

## Safeguarding Children and Child Protection Policy

**Links to Early Years Foundation Stage: Safeguarding and Welfare Requirements:  
Child Protection 3.4-3.18, 3.19 3.21 & 3.22**

Safeguarding Children and Child Protection Policy .....	1
INTRODUCTION: .....	4
SAFEGUARDING DEFINITION: .....	4
<b>Legislation</b> .....	4
Rationale:.....	5
The Definition of a Child: .....	6
Who the policy applies to: .....	6
Staffing and volunteering .....	8
The Designated Safeguarding Person.....	8
The Role of the Designated Safeguarding Person .....	8
Curriculum .....	9
Staff Training.....	10
PREVENTION AND EARLY IDENTIFICATION: Including recognising and responding to safeguarding needs:	12
Prevention: .....	13
When to be concerned .....	13
Children who may require Early Help.....	13
Vulnerabilities.....	14
Early identification: recognising and responding to safeguarding needs (Appendix 1).....	15
Reporting Procedures .....	15
Responding to a spontaneous disclosure from a child.....	16
Support .....	16
Confidentiality .....	16
Information sharing (2018).....	17
Informing parents .....	17
Support to families .....	18
Record keeping: .....	18
Supporting a child who discloses abuse: .....	19
Dealing with concerns .....	20
Nursery Referral Procedures .....	20

Allegations .....	21
Allegations received against a practitioner .....	21
The role of the Local Authority Designated Officer (LADO) .....	22
Allegations against the Designated Person .....	23
Disciplinary action .....	24
Whistleblowing .....	24
ADDITIONAL SAFEGUARDING POLICIES AND PROCEDURES:.....	24
Safer Recruitment (Please see our Safer Recruitment Policy for more information) .....	24
Staff Appointment (for more details, please see Safe Recruitment Policy, Enhanced Disclosure Policy and our Disqualification Policy) .....	24
Volunteers .....	25
Students.....	25
Visitors .....	25
Implementation.....	25
Use of mobile phones & Safe Image Policy (Please see Mobile Phone Policy for more details) .....	26
Further guidance .....	26
Important Contacts for Safeguarding Children .....	28
Appendix 1: Signs of Abuse and Neglect .....	29
Physical abuse.....	31
Female Genital Mutilation (FGM).....	32
What is FGM? .....	32
Circumstances and occurrences that may point to FGM happening are: .....	32
Signs that may indicate a child has undergone FGM: .....	32
How cases may become 'known' .....	33
Visually identified cases.....	33
Verbally disclosed cases .....	33
Making a Report .....	33
The 'One Chance' rule .....	34
Breast Ironing .....	34
Fabricated illness .....	34
Emotional abuse .....	35
Neglect.....	36
Sexual abuse .....	37
Child Sexual Exploitation (CSE) .....	38
Appendix 2 - Specific Safeguarding Issues.....	41
Anti-Bullying/Cyberbullying.....	41
Children Missing Education .....	41

Monitoring children's attendance .....	41
Child abuse linked to faith or belief (CALFB) .....	41
Child Criminal Exploitation (CCE).....	42
County Lines .....	42
Cuckooing .....	42
Contextual safeguarding- .....	42
Domestic Abuse and violence.....	42
How does it affect children? .....	43
What are the signs to look out for?.....	43
Other signs and Indicators of possible Domestic Abuse could be:.....	43
Drug / Substance / Alcohol Misuse .....	43
Recognition and Identification of Risk Factors .....	44
Taking action when there are concerns about a child or young person .....	44
Forced Marriage .....	44
Honour Based Violence .....	44
One Chance Rule.....	45
Human Trafficking and Slavery .....	45
Looked After Children.....	45
Peer on Peer Abuse .....	45
Private Fostering Arrangements.....	46
Prevent: .....	47
Risks Associated with Technology .....	47
Ways that technology can be used:.....	47
Indicators of possible Risks Associated with Technology .....	47
Self Harm .....	47
Indicators that a child or young person may be self-harming.....	48
Responding to Children and Young People who self-harm .....	48
Trafficked Children .....	49
Unaccompanied asylum seeking children .....	49
Up skirting.....	49
Record of Concern .....	50
Child Protection Record (Physical) .....	52
Safeguarding Record Front Sheet.....	54
Appendix 6- Feedback for Core Groups/Case Conference.....	56
Appendix 7- Checklist for Allegation Management Concerns.....	57
Appendix 9- Record of Allegation of Abuse at Nursery.....	59

## INTRODUCTION:

### SAFEGUARDING DEFINITION:

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Safeguarding Vulnerable Groups Act 2006
- Taking action to enable all children to have the best outcomes.

*(Definition taken from the HM Government document 'Working together to safeguard children 2018').*

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. As an Early Years setting, we aim to keep children safe by adopting the highest possible standards and taking all reasonable steps to protect children from harm.

Safeguarding is about more than child protection. Child Protection is specifically about protecting children and young people from suspected abuse and neglect. Safeguarding is much wider than child protection. It includes everything an organization can do to keep children and young people safe, including minimizing the risk of harm and accidents and taking action to tackle safety concerns. The purpose of this Safeguarding Policy is to set a clear protocol of action and a framework for our responsibilities and legal duties in relation to each child's welfare. The hope is to ensure a reliable and effective response in the event of any concern for a child's welfare, and to support each child and each family. We aim to put children's needs first at all times. We hope to encourage children to be confident and assertive. We aim to develop a trusting and respectful relationship with the children in our care, so that they know they will be listened to and believed. This Policy complies with all relevant legislation and other guidance or advice from the Multi-Agency Safeguarding Partners.

This policy works alongside these other specific policies to cover all aspects of child protection:

- Online safety
- Human Trafficking and Modern Slavery
- Prevent Duty and Radicalisation
- Domestic Violence, Honour Based Violence (HBV) and Forced Marriages
- Looked After Children
- Monitoring staff behaviour
- Social networking
- Mobile phone and electronic device use
- Safe recruitment of staff
- Disciplinary
- Grievance
- Promoting positive behaviour

### Legislation

- Working Together to safeguard children 2018
- Keeping Children safe in Education 2018

- Information Sharing Guidance 2018
- Disqualification by Association 2018
- Children and Social Work Act 2017
- The Statutory Framework for the Early Years Foundation Stage (EYFS) 2017
- What to do if you're worried a child is being abused 2015
- Counter-Terrorism and Security Act 2015.
- Data Protection Act 2018
- Inspecting Safeguarding in Early years, Education and Skills settings 2019
- Prevent Duty 2015

## Legal framework and definition of safeguarding

- Children Act 1989 and 2004
- Childcare Act 2006

At Small World Nursery the named personnel with designated responsibility for safeguarding and allegations against staff are:

Designated Safeguarding Person	Deputy Designated Safeguarding Person	Safeguarding Owner / Committee Chair
Melanie Whitley	Kittie Methuen-Jones	Sharon Brightman Kings Church Safeguarding Trustee

### Rationale:

This policy demonstrates Small World Nursery commitment and compliance with safeguarding legislation.

Early years and childcare providers have a duty under section 39(1)(b) of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage (September 2014). Early years and childcare providers should ensure that:

- *staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect; and*
- *they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years nursery and who should liaise with local statutory children's services agencies as appropriate. This lead should also complete child protection training.*

“Statutory Framework for the Early Years Foundation Stage 2014”

Through their day-to-day contact with children and direct work with families, staff at our nursery have a crucial role to play in noticing indicators of possible abuse or neglect and referring them to Children's Services. This also involves understanding Loc and how to improve practice to prevent children from falling through the gaps.

The nursery works in accordance with 'Working together to Safeguard Children' 2015 and supports the Leicestershire Multi-Agency Safeguarding Partners (**MULTI-AGENCY SAFEGUARDING PARTNERS**) Continuum of Need to ensure children receive the most appropriate referral and access provision; actively supporting multi agency planning for those children and, in doing so, providing information about the 'voice of the child' and the child's lived experience as evidenced by observations or information provided.

**The Definition of a Child:**

A child is defined as anyone being under the age of 18. This would include any students on placement with us.

**Who the policy applies to:**

This policy applies to all practitioners, volunteers, helpers and students who are working at Small World Nursery.

**Policy intention**

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
- Support staff to notice the softer signs of abuse and know what action to take
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Promote tolerance and acceptance of different beliefs, cultures and communities
- Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate.

The nursery is aware that abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. Our practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff may often be the first people to identify that there may be a problem. They may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child's behaviour which may indicate abuse.

Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for children's social care, family support, and health professionals including health visitors or the police. All staff will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed.

The nursery aims to:

- Keep the child at the centre of all we do, providing sensitive interactions that develops builds children's well-being, confidence and resilience. We will support children to develop an awareness of how to keep themselves safe, healthy and have positive relationships.
- Ensure staff are trained right from induction to understand the child protection and safeguarding policy and procedures, are alert to identify possible signs of abuse (including the signs known as softer signs of abuse), understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children (peer on peer abuse) through bullying or discriminatory behaviour

- Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND) and other vulnerable or isolated families and vulnerabilities in families; including the impact of toxic trio on children and Adverse Childhood Experiences (ACE's).
- Ensure that all staff feel confident and supported to act in the best interest of the child; maintaining professional curiosity around welfare of children and share information, and seek the help that the child may need at the earliest opportunity.
- Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures, including thorough annual safeguarding newsletters and updates
- Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by Leicestershire County Council.
- Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest
- Keep the setting safe online using appropriate filters, checks and safeguards, monitoring access at all times and maintaining safeguards around the use of technology by staff, parents and visitors in the nursery.
- Ensure that children are never placed at risk while in the charge of nursery staff
- Identify changes in staff behaviour and act on these as per the Staff Behaviour Policy
- Take any appropriate action relating to allegations of serious harm or abuse against any person working with children or living or working on the nursery premises including reporting such allegations to Ofsted and other relevant authorities including the local authority.
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Regularly review and update this policy with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by Leicestershire County Council.

