



Safeguarding Policy

Introduction

As an Ofsted regulated nursery, we comply with the local child Safeguarding procedures, and it is our duty to record and report to children services any concerns regarding the possible abuse of children in our care. 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.

Our prime responsibility is the welfare and well-being of children in our care. As such it is our duty to the children, parents/carers, and staff to act quickly and responsibly in any instance that may come to our attention. All staff will work as part of a multi-agency team where needed in the best interest of the child.

The Legal framework for this policy

- Children act (2004/1989)
- Working together to safeguard children (2018 / 2020)
- Safeguarding Vulnerable Groups Act (2006)
- Counter-Terrorism Act and Security Act (2015)
- Multi-Agency Practise Guidelines
- Female Genital Mutilation Act 2003
- Serious Crime Act 2015
- Children and Social Work Act 2017
- The Prevent Duty 2015
- Data Protection 2018



Our Aim

It is our aim to ensure that all the children receive the highest level of care, provision, and education.

Satisfactory and a job offer has been made/accepted, adults will not be left alone the health, safety, and welfare of all our children are of paramount importance to all the adults who work in our nursery. Our children have the **right** to protection, regardless of age, gender, race, culture, background, or disability. Children have the right to be safe within the nursery.

We are committed to:

- Building a “culture of safety” in which children are protected from abuse and harm in all areas of its service delivery.
- Responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in “what to do if you’re worried a child is being abused”
- Promoting awareness of child abuse issues throughout training and learning programmes for adults
- Empowering young children, through early childhood curriculum, promoting their rights to be strong, resilient, and listened to.
- Ensuring that all staff are alert to the signs and understand what is meant by safeguarding and are aware of the different ways in which children can be harmed
- Ensuring a robust training system, in which all staff are confident in the policies and procedures relating to the safeguarding and welfare of the children

It is the policy of the nursery to provide a secure and safe environment to protect all children from abuse. The nursery adopts a safe recruitment policy to ensure only suitable adults are employed. Adults will not be offered a job until satisfactory references have been obtained and an enhanced DBS has been received (which must then be registered on the update service. Once employment checks are unsupervised with any children until they have completed a rigorous induction programme including mandatory training) and passed their probation. DBS update service checks are performed at staff supervisions.

We will always abide by Ofsted requirements in respect of references and Disclosure and Barring Services checks for all staff and volunteers to ensure that disqualified person or unsuitable person does not have any access or contact with the children.



Our Aim

We know how important staff ratios are and ensure that we follow the legal requirements for the minimum numbers of staff present with the children at any time as set out in the Early Years Foundation Stage statutory framework.

Our Designated Safeguarding Leads Officer is **Kirsty Cook** who works together and alongside our Deputy Safeguarding Officer Sam Hiley to co-ordinate child protection issues.

Looked After Children

Early years settings are committed to providing quality provision based on equality of opportunity for all children and their families. All staff are committed to doing all they can to enable “looked after” children in their care to achieve and reach their full potential.

We recognise that children who are being looked after have often experienced traumatic situations including abuse. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken into the care of the local authority. Whatever the reason, a child’s separation from their home and family signifies a disruption in their lives that has impact on their emotional well-being.

In our setting, we place emphasis on promoting children’s right to be strong, resilient, and listened to. Our policy and practise guidelines for looked after children are based on two important concepts, attachment, and resilience. The basis of this is to promote secure attachments in children’s lives as the basis for resilience.

Children Missing from Education

A child who is missing from an educational setting is a potential indicator of abuse and neglect. All children are entitled to a full-time education, suitable for their age and development. (See absent child policy)

The DSL will monitor unauthorised absences and take appropriate action including notifying the local authority (where funded is allocated)

What is Abuse?

Neglect- is the persistent failure to meet basic physical and psychological needs, which may result in the serious impairment of the child’s medical health, emaciation or under nourishment. Staff may notice behavioural signs such as a child who always seems hungry, tired, has ill -fitting clothes, poor personal hygiene, e.g., soiled, unchanged nappies, etc.

