

Safeguarding Children policy – Walsall Childcare Hub

Rationale

Our first responsibility and priority is towards the children in our care and their welfare and well-being is paramount under Section 27 of the Children Act 1989, Section 40 of the Childcare Act 2006 and the government document Working Together to Safeguard Children 2023. Child abuse happens to children and young people of both sexes, at all ages and in all cultures, religions and social classes and both to children and young people with and without disabilities. Abuse includes the risk of peer on peer abuse (bullying) which may happen in person or online. If we have any cause for concern, we will report it to **Multi Agency Safeguarding Hub (MASH)**.

Walsall Childcare Hub includes other adults who may work with minded children. These adults may be registered assistants or co-childminders. As the registered childminder, I **Sohial Ali Ghalib** take the lead responsibility (designated safeguarding lead), for safeguarding children within the setting, ensure that policies and procedures are fit for purpose and that all members of staff receive relevant appropriate advice, support, guidance and training. Any safeguarding concerns must be communicated to **Sohial Ali Ghalib** without delay. I complete appropriate training every 2 years with additional updates as required in between. This training meets the requirements of Annex C in the Early Years Foundation Stage framework (EYFS). My assistants, will be trained in the same way and they will be supported in having up to date knowledge and delivering the Safeguarding requirements of the EYFS and the setting's policy. Other adults who do not have a DBS Check or equivalent will never have unsupervised access to minded children.

I **Sohial Ali Ghalib** have complete Paediatric First Aid Training every three years, most recently I completed training on **30/08/2025**. Although there is not a specific provider that I need to use, any provider that I choose will be fully regulated i.e. one that is registered with OFSTED with an approval and monitoring scheme, the Voluntary Aid Societies and those who work under Ofqual Awarding organisations.

If an assistant will be left alone with any children, they will hold a full paediatric first aid course.

Procedure

Every worker in this setting will be familiar with the relevant local procedures and will be aware of where to find the most updated information. The procedures can be found by

viewing the Safeguarding Partners (LSP) website <https://go.walsall.gov.uk/children-and-young-people>

This setting has regard to the government's statutory guidance documents: 'Working Together to Safeguard Children' , 'What to do if you are worried a child is being abused' and the 'Prevent Duty Guidance for England and Wales'. I also have access to other helpful documents such as; and 'Keeping Children Safe in Education'. These documents would be referred to if a relevant situation arose.

We are aware of the indicators of physical, sexual and emotional abuse and neglect, or a mixture of these types of abuse; and of specific situations that may indicate that the main categories are involved, such as domestic abuse, forced marriage, peer on peer abuse, substance misuse, gang activity, female genital mutilation, child sexual exploitation, breast ironing, radicalisation and extremism. We are aware that inappropriate adult behaviour may constitute the grooming or conditioning of children for an abusive interaction.

Children who have special educational needs or disabilities are more vulnerable to abuse due to factors such as lack of communication skills, reliance on others for intimate care and limited social experiences. We recognise the need to consider changes of behaviour and not attribute them to their disability but consider abuse as for any other child.

As a registered childminding setting, we have a duty to have due regard to prevent people from being drawn into terrorism under section 26 of the Counter-Terrorism and Security Act 2015. This duty is known as the **Prevent Duty**. If we have concerns that a child or young person is at risk of radicalisation, extremism or being drawn into terrorism, we can seek advice from the Department for Education's dedicated helpline on 020 7340 7264 or email counter.extremism@education.gov.uk. If we identify patterns of behaviour that lead us to believe a child or young person is engaged in an ideology, is intent in causing harm or is capable of committing violent acts, the MASH (Multi-Agency Safeguarding Hub) team [will be contacted.

Female genital mutilation (FGM) is a practice that takes place worldwide in at least 28 African countries and in parts of the Middle and Far East. It also takes place within parts of Western Europe and other developed countries, primarily among immigrant and refugee communities. Women and girls from UK communities that are at risk of FGM include those whose families originate from these countries Early Years

practitioners are required by law to report to the police known cases of FGM involving a girl under the age of 18 as it is illegal in the UK.