We will support children by offering reassurance, comfort and sensitive interactions. We will devise activities according to individual circumstances to enable children to develop confidence and self-esteem within their peer group and support them to learn how to keep themselves safe.

### Local External Contacts

First Response Advice Line	0116 3055500 07966111058
Local authority children's social care team	Children's First Response 0116 3050005
<a href="https://leicestershirecc.firmstep.com/default.aspx/RenderForm/?F.Name=r1c2j94jcs3&amp;HideToolbar=1">https://leicestershirecc.firmstep.com/default.aspx/RenderForm/?F.Name=r1c2j94jcs3&amp;HideToolbar=1</a>	
Local authority Designated Officer (LADO)	Mark Goddard & Karen Browne 0116 305 7597
Local Early Help services	0116 3058732
<a href="https://leicestershirecc.firmstep.com/default.aspx/RenderForm/?F.Name=juxtye735da&amp;HideToolbar=1">https://leicestershirecc.firmstep.com/default.aspx/RenderForm/?F.Name=juxtye735da&amp;HideToolbar=1</a>	

### National External Contacts

NSPCC

08088005000

help@nspcc.org.uk

Ofsted	0300 123 1231
Emergency police	999
Non-emergency police	101
Government helpline for extremism concerns	020 7340 7264

Child exploitation and  
Online protection  
command (CEOP)

<https://www.ceop.police.uk/safety-centre/>

## Staffing and volunteering

Our policy is to provide a secure and safe environment for all children. We only allow an adult who is employed by the nursery to care for children and who has an enhanced clearance from the Disclosure and Barring Service (DBS) to be left alone with children. We will obtain enhanced criminal records checks (DBS) for all volunteers and do not allow any volunteers to be unsupervised with children.

All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery. During induction staff will be given contact details for the LADO (local authority designated officer), the local authority children's social care team and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

We have named persons within the nursery who take lead responsibility for safeguarding and co-ordinate child protection and welfare issues, known as the Designated Safeguarding Persons (DSP), there is always at least one designated person on duty during all opening hours of the setting.

## The Designated Safeguarding Person

### The Role of the Designated Safeguarding Person

The Designated Safeguarding Person for Child Protection in this nursery is:  
**Melanie Whitley**

In the absence of the lead Designated Safeguarding Person, a deputy should be identified.

The Deputy Designated Safeguarding Person is:  
**Kittie Methuen Jones**

The nursery's Designated Safeguarding Person for dealing with all child protection issues and liaison with all parties involved. This would include informing parents of a referral and informing Social Services.

The broad areas of responsibility for the Designated Safeguarding Person are:

- Ensure that the settings safeguarding policy and procedures are reviewed and developed in line with current guidance; and develop staff understanding of the settings safeguarding policies
- Take the lead on responding to information from the staff team relating to child protection concerns



- Provide advice, support and guidance on an on-going basis to staff, students and volunteers.
- To identify children who may need early help or who are at risk of abuse
- To help staff to ensure the right support is provided to families
- To liaise with the local authority and other agencies with regard to child protection concerns
- Ensure the setting is meeting the requirements of the EYFS Safeguarding requirements
- To ensure policies are in line with the local safeguarding procedures and details
- Disseminate updates to legislation to ensure all staff are kept up to date with safeguarding practices
- To manage and monitor accidents, incidents and existing injuries; ensuring accurate and appropriate records are kept
- Attend meetings with the child's key person
- Attend case conferences and external safeguarding meetings, as requested, by external agencies.

### **Policy and Procedures**

- Ensure policies and procedures are reviewed at least annually and are kept updated to reflect national policy, Local and National Child Safeguarding Practice Reviews etc as required.
- Keep up to date with current safeguarding and child protection legislation
- Ensure that consistent and effective record keeping systems are in place and guidelines are followed throughout the nursery.
- Ensure that a system is in place to review incidents and observations to identify patterns of concern.
- Contribute to assessments and provide reports to initial and review conferences which have been shared with parents first.

### **Planning**

- The environment and ensuring that the layout of the rooms allows for constant supervision for example: the door to the nappy change area must be left open at all times when a child is being changed and no child is left alone with staff or volunteers in a one-to-one situation without being visible to others.

### **Curriculum**

- The designated person will introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe. The designated person will seek to create within the nursery a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background. The designated person will ensure that this is carried out in a way that is developmentally appropriate for the children.

### **Managing referrals and cases**

- Refer all cases of suspected abuse or neglect to the Local Authority First Response Team, Police (in cases where a crime has been committed and to the Channel programme where there is a radicalisation concern.

- Liaise with the management board/trustees to inform them of issues- especially ongoing enquires under Section 47 of the Children Act 1989 and police investigations.

## **Information Sharing**

- Ensure that all staff including new staff and volunteers receive induction and ongoing training in the nursery's safeguarding policy and procedures.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Raise awareness of the nursery's safeguarding policies, procedures and systems with parents and carers.
- Share information with appropriate staff in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order) and contact arrangements with birth parents or those with parental responsibility
- develop effective links with relevant agencies and other professionals and cooperate as required with their enquiries regarding safeguarding matters including cooperation with Local and National Child Safeguarding Practice Reviewss, attendance at strategy meetings, initial and review child protection conferences, core group and child in need review meetings
- Share child protection information with the DSL of any receiving nursery or nursery when children leave the nursery and ensure safeguarding records are transferred securely.

## **Staff Training**

### **Designated Safeguarding Person Training**

The Designated Safeguarding Person should undergo training every two years. The Designated Person should also undertake Prevent Awareness training. In addition to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSP's or taking time to read and digest safeguarding developments) at least annually to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to and understands the nursery's child protection policy and procedures, especially new and part time staff
- Be alert to the specific needs of children in need, those with special educational needs and young carers
- Be able to keep detailed, accurate, secure written records of concerns and referrals
- Obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the nursery or college may put in place to protect them

## The Governing Body

The nursery is owned and governed by Kings Church Loughborough and they have a board of trustees. A governing body or proprietor must ensure that they comply with their duties under legislation.

They must also have regard to new legislation and guidance in order to ensure that the policies, procedures and training in their nursery is effective and comply with the law at all times.

The nominated trustee for Kings Church Loughborough for child protection is: **Sharon Brightman**

In particular the Governing Body must ensure:

- Their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- Ensuring that an effective child protection policy is in place, together with a staff behaviour policy
- Ensuring staff are provided with Part One of Keeping Children in Safe in Education (DfE 2016) – Appendix 1 and are aware of specific safeguarding issues
- Ensuring that staff induction is in place with regards to Child Protection and Safeguarding
- Appointing an appropriate senior member of staff to act as the Lead Designated Senior Person.
- Ensuring that all of the Designated Senior Persons should undergo formal child protection training every two years (in line with MULTI-AGENCY SAFEGUARDING PARTNERS guidance) and receive regular safeguarding refreshers.
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- Appointing a Designated Safeguarding Person who should undergo child protection training every two years

## Other Staff Training

*“Providers must train all staff to understand their safeguarding policy and procedures, and ensure that all staff have up to date knowledge of safeguarding issues. Training made available by the provider must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way”.*

*Statutory Framework for the Early Years Foundation Stage*

All staff will be alert to:

- significant changes in children’s behaviour
- deterioration in children’s general well-being
- unexplained bruising, marks or signs of abuse or neglect
- children’s comments which give cause for concern
- any reasons to suspect neglect or abuse outside the nursery for example in the child’s home
- Inappropriate behaviour displayed by other members of staff, or any other person working with the children. For example: inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images.

The nursery will ensure that every member of staff and person working on behalf of the nursery:

- Has an individual responsibility to refer Safeguarding (Child Protection) concerns to the DSP; and will be vigilant in identifying cases of abuse at the earliest opportunity.
- Knows how to support and respond to a child who discloses significant harm
- Is clear on the procedure to follow to report concerns of misconduct of any member of staff including the DSL or Manager.
- Is confident to challenge senior leaders over safeguarding concerns.
- Knows the name of the Designated Safeguarding Person (DSP) and deputy DSL (in the absence of the DSP) and their role and responsibility.
- Will receive training at the point of induction and on an ongoing basis so that they know and understand the nursery's Safeguarding Policy and Procedures and know where they can be found. It is all staff's responsibility to read and ensure they understand the policy.

The designated person will ensure that all staff are trained to the appropriate level of competency in line with the MULTI-AGENCY SAFEGUARDING PARTNERS guidelines and ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision. All practitioners are required to complete an induction procedure which involves giving them a copy of all of the nursery's policies and procedures relating to children and families. Practitioners are required to read and sign a declaration that they have read and understood the policies and procedures and will comply with them. These policies include our 'Child Protection policy' which includes: The possible signs of abuse, How to share the information and any concerns, How to respond appropriately and confidentiality and the child protection procedures including how to record pre-existing injuries?

After the first week of employment, the practitioner will meet with their assigned mentor in order to ask any questions regarding the nurseries policies and procedures. Child protection is one of the key policies that we look through with a practitioner in order to determine their understanding of child protection, of how to handle a disclosure and who to report your concerns to.

All of our practitioners will complete in house child protection training within the first month of employment and an accredited course within the first six months of employment. On-going competency will be checked during supervisions in line with the Safeguarding Children Competency Framework.

