 **Oughtrington Pre-School**

***'Supporting Children to Flourish, Respecting and Nurturing their Individuality and Developing Strengths in Preparations for their Unique Learning Journey.'***

**Coronavirus (COVID-19) Annex Safeguarding and Child Protection Policy and Procedures**

The way schools are currently operating in response to coronavirus (COVID-19) is fundamentally different to business as usual. Our focus will be on Prevention –ensuring training in identification and reporting, Protection – responding appropriately and sensitively to child protection concerns and Support - to children, families and staff.

*A number of important safeguarding principles remain the same:-*

 ● With regard to safeguarding, the best interests of the child must always continue to come first

● If anyone in Preschool or working remotely from home has a safeguarding concern about a child they should continue to act and act immediately

 ● All safeguarding and child protection concerns should be reported to the Designated Safeguarding- **Claire Royle** Lead or deputy DSL/s – **Jill Lepage Green**.

● Recruitment of staff and/volunteers continues to follow safer recruitment procedures to ensure that unsuitable people are not allowed to enter the children’s workforce or gain access to the children. Under the current conditions we will suspend any new appointments.

**Worried About A Child ?**

**These procedures apply to situations including:-**

● Which arise on site, where you may be worried about a child because you have seen or heard something. You may have noticed a change in their behaviour.

● Where you are working remotely from home and have concerns about a child through other means of contact other than face –to-face.

● Where a third party may have raised concerns with you.

Preschool will endeavour to make regular contact with families during periods of absence via telephone, email and video calls. Where appropriate home visits will be considered by the safeguarding lead. Signposting to a range of support groups will be available, including:

Everymind Matters, MindEd for Families, Happy> OK? Sad?, Change4Life, Parentzone

**During social distancing and lockdown measures we need to be alert to the signs of possible abuse and neglect.**

**What is neglect?**

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect 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)
* ensure access to appropriate medical care or treatment.

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

(Working Together to Safeguard Children 2018)

**Signs and symptoms of neglect, things to look out for:** **Physical care**

***The child’s appearance***

* The child’s clothes are filthy, ill-fitting and they smell. They might be unsuitable for weather.
* The child may sleep in the same clothes they had on during the day, not replaced with clean clothes even when soiled.
* The carer is hostile to advice when told about the need to provide appropriate clothing for child.
* The child looks dirty, and is not bathed.
* Teeth not brushed and lice and skin conditions become chronic.
* The carer is hostile to nappy rash advice and does not treat.
* The carer is hostile to concerns raised about child’s lack of hygiene.

***Feeding and eating***

* The child receives inadequate quantity of food and observed to be hungry.
* There is evidence of low quality food, predominance of sweets or ‘junk’ food.
* Special dietary requirements are never met.
* The carer is hostile to advice about food.

***Healthcare***

* The child' needs are not considered.
* The carer is indifferent or hostile to safe sleep advice, views advice as interference.
* The carer is hostile to advice about impact of drugs, alcohol and smoking on safe sleeping.
* The carer only seeks health advice in an emergency.
* The carer has allowed the child’s health to deteriorate before seeking help.
* The carer is hostile to advice about when to seek medical help.
* Preventative health appointments are not attended, even if home appointment arranged.
* The carer does not ensure completion of prescribed medication or treatment plan and is hostile to advice on this.
* The carer does not recognise the impact of failure to meet health needs on the child.
* The carer does not recognise the identity of a child with a disability or chronic health condition, and as a result is negative about child.
* The carer does not ensure health needs relating to disability or health condition are met and leads to a deterioration in the child’s condition.
* Parents’ own issues impact on their ability to respond to urgent health needs of a disabled child, or child with a chronic health condition.
* The carer is hostile when asked to seek help for the child and is hostile to any advice or support around the child’s disability or health condition.

