



Alexandra Park
Children's Learning Community
a personal learning journey together



Child Protection Policy

Alexandra Park Children's Learning Community Safeguarding Policy is in place to ensure parents and the team are aware of Alexandra Park Children's Learning Community duty to protect the children in their care, to inform Social Services or the Local Authority of suspected child abuse, and outline the procedures in place should an allegation be made against a member of the team.

Our professional responsibility, with regard to Child Protection, is laid out in the Safeguarding and Welfare Requirements of the Early Years Foundation Stage Framework 2017.

We must have regard for the Department for Education source document 'Working Together to Safeguard Children' 2015, which explains responsibilities and how agencies should work together to safeguard children.

We must also have regard for the 'Prevent Duty 2015' under section 26 of the Counter-Terrorism and Security Act 2015. We will ensure that we are alert to any reason for concern in the child's life at home or elsewhere including awareness of the expression of extremist views.

We are aware of the British Values of democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs and will actively promote them throughout our practice.

The welfare and safety of the children attending Alexandra Park Children's Learning Community is paramount at all times.

Procedure

- Safeguarding procedures are covered during induction training with each new team member.
- At Alexandra Park Children's Learning Community, **Effie Delphinus is the Designated Person with lead responsibility for all Safeguarding issues within the Centre**. Her role includes liaising with other professional bodies should an allegation of abuse be disclosed or suspected. Alexandra Park Children's Learning Community has a duty to report any suspicious of abuse to Social Services and/or the Local Authority, who will advise the next steps to be taken.
 - Effie Delphinus attends "designated persons" training every 2 years to keep up to date with relevant safeguarding information.
 - Each member of staff is encouraged to discuss any safeguarding concerns with their manager or Effie.
 - Designated Safeguarding Lead or one of the safeguarding team are available at all times during the time the setting is open for staff to discuss concerns. The Safeguarding team are Karen Queeley, Edith Acosta, Victoria Ferrando and Charlotte Braithwaite.

- Designated members of staff for safeguarding need to have safeguarding training every two years and their knowledge and skills should be refreshed at least annually.
- Staff must be DBS checked and any checks carried out on them and volunteers should be recorded on the single central record.
- All of our members of staff are given documentation to sign, stating their suitability to work with children in relation to members of their household.
- There are appropriate monitoring systems in place to protect children from harmful online material.
- Staff are prohibited from sharing online the children photos, videos and observations when using cameras, computers and tablets; only information allowed is on Tapestry with signed permission given by parents.
- Staff should report known cases of **Breast Ironing**. Breast Ironing also known as "**Breast Flattening**" is the process whereby young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Breast ironing does not stop the breasts from growing, but development can be slowed down. Damage caused by the 'ironing' can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses. In some cases, it may be related to the onset of breast cancer.
- Staff should report known cases of **Female genital mutilation**. Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.

Type 1 FGM: Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2 FGM: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).

Type 3 FGM: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and sewing over the outer, labia, with or without removal of the clitoris or inner labia.

Type 4 FGM Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, stretching and cauterising the genital area.

- Staff should report known cases of **Fabricated Induced Illness (FI)**. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.

FI is also known as "Munchausen's syndrome by proxy" . Behaviours in FI include a parent or carer who: - persuades healthcare professionals that their child is ill when they're perfectly healthy.

-exaggerates or lies about their child's symptoms.

-manipulates test results to suggest the presence of illness.

-deliberately induces symptoms of illness – for example, by poisoning their child with unnecessary medication or other substances.

*Staff should report know cases of **Possession and Witchcraft**. It happenwhenparents/carers

believes their children are witches or possessed. They might first employ “safety behaviours” like protective talismans or amulets, and ask for deliverance through fasting and prayer before starting physical measures. Children are singled out for the accusations because of “difference”, which can include being a twin, albino, having mental health problems, epilepsy, bed-wetting, sleep walking, being rebellious or gifted.