It is part of procedure to always follow the ‘what to do if you’re concerned about a child flowchart’



Physical abuse- physical signs may involve unexplained bruising/marks in unlikely areas, facial bruising, hand/finger marks, bite marks, burns, lacerations, or abrasions. Staff may notice several behavioural signs that also indicate physical abuse such as a child that shy's away from physical contact, is withdrawn or aggressive towards others or their behaviour changes suddenly.

Procedure:

- All signs of marks/injuries noticed on a child will be recorded immediately on an pre-existing injury form and signed by parents
- The incident will be discussed with parent/carer at the earliest opportunity (when signing form)
- If there appears to be any queries or concerns regarding the injury, Starting Point will be called for advice immediately.

Sexual abuse –physical signs may include bruising consistent with being held firmly, discomfort in walking/sitting, pain or itching in the genital area, discharge, or blood on under clothes, or loss of appetite. Behavioural signs may include drawings or play showing indicators of sexual activity, sexually explicit language, and knowledge of adult sexual behaviour, seductive behaviour towards others, poor self-esteem and a child who is withdrawn.

Procedure:

- The observed instances will be detailed in a confidential report
- The observed instances will be reported immediately to the DSL
- DSL will make a referral through Starting Point

Emotional abuse – physical signs of emotional abuse may include a general failure to thrive, not meeting expected developmental milestones and behaviourally a child may be attention seeking, telling lies, have an inability to have fun and join in play, low self-esteem, speech disorders, and be inappropriately affectionate towards others.

Procedure:

- The concerns should be discussed with the parent/carer by the designated person/nursery manager.
- Such discussions will be recorded, and the parent/carer will have access to such records



- If there appears to be any queries or ongoing concerns after discussion with parent/carer a referral will be made through Starting Point.

Recording Suspicions of Abuse and Disclosures

Recording suspicions of abuse and disclosures (procedures);

Staff will be an objective record of any observation or disclosure and include-

- Child's name/address/D.O.B and age
- Date, time, location of the observation or disclosure
- EXACT words spoken by the child, this should not be changed by an adult "to sound better".
- Name of the person who the concern was reported to with date and time and names of any other person present at the time.
- Any discussion held with parents/carer
- Name and signature of person completing the report/observation.

However, when identifying any potential instances of abuse, staff must always be aware that children may demonstrate individual, or combinations of indicators detailed above but may not be the subject of abuse. Individual or isolated incidents do not necessarily indicate abuse. Staff should always remain vigilant and must **NOT** ignore warning signs and contact the relevant services at any stage for support.

Female Genital Mutilation (FGM)

As our duty of care, we have a statutory obligation under national safeguarding protocols (e.g working together to safeguard children) to protect young girls and women from FGM as it is an illegal, extremely harmful practise and a form of abuse.

It is essential that we work closely together with other agencies if we suspect a child has suffered or is likely to suffer FGM as appropriate safeguarding efforts. This is reflected in the Multi-Agency Practise Guidelines.

If a child in our care shows signs and symptoms (see below) of FGM or we have good reason to suspect the child is at risk of FGM, we **MUST** refer the child using our existing standard safeguarding procedures as it is a form of child abuse. When a child is identified as "at risk" of FGM, this information **MUST** be brought to the child's GP attention and health visitor (as per section 47 of The Children's Act 1989)

Important Signs & Symptoms to look out for if you suspect the child is "at risk" of FGM

- Father comes from a community that is known to practice FGM
- Mother/Family may have limited contact with people outside family

- It is known that the mother has FGM
- Family does not engage with professionals (health, school, other)
- Parents say that they or a relative will take the child abroad for a prolonged period
- Childs spoken about a holiday to her country of origin or another where the procedure is practiced
- Child has confided that she is to have a “special procedure” to “become a woman” or to be “more like her mum/sister/aunt” etc
- Family/child are already known to social services