***Where is the child living? - Accommodation***

* Is the child living in their own home with parents and carers? Or are they living with others? – Is this a private fostering arrangement? Private fostering
* Accommodation is in dangerous disrepair and has caused number of accidents and poor health for child.
* The home is squalid, lacks essentials of working toilet, bath facilities, bedding, food preparation facilities.
* The home smells. Faeces or harmful substances are visible when you visit.
* The child has experienced numerous moves often at short notice.
* The home is overcrowded.
* There are animals that pose a risk to children in the home.

***Safety and supervision***

* The carer does not recognise dangers to child’s safety, can be hostile to advice.
* There is a lack of supervision around traffic and an unconcerned attitude.
* There is a lack of supervision, child contained in car seats/ pushchairs for long periods of time.
* The carers are indifferent to whereabouts of child, no boundaries, carer hostile to advice, lacks recognition of impact on child’s wellbeing.
* The carer does not respond to the needs of the baby, dangerous handling / baby left unattended.
* Baby lacks adult attention and contact.
* Children (0-7yrs) left alone, in company of young child or unsuitable person.
* The child often found wandering/ locked out.
* The carer is hostile/unable to take on board advice and guidance about giving safe care.
* The child is exposed to multiple carers.
* The carer is indifferent to whereabouts of child and child’s whereabouts often unknown.
* The child is frequently going missing.
* There is no appropriate supervision of child’s access to social media.
* There is no guidance or boundaries about safe relationships including appropriate friendships and sexual relationships.
* Relationships are not age appropriate.
* The child’s needs are not met. There is a lack of recognition by carer that child requires guidance and protection. The carer does not recognise or address risky behaviour.

***Emotional care - Emotion and behaviour***

* The carer does not show emotional warmth to child, emotional response tends to be harsh or critical.
* The carer shows hostility to advice and support.
* The carers do not provide any reward or praise and can ridicule child if others praise.
* The child has caring responsibilities which are inappropriate and impact on their educational and leisure opportunities. The impact is not well understood by carer.
* The carer provides few or no boundaries, treats child harshly when responding to their behaviour.
* Physical chastisement is used and other harsh methods of discipline.
* The carer hostile to advice about appropriate boundaries/methods of discipline.
* Carers frequently argue in front of children and there is domestic abuse.
* There is indifference to the impact on child, inability to put their needs first.
* The carer actively encourages negative attitudes from the child, at times condones antisocial behaviour.
* The carer is indifferent to smoking under-age drinking, no advice provided.
* Children are allowed to watch/play inappropriate material/ games.
* The carer frequently talks about depression/suicide in front of the child – may have attempted suicide in front of child.
* The carer can hold child responsible for feelings/ depression.
* The carer will not engage in support and can be hostile to advice.
* There is evidence of significant misuse of substances. The carer significantly minimises use and is hostile to advice, support - refuses to engage.
* The carer cannot respond to child’s needs.
* There is an absence of a wider supportive network.
* The child exposed to abusive/ frightening behaviour of carer or other adults.

***Attachment and emotional care***

* The carer rejects the parenting role and takes a hostile attitude to child care responsibilities.
* The carer does not see that they have a responsibility to the child and believe the child is totally responsible for themselves, or the child deserves hostile parenting.
* The carer may seek to give up responsibility for the child.

***Developmental care - Development and education***

* The carer provides limited or no stimulation.
* The carer gets angry at demands made by child.
* The carer is hostile to professional advice.
* The child is restrained for the carer’s convenience, such as in a pram.
* There is little or no stimulation provided.
* The carer provides few toys/ games – usually from other sources - not well kept.
* There are few if any activities for the child.
* The carer makes little or no effort to support education/school.
* There is a lack of engagement, no support for homework.
* The carer does not regard attendance as a concern.
* The carer does not encourage child to see any area of education as positive.
* The carer is hostile to friendships and shows no interest/support.
* The carer is indifferent to child bullying or being bullied.