All practitioners will complete child protection training course every three years which is run by Leicestershire County Council or MULTI-AGENCY SAFEGUARDING PARTNERS in line with the Safeguarding Children Competency Framework.

Staff training meetings and supervisions involve all of the adults in the nursery and safeguarding is discussed on a regular basis in order to ensure that all staff are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.

**PREVENTION AND EARLY IDENTIFICATION:** Including recognising and responding to safeguarding needs:

Children's understanding of how to keep themselves safe is promoted. They are supported in recognising and managing risks in different situations, including when using the internet and social media, being able to judge what kind of physical contact is acceptable and unacceptable, recognising when pressure from others, including people they know, threatens

their personal safety and well-being and supporting them in developing effective ways of resisting pressure.

### **Prevention:**

The nursery has established an ethos where:

- Children feel secure in a safe environment in which they can learn and develop.
- Children are encouraged to talk and are actively listened to. Staff consult, listen and respond appropriately to all children
- Clear risk assessments are in place and staff respond consistently to protect young babies and children whilst enabling them to take age-appropriate and reasonable risks as part of their growth and development.
- Children know that there are adults in the nursery whom they can approach if worried or in difficulty.
- Consistent approaches are in place to promote positive behaviour that is appropriate for individual children's stages of development.
- All adults recognise that safeguarding children is everyone's responsibility and are aware of the signs that children or young people may be at risk of harm either within the nursery or in the family or wider community outside the nursery.
- Parents are partners in the nursery and are encouraged to have an understanding of their obligations regarding Child Protection by intervention as and when appropriate
- Adequate signposting to external sources of support and advice is in place for staff, parents and children
- There is always a Designated Safeguarding Person (DSP) or Deputy DSL in the nursery who has the seniority and skills, undertakes appropriate Safeguarding training, and is given the time to carry out this important role.
- There is a culture where staff are confident to challenge senior leaders over safeguarding concerns.
- Staff are aware of the DfE guidance contained in '[What to do if you are worried a child is being abused](#)' – guidance for practitioners March 2015.
- There is a commitment to the continuous development of staff with regard to safeguarding training.
- The nursery has procedures for dealing with allegations of abuse against any member of staff or adult on site, including an allegation of abuse against the DSP/Manager
- The nursery carries out an annual review of the Safeguarding policy and procedures, and an annual Safeguarding Audit – sharing this with the MULTI-AGENCY SAFEGUARDING PARTNERS on request.

### **When to be concerned**

A child centred and co-ordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is **EVERYONE'S RESPONSIBILITY**.

In order to fulfil this responsibility effectively, all of the nursery practitioners should make sure their approach is **CHILD CENTRED**. This means that they should consider, at all times, what is in the best interests of the child.

### **Children who may require Early Help**

The process of taking action early and as soon as possible to tackle problems emerging for children, young people and their families.

Effective help may occur at any point in a child or young person's life. This includes both:

- help early in life (including pre-natal interventions), and
- help early in the development of a problem.

It includes universal help that is offered to an entire population to prevent problems developing, and targeted help that is offered to particular children, young people and families with existing risk factors, vulnerabilities or acknowledged additional needs in order to protect them from developing problems or to reduce the severity of problems that have started to emerge.

Leicestershire County Council have a First Response team that will help to ensure that there is 'no wrong front door' - that any request for help where needs are adequately identified will be responded to appropriately.

All staff should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This is also includes staff monitoring the situation and feeding back to the Designated Person any ongoing/escalating concerns so that consideration can be given to a referral to Children's services if the child's situation doesn't appear to be improving.

A referral to Early Help can be made by a professional, friend of the family or by the family themselves by completing an online 'Request for Services form' by visiting <https://leicestershirecc.firmstep.com/default.aspx/RenderForm/?F.Name=juxtye735da&HideToolbar=1>

### **Vulnerabilities**

The nursery is aware that there may be additional factors that we need to take into account when dealing with issues surrounding child protection. We understand that this increase in risk is due more too societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment or circumstances.

In some cases possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

To ensure that all of our pupils receive equal protection we will give special consideration to children who are;

- Disabled or have special educational needs
- Young carers
- Affected by parental substance misuse, domestic abuse or parental mental health needs
- Asylum seekers
- Living away from home
- Vulnerable to being bullied or engaged in bullying
- Already viewed as a 'problem'
- Living in temporary accommodation

- Live transient lifestyles
- Living in chaotic and unsupportive home situations
- Vulnerable to discrimination on the grounds of race, ethnicity, religion, disability or sexuality
- At risk of sexual exploitation
- Do not have English as a first language
- At risk of female genital mutilation
- At risk of forced marriage
- At risk of being drawn into extremism.

## **Early identification: recognising and responding to safeguarding needs (Appendix 1)**

The nursery staff should be aware of the main categories of maltreatment:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

They should also be aware of the indicators of maltreatment and specific safeguarding issues so that they are also able to identify cases of children who may be in need of help or protection.

## **Reporting Procedures**

All staff have a responsibility to report safeguarding concerns and suspicions of abuse. These concerns will be discussed with the designated safeguarding lead (DSL) as soon as possible.

- Staff will report their concerns to the DSL [Melanie Whitley] (in the absence of the DSL they will be reported to the Deputy DSL) [Kittie Methuen-Jones]
- Any signs of marks/injuries to a child or information a child has given will be recorded and stored securely.
- For children who arrive at nursery with an existing injury, a form will be completed along with the parent's/ carers explanation as to how the injury happened. Staff will have professional curiosity around any explanations given, any concerns around existing injury's will be reported.
- If appropriate, any concerns/or incidents will be discussed with the parent/carer and discussions will be recorded. Parents will have access to these records on request in line with GDPR and data protection guidelines.
- If there are queries/concerns regarding the injury/information given, then the following procedures will take place:

The designated safeguarding lead will:

- Contact the Local Authority children's social care team to report concerns and seek advice immediately, or as soon as it is practical to do so . If it is believed a child is in immediate danger we will contact the police. If the safeguarding concern relates to an allegation against an adult working or volunteering with children then the DSL will follow the reporting allegations procedure (see below).
- Record the information and action taken relating to the concern raised
- Speak to the parents (unless advised not to do so by LA children's social care team)
- The designated safeguarding lead will follow up with the Local Authority children's social care team if they have not contacted the setting within the timeframe set out in

Working Together to Safeguarding Children (2018). We will never assume that action has been taken.

Keeping children safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to the DSL or deputy DSL they should call the Local Authority children's social care team, the Police or the NSPCC and report their concerns anonymously.

### Responding to a spontaneous disclosure from a child

If a child starts to talk openly to a member of staff about abuse they may be experiencing then staff will:

- Give full attention to the child or young person
- Keep body language open and encouraging
- Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today'
- Take time and slow down: we will respect pauses and will not interrupt the child – let them go at their own pace
- Recognise and respond to their body language
- Show understanding and reflect back
- Make it clear you are interested in what the child is telling you
- Reflect back what they have said to check your understanding – and use their language to show it's their experience
- Reassure the child that they have done the right thing in telling you. Make sure they know that abuse is never their fault
- Never talk to the alleged perpetrator about the child's disclosure. This could make things a lot worse for the child.

(Information taken from NSPCC)

Any disclosure will be reported to the nursery manager or DSL and will be referred to the local authority children's social care team immediately, following our reporting procedures.

### Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Person.

### Confidentiality

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the local authority. All staff, students and volunteers are bound by confidentiality and any information will not be discussed out of work, or this will become a disciplinary matter.

The Nursery has due regard to the data protection principles as in the Data Protection Act 2018 and General Data Protection Regulations (GDPR)<sup>1</sup>. These do not prohibit the collection and sharing of personal information, even without consent if this would put the



child at further risk. We will follow the principles around data collection and information sharing, and ensure any information is recorded and shared in an appropriate way.

### **Information sharing (2018)**

The Data Protection Act 2018 and General Data Protection Regulations is not a barrier to sharing information – it simply provides a framework to ensure that information is shared appropriately. It reinforces common sense rules of information handling, and helps us strike a balance between the many benefits of public organisations sharing information and maintaining safeguards and privacy of the individual.

We recognise that parents have a right to know that information they share will be regarded as confidential as well as be informed about the circumstances, and reasons, when we are obliged to share information.

We are obliged to share confidential information without authorisation from the person who provided it or to whom it relates if it is in the public interest. That is when:

It is to prevent a crime from being committed or intervene where one may have been or to prevent harm to a child or adult; or Not sharing it could be worse than the outcome of having shared it.

The three critical criteria are:

- Where there is evidence that the child is suffering, or at risk of suffering, significant harm.
- Where there is reasonable cause to believe that a child may be suffering or at risk of suffering from significant harm.
- To prevent significant harm arising to children and young people or serious harm to adults including the prevention, detection and prosecution of serious crime.

Any information that is shared is done so under the guidance of the Multi-Agency Safeguarding Partners.

### **Seven Golden Rules for Information Sharing (Information Sharing, 2008)**

1. Remember that the Data Protection Act is not a barrier to sharing information
2. Be open and honest with families about what information can be shared and in what circumstances
3. Seek advice if you are in any doubt
4. Share information with consent, where appropriate and where possible
5. Consider safety and well-being and who may be affected by your sharing this information
6. Necessary, proportionate, relevant, accurate, timely & secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is only shared with people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is securely shared
7. Keep a record of your decision and reasons for sharing information

### **Informing parents**

Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child in greater danger.

Parents are informed when we make a record of concerns in their child's file and that we will also make a note of any discussion we have with them regarding a concern.

