anyone can call this number.**

**Professionals call 01305 228558**

**Police Emergency 999**

**Police non-emergency 101**

The group and its entire staff have a duty to be aware that abuse does occur in our society. This statement lays out the procedures that will be taken if we have reason to believe that a child in our care is subject to either emotional, physical or sexual abuse or neglect.

Our primary responsibility is the welfare and well-being of all children in our care. As such we believe we have a duty to the children, parents/carers and staff to act quickly and responsibly in any instance which may come to our attention.

The Group has a duty to report any suspicions about abuse to Social Care and Health whether this stems from allegations against staff, volunteers, carers or the general public.

Children will not be permitted to be in anyone’s care, other than that of their parents or keyworker or a person otherwise authorised by the child’s parent. We will not be held responsible for parents/carers allowing siblings or any other child not on our register, to be in the care of any other person whilst at the group at dropping off or picking times.

The Children Act 1989 (Section 47 (1)) places a duty on Social Care and Health to investigate such matters. The Group will follow the procedure set out in the Local safeguarding children’s board procedures and as such will seek their advice on all steps taken subsequently. The group will also have regard to’ What to do If You’re Worried a Child Is Being Abused’, the current Dept. of Health publication. And also the inspecting safeguarding in early years (sept 19)

All staff and long term volunteers at the group are DBS checked; with the exception of Secondary School students carrying out their short term, (usually two weeks), work experience and college placement students who can provide a valid DBS check from the college and a letter from their tutor

The Group will notify OFSTED if Social Care and Health are investigating a child protection matter related to the Group.

Sharon Kevern is the DLO, Carly Ricketts is deputy DLO, the designated member of staff for child protection liaison will, together with Nicola Roper, designated committee member for child protection and Sharon Kevern, Group Leader, take the lead in dealing with any concerns raised initially. They will then decide whether to take advice from outside agencies such as social services, and the police. If it is decided to discuss such issues with the parents/carers of the child this staff member will facilitate the discussions (although no discussions will take place if it is believed this would place the child at risk of significant harm).

An allegation of child abuse or neglect could lead to a criminal investigation so staff will not do anything that may jeopardise a police investigation, for example, ask a child leading questions or attempt to investigate the allegations of abuse.

Social Care and Health takes the lead role in enquiring about child protection issues related to the child whilst the employer retains the responsibility for disciplinary actions related to their staff member, volunteer or carer.

**Physical Abuse -** Action will be taken under this heading if the staff team has reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is a definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented.

**Procedure**

Any indication of a mark/injury to a child when they come into the group will be recorded by the child’s keyworker and brought to the attention of the designated safeguarding officer and discussed with the parent. The parent will be asked to countersign the ‘Injury on arrival’ section of the accident form.

Such discussion will be recorded and the parent/main carer will have access to such records.

(Discussion will take place unless it is believed that this would place the child at risk of significant harm)

If there appear to be any queries regarding the injury Social Care and Health and/or the police will be notified

**Sexual Abuse** - Action will be taken under this heading if the staff team have witnessed occasions where a child indicated sexual activity through words, play, and drawing or had an excessive pre-occupation with sexual matters or had inappropriate knowledge of adult sexual behaviour.

**Procedure**

The observed instances will be reported by the DLO

The matter will be referred to Social Care and Health and /or the police by that staff member

**Emotional Abuse** - Action will be taken under this heading if the staff team have reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child caused by persistent or severe ill treatment or rejection.

**Procedure**

The concern will be discussed with the parent/main carer by the DLO such discussion will be recorded and the parent/main carer will have access to such records. (Discussion will take place unless it is believed that this would place the child at risk of significant harm) If there appear to be any queries regarding the circumstances, the matter will be referred to Social Health and Care and SCB/Ofsted

**Neglect** - Action will be taken under this heading if the staff team have reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which result in serious impairment of the child’s health or development, including non-organic failure to thrive.

**Procedure**

The concern will be discussed with the parent/main carer by the designated member of staff for child protection liaison.