“Children normalises that abusive behaviour and blames themselves, because they’re very young, they’re vulnerable, they will think of themselves as witches.” There are a number of ways that an adult will try to rid the child of the evil they believe is within them: “They might try to burn it out, cut it out, strangle it out, drowning can be involved, or starving and beating.”

It is the role of the Designated Safeguarding Lead to:

- Take lead responsibility for safeguarding within the setting.
- Take responsibility for liaison with local statutory children’s services and other agencies.
- Provide support, advice and guidance to other staff on an on-going basis and on any specific safeguarding issue as required.
- Set up and manage clear, accurate and secure record keeping systems.
- Act as the first point of contact with regards to all safeguarding matters.
- Ensure that he/she updates their Designated Person training at least every 2 years.
- Ensure that all staff are aware of the settings safeguarding policy and procedures.
- Provide advice and support around safeguarding to all staff and volunteers.
- Make effective referrals to the Children and Families Services and any other agencies where there are concerns about the welfare of a child.
- Undertake an assessment of the need for early help where appropriate
- Keep copies of all referrals to Children and Families Services and any other agencies related to safeguarding children.
- Ensure that all staff and volunteers receive information on safeguarding policies and procedures from the point of induction.
- Manage and keep secure the settings safeguarding records.
- Ensure that all staff and volunteers understand and are aware of the setting’s reporting and recording procedures and are clear about what to do if they have a concern about a child.
- Keep up to date with changes in local policy and procedures and are aware of any statutory guidance issued.

Each member of staff is aware of the signs and symptoms of child abuse: physical, emotional, and sexual, and those of neglect.

Neglect

Neglect may involve a parent or carer failing to:

provide adequate food, shelter and clothing (including exclusion from home or abandonment)

protect a child from physical and emotional harm or danger.

ensure adequate supervision (including the use of inadequate care-givers)

ensure access to the appropriate medical care or treatment.

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

Emotional Abuse

Emotional abuse is the persistent emotional mal-treatment of a child such as to cause

severe and persistent adverse effects on the child's emotional development

This occurs when a child's basic need for love and praise, security and recognition go unmet, either through deliberate negative actions by parents/carers or by a failure to act positively

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

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing 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

Children with special educational needs and disabilities

Alexandra Park Children's Learning Community understands that children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying-without outwardly showing any signs;
- communication barriers and difficulties in overcoming these barriers.

We would discuss any concerns with parents at the earliest opportunity if we notice:

- Notice any significant changes in a child's behaviour or deterioration in a child's well-being.
 - Notice any unexplained bruises or marks.
 - Find that a child's comments gave us cause for concern.
 - Have any reason to suspect abuse or neglect. We are also aware of the kinds of inappropriate adult behaviour towards children and which are the indicators of sexual abuse and to which we must respond appropriately and promptly.
- We record any concerns, worrying marks or comments by a child. We also make a note of the resulting discussion with the parent.
 - If a child does not attend the setting on the day and time that they are due we call the parents.
 - In the event of unexplained absences of a child, we will ring the parents, if the parents don't

answer, we will ring the emergency contact, if we cannot obtain a response, we will visit the house. If we are unable to find them in the house, we will call Social Services and the Police.

