

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 (emotional, physical, sexual or neglect). If an allegation is made against a member of staff in the nursery, the correct procedure is followed.

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

Prevent Duty

In Line with section 26 of the counterterrorism and security act (2015) we understand the importance of staff members being able to recognise and identify vulnerable children and to 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 venerable 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”.

Our Aim

It is our aim to ensure that all the children receive the highest level of care, provision, and education. 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 its 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 all 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 for all children from abuse. The nursery will therefore not allow an adult to be left alone who has not received their enhanced DBS check clearance and **all** our staff will receive updated and relevant safeguarding training as part of their induction and as refresher training after their 3-month probation.

We 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 has any access or contact with the children.

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 **Sarah Pledge** who works alongside our Deputy Safeguarding Officer **Chloe Hook** 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 staffs 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, emotional or sexual abuse or neglect. 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.

What is abuse?

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Staff in the nursery recognise that child abuse can and does happen in all types of families.

The following identifies some possible manifestations of child abuse; however, these lists are not exhaustive.

Neglect is the persistent failure to meet basic physical and psychological needs, which may result in the serious impairment of the child's medical problems, 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.

Procedure:

- The concern should be discussed with the parent/carer.
- Such discussions will be recorded, and the parent/carer will access to such records.
- If there appears to be any queries regarding the circumstances the child protection/MASH team.

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 a pre-existing injury form and signed by parents
- The incident will be discussed parent/carer at the earliest opportunity (when signing form)
- If there appears to be any queries or concerns regarding the injury, the child protection/MASH team 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 designated person/nursery manager.
- The matter will be referred straight to the child protection team/MASH hub.

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 the child protection team/MASH team will be notified.

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
- Child's 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 long periods of time- which wasn't 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 professional/ nursery child has had FGM

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).

Useful contact information Hillingdon

MASH (Concerns around child's safety or welfare): 01895556006

LADO (Concerns around adult behaviour): 01895250975