Important Signs & Symptoms to look out for if you suspect the child has had FGM

- Child regularly attends GP appointments, has frequent Urinary Tract Infections (UTI'S)
- Increased emotional and physiological needs e.g. withdrawals, depression, or significant changes in behaviour.
- Child talks about pain/discomfort between legs
- Child has difficulty walking, sitting for extended periods of time- which was not a problem previously

Significant or Immediate Risk

- Child confides in a member of staff/professional that FGM has taken place

Parent or family member discloses

Child Sexual Exploitation

Child Sexual Exploitation (CSE) is defined a form of child sexual abuse. It occurs when an individual or a group take advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs, or wants, and/or the financial advantage or increased status of the perpetrator facilitator. The victim may have been sexually exploited even if the sexual activity is consensual. CSE does not always have to involve physical contact; it can also occur through the use of technology.

Indicators/warning signs of CSE

- Staff members will be aware of the children most at risk of being sexually exploited, including vulnerable children/young people

Child Sexual Exploitation (continued)

- Being secretive
- Acting withdrawn and isolated
- Unexplained school absences
- Acting hostile or aggressive
- Having physical injuries without plausible explanation
- Trying to conceal marks or scars on their body
- Displaying inappropriate sexualised behaviour for age
- Trying to conceal marks or scars on their body

As with any type of abuse, we will be aware of signs and symptoms and any concerns we may have will be followed with the same procedure.

Upskirting

Under the Voyeurism Act 2019, it is an offence to operate equipment and to record an image beneath a person's clothing without consent and with the intention of observing, or enabling another person to observe, the victims' genitals or bottom. Upskirting will not be tolerated, and any incidences will be reported to the DSL who will then decide on next steps to take, which may include police involvement.

Prevent Duty

In Line with section 26 of the counter terrorism and security act (2015) we understand the importance of staff members being able to recognise and identify vulnerable children and have "due regard to the need to prevent people from being drawn into terrorism"

We recognise the importance of protecting children from the risk of radicalisation and promoting British values in the same way we would protect and safeguard children from any other abuse.

We will ensure all staff members are able to notice changes in children's behaviour as we would do with any kind of safeguarding matter as there is no single way of being able to identify a child who is at risk of being vulnerable or susceptible to radicalisation/extremism.

Regular reviews on our e-safety policy and use of mobile phones and internet policy are carried out as we recognise the increased risk of online radicalisation.

All staff members are also aware of the appropriate time to make a referral to the "Channel Programme"

Toxic Trio

The 'toxic trio' is made up of three issues: domestic abuse, mental ill-health, and substance misuse. These issues often co-exist, particularly in families where significant harm to children has occurred. The [Children's Commissioner](#) reported in 2018 that 100,000 children in England were in a household where one adult faces all three 'toxic trio' issues to a severe extent, and 420,000 children were in a household where one adult faces all three to a moderate/severe extent.

One reason why these issues often co-exist is that a parent misusing drugs, or alcohol is more likely to be in a relationship where domestic abuse occurs – those who misuse drugs or alcohol have a greater chance of experiencing mental ill-health. Conversely, adults with mental health problems are more likely to abuse drugs or alcohol; there are many different situations that could lead to all three of the toxic trio arising.

It is important to be aware of the toxic trio, because it is viewed as a key indicator of increased risk of harm to children and young people. Studies such as Brandon et al. (2012) have shown that, in 86% of incidents where children were seriously harmed or died, one or more of the trios played a significant role – similar findings are reported inside Botham et al. (2016).

Operation Encompass

Operation Encompass is a police and education early information safeguarding partnership enabling schools to offer immediate support to children experiencing domestic abuse. Operation Encompass ensures that there is a simple telephone call or notification to a schools trained designated safeguarding lead/officer prior to the start of the next day after an incident of police attended domestic abuse where there are children related to either of the adult parties involved.