**Report any safeguarding concerns about a child or young person to:**

Children's Safeguarding/Social Work Team on **01925 443322** Outside of office hours ring us on **01925 444400**

If you believe a crime has been committed contact the police on **101** If you believe the child is at immediate risk of harm, call **999**

***If you're a teacher***: Please use the **multi-agency request for services (MARS) form** to refer a child or young person who you think may be vulnerable or at risk. Please send your completed form from a secure email address e.g. GCSx/nhs.net/pnn.police/cjsm.if this is not possible arrangements can be made with the MASH team.

***The Lucy Faithfull Foundation run a confidential helpline***

Stop It Now! (0808 1000 900) – for anyone who is concerned about their own behaviour or the behaviour of others. This can be accessed by any member of the public or by professionals who need advice. There is also a **secure messaging service** and **information and advice on their**

**Circumstances and situations that will require monitoring during the pandemic:**

* Wherechildren are not attending due to shielding / isolation periods and closures
* Children and families that have experience bereavement due to COVID 19, and /or experiencing mental health issues in light of the pandemic
* Children living in households with a known history of / or is suspected of experiencing domestic violence and /or substance abuse.

Preschool will endeavour to make regular contact with families during periods of absence via telephone, email and video calls. Where appropriate home visits will be considered by the safeguarding lead. Signposting to a range of support groups will be available, including:

* Everymind Matters,
* MindEd for Families,
* Happy? OK? Sad?,
* Change4Life,
* Parentzone

Where children are deemed at risk, they will be categorised as vulnerable and thereby place will be given as a priority. We will liaise with safeguarding authority in supporting the child and family.

**Keeping Children and Staff Safe on Site**

Preschool has issued guidance for both parents and staff relating to safety measures and controls in place. A signed acknowledgement is required from parents and staff alike that peruses their responsibilities in sustaining a safe environment.

Arrangements have been made for children who are deemed to be vulnerable (in accordance with the DfE guidance) to continue attending school. For those parents/carers who are key workers there is also provision at school. The Preschool and staff will work in line with DfE and PHE guidance regarding protection and systems of control.

***Please refer to the Health and Safety, Admissions and SEND Annex***

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**Coronavirus (COVID-19) Annex Health and Safety Policy and Procedures**

The current evidence suggests that children seem generally less likely to catch the infection and are not more likely than adults to spread infection to other people. Children have rarely been the first within a household to catch the virus when household spread has occurred. Children appear more likely than adults to have mild or no symptoms. Symptoms in children include a cough, a change in or loss of sense of taste or smell, fever (temperature of 37.8 or higher), runny nose, sore throat, diarrhoea and vomiting. It is important for parents and for those who deliver childcare to accept that no interpersonal activity is without risk of transmission of infection

The guidance sent to all families and staff, highlights the importance of early identification, this is sent to all families and staff prior to starting / returning to Preschool. It outlines all our responsibilities in maintaining a safe environment.

Any person, staff or pupil, showing any symptoms of Coronavirus, or with household members showing symptoms are required to notify the setting and to stay at home for 14 days.

Children with physical conditions putting them at highest risk from Coronavirus should be shielding and not be attending school, and children with household members that fall into this group should also stay at home. Shielding is a measure to protect people who are clinically extremely vulnerable by minimising all interaction between them and others.

The Community Centre is a multi-user building, where other users return, Preschool will only operate in areas that they have sole use of.

**Managing confirmed cases of COVID 19**

When a child, young person or staff member develops symptoms compatible with coronavirus (COVID-19) they should be sent home, advised to self-isolate for 10 days, and arrange to have a test to see if they have COVID-19. Household members should self-isolate for 14 days. All staff who are attending the childcare setting will have access to a test if they display symptoms of coronavirus (COVID-19), and are encouraged to get tested in this scenario.

We will engage with the ***Track and Trace Service***, by using our attendance register, contact details and visitor logs to inform the agency of those that may have come into contact with a confirmed case.

We urge all our families and staff to notify the supervisor of any known cases within their immediate household and those that have been contacted by the track and trace service.

Where the setting has 2 or more cases within a period of 14 days, the supervisors will notify PHE, OFSTED and the Local authority Early Years services.