Breast Ironing or flattening affects 3.8 million women around the world. It is carried out mainly in Cameroon and other African countries and in Britain in families who originate from these areas. Breast Ironing was made illegal in the UK in July 2019. When girls reach puberty, their breasts are pounded using hard instruments such as spoons or stones which are sometimes heated in the fire before hand, in order to slow down or prevent the breasts developing. Breast Ironing can cause extreme physical and mental side effects that can last a lifetime.

Child Sexual Exploitation (CSE) affects girls and boys up to age 18 and involves exploitative situations, contexts and relationships where the young person receives something (eg food, money, drink, drugs etc) as a result of them performing, on another or others performing on them, sexual activities. Grooming for CSE can happen online or in person.

It is estimated that 27,000 children in the UK are involved in **Gang Activity**. Children in gangs are often linked to drugs and violence and may be linked to radicalisation. Much of the grooming to recruit new gang members is through schools, where they target children who are not known to the Police.

If we are concerned that a child in our care is a victim of FGM, Breast Ironing, CSE or gang activity we will refer report this immediately to the local MASH/Children's Social Care team.

We aim to provide an environment where all children feel safe and can talk to us when they are worried about anything, enabling us to provide or seek any additional support that may be required. Any instances of discriminatory or derogatory language or behaviour (including language that is about disabled people or is homophobic or racist) will be challenged and an explanation given as to why it is unacceptable.

The designated safeguarding lead will keep up to date with child protection issues and relevant legislation by completing frequent refresher training courses and regularly check that they have the latest version of the relevant procedures by accessing them online. Staff will either complete training themselves or the information will be disseminated to them from the designated safeguarding lead. All staff, including the designated safeguarding lead, are registered with the Safeguarding Partners (LSP) to

receive e-mails alerts and/or e-newsletters informing them of any changes [if this is available in your area]. This helps us to ensure that we are kept to date and stay aware of the signs of abuse or neglect and what to do if we have a concern.

Information Technology

With the increase in usage of information technology (IT) within today's society, it is vital to safeguard children against potentially harmful exploitation. Any electronic devices with imaging and sharing capabilities used within the setting has appropriate filters in place to protect children from harmful online material. It is requested that any IT equipment children bring from home is also protected with appropriate filters. Children will be able to use IT equipment where we can safely supervise their activity and will only be allowed to play computer games or use social media sites that are listed as suitable for their age or their development stage. We understand the risks involved with games that can be played online with users from outside the setting. We will help children to understand that they should not give any personal information to people they do not know because sometimes people pretend to be someone else when online. We will tell children that we understand that the internet is a great tool for fun and learning but that they should speak up and not keep secrets if something is worrying them. We will help them to know how to identify and use the report abuse buttons that appear on websites and games if they experience something that upsets them online. We use the National Society for the Prevention of Cruelty to Children (NSPCC) 'Share Aware' information to help us understand the apps, games and networks that are commonly used by children of different ages and the potential dangers with these. If we become aware of a situation that is potentially abusive, it will be reported to the local MASH/Children's Social Care [delete or amend as appropriate] team by the designated safeguarding lead. In order to help protect children and adults online, I refer to the Government information 'Safeguarding children and protecting professionals in early years settings: online safety considerations'

Consent for taking photographs and the use of these images if applicable, will be given by parents/carers in our consent agreements. We use photographic equipment including the setting specific, designated safeguarding lead's or personal mobile phone(s) to take images of a child's development. These images will only be stored and used in line with parental written consent.

All photographic devices used in this setting will be password protected with only relevant persons having access to the password. We aim to ensure that any

photographic equipment, including the settings mobile phones are not accessible to anyone else without permission.

When the setting mobile phone are used as a phone, they are only used for essential calls enabling us to always meet the needs of the children.

We ensure that all minded children are protected against exploitation from others by never leaving a child alone with an individual who is in possession of a camera or photographic device, including Smartwatches which may be used inappropriately.