If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Multi-Agency

Safeguarding Partners does not allow this, for example, where it is believed that the child may be placed in greater danger. This will usually be the case where the parent is the likely abuser. In these cases the social workers will inform parents.

### **Support to families**

The nursery believes in building trusting and supportive relationships with families, staff and volunteers and we make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team as part of our enrolment procedures.

The nursery will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.

Whilst every effort will be made to ensure that the nursery will seek to work with parents, 'If a parent or carer arrives to collect a child and it is deemed that they are intoxicated with either drugs or alcohol, the decision will be made by the manager to telephone the emergency contact number and make arrangements for the child to be collected by them. If the parent/carers becomes abusive or makes a nuisance of themselves, the police will be called as will social services. At all costs, the staff will feel a duty to keep themselves and the child safe - no hesitation will be made when calling the police.'

The nursery will follow the Child Protection Plan as set by the child's social care worker in relation to the nursery's designated role and tasks in supporting that child and their family, subsequent to any investigation.

### **Record keeping:**

Small World Nursery will follow Leicestershire local safeguarding children's board procedures when keeping appropriate records to support the early identification of children and families that would benefit from support. Factual records are maintained in a chronological order with parental discussions. Records are reviewed regularly by the DSL to look holistically at identifying children's needs.

When a child has made a disclosure, the member of staff/volunteer should:

- Record as soon as possible after the conversation. Use the record of concern sheet wherever possible. Make notes as soon as possible (preferably within an hour of being told), writing down EXACTLY what the child has said, write what you said in reply to the child, when he/she said it and what was happening immediately beforehand (e.g. description of activity). Record dates and times of these events and when you made the record. If there are any visible injuries, note size, colour etc... (do not undress/lift clothing), draw body and noting injury positions. **(Appendix 2,3)**
- Don't destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions
- All records need to be given to the Designated Safeguarding Person promptly. No copies should be retained by the member of staff or volunteer. If the DSL is implicated in the disclosure report your concerns to the Deputy Manager. If both are implicated, report to Social Services. You should not discuss your suspicions or allegations with anyone other than those nominated in the above point.

It is the role of the Designated Safeguarding Person to ensure that allegations or suspicions are recorded and are kept confidential.

Safeguarding information including Child Protection information is stored and handled in line with the principles of the Data Protection Act 1998 ensuring that information is:

- used fairly and lawfully
- for limited, specifically stated purposes
- used in a way that is adequate, relevant and not excessive
- accurate
- kept for no longer than necessary
- handled according to people's data protection rights
- kept safe and secure.

Any concerns about a child will be recorded in writing within 24 hours. All records will provide a factual, evidence-based account. Timely, accurate recording of every episode/ incident/ concern/ activity/ actions will be made including telephone calls to other professionals. Records will be signed, dated and where appropriate, witnessed.

The DSL will be aware of the collective impact of these records and take action to consult with MULTI-AGENCY SAFEGUARDING PARTNERS where the nature and number of records creates a concern.

Hard copies of records or reports relating to Safeguarding and Child Protection concerns will be kept in a separate, confidential file, securely stored away from the child's main file. Authorisation to access these records will be controlled by the Designated Safeguarding Person (DSP) / Manager.

In the case of a child protection referral, serious injury, or where serious concerns are raised, the DSL will immediately consult with Leicestershire's First Response team.

Supporting a child who discloses abuse:

When a child discloses abuse we will:

- listen rather than directly question, remain calm
- never stop a child who is recalling significant events
- make a record of discussion to include time, place, persons present and what was said (child language – do not substitute words)
- advise you will have to pass the information on
- avoid coaching/prompting
- never take photographs of any injury
- allow time and provide a safe haven / quiet area for future support meetings
- at no time promise confidentiality to a child or adult

Once a child has talked about abuse, the member of staff should consider whether or not it is safe for the child to return home to a potentially abusive situation. On rare occasions it might be necessary to take immediate action to contact Social Services and/or Police to discuss putting into effect safety measures for the child so that they do not return home.

The nursery's ethos promotes a positive, supportive and secure environment, giving children a sense of being valued and listened to.

We will:

- Liaise with other appropriate agencies which support the child
- Recognise that children living in difficult home environments are vulnerable and are in need of support and protection
- Monitor child welfare, keeping accurate records and notifying appropriate agencies when necessary
- Ensure information is transferred safely and securely when a child with a Safeguarding File transfers to another nursery/nursery. Notifying key partners or social workers where a child leaves the nursery (as appropriate).

## Dealing with concerns

If a child has a physical injury or shows symptoms of neglect, the designated person will:

- Contact Social Services for advice in cases of deliberate injury or where concerned about the child's safety. The parents will not be informed by the nursery in these circumstances.
- Where emergency medical attention is necessary it will be sought immediately. The Designated Person will inform the doctor of any suspicions of abuse.
- In other circumstances speak with the parent/carer and suggest that medical attention is sought for the child. The doctor, will then initiate further action, if necessary.
- If appropriate the parent/carer will be encouraged to seek help from the Social Services Department
- Where the parent/carer is unwilling to seek help, if appropriate the Designated Person will offer to go with them. If they still fail to act, the Designated Person should, in cases of real concern, contact Social Services for advice.
- Provide support, advice & guidance for other staff on an on-going basis.

## Nursery Referral Procedures

If any staff member is concerned about a child he or she must inform the DSP. The DSP will decide whether the concerns should be referred to Children's Services. This will be discussed with parents, unless to do so would place the child at further risk of harm.

If you as member of staff become aware of the possibility that a child may be abused, they are to make their concerns known to the 'Designated Safeguarding Person (DSP)' - **Mrs Melanie Whitley** or in their absence the Deputy Manager. If you still have concerns, you or your manager could also, without necessarily identifying the child in question, discuss your concerns with senior colleagues in another agency in order to develop an understanding of the child's needs and circumstances.

While it is the DSP's role to make referrals, any staff member can make a referral to Children's Social Care. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Social Care and/or Police immediately. Where referrals are not made by the DSP, the DSP should be informed as soon as possible.

## Concerns can be reported in a number of ways

- **Urgent concerns** can be reported to: Central Duty Desk, telephone number 0116 305 0005, fax number 0116 305 0011, email children's [duty@leics.gov.uk](mailto:duty@leics.gov.uk)
- **Completing the online secure referral form** by visiting <https://forms.leics.gov.uk/AF3/an/default.aspx/RenderForm/?F.Name=r1c2j94jcs3>

Our local Children's social care offices, can be found at:  
Loughborough Children and Young People's Service  
Penine House  
2 Lemyngton Street  
Loughborough  
LE11 1UH  
01509 266641 / 0116 3050005

A copy of the referral will be kept in the nursery's child protection folder which is located in a locked filing cabinet in the office.

If you are concerned that a child is at immediate risk of harm, referrals should be made by telephone to First Response on 0116 305 0005. This line is reserved for urgent referrals only.

## Allegations

"Registered providers must inform Ofsted or their childminder agency of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). Registered providers must also notify Ofsted of the action taken in respect of the allegations. These notifications must be made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence".

*Para.38. Statutory Framework for the Early Years Foundation Stage 2014*

All staff are made aware of the procedures to be followed if there is an allegation against an adult working with children. The procedures are applied where there is a concern of any allegation of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere).

- ▶ Behaved in a way that has harmed, or may have harmed, a child
- ▶ Possibly committed an offence against, or related to, a child; or
- ▶ Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

The above criteria relates to the adult's behaviour in the **workplace**, the **community** and in their **home and social life**.

## Allegations received against a practitioner

If an allegation is made against a member of staff, student or volunteer or any other person who lives or works on the nursery premises regardless of whether the allegation relates to the nursery premises or elsewhere, we will follow the procedure below.

At Small World Nursery we will follow our own local safeguarding partnership website information about how to report an allegation and we would also inform Ofsted immediately in order for this to be investigated by the appropriate bodies promptly:

- If as an individual you feel this will not be taken seriously or are worried about the allegation getting back to the person in question then it is your duty to inform the local authority children's social care team yourself directly

- The local authority children's social care team will be informed immediately for advice and guidance
- A full investigation will be carried out by the appropriate professionals (local authority children's social care team, Ofsted) to determine how this will be handled
- The nursery will follow all instructions from the local authority children's social care team and Ofsted and ask all staff members to do the same and co-operate where required
- Support will be provided to all those involved in an allegation throughout the external investigation in line with local authority children's social care team support and advice
- The nursery reserves the right to suspend any member of staff during an investigation, Legal advice will be sought to ensure compliance with the law.
- All enquiries/external investigations/interviews will be documented and kept in a locked file for access by the relevant authorities
- Founded allegations will be passed on to the relevant organisations including the local authority children's social care team and where an offence is believed to have been committed, the police will also be informed.
- Founded allegations will be dealt with as gross misconduct in accordance with our disciplinary procedures and may result in the termination of employment, Ofsted will be notified immediately of this decision along with notifying the Disclosure and Barring Service (DBS) to ensure their records are updated.
- All safeguarding records will be kept until the person reaches normal retirement age or for 21 years and 3 months if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary reinvestigation
- The nursery retains the right to dismiss any member of staff in connection with founded allegations following an inquiry
- Unfounded allegations will result in all rights being reinstated
- A return to work plan will be put in place for any member of staff returning to work after an allegation has been deemed unfounded. Individual support will be offered to meet the needs of the individual staff member and the nature of the incident; this may include more frequent supervisions, coaching and mentoring and external support.