Such discussion will be recorded and the parent/main carer will have access to such records. (Discussion will take place unless it is believed that this would place the child at risk of significant harm)

If there appear to be any queries regarding the circumstances Social care and health and /or the police will be notified.

**Allegations against member of staff or volunteer**

Including concerns, complaints, allegations and whistleblowing

* Is there a concern about a member of staff, maybe about their behaviour towards a child, another member of staff or parent?
* Do you have a complaint about a member of staff?
* Is there a specific allegation against a member of staff which involves safeguarding?
* Is it a whistleblowing matter?, this is mainly to do with the running of the group or internal affairs

Action will be taken under this heading if allegations are made against a member of staff or volunteer working at the Group.

Allegations of breach of confidentiality leading to possible safeguarding issues are also included.

**Procedure**

The concern will be discussed with the parent/main carer by the designated member of staff for child protection liaison, unless it should refer to that person, in which case the designated committee member or Chairperson would deal with the matter. (Nicola Roper or Colin Stevens)

Such discussion will be recorded and the parent /main carer will have access to such records.

The designated staff member will report the incident to CHAD if needed, inform the Early Years Advisor and the LADO, Patrick Crawford and take advice. In some circumstances the police may have to be notified.

The employer will need to decide whether to suspend the member of staff/volunteer pending Investigations.

**Historical abuse**

There may be occasions when a child will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

**Domestic Abuse**

Staff may be working with children experiencing violence at home. Children experiencing this may demonstrate many symptoms of other types of abuse. Staff will need to treat them sensitively, record their concerns and consider informing relevant authorities.

**Confidentiality**

The aim of the group is to promote an environment of respect with reference to confidential information relating to the children, families or group users and the groups business (please see our confidentiality policy.) However, if it becomes necessary to disclose information concerning a child and/or member of staff (if the allegation is made against a staff member/volunteer) to an outside agency, the following procedure will be followed:

The consent of the parent/main carer of that child and/or the consent of the staff member to the disclosure will be sought first (unless it is believed that obtaining such consent would place the child at risk of significant harm).

If it is believed that obtaining such consent would place the child at risk of significant harm, the disclosure will be made without obtaining consent (bearing in mind the public interest in safeguarding the child's welfare overrides the need to keep information confidential).

* **Please see camera and mobile phone policy**

See Appendix 1 – safeguarding information for staff - Are you worried about a child in your care?

**APPENDIX 1 -**

**Safeguarding Information for Staff**

**Are you worried about a child in your care?**

All childminders, staff and volunteers running day nurseries, pre-school groups, crèches, out-of-school clubs and holiday schemes have an important part to play in helping parents care for their children. They can work with parents during times of stress offering support and respite.

Most children are subject to minor accidental injuries, but there may be occasions when you are concerned about the nature or frequency of injury. If you are concerned, you should raise the matter immediately with the designated member of staff for child protection liaison. Who will then discuss the concerns with the parents/carers of the child unless it is believed that such discussion would place the child at risk of significant harm.

Any concerns of this nature should be reported by the designated staff member for child protection liaison to the local Social Care and Health office promptly where staff will advise them and can decide what action, if any, needs to be taken. The information provided by a day carer may be part of a larger picture of abuse or neglect.

Remember that an allegation of child abuse or neglect could lead to a criminal investigation so do not do anything that may jeopardise a police investigation, for example, ask a child leading questions or attempt to investigate the allegations of abuse.

Parents should be aware from your introductory leaflets, letters or posters that you are obliged to inform Social Services of any concern you may have that a child may be at risk or has been abused. The safety of children may include a duty to share

It is important that day care workers understand something about child abuse and neglect, and are familiar with the procedures for reporting abuse.