Staff are not permitted to bring any photographic equipment into the setting apart from a personal mobile phone which they should seek permission to use for personal reasons during working hours if necessary. This will be monitored by the designated safeguarding lead to ensure children's safety. When working in the setting, personal mobile phones will not be carried around or worn by individuals. They will be placed together in full view and only removed to be used to make or receive calls or text messages as agreed by the designated safeguarding lead. A staff member's personal phone will never be used to take photographs of children in the setting. On outings, the setting mobile phone will be taken for emergency purposes but will be left with another member of staff when taking a child for toileting.

Safer Eating

Before a child is admitted to the setting we will obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. I will ensure that other adults who are involved in preparing and handling food, have this information shared with them.

At each mealtime and snack time we are responsible for checking that the food being provided meets all the requirements for each child. We will have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. We will keep this information up to date. As needed I will refer to the British Society for Allergy and Clinical Immunology [BSACI allergy action plan](#).

We are fully aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called

complementary feeding or weaning. We refer to the NHS advice on food allergies and the treatment of anaphylaxis to stay current and aware.

We will have ongoing discussions with parents and/or carers about the stage their child is at in regard to introducing solid foods, including to understand the textures the child is familiar with. Assumptions will never be made based on age. I will prepare food in a suitable way for each child's individual developmental needs, working with parents and/or carers to help children move on to the next stage at a pace right for the child. The NHS provides advice that parents / carers and we may find useful to refer to: Weaning. We will prepare food in a way to prevent choking. This guidance on food safety for young children includes advice on food and drink to avoid, how to reduce the risk of choking and links to other useful resources that parents / carers and I can refer to.

Children will always be within sight and hearing whilst eating – an adult will be in the room them, or if we are on an outing we will be seated with the children.

Choking can be completely silent therefore it is important for that we are alert to when a child may be starting to choke. Where possible, an adult will sit facing children whilst they eat so we can make sure children are eating in a way to prevent choking and so we can prevent food sharing and be aware of any unexpected allergic reactions. When a child experiences a choking incident that requires intervention, we will record details of where and how the child choked and parents and/or carers made aware. The records will be reviewed periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action will be taken to address any identified concerns.

Toileting and Intimate Hygiene

We will ensure that there is appropriate and hygienic access to the toilet and handwashing facilities. Children's privacy is considered and balanced with safeguarding and support needs when toileting.

Acting on Concerns

Parents/carers must notify us of any concerns they have about their child and any pre-existing accidents, incidents or injuries affecting the child, which will be recorded and signed by the parent/carers(s) on the day of entry.

If the designated safeguarding lead is concerned about a child's welfare and wishes to discuss their concerns, they may contact the NSPCC or other relevant local support services for advice including the local MASH/Children's Social Care [delete or amend as appropriate] team. Confidentiality will be assured only when there is no risk of harm to a child. In the case of an emergency, the police will be contacted directly.

If we notice:

- significant changes in children's behaviour
- unexpected bruising or marks or signs of possible abuse
- any comments made which give us cause for concern
- deterioration in general wellbeing which causes concern
- signs of neglect or abuse outside the setting
- inappropriate behaviour displayed by any other child/young person encountering the child

The designated safeguarding lead will keep a factual record of the concern and will ask the parents/carers for an explanation, and signature, on the same day, providing it would not put the child at risk. They will implement the Safeguarding Partners (LSP) [add their name] procedures without delay to minimise any risk to the child. Unless they believe it may place the child at risk, they will advise the parent/carers that they intend to make a referral. [remove this sentence if this doesn't apply in your area]

If a child tells us that they or another child is being abused, we will:

- acknowledge their allegation and reassure them that it will be taken seriously
- encourage the child to talk, without prompting or asking them leading questions. The child will not be interrupted when they are recalling significant events or made to repeat their account. We may use questioning techniques which involve using non-leading, open-ended questions that start with **T**ell, **E**xplain or **D**escribe known as the TED questioning techniques.
- explain what actions must be taken, in a way that is appropriate to the age and understanding of the child
- record what has been disclosed using exact words where possible
- make a note of the date, time, place and people who were present at the discussion

The designated safeguarding lead would then report the concerns immediately to the local MASH team who have the experience and responsibility to assess the situation.