### **The role of the Local Authority Designated Officer (LADO)**

LADO's are involved in the management and oversight of individual cases where it is alleged that a person working with children (including a volunteer) has:

- behaved in a way that has harmed a child, or may have harmed a child or
- possibly committed a criminal offence against or related to a child or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

You must tell Ofsted about any allegations of serious harm or abuse by any person living, working, or looking after children at your premises (whether that allegation relates to harm or abuse committed on the premises or elsewhere). You must also tell Ofsted about any other abuse, which is alleged to have taken place on your premises, and the action you took in respect of these allegations.

You must tell Ofsted about these allegations as soon as is reasonably possible, but at the latest within 14 days of the allegations being made. If you do not meet this requirement, and you do not have a reasonable excuse, you are committing an offence.

Employers, social services and professional regulators are under a legal duty to notify the Independent Safeguarding Authority (ISA) of relevant information, so that individuals who

pose a threat to vulnerable groups can be identified and barred from working with these groups.

If your organisation dismisses or removes a member of staff/volunteer from working with children and/or vulnerable adults (in what is legally defined as regulated activity) because they have harmed a child or vulnerable adult you have a legal duty to inform the Independent Safeguarding Authority (ISA). If the member of staff resigns during an investigation or before they are dismissed, you should still inform the ISA. Telling the ISA does not mean the person will be automatically barred from working with children and vulnerable adults.

An organisation which knowingly employs someone who is barred is breaking the law.

A person barred from working with children or vulnerable adults is breaking the law if they work/ volunteer or seek to work/ volunteer with these groups

The nursery will inform Ofsted after reporting it to the LADO.

The incident will be dealt with by the manager/registered person:

- A full investigation will be carried out to determine how this will be handled
- If the allegation could possibly interfere with normal working of the nursery, either the practitioner or the child will be allocated to another room, after due consultation with all parties
- The nursery reserves the right to suspend any practitioner on full pay during an investigation
- All allegations/interviews will be documented and kept in a locked file
- Unfounded allegations will result in all rights being reinstated
- Founded allegations will be passed on to the relevant organisation (Police) and will result in the termination of employment. Ofsted will be notified immediately of this decision
- Counselling will be available for any practitioner of the nursery who is affected by an allegation, their colleagues in the nursery and the parents

### **Allegations against the Designated Person**

If the suspicions in anyway involve the designated person, then a report should be made to the Deputy Manager. If the suspicions in anyway implicate the Designated Person and the Deputy Manager, then the report should be made immediately to the Police or the Multi-Agency Safeguarding Partners.

It is, of course the right of any individual to make a referral directly to the Police or the Safeguarding Children Board, although we hope that as practitioners we will use this procedure. If, however, you feel that the Designated Person or Deputy Manager has not responded appropriately to your concerns, then it is open to you to contact the Police or Safeguarding Children Board.

We will inform Ofsted within 14 days, of any allegations of serious harm or abuse by any person living, working, or looking after children at our nursery even if that allegation has taken place elsewhere. We will then notify the Multi-Agency Safeguarding Partners (MULTI-AGENCY SAFEGUARDING PARTNERS) of the allegation. All concerns will be treated with the highest of confidentiality.

In the event of allegations or suspicions of sexual abuse, the Designated Person will:

- Contact the Social Services duty social worker for children and families or the Police Child Protection Team directly. The Designated Person will NOT speak to the parent.
- Under no circumstances will the Designated Person attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the

Designated Person is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department, whose task it is to investigate the matter under Section 47 of the Children Act 1989.

- Whilst allegations or suspicions of sexual abuse will normally be reported to the Designated Person, the absence of the Designated Person or the Deputy Manager should not delay referral to the Social Services Department.

### **Disciplinary action**

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, [we/I] will notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

### **Whistleblowing**

Whistleblowing is an important aspect of safeguarding where staff and volunteers are encouraged to share genuine concerns about a colleague's behaviour. The behaviour may not be child abuse but they may not be following the code of conduct or could be pushing boundaries beyond normal limits. Whistle blowing is very different from a complaint or a grievance. The term whistle blowing generally applies when you are acting as a witness to misconduct that you have seen and that threatens other people.

The Public Interest Disclosure Act 1998, known as the Whistle blowing Act, is intended to promote internal and regulatory disclosures and encourage workplace accountability and self-regulation. The Act protects the public interest by providing a remedy for individuals who suffer workplace reprisal for raising a genuine concern, whether it is a concern about child safeguarding and welfare systems, financial malpractice, danger, illegality, or other wrongdoing.

The statutory guidance from the DfE (Working together to safeguard children 2010) makes it clear that all organisations that provide services for, or work with, children, must have appropriate whistleblowing procedures. They must also have a culture that enables concerns about and promoting the welfare of children to be addressed by the organisation. The concern may relate to something that is happening now, has happened in the past or that you think could happen in the future.

Using the Ofsted Whistleblower Hotline Ofsted's dedicated Whistleblower Hotline (0300 123 3155) was launched in April 2009. It is staffed from 8am to 6pm, Monday to Friday. Whistle blowing disclosures can also be submitted to Ofsted by email to [whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk) or by post to: Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD

## **ADDITIONAL SAFEGUARDING POLICIES AND PROCEDURES:**

### **Safer Recruitment (Please see our Safer Recruitment Policy for more information)**

Our nursery ensures that all appropriate measures are applied in relation to everyone who works in the nursery who is likely to be perceived by the children as a safe and trustworthy adult.

Staff Appointment (for more details, please see Safe Recruitment Policy, Enhanced Disclosure Policy and our Disqualification Policy)



The nursery has a very detailed Safe Recruitment Policy in order to ensure that the staff who are employed to work with children are fit to do so. Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Enhanced criminal records and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the nursery or has access to the children. Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.

All employees of Small World Nursery will be asked to complete a Criminal Records Bureau (CRB) form and have an enhanced 'CRB' disclosure clearance. Enhanced criminal records and barred lists checks are carried out on anyone living or working on the premises.

Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:

- the criminal records disclosure reference number;
- the date the disclosure was obtained; and
- details of who obtained it.

The nursery will notify the Disclosure and Barring Service of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.

All staff are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).

#### Volunteers

All volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us). Volunteers will only work in the nursery on a supervised basis only.

#### Students

The nursery take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or nursery children on work placement, young employees or young parents. Where abuse is suspected [we/I] follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the nursery may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

#### Visitors

- Procedures are in place to record the details of visitors to the nursery.
- Security steps are taken to ensure that [we/I] have control over who comes into the nursery so that no unauthorised person has unsupervised access to the children.

#### Implementation

Copies of this policy will be given to all Small World nursery staff, along with a copy of the leaflet distributed by Multi-Agency Safeguarding Partners currently called 'Keeping Children Safe is Everybody's Business'. A copy of this policy will be available for parents to view.

## **Use of mobile phones & Safe Image Policy (Please see Mobile Phone Policy for more details)**

Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.

The following policy is in accordance with Ofsted guidelines regarding the use of mobile phones by all staff and volunteers.

### **Within the nursery**

As the nursery has a landline which is manned and available at all times, mobile phones must be kept in staff lockers and used only during breaks. Personal mobile phones should only be used in the event of an emergency, if the landline is *not* available.

### **Outside the nursery**

Staff should take the nursery mobile phones only when on an outing, and they should be switched on and audible at all times. They are for emergency use only and should not be used for personal reasons during this time. Phone numbers must be provided on the risk assessment.

### **Mobiles belonging to visitors:**

We request that mobiles belonging to visitors are either switched off on entering the nursery.

#### **Further guidance**

- Working Together to Safeguard Children (2013)
- What to do if you're Worried a Child is Being Abused (HMG 2006)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
- Information Sharing: Guidance for Practitioners and Managers (HMG 2008) (HMG 2006)
- Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)

This policy was adopted by	Small World Nursery
On	15 <sup>th</sup> August 2019
Date to be reviewed	August 2020

Signed on behalf of the provider

Name and role of signatory	Melanie Whitley (Nursery Manager)
----------------------------	-----------------------------------

## **Important Contacts for Safeguarding Children**

### **Internal Contacts**

Designated Safeguarding Person: Mel Whitley  
Designated Deputy Safeguarding Lead: Kittie Methuen-Jones  
Named trustee of staff for Allegation management: Sharon Brightman

### **Local External Contacts**

#### **Children's First Response**

0116 3050005

<https://leicestershirecc.firmstep.com/default.aspx/RenderForm/?F.Name=r1c2j94jcs3&Hi deToolbar=1>

#### **Early Help**

0116 3058732

<https://leicestershirecc.firmstep.com/default.aspx/RenderForm/?F.Name=juxtye735da&Hi deToolbar=1>

#### **First Response Advice Line**

0116 3055500

07966111058

#### **Local Authority Designated Officer (LADO)**

Mark Goddard  
& Karen Browne  
0116 305 7597

### **National External Contacts**

<b>NSPCC</b>	08088005000	help@nspcc.org.uk
<b>Ofsted</b>	0300 123 1231	
<b>Emergency police</b>	999	
<b>Non-emergency police</b>	101	
<b>Government helpline for extremism concerns</b>	020 7340 7264	

## **Appendix 1: Signs of Abuse and Neglect**

### **Categories of Abuse:**

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse (including child sexual exploitation)
- Neglect

### **Signs of Abuse in Children:**

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour

### **Indicators of child abuse**

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include: <sup>2</sup>

#### **Emotional states:**

- Fearful
- Withdrawn
- Low self-esteem.

#### **Behaviour:**

- Aggressive
- Oppositional habitual body rocking.