## A few danger indication to look out for and write down

* Behaviour changes for no obvious reason.
* Bruising in unusual places – arms, stomach, around the mouth, head and back.
* Finger marks – each finger may mark or bruise the skin.
* Bite marks
* Child not using a leg or arm – it may have been broken by a blow
* Inadequate clothing for the time of year.
* Weight loss or an unexplained increase in appetite

However, the most important indication may not be those listed above, but things that you notice about a child that you know well, that make you feel concerned and uneasy. In such cases you should feel confident in the experience you have of working closely with children, and tell Sharon Kevern, the designated staff member for child protection liaison, who will then telephone the CHADs team, Dorsets Local Safeguarding Children’s Board. www.dorsetlscb.co.uk .

LADO Patrick Crawford 01305 221122

**Please ensure that you are familiar with our safeguarding children Policy and**

**Procedure**

**Appendix 2**

**Female Genital Mutilation and child sexual exploitation**

We have a duty to protect our children from all possible types of abuse and as such must take into consideration CSE, FGM and Radicalisation. Even though we live in rural North Dorset and feel that our families are not at risk from these types of safeguarding issues we must still be aware of them and know what to do should the situations ever arise.

(Please also read the Prevent Duty Policy)

What is Child Sexual Exploitation (CSE)?

The [Association of Chief Police Officers (ACPO) (now the National Police Chiefs' Council)](http://www.npcc.police.uk/) defines CSE as:

*"Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing and/or another or others performing on them, sexual activities.*

*Child Sexual Exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post images on the Internet/mobile phones without immediate payment or gain.*

*In all cases, those exploiting the child/young person have power over them by virtue of their age/gender/intellect/physical strength/economic situation or other resources.*

*Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice as a result of their social, economic or emotional vulnerability."*

CSE can take place in various different forms and recent high profile reports and enquiries (e.g. [Rotherham](http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham) and [Rochdale](http://www.rochdale.gov.uk/default.aspx?page=16320)) have focused largely on one form of CSE where young women were groomed by older men and exploited on an organised level. It is important to bear in mind that children can also be exploited by their peers, and by family members. Young women affected by/involved in gangs are also at significant risk of being sexually exploited.

CSE can be difficult to identify as children often do not recognise that they are being sexually exploited, many children will have been subjected to a grooming process whereby the person exploiting them has employed various techniques to make the child believe that they are consenting to the situation. Children who are experiencing CSE may also have a lack of distrust in authority figures or may display behavioural issues at school and all efforts should be made by professionals to explore the reasons why the child is displaying such behaviours. The [Office of the Children's Commissioner identified in their enquiry into CSE](http://www.childrenscommissioner.gov.uk/inquiry-child-sexual-exploitation-gangs-and-groups) that children at risk of/experiencing CSE are often described as "putting themselves at risk", "prostituting themselves" and "promiscuous", these terms suggest the child is complicit in and/or to blame for the abuse they experience and should be avoided. It has been acknowledged by the Office of the Children's Commissioner, LSCB and Ofsted that this language and prevailing attitudes have led to systematic failings to protect and safeguard children at risk of child sexual exploitation.

http://pandorsetscb.proceduresonline.com/chapters/p\_ch\_sexual\_exploit.html

**FGM**

**Key facts**

* Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
* The procedure has no health benefits for girls and women.
* Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
* More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated1.
* FGM is mostly carried out on young girls between infancy and age 15.
* FGM is a violation of the human rights of girls and women.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized1. WHO strongly urges health professionals not to perform such procedures.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

**Who is at risk?**

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than 3 million girls are estimated to be at risk for FGM annually.

More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated 1.

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.

**Cultural and social factors for performing FGM**

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

* Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
* FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
* FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.
* Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
* FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.
* Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
* Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
* Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
* In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.
* In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement

<https://www.dorset.police.uk/help-advice-crime-prevention/personal-safety-help-advice/honour-based-abuse-forced-marriage-female-genital-mutilation/>

If anyone suspects that a child is affected in any way by FGM or CSE they have a duty to report it. Please speak to the DSL in the first instance with any concern, no matter how minor you feel that may be.

September 2019 updated November 2019 (CHADS)