Honour Based Violence

Honour based violence (HBV) can be described as a “collection of practises, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and or/honour”

Some families believe that certain actions bring shame on the family and may react with punishment, these actions may include rejecting a forced marriage (also covered in this policy) having an unapproved relationship, the wearing of make up or certain clothing. Any abuse is a violation of human rights, there is no “honour” or justification for abusing the human rights of others.

It is important to be alert to signs/ symptoms, distress and indications of such abuse:

- Self-harm
- Absence from nursery
- Changes in how they dress/act
- Visible injuries
- Signs of depressions

Forced Marriage

A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. We also recognise there is a clear distinction between a marriage in which both parties are willing and able to give informed consent to. Forced marriage is a criminal offence.

Forced marriage is not the same as an arranged marriage which is common in several cultures, where the families of both spouses take a leading role in arranging the marriage but the choice of whether to accept the arrangement, remains with the prospective spouses,

It is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse. Coercion may include physical, psychological, financial, sexual, and emotional pressure. It may also involve physical or sexual violence and abuse.

Human Trafficking and Modern Slavery

Child trafficking and modern slavery is becoming a more frequent form of child abuse. Children are recruited, moved, transported, and then exploited, forced to work or are sold on. For an adult or child to have been a victim of human trafficking there must have been:

- Action- recruitment, transportation, transfer etc
- Means- threat or use of force, coercion, abduction, abuse of power/vulnerability.
- Purpose- sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs.

Witchcraft

Child abuse linked to faith or belief (CALFB) occurs across the country and 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 faiths) and dakini (in the Hindu context)
- Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or 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.

Families and children can be deeply worried by the evil forces, and abuse often occurs when an attempt is made to “exorcise” and “deliver” the child.

Reasons for the child being identified as “different” may be disobedient or independent nature, bed wetting, nightmares, or illness. Attempts to “exorcise” the child may include but are not limited to, beating, burning, starvation, cutting or stabbing.

County Lines

County Lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and or/transport them to Suburban areas, market towns and coastal towns. It is against the law and is a form of child abuse.

Cuckooing

Cuckooing (Termed by the police) is a type of criminal exploitation in which a drug dealer will take over somebody's home to use as a base for country lines drug trafficking.

Criminals often target vulnerable people to target, victims may often have drug and or mental health issues, single parents and those living in poverty. Coercion, intimidation, violence (including sexual violence) and weapons are often used. Cuckooing will often take place in a multi- occupancy or social housing premises.

Fabricated Illness

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. (NHS)

FII was previously known as “Munchausen’s Syndrome by proxy” (not to be confused with “Munchausen’s Syndrome, where a person pretends to be ill or causes illness of injury to themselves).

The following is a list of some of the behaviours exhibited by carers, which can be associated with fabricating or inducing illness in a child.

- Inducing symptoms in children by administering medication or other substances, or by intentional suffocation
- Interfering with treatments by overdosing with medication, not administering them or interfering with medical equipment such as infusion lines and feeding apparatus
- Claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous
- Obtaining specialist treatments or equipment for children who do not require them
- Falsifying test results and observation charts
- Alleging unfounded psychological illness in a child

Carers may be observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else (either family members or professionals) to undertake any of their child's care, others may spend little time interacting with their child.



Fabricated Illness (continued)

A key professional skill is to distinguish between a very anxious carer who may be responding in a reasonable way to an extremely sick child, and those who exhibit abnormal behaviour.

Staff should be alert to the possibility of FII when a child,

- Has frequent and unexplained absences
- Is frequently unwell and parents repeatedly claim that he/she requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which carers have not themselves noticed e.g., headache, tummy aches, dizzy spells, blank episodes etc

Useful Contact Information

Starting Point: **01629533190**

Derbyshire out of hours/weekends: **01629532600**

LADO (Local Authority Designated Officer) email: professional.allegations@derbyshire.gov.uk
(Allegations Against Staff, Volunteers & Carers Referral to LADO Form)

Ofsted: **0300 1234 666**

NSPCC/Childline: **0800 1111**