#### **Interpersonal behaviours:**

- Indiscriminate contact or affection seeking
- Over-friendliness to strangers including healthcare professionals
- Excessive clinginess, persistently resorting to gaining attention
- Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed

---

<sup>2</sup> <https://www.nice.org.uk/guidance/ng76/chapter/Recommendations>

- Coercive controlling behaviour towards parents or carers
- Lack of ability to understand and recognise emotions
- Very young children showing excessive comforting behaviours when witnessing parental or carer distress.

### **Risk Indicators**

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

### **The framework for understanding children's needs:**



### ***Working Together to Safeguard Children (DFE, 2015)***

#### **Physical abuse**

Action needs to be taken if staff have reason to believe that there has been a physical abuse to a child, which may involve hitting, shaking, throwing, poisoning; burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles, trunk and face.

Many children will have cuts and grazes from normal childhood injuries. When children enter the nursery with an existing injury we will record the details of the injury. Any injuries that are a cause of concern will be followed up with parents and the designated safeguarding lead.

<b>Child</b>	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness
<b>Parent</b>	<b>Family/environment</b>
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault

Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

## Female Genital Mutilation (FGM)

Female Genital Mutilation is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of Child Abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external genitalia for non-medical reasons.

### What is FGM?

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. Some ethnic groups practise this form of physical abuse as a cultural ritual. When the procedure happens is dependent on the community and it may occur shortly after birth, during childhood; during adolescence, just before marriage or during a woman’s first pregnancy. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, urinary infection, septicaemia, incontinence; difficulties in childbirth, causing danger to the child and mother; and/or death.

If you have concerns about a child or family, you should contact children’s social care team in the same way as other types of physical abuse. We have a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18.

### 4 types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Nursery staff are trained to be aware of risk indicators of FGM. Staff should be particularly alert to suspicions or concerns expressed by female pupils about going on a long holiday during the summer vacation period. There should also be consideration of potential risk to other girls in the family and practicing community.

### **Circumstances and occurrences that may point to FGM happening are:**

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child’s family being from one of the ‘at risk’ communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child’s sibling has undergone FGM
- Child talks about going abroad to be ‘cut’ or to prepare for marriage

### **Signs that may indicate a child has undergone FGM:**

- Prolonged absence from nursery and other activities



- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

### **How cases may become 'known'**

The nursery has a mandatory duty to report 'known' cases of FGM in under 18's which they identify in the course of their professional work to the police.

### **Visually identified cases**

'Known' cases are those where either a girl informs the person that an act of FGM- however described- has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1 (2) (a) or (b) of the FGM Act 2003.

### **Verbally disclosed cases**

If you are a relevant professional and a girl discloses to you that she has had FGM (whether she uses the term 'female genital mutilation' or any other term or description, e.g. 'cut') then the duty applies.

### **Making a Report**

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated nursery practitioners, teachers and health and social care professionals in England and Wales to make a report to the police where, in the course of their professional duties, they either:

Are informed by a girl under 18 that an act of FGM has been carried out in her; or Observe physical signs which appear to show that an act was necessary for the girls' physical or mental health or for purposes connected with labour or birth.

The duty applies to all persons in Small World Nursery who are employed to work with the children in the nursery. The duty applies to the individual who becomes aware of the case to make a report. It should not be transferred to the Designated Safeguarding Person, however the DSL should be informed.

This is against the law, yet for some countries it is considered a religious act and cultural requirement. It is illegal for someone to arrange for a child to go abroad with the intention of having her circumcised. If any of the above areas of concern are brought to the attention of Small World Nursery we will report those concerns to the police in order to prevent this form of abuse taking place.

Reports under the duty should be made as soon as possible after a case is discovered, and best practice is for reports to be made by the close of the next working day.

It is recommended that you make a report orally by calling 101, this will connect you to the nearest police force covering your area.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to the police, including 999 if appropriate.

There is a helpline for those at risk, or has had FGM 0800 028 3550 or email [fgmhelp@ncpc.org.uk](mailto:fgmhelp@ncpc.org.uk)

### **The 'One Chance' rule**

### **Breast Ironing**

Breast ironing also known as "breast flattening" is the process where 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. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. Although this is unlikely to happen to children in the nursery due to their age, we will remain vigilant for the signs and symptoms in any children and families using our services and follow-up concerns following our regular safeguarding referral process.

### **Fabricated illness**

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. The parent or carer may seek out unnecessary medical treatment or investigation; they may exaggerate a real illness and symptoms or deliberately induce an illness through poisoning with medication or other substances or

they may interfere with medical treatments. Fabricated illness is a form of physical abuse and any concerns will be reported, in line with our safeguarding procedures.

## Emotional abuse

Working Together to Safeguard Children defines emotional abuse as the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs that children are being emotionally abused may include shying away from an adult who is abusing them; becoming withdrawn, aggressive or clingy in order to receive their love and attention; not having a close bond with their parent/carer; seem unconfident or anxious, or being aggressive towards others.

Action should be taken if the staff member has 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. Children may also experience emotional abuse through witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

Child	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
Parent	Family/environment
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

History of abuse or mental health problems	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

## Neglect

Working Together to Safeguard Children defines Neglect as 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:

- a. Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. Protect a child from physical and emotional harm or danger
- c. Ensure adequate supervision (including the use of inadequate caregivers)
- d. Ensure access to appropriate medical care or treatment.

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

Child	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
Parent	Family/environment
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn

Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

## Sexual abuse

Sexual abuse involves forcing, or enticing, a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males do not solely perpetrate sexual abuse; women can also commit acts of sexual abuse, as can other children.

Action must be taken if a staff member witnesses an occasion(s) where a child indicates sexual activity through words, play, drawing, has an excessive preoccupation with sexual matters; or has an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls/toys or in the role-play area with their peers; drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

Child	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention/concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
Parent	Family/environment
History of sexual abuse	Marginalised or isolated by the community
Excessively interested in the child	History of mental health, alcohol or drug misuse or domestic violence
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Conviction for sexual offences	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

## Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. CSE can happen online and offline and all staff should be aware of the link between online safety and vulnerability to CSE.

Any concerns that a child is being or is at risk of being sexually exploited should be passed without delay to the DSP. Small World Nursery is aware there is a clear link between regular nursery absence and CSE. Staff should consider a child to be at potential CSE risk in the case of regular nursery absence/truancy and make reasonable enquiries with the child and parents to assess this risk.

The Nursery is aware that a child often is not able to recognise the coercive nature of the abuse and does not see themselves as a victim. As a consequence the child may resent what they perceive as interference by staff. However, staff must act on their concerns as they would for any other type of abuse.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- going missing from home or nursery
- regular nursery absence/truancy
- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- online safety concerns such as youth produced sexual imagery or being coerced into sharing explicit images.
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations

- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with nursery, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

## **Sexual Abuse by Young People**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

**Developmental Sexual Activity** encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

**Inappropriate Sexual Behaviour** can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- ❖ **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- ❖ **Consent** – agreement including all the following:
  - Understanding that is proposed based on age, maturity, development level, functioning and experience
  - Knowledge of society's standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision
  - Mental competence
- ❖ **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.



## **Appendix 2 - Specific Safeguarding Issues**

### **Anti-Bullying/Cyberbullying**

Our nursery policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents which is shared with and analysed by the governing body. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse.

If the bullying is particularly serious, or the anti-bullying procedures are seen to be ineffective, the Nursery Manager and the DSL will consider implementing child protection procedures.

### **Children Missing Education**

Attendance, absence and exclusions are closely monitored. A child going missing from education is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation.

The DSL will monitor unauthorised absences and take appropriate action including notifying the local authority particularly where children go missing on repeat occasions and/or are missing for periods during the nursery day in conjunction with 'Children Missing Education: Statutory Guidance for Local Authorities.

### **Monitoring children's attendance**

As part of our requirements under the statutory framework and guidance documents we are required to monitor children's attendance patterns to ensure they are consistent and no cause for concern.

Parents should please inform the nursery prior to their children taking holidays or days off, and all sickness should be called into the nursery on the day so the nursery management are able to account for a child's absence.

If a child has not arrived at nursery within one hour of their normal start time the parents will be called to ensure the child is safe and healthy. If the parents are not contactable then the further emergency contacts will be used to ensure all parties are safe.

Where a child is part of a child protection plan, or during a referral process, any absences will immediately be reported to the local authority children's social care team to ensure the child remains safeguarded.

This should not stop parents taking precious time with their children, but enables children's attendance to be logged so we know the child is safe.

### **Child abuse linked to faith or belief (CALFB)**

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
- Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies

- Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

## Child Criminal Exploitation (CCE)

Child Criminal Exploitation (CCE) can be described as when an individual, or group, takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

## County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of 'deal line.' Customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

They are likely to exploit children and vulnerable adults to move the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Signs that a child may be involved in county lines could be a change in behaviour, suddenly having more money or possessions; change in friendship group, withdrawing from family life, sudden change in appearance; unexplained physical injuries, staying out late or a lack of interest in school and previous positive activities.

## Cuckooing

Cuckooing is a form of county lines crime in which drug dealers take over the home of a vulnerable person in order to criminally exploit them as a base for drug dealing, often in multi-occupancy or social housing properties. Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside the home; windows covered or curtains closed for long periods, family not being seen for extended periods; signs of drug use or an increase in anti-social behaviour at the home.

If we recognise any of these signs, we will report our concerns as per our reporting process.

## Contextual safeguarding-

As young people grow and develop they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

As part of our safeguarding procedures we will work in partnership with parents/carers and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns.