**Protective systems**

We have implemented several measures that seek to maximise of infectious control systems, these include:

* Social distancing ( 2m – adults) and signage
* Sanitising stations and increased hand washing frequency
* Enhanced cleaning schedules and deployment rotas
* The use and access to PPE and antibacterial detergents
* Withdrawal of specific equipment, resources and activities
* Staggered arrivals and collection times
* Smaller group sizes
* Increased use of outdoor space
* Staff training and education programmes and activities
* Robust risk assessment
* Frequent review and updates to procedures
* Avoid toys and equipment being brought from home, unless it is a comforter/settling item.
* Protocols are in place for deliveries
* New social media apps for meetings/virtual tours
* Revised communication methods with parents – avoiding face to face meetings where possible.

**Infection Control**

We will promote and facilitate best infection-control practice, including the following:

* Ensuring that all staff members have access to online information/training on COVID-19, including how the illness is spread, how to prevent its spread, symptoms, and when to seek medical assistance for sick children or staff.
* The supervisor will provide regular updates on guidance provided by HSE, PHE, GOV UK and the local authority.
* Posters on hand hygiene and social distancing will be displayed in the setting.
* The importance of frequent handwashing with soap and water for 20 seconds (or using hand sanitiser where soap and water are not available) and drying thoroughly is emphasised, including:
* When staff arrive at the setting and before they leave the setting
* Before and after handling food, feeding a child, or eating;
* Before and after using the toilet, changing a nappy, or helping a child use the bathroom (also wash the child’s hands after helping the child use the bathroom or changing their nappy);
* After a child or Staff uses the toilet, the lid should be put down first before flushing.
* Staff will ensure there is always extra cleaning of the toilets, taps and door handles;
* If using a shared soap dispenser it will be cleaned after use;
* After helping a child wipe their nose or mouth or tending to a cut or sore;
* After working in sandboxes and similar children’s play areas;
* Before and after giving medicine to a child;
* After handling waste baskets or garbage;
* Washing a child’s hands on arrival at the setting and before they go home;
* We will give regular reminders to avoid touching their face and encouraging children not to touch theirs and each other’s
* Staff toilets are limited to the use of the disable toilet- this should be cleaned after use.
* Advise that garment and soft furnishing should be washed at 60 degrees.
* Ensuring that the surfaces that children and staff are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters are cleaned more regularly than normal.
* Encouraging children to use a tissue or elbow to cough or sneeze and use bins for tissue waste (‘catch it, bin it, kill it’).
* Ensuring that help is available for children who have trouble cleaning their hands independently.
* Encouraging young children to learn and practise these habits through games, songs and repetition.
* Where possible, ensuring all spaces are well ventilated using natural ventilation (opening windows) or ventilation units
* In accordance with public health advice, removing all soft toys, and any toys that are hard to clean, such as those with intricate parts; and, where practicable, removing soft furnishings, for example pillows, bean bags and rugs.

**Risk assessments**

We have a robust risk assessment in place that considers all risks identified in respect of COVID-19 and that takes account of the relevant guidance from the Public Health Agency. This is shared with families and staff and is regularly reviewed and updated.

**Ventilation**

Where possible and safe to do so, we will open doors and windows to increase natural ventilation and also to reduce contact with door handles. This does not include fire doors

**Visitors and Outings**

Parents are advised not to enter the Preschool main room, where possible children are greeted at the door and will use the sanitising station prior to coming in the setting.

Adult, including visitors will be recorded in the visitor’s book and will be required to sanitise and wear a face covering on site. We will suspend all outside visitors that provide additional educational programmes, until the guidance updates clarify this position

**First Aiders**

We will endeavour to ensure at least one qualified 1st Aiders that holds a current certificate in Paediatric first aid is present on site during each session.

As training has been suspended under the pandemic, staff members, which certificates have expired as of 20th March 2020 have been granted an extension to 25th November 2020. We are in a position throughout the autumn term 2020, to ensure two qualified and current holders are present each day.