- If after this discussion with the parents we remain concerned, we are required to make a referral to the Manchester Contact Centre for Children's Services.
 - We would normally seek agreement from parents to make a referral/request for help to the Contact Centre, but if we believe there may be a potential risk of significant harm to the child, then parental permission can be by-passed. If we are unsure of whether or not we need to make a child protection referral we will ask for advice from the Contact Centre or from Sue Fletcher (The Safeguarding lead Early Years in Manchester). While we are seeking advice we would not mention the child's name unless necessary.
 - We would always inform parents that we have made, or we are going to make request for help, unless we had concerns about the child's safety or the safety of our staff.
 - Effie will work closely with both Social Services and/or the Designated Officer (D.O) with regard to child protection issues.
 - The telephone number for **Manchester Social Services** is 0161 234 5001.
 - Effie will contact D.O Majella O'Hagan or Jackie Shaw (part-time D.O) and will be guided by their advice. Effie Delphinus will contact the Designated Officer(formally L.AD.O) for Manchester, **Majella O'Hagan**. Contact Information: majella.o'hagan@manchester.gov.uk, 0161-203-2393
 - All other safeguarding concerns should be reported to the Contact Centre on: 0161 234 5001
 - APCLC will be guided by D.O advice. Any allegation will be investigated in a timely and professional manner.
 - This policy is written in line with our confidentiality policy and our visitor's policy.
- Safeguarding In Education Team 0161 245717:
 - **Sue Fletcher**(Safeguarding lead for Early Years in Manchester) telephone number **0790 825 9973** and her email is: s.fletcher1@manchester.gov.uk . Safeguarding Team: Jennie Henry SQA Central, Tel: 07939998235 and her email is: j.henry@manchester.gov.uk ; Gill Blackwell SQA South, Tel: 07960592913 g.blackwell@manchester.gov.uk ; Lesley Rudge SQA North, Tel: 07932217315 l.rudge@manchester.gov.uk .

If an allegation of abuse is made against a team member, the following procedure will apply:

- The relevant manager/Director will carry out an investigation.
- Ongoing support will be provided to the parties involved.
- The team member may be suspended for the duration of the investigation. Confidentiality will be maintained during the investigation as far as is practicable.
- Effie Delphinus will notify both D.O and Ofsted and follow any advice that they give.

- The investigation into the allegation may be undertaken by the Police and the Safeguarding Children Unit, with full cooperation of the Directors. Access to written documentation relevant to the child and the allegation will be made available to the relevant investigating bodies.
- Should the investigation outcome result in the allegation being unfounded, the employee will be reinstated.
- Should the investigation outcome result in a charge being made, an internal disciplinary hearing will be held following which the employee will be formally dismissed.
- We will always inform OFSTED of any safeguarding related allegations against a member of our staff.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

To effectively share information:

- all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal.
- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent .
- information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

The Role of the Manager/ Designated Safeguarding Lead

- **Ring 0161 234 5001** to get through a specialist social care and early help staff. (To discuss your request promptly, efficiently and securely – and be able to access social work advice and guidance about the next steps and the right option for the child and their family). To make the most of the conversation by having the following details ready:
-The child's presenting needs;

-What you have already done or where you have accessed support; Ensuring that you have consent from the family to talk to us.

-Plus, before calling please consider the MSCB [levels of need framework](#), and if [contact with an Early Help Hub](#) is appropriate.

- Inform Ofsted (0300 123 1231)
- Inform Public Liability Insurer
- Inform Early Years Safeguarding Lead 0790 825 9973 and/or Early Years Quality Assurance Team 0161 219 2614

Manchester Safeguarding Children Board Website

<http://www.manchestersafeguardingboards.co.uk>

Consultation line:

- Clear referral? Continue to telephone the Contact Centre (0161 234-5001). Contact Centre manned by trained officers
- Advice needed? Use the consultation line (0161 219-2895). Consultation Line manned by senior social workers

Early Help

Early Help is about intervening early and as soon as possible to tackle problems emerging for children, young people and their families. The [Early Help Assessment and Guidance](#) will support to undertake conversations with them about what's working well and what could be better, and what the next actions are to get things going well again.

Please send completed Early Help Assessments to be registered by email:

www.manchester.gov.uk/earlyhelppractitioner

eha@manchester.gov.uk, or via gcsx secure system at eha@manchester.gcsx.gov.uk

Contact the appropriate Early Help Hub :

North – 0161 234 1973

e-mail – earlyhelpnorth@manchester.gov.uk

Central – 0161 234 1975

e-mail – earlyhelpcentral@manchester.gov.uk

South – 0161 234 1977

e-mail – earlyhelpsouth@manchester.gov.uk

COVID-19: Safeguarding and Child Protection Policy following the COVID-19 pandemic

Designated Safeguarding Lead (DSL) arrangements

It is vital that while our setting remains open a suitably trained DSL is available for consultation and advice.