## Domestic Abuse and violence

Domestic Abuse and violence is any behaviour in an intimate relationship designed to gain and maintain control. Domestic Abuse- also known as spousal abuse includes emotional and sexual abuse to gain a desired behaviour. Domestic Violence- is physical violence that endangers or

injuries. Domestic Abuse is non discriminative and can affect all ages, background, ethnicity and social class.

Domestic abuse represents one quarter of all violent crime. It is actual or threatened physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, religion, mental or physical ability. Domestic abuse can also involve other types of abuse.

We use the term domestic abuse to reflect that a number of abusive and controlling behaviours are involved beyond violence.

Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse.

Living in a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of healthy, positive relationships. Children who witness domestic abuse are at risk of significant harm and staff are alert to the signs and symptoms of a child suffering or witnessing domestic abuse.

### **How does it affect children?**

Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to mental health issues such as depression, self-harm and anxiety or other behaviour such as:

- Exhibiting Aggressive behaviour
- May bully other children
- Withdrawn behaviour
- Problems with speech
- Difficulty learning or problems in nursery
- Changes in behaviour i.e. tantrums, sleep problems, bed wetting, separation anxiety, health problems, or issues around eating

### **What are the signs to look out for?**

Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

### **Other signs and Indicators of possible Domestic Abuse could be:**

- Physical Injury
- Increased anxiety
- Depression
- Low self-esteem
- Fear of partner
- Isolation
- Financial strain

### **Drug / Substance / Alcohol Misuse**

Substance use/misuse (legal or illegal drug usage and/or alcohol consumption) by parents and/or carers does NOT on its own automatically indicate that children are at risk of abuse or neglect,

although it is essential that practitioners recognise that this is a group for whom the potential associated risks are high. However, where there are concerns or suspicions that the child may be suffering, or likely to suffer significant harm, a referral must be made to Children Social Care Services.

### **Recognition and Identification of Risk Factors**

A child may be considered to be at greater risk of harm where substance use is uncontrolled and chaotic, if the parent/carer alternates between states of severe intoxication and periods of withdrawal, especially if substances are mixed i.e. combinations of different drug and alcohol combined with drugs.

The consequences to the child of a carer experiencing physical or emotional changes due to the misuse of substances require assessment. Examples may include a parent or carer who may become unconscious or incapable whilst looking after the child, or they may fail to notice or pursue treatment for a child's illness or accidental injuries or on occasions become violent.

### **Taking action when there are concerns about a child or young person**

In cases where a child/ren is not thought to be suffering, or likely to suffer significant harm, a Common Assessment Framework (CAF) should be carried out by a professional working with the family, and relevant action taken accordingly (Please see Common Assessment Framework and Early Help Procedure for more information).

If there are concerns that a child or young person is suffering, or likely to suffer significant harm, the professional should make a referral to Children's Social Care Services.

### **Forced Marriage**

A forced marriage is a marriage in which one or both people do not (or in cases of people with learning disabilities cannot) consent to the marriage but are coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse.

Forced marriage is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

A forced marriage is not the same as an arranged marriage which is common in several cultures. The families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Nursery staff should never attempt to intervene directly as a nursery or through a third party. Contact should be made with the contact centre or the Forced Marriage Unit 200 7008 0151.

Small World Nursery does not support the idea of forcing someone to marry without their consent.

### **Honour Based Violence**

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their

honour code. It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no, and cannot be, honour or justification for abusing the human rights of others.

Honour based violence might be committed against people who;

- become involved with a boyfriend or girlfriend from a different culture or religion;
- want to get out of an arranged marriage;
- want to get out of a forced marriage;
- wear clothes or take part in activities that might not be considered traditional within a particular culture.

It is important to be alert to signs of distress and indications such as self-harm, absence from the nursery, infections resulting from female genital mutilation, isolation from peers, being monitored by the family, not participating in nursery activities, unreasonable restrictions at home. Where it is suspected that a child/young person is at risk from Honour based violence, Small World Nursery will report those concerns to the appropriate agency in order to prevent this form of abuse taking place.

### **One Chance Rule**

All staff are aware of the 'One Chance' Rule' in relation to forced marriage, FGM and HBV. Staff recognise they may only have one chance' to speak to a pupil who is a potential victim and have just one chance to save a life.

Small World Nursery is aware that if the victim is not offered support following disclosure that the 'One Chance' opportunity may be lost. Therefore, all staff are aware of their responsibilities and obligations when they become aware of potential forced marriage, FGM and HBV cases.

### **Human Trafficking and Slavery**

Please refer to our Human Trafficking and Slavery policy for detail on how we keep children safe in this area.

Our nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the nursery manager.

### **Looked After Children**

The most common reason for children becoming looked after is as a result of abuse and neglect. Small World Nursery ensures that staff have the necessary skills and understanding to keep looked after children safe. Appropriate staff have information about a child's looked after legal status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child and contact arrangements with birth parents or those with parental responsibility. The designated teacher for looked after children and the DSL have details of the child's social worker for children in care.

The designated teacher for looked after child works with the Local Authority to discuss how the Early Years Pupil Premium Plus funding can be best used to support the progress of looked after children in the nursery and meet the needs in the child's personal education plan.

### **Peer on Peer Abuse**

We are aware that peer-on-peer abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. We will report this in the same way we do for adults abusing children, and will take advice from the appropriate bodies on this area; to support for both the victim

and the perpetrator, as they could also be a victim of abuse. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

In most instances, the conduct of children towards each other will be covered by our behaviour policy. However, some allegations may be of such a serious nature that they may raise safeguarding concerns. Small World Nursery recognise that children are capable of abusing their peers. It will not be passed off as 'banter' or 'part of growing up'. The forms of peer on peer abuse are outlined below.

The Nursery aims to reduce the likelihood of peer on peer abuse through;

- the established ethos of respect, friendship, courtesy and kindness;
- high expectations of behaviour;
- clear consequences for unacceptable behaviour;
- providing a developmentally appropriate PSHE curriculum which develops pupils' understanding of healthy relationships, acceptable behaviour, consent and keeping themselves safe;
- systems for any pupil to raise concerns with staff, knowing that they will be listened to, valued and believed;
- robust risk assessments and providing targeted work for pupils identified as being a potential risk to other pupils and those identified as being at risk.

Any concerns, disclosures or allegations of peer on peer abuse in any form should be referred to the DSL using the nursery's child protection procedures as set out in this policy. Where a concern regarding peer on peer abuse has been disclosed to the DSP(s), advice and guidance will be sought from Children Social Care.

Working with external agencies the nursery will respond to the unacceptable behaviour. If a pupil's behaviour negatively impacts on the safety and welfare of other pupils then safeguards will be put in place to promote the well-being of the pupils affected and the victim and perpetrator will be provided with support.

## Private Fostering Arrangements

A private fostering arrangement occurs when someone other than a parent or close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16 or 18 if the child is disabled. Children looked after by the local authority or who are placed in residential nurseries, children's homes or hospitals are not considered to be privately fostered.

Private fostering occurs in all cultures, including British culture and children may be privately fostered at any age.

Small World Nursery recognise that most privately fostered children remain safe and well but are aware that safeguarding concerns have been raised in some cases. Therefore, all staff are alert to possible safeguarding issues, including the possibility that the child has been trafficked into the country.

By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible. However, where a member of staff becomes aware that a pupil may be in a private fostering arrangement they will raise this with the DSL and the DSL will notify Surrey Children's Social Care of the circumstances.

## **Prevent:**

### **Extremism – the Prevent Duty**

Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

This may be a cause for concern relating to a change in behaviour of a child or family member, comments causing concern made to a member of the team (or other persons in the setting) or actions that lead staff to be worried about the safety of a child in their care. We have a Prevent Duty and Radicalisation policy in place. Please refer to this for specific details.

### **Risks Associated with Technology**

Technology can be used to gain personal information from people that mean to use it in an inappropriate way. They may promise meetings with celebrities, tickets to events or material gifts if a child puts a photo or information about themselves online. They may use techniques such as paying money for the child to put a photo of themselves naked online or encourage them to perform sexual acts. They may use bullying or threatening behaviour such as threatening to tell the child's parents if they don't do as they have asked. People may masquerade as a minor enticing the child into a friendship where the child believes they are talking to another child of their own age.

#### **Ways that technology can be used:**

- Inappropriate films and TV programmes watched in front of the child
- Encouraging Selfies
- Phones can be used to receive dirty messages, photos, sexting
- Cyberbullying
- Using social media to bully online
- Sharing inappropriate personal information, pictures or videos
- Grooming and abuse by online predators
- Exposure to inappropriate content including self-harm, racist, hate and adult pornography.
- Observing online gaming that is violent
- Identity theft

### **Indicators of possible Risks Associated with Technology**

Change in Behaviour- angry. Depressed, low self-esteem, withdrawn, intimidating, violent, re-enacting something they have witnessed either tv or computer, racist, Stopping using the computer suddenly, Heightened nervousness, jumpy or anxious when an instant message, text or email appears, Avoiding social situations, Secretive- avoiding discussions about they are doing online  
Language- swearing, aggressive, racist, defensive

### **Self Harm**

Self-harm is not usually triggered by one isolated event but rather a set of circumstances that leave young people overwhelmed and unable to manage their feelings: it is not the core problem but a sign and symptom of underlying emotional difficulties, used as a way of coping. Self-harm can be quite different from a suicide attempt since self-harm may be the means by which a child or young person tries to survive emotional pain, rather than being inspired by a desire to end life. However, in some cases, it can be part of the same continuum, since they are both symptoms of acute distress, and there is evidence that people who self-harm are at an increased risk of suicide

Deliberate self-harm includes any intentional act of self-injury or self-poisoning, irrespective of the apparent motivation or intention. Self-harm is not usually about trying to get other people's attention.