Safeguarding records will be stored securely in accordance with my confidentiality policy.

In all instances, a record will be made of:

- the child's full name and address
- the date and time of the record
- factual details of the concern, for example bruising, what the child said, who was present
- details of any previous concerns
- details of any explanations from the parents/carers
- any action taken such as speaking to parents/carers

If an allegation of serious harm or abuse by any person living, working, or looking after children at the premises or elsewhere is made, it will be reported to Ofsted/the childminder agency [remove appropriately] and include the action taken in respect of the allegations. These notifications must be made as soon as is reasonably practicable, but at least within 14 days of the allegations being made. The Safeguarding Partner's (LSP) procedures will also be followed including reporting it directly to the Designated Officer (DO) within 1 working day of the allegation being made. The settings insurance company will be contacted, together with any local support that is available. In the case of an allegation being made against a member of staff, I will be instructed by Ofsted, on the measures to take, which may include suspension whilst investigations are carried out, or dismissal if founded.

Absence

We understand that children will be absent from the setting for varying reasons. For some children, repeated unexplained periods of absence; or leaving unexpectedly can mean that they are subject to, or at risk of, abuse or exploitation.

We must follow up on absences in a timely manner. If a child is absent for a prolonged period of time, or if a child is absent without notification from the parent or carer, attempts must be made to contact the child's parents and/or carers and alternative

emergency contacts. Ideally we must have details of 2 emergency contacts in addition to parents / carers. We must consider patterns and trends in a child's absences and their personal circumstances and use my professional judgement when deciding if their absence should be considered as prolonged. Consideration must be given to the child's vulnerability, parent's and/or carer's vulnerability and their home life. Any concerns must be referred to local children's social care services and/or a police welfare check requested. I have a specific Attendance Policy that you can refer to for further details

Whistle Blowing

Safeguarding is everybody's responsibility. Whistle Blowing refers to somebody raising concerns about poor or unsafe practice in the childminding setting, when working in other settings, or when in a public environment.

If I am in my own childminding setting, another setting or in the public environment and I observe inappropriate behaviour by another practitioner, they will be reported immediately to the Designated Officer and Ofsted.

If I am observed displaying inappropriate behaviour then the observer must report the incident directly to Ofsted. Ofsted provides guidance on how to make complaints about a childcare provider here: [Ofsted Complaints Procedure](#).

I must put appropriate whistleblowing procedures in place for assistants to raise concerns about poor or unsafe practice in the setting's safeguarding provision. This must include when and how to report concerns and the process that will be followed after assistants report concerns. I must ensure assistants are aware of the setting's whistleblowing procedures and must ensure all assistants feel able to raise concerns about poor or unsafe practice and know that such concerns will be taken seriously by myself as the safeguarding lead. Where an assistant feels unable to raise an issue with me, or feels that their genuine concerns are not being addressed, other channels are open to them.

The designated safeguarding lead will also, under the Safeguarding Vulnerable Groups Act 2006 make a referral to the Disclosure and Barring Service when a member of staff is dismissed or would have been, had they not left the setting first because they have harmed a child or put a child at risk of harm.

It is not our responsibility to attempt to investigate a situation ourselves.

Safer Recruitment

Safer Recruitment is an essential part of safeguarding practice and is one that I take seriously. Childminders and any assistants must be suitable; they must have the relevant training and have passed any required checks to fulfil their roles. Childminders must obtain a reference for any childminding assistants they employ. Childminders must also ensure any person who may have regular contact with children (for example, someone living or working on the same premises where the childminding is being provided), must also be suitable. Childminders have procedures to follow to check the suitability of new recruits - I follow the requirements laid down in the EYFS.

Childminder's Signature:



Date:

05/12/2025

Date of next review:

04/12/2026