The optimal scenario for our setting and one we will strive to achieve is to have a trained DSL or deputy available on site. Due to staff self-isolating, social-distancing or being physically unavailable for other reasons, it is recognised this may not always be possible, and where this is the case there are options that we will implement:

- 1- A trained DSL or member of the Safeguarding Team from the setting will be available to be contacted via phone or online video call if they are working off site.
- 2- Contacting a member of the Safeguarding In Education Team for advice until our own trained DSL can return to work or be available.
- 3- Where a trained DSL or any member of the Safeguarding Team is not on site, in addition to one of the above options, the setting will have a senior leader (Managers/ Deputy Managers) who will take responsibility for co-ordinating safeguarding on site. This person will update and manage access to child protection files, liaise with the offsite DSL (or deputy) and as required liaise with children's social workers where they require access to children in need and/or to carry out statutory assessments at the setting.
- 4- Our DSL, Managers and others with Safeguarding Team designated roles are identified in the main body of our Safeguarding and Child Protection Policy. In the event one of the above scenarios is implemented and the DSL changes, this will be communicated to staff by email.

Contacting the Local Authority Designated Officer (LADO)

In the instance a referral to the LADO is necessary this will be actioned by Designated Safeguarding Lead or Safeguarding Team the within 1 working day of the allegation coming to light. Should they not be available then one of our **Managers** will make the referral.

Contact methods for the LADO will remain the same with all LADO referrals being made via the online referral form. Consultation by phone may be necessary in which case this will be done (contact details above).

Vulnerable children and attendance:

Vulnerable children may not be attending for other reasons including self-isolation, social-distancing or for another reason, these will be monitored by the setting and contact with the child and their family will be maintained via phone calls. When phone calls are not answered and contact cannot be established with a family, the setting will take the following measures:

1-Designated Safeguarding Lead will contact **Sue Fletcher**(Safeguarding lead for Early Years in Manchester)by telephone number **0790 825 9973** or by her email is:

s.fletcher1@manchester.gov.uk .

2- Notify the child or young person's social worker. DSL , members of Safeguarding Team or Managers will contact Manchester Contact Centre for Children's Services:

- work together with the local authority/social worker to follow up with the parent or carer to explore the reason for absence, discussing their concerns using supporting guidance

- work together with the local authority/social worker to strongly encourage the child or young person to attend educational provision, where the social worker agrees that the child's attendance would be appropriate
- consider how to keep in touch with the child, including through the provision of remote education, particularly where the social worker agrees that attendance would not be appropriate

Children of concern who do not meet the 'vulnerable' definition

The setting may also have children about whom there are concerns, however they do not have a social worker or an Education, Health and Care (EHC) Plan so do not meet the criteria of a 'vulnerable' child. With these children the setting still feels that contact should be maintained to ensure safety and welfare can be monitored as best as practically possible in case they are not attending our setting due to [shielding and protecting people defined on medical grounds as clinically extremely vulnerable](#).

Attendance for children with an EHC plan and with special educational needs and disabilities (SEND):

Children with EHC (Education, Health and Care plan) and with special educational needs and disability (SEND) who do not have an EHC plan where medical advice suggests they are not clinically vulnerable to coronavirus, informed by their **risk assessments**, and are not [shielding and protecting people defined on medical grounds as clinically extremely vulnerable](#).

DSL, members of Safeguarding Team or Managers/SENCO will work closely with authorities to follow the [guidance to conduct a risk assessment](#) - in consultation with parents/carers - to determine whether children's needs can be met as safely or more safely in our setting. Keep risk assessments under review, in case circumstances change and a different decision is more appropriate in relation to the child's needs.

Date - September 2020
Review – September 2021

Signed Manager –
Signed Director –