It often comes from feeling numb or empty, or wanting some relief. It might be linked to feeling depressed or anxious, low self-esteem, drug and alcohol abuse, relationship problem, bullying or worries about sexuality.

The most common activities are cutting and overdosing although there are many other forms such as hitting, burning, pulling hair, picking or scratching skin, swallowing things that are not edible, inserting objects into the body, and banging head and other body parts against walls. There are other activities such as eating disorders, drug and alcohol misuse and risk taking behaviours.

### **Indicators that a child or young person may be self-harming**

Self-harm is frequently misunderstood and stigmatised, and consequently remains hidden. Young people often feel guilty and ashamed and these feelings may be compounded by the reaction they receive when disclosing. This is a critical determinant of whether they choose to access services. Although many young people might try to hide their self-harming behaviour, there are some obvious and less obvious signs that someone might be self-harming which include:

- Psychological signs:
  - Obvious changes in mood;
  - Changes in sleeping and eating patterns;
  - Losing interest and pleasure in activities that were once enjoyed;
  - Decreased participation and poor communication with friends and family;
  - Hiding or washing their own clothes and avoiding situations where exposure of arm and legs is required (e.g. swimming);
  - Problems in social or intimate relationships;
  - Strange excuses provided for injuries;
  - Problems with work, nursery, social or family life.
- Physical signs:
  - Unexplained injuries, such as scratches, cuts or burn marks;
  - Unexplained physical complaints such as headaches or stomach pains;
  - Wearing clothes that cover up arms and legs, even in hot weather.

### **Responding to Children and Young People who self-harm**

When working with people who self-harm, consider the risk of domestic or other violence or exploitation. A referral to Early Help or the use of a Common Assessment Framework (CAF) may be appropriate with their consent. A child protection referral should be made if the child or young person discloses abuse or neglect.

Children and young people may be reluctant to disclose their self-harming because they are fearful that their disclosure will not be treated confidentially and that their parents and their GP or nursery will be informed. The worker should ask the child or young person whether they would like their family, carers or significant others to be involved in their care. Subject to the person's consent and right to confidentiality, encourage the family, carers or significant others to be involved where appropriate.

Then nursery staff who work with children or young people who self-harm should:

- Always treat people with same care, respect and privacy as any child or young person;
- Aim to develop a trusting, supportive and engaging relationship with them;
- Take full account of the likely distress associated with self-harm;
- Offer the choice of male or female staff for assessment and treatment. If it is not possible to give people a choice, explain why and record it in case notes;



- Always ask the child or young person to explain in their own words why they have self-harmed. When people self-harm often, the reason for each act may be different on each occasion; don't assume it is done for the same reasons;
- Involve the child or young person in decision-making and provide information about treatment or referral options;
- Be aware of the stigma and discrimination sometimes associated with self-harm, both in the wider society and the health and other services, and adopt a non-judgemental approach;
- Aim to foster the child or young person's autonomy and independence wherever possible. This needs to be balanced with the capacity of the young person with perceived risks and the responsibilities and the views of parents or carers;
- Maintain continuity of therapeutic relationships wherever possible;
- Ensure that information about episodes of self-harm is communicated sensitively to other team members and services;
- Be familiar with local and national resources, as well as organisations and websites that offer information and/or support for people who self-harm. There is a list of available resources at the end of this procedure
- Be able to discuss and provide advice about access to these resources

## Trafficked Children

Child trafficking involves moving children across or within national or international borders for the purposes of exploitation. Exploitation includes children being used for sex work, domestic work, restaurant/sweatshop, drug dealing, shop-lifting and benefit fraud. Where Small World Nursery is made aware of a child that is suspected of or actually being trafficked/exploited we will report our concerns to the appropriate agency.

## Unaccompanied asylum seeking children

Large numbers of children arrive in this country from overseas every day. Many of these children do so legally in the care of their parents and do not raise any concerns for statutory agencies. However, recent evidence indicates that many children are arriving into the UK

In the care of adults who, whilst they may be their carers, have no **Parental Responsibility** for them;  
In the care of adults who have no documents to demonstrate a relationship with the child;  
Alone; In the care of agents.

Evidence shows that unaccompanied children or those accompanied by someone who is not their parent are particularly vulnerable. The children and many of their carers will need assistance to ensure that the child receives adequate care and accesses health and education services. A small number of these children may be exposed to the additional risk of commercial, sexual or domestic exploitation.

Immigration legislation impacts significantly on work to safeguard and promote the welfare of children and young people from abroad. It is important to note that regulations and legislation in this area of work are complex and subject to constant change through legal challenge. This guidance, therefore, intends only to reflect broadly the additional issues faced by families. All practitioners need to be aware of this context to their contact with such families. Legal advice about individual cases will usually be required by Children's Social Care Services.

## Up skirting

Up skirting involves taking a picture of someone's genitals or buttocks under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual. This is a criminal offence and any such action would be reported following our reporting procedures.



## Record of Concern

Child's Name :			
Child's DOB :			
Male/Female :	Ethnic Origin :	Disability Y/N :	Religion :
Date and time of concern :			
Your account of the concern : (what was said, observed, reported and by whom)			
Additional information : (your opinion, context of concern/disclosure)			
Your response : (what did you do/say following the concern)			
Your name :		Your signature :	

Your position in nursery:	Date and time of this recording :
Action and response of DSL:	
Feedback given to member of staff reporting concern:	Outcome of action taken by DSL( e.g. what was parental response? outcome of professional consultation/referral? etc.)
Information shared with any other staff? If so, what information was shared and what was the rationale for this?	
Name: .....  Date:.....	

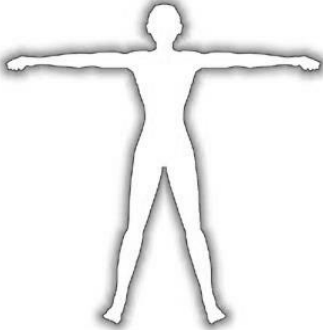


Discover

*Small world Nursery*

Helping little people develop and grow

## Child Protection Record (Physical)

Name of Child:		Front / Back	
Date of Birth:			
Name of Person completing this form:		Date & Time Reported:	
Role:			
Place of Disclosure:			
Nature of Concern:			
Concern shared with DSP: Y/N	Signature of referrer:		Date & Time of record:

For Completion by Desinated Lead:		
Agreed actions with basis for decision (please note the people who were involved in the decision)	By Whom	By When
Signature of Designated Lead:	Date of when actions are to be reviewed:	

## Safeguarding Record Front Sheet

Child Name:		Date of Birth:				
Any other name by which the child is known:						
Home Address:		Current Address (if different):				
Telephone Number:		Telephone Number:				
<b>Family Members i.e. parents / carers / siblings:</b>						
Name	Relationship	Address			Has Parental Responsibility?	
Date started nursery:		Attendance Pattern:				
		Mon	Tues	Weds	Thurs	Fri
<b>Level of Support (Please circle)</b>						
Signs of Safety	Early Help	Child in Need		Child Protection		Looked After Child
Date Created:		Review Date:				
Date file closed / transferred:						

**These are the people who support me and family:**

[illegible]

## Appendix 6- Feedback for Core Groups/Case Conference

<b>Childs Name:</b>	<b>Key Person:</b>	<b>Date:</b>
<b>What are we worried about?</b>		<b>What is working well?</b>



## Appendix 7- Checklist for Allegation Management Concerns

Action	Date/Initials	Any Notes?
Complaint / Allegation received		
<ul style="list-style-type: none"> <li>• In writing</li> <li>• By word of mouth</li> <li>• Via a member of staff (Whistleblowing)</li> <li>• Other</li> </ul>		
Confirm if it is an allegation		
Child or adult in immediate danger – Police called		
Nursery's management of Allegation Procedures followed		
Record on 'Record of Allegation of Abuse at nursery' form		
Records stored securely		
Do not investigate at this stage		
Inform / seek support from DSP		
Contact LADO		
Risk Assess- suspension		
Speak to named member of staff about allegation (No details)		
Suspend member of staff and record reason for decision		
Letter to confirm suspension		
Complaints file completed		
Cover organised for staff absence		

Speak to insurance company

Meet with parents / staff involved in making  
the allegation

Speak to staff inform them member of staff  
will be off

Explain they should not get involved in  
discussing any issues relating to the setting  
(including social media)

Contact Ofsted (within 14 days)

Follow LADO advice

Prepare for Position of Trust meeting

- Time sheets
- Registers
- Training records
- Induction, supervision, appraisal notes
- Child's observation

Follow outcomes

Arrange additional supervision for staff

Review nursery's procedures

Seek advice from HR company

Start disciplinary procedures

Any training identified

Training booked

## Appendix 9- Record of Allegation of Abuse at Nursery

**Member of staff who is subject of allegation:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_

Was the allegation made: \_\_\_\_\_ In \_\_\_\_\_ verbally \_\_\_\_\_ via a \_\_\_\_\_ other  
writing member of staff

Allegation made by: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age and DOB \_\_\_\_\_

Address of child: \_\_\_\_\_

Parents / Name (s) and addresses if different from above

Date of Alleged incident (s)

Was alleged perpetrator present on the date  
of the incident (s)?

Did the child attend the nursery on this/these  
dates?

Nature of the Allegation

Other relevant information

Date and Time of LADO contact

Date and time Ofsted informed

Further actions advised by LADO/Ofsted

Name of Person completing this form:

Position

Signature

Today's Date