**Use of Personal Protective Equipment**

PPE should not be re-used, however, should supplies of PPE run low, please be aware that some items of PPE can be reused in line with the government’s guidance if absolutely necessary, but only as a last resort. Once used, it should be disposed of by following the procedure for nappies and bodily fluids.

**I**t is also important that any PPE equipment is put on and removed safely so that staff so not contaminates themselves.  There is a specific order in which this should be done detailed below:

**Putting on** (donning)

* + Apron
	+ Fluid resistant mask
	+ Eye/face protection (only to be worn if there’s a risk of splashing)
	+ Gloves

**Removal** (doffing)

* + Gloves
	+ Apron
	+ Eye/face protection (only to be worn if there’s a risk of splashing)
	+ Fluid resistant mask

**If a Child Becomes Sick at the Setting**

The staff guidance and procedure for suspected cases of COVID in the setting, covers the following:

• Procedures for contacting parents and guardians immediately and criteria for seeking medical assistance.

• Designated areas (Main Foyer) where sick children can rest, be isolated and attended to by their Key Person where possible.

• PPE will be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained

• In an emergency, call 999 if they are seriously ill or injured or their life is at risk.

•The cleaning and disfecting of the area the child has come into contact with.

**Links for Supporting health and wellbeing in the wider community**

https://healthwatchwarrington.co.uk/covid-19-advice/

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 **Coronavirus (COVID-19) Annex SEND Policy and Procedures**

Preschool will continue to support children that require additional support through a range of programmes and personal plans to support all prime areas of Learning and Development.

From September, all children, including those with SEND and/or an EHC Plan are expected to return to school. Children with complex needs will be supported through care plans and risk assessment to ensure their safety and meet their individual needs.

Shielding advice for all people with underlying health conditions **paused on 1 August 2020**as a result of the decline in the rates of transmission of coronavirus (COVID-19). Therefore it is expected that children previously shielding will return to school in September 2020.

Where children and young people are not able to attend their setting as parents are following clinical or public health advice, absence will not be penalised.

**Education, Health and Care plans**

Where it is possible for the EHC Team to complete the EHC Plan then it will be issued. In some cases, with your agreement, your child’s EHC Plan may be finalised and then any missing information will be inserted once it is available.

The temporary changes to the law means that where it is not possible for the EHC Team to issue your child's EHC Plan, because of any reason associated with the outbreak, then the Council will issue it as soon as reasonably practicable.

If you would like to discuss any aspect of this process, please contact the EHC Team on **01925 44217**

*These changes remain in place until the 25 September 2020.*

**Mediation**

Mediation meetings will still go ahead either by telephone and where technology allows by video conferencing.

**Speech and Language Services**

The Speech and Language service will be keeping in touch with schools and families over the phone and they are offering video consultations. High priority patients will be seen face-to-face by OT and Physio, other patients will be contacted via telephone for reviews. Those children who require assessment for their EHCP are being prioritised along with those children and young people who have identified needs in their EHCP

. We encourage you to call the **Child Development Centre on 01925 867853** if you have any concerns or worries and need to get in touch with the teams.

**Community Paediatricians**

The Community Paediatricians have been doing review telephone clinics including first review feedback to parents with their agreement.

Face-to-face appointments are being made for new patients. This is being carried out at a reduced level to ensure all patients and their families remain safe and we minimise any risk to patients.

The paediatricians are actively going through their waiting lists; they are also reviewing ADOS lists and carrying out additional MDT’s to ensure patients can be seen in a timely fashion.

They are actively transferring ASD children (with no medical needs) to specialist nursing team to ensure they will be reviewed by ASD nurse.

They are continuing to work on the neurodevelopmental pathway and the referral form.

For those children who have recently received a diagnosis, the Specialist Nursing Team are sending out packs to parents about ADHD and ASD providing information which would normally have been covered in group meetings. Face to face appointments are being offered if clinically indicated.

The phone number for this service is the **Child Development Centre number on 01925 867843.**