

	<p>Hope Spring Nursery 2 Mexborough Avenue (Just off Chapeltown Rd) Leeds, LS7 3EF</p>	<p>Issued and Approved by : Hope Spring Nursery committee members</p> <p>Date of Last Review: August 2021</p>	<p>Date of Next Review: August 2022</p>
<h2 style="margin: 0;">SAFEGUARDING AND CHILD PROTECTION POLICY</h2>			

Named staff with specific child protection responsibilities

- Designated Senior Person for Child Protection: Sharmin Akthar
- Other staff with child protection responsibilities:
 - All teaching staff.
 - Support staff report any concerns to the key worker or manager as appropriate.

Introduction

1. Hope Spring Nursery fully recognises the contribution it can make to protect children and support children in nursery. The aim of the policy is to safeguard and promote our children welfare, safety and health by fostering an honest, open, caring and supportive climate. The children welfare is of paramount importance.
2. This policy is consistent with:
 - the legal duty to safeguard and promote the welfare of children, as described in section 175 of the Education Act 2002 and the DfES guidance *Safeguarding Children in Education* September 2004; and with
 - recommendations provided by the local authority and the Local Safeguarding Children Board.
 - Keeping Children Safe in Education September 2016
3. There are four main elements to our Child Protection Policy:
 - **Prevention** (e.g. positive nursery atmosphere, teaching and pastoral support to children;
 - **Protection** (by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to Child Protection concerns;
 - **Support** (to children and nursery staff and to children who may have been abused);
 - **Working with parents and other agencies** (to ensure appropriate communications and actions are undertaken).
4. This policy applies to all staff, governors and visitors to the nursery. We recognise that child protection is the responsibility of all staff within our nursery. We will ensure that all parents and other working partners are aware of our child protection policy by mentioning it in our nursery prospectus, displaying appropriate information in our reception and by raising awareness at initial meetings with parents of new children as well as at regular parent/key worker meetings.

5. Where the Organisation provides services or activities directly under the supervision or management of nursery staff, the nursery's arrangements for child protection will apply. Where services or activities are provided separately by another body, the Organisation will seek assurance in writing that the body concerned has appropriate policies and procedures in place to safeguard and protect children and there are arrangements to liaise with the nursery on these matters where appropriate.

Nursery Commitment

6. The nursery adopts an open and accepting attitude towards children as part of its responsibility for pastoral care. Staff hope that children and parents will feel free to talk about any concerns and will see nursery as a safe place when there are difficulties. Children's worries and fears will be taken seriously and children are encouraged to seek help from members of staff.

- Our nursery will therefore:
 - Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to;
 - Ensure that children know that there are adults in the nursery whom they can approach if they are worried or are in difficulty;
 - Include in the curriculum activities and opportunities for PSHE/Citizenship which equip children with the skills they need to stay safe from abuse, and which will help children develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills;
 - Ensure every effort is made to establish effective working relationships with parents and colleagues from other agencies;
 - Operate safe recruitment procedures and make sure that all appropriate checks are carried out on new staff and volunteers who will work with children, including references and Criminal Record Bureau and List 99 checks.

Roles and Responsibilities – General

8. All adults working with or on behalf of children have a responsibility to safeguard and promote the welfare of children. This includes a responsibility to be alert to possible abuse and to record and report concerns to staff identified with child protection responsibilities within the nursery.

9. There are, however, key people within the nursery and the local authority who have specific responsibilities. The names of those carrying these responsibilities are listed at the start of this document.

Roles and Responsibilities of the Organisation

10. In accordance with the DfES documents *Safeguarding Children in Education, and Keeping Children Safe in Education (September 2016)*

the Organisation will ensure the following:

- The nursery has a child protection policy and procedures in place, and the policy is made available to parents on request.
- The nursery operates safe recruitment practices, including appropriate use of references and checks on new staff and volunteers.
- There are procedures for dealing with allegations of abuse against members of staff and volunteers (see Appendix 4).
- There is a senior member of the nursery's leadership team who is designated to take lead responsibility for dealing with child protection (the "Designated Senior Person for Child Protection").

- The Designated Senior Person for Child Protection undertakes training, in addition to basic child protection training, in inter-agency working that is provided by the local authority and has refresher training at appropriate intervals.
- The Manager, and all other staff and volunteers who work with children, undertake appropriate training which is kept up-to-date by refresher training at regular intervals and temporary staff and volunteers who work with children are made aware of the nursery's arrangements for child protection and their responsibilities.
- Any deficiencies or weaknesses brought to the attention of the Organisation are rectified.
- The Chair of Governors (or, in the absence of a Chair, the Vice Chair) deals with any allegations of abuse made against the Manager, in liaison with the LA.
- Policies and procedures are reviewed annually, and information is provided to the LA on how the Organisation discharges its duties regarding safeguarding and child protection.
- There is an individual member of the Organisation who will oversee issues to do with safeguarding children and child protection within the nursery, liaise with the Designated Senior Person for Child Protection, and provide information and reports to the Organisation.

Roles and Responsibilities of the Headteacher

11. The Manager of the nursery will ensure that:

- the policies and procedures adopted by the Organisation are fully implemented, and followed by all staff;
- sufficient resources and time are allocated to enable the Designated Senior Person for Child Protection and other staff to discharge their responsibilities, including taking part in strategy discussions and other inter-agency meetings, and contributing to the assessment of children;
- all staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children, and such concerns are addressed sensitively and effectively in a timely manner.
- All staff have read section 1 of Keeping Children Safe in Education, September 2016.

Roles and Responsibilities of the Designated Senior Person for Child Protection

12. The Designated Senior Person for Child Protection is the first point of contact for liaison with and the provision of information to the LA. The role of the Designated Senior Person for Child Protection includes:

Provision of information to the LA and associated matters

- be the first point of contact with the LA;
- provide information to the LA on how the Organisation discharges its duties regarding safeguarding and child protection (see section on Roles and Responsibilities of the Organisation above);
- Liaise with the Organisation and the LA on any deficiencies brought to attention of the Organisation and how these should be rectified.

Referrals

- refer cases of suspected abuse or allegations to the relevant investigating agencies, involving in particular close liaison with local Children's Services
- act as a source of support, advice and expertise within the educational establishment when deciding whether to make a referral by liaising with relevant agencies;
- Liaise with manager (where role is not carried out by the Manager) to inform him/her of any issues and ongoing investigations and ensure there is always cover for this role.

Training

- recognise how to identify signs of abuse and when it is appropriate to make a referral;

- ensure each member of staff has access to and understands the nursery’s child protection policy, especially new or part-time staff who may work with different educational establishments;
- ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise;
- be able to keep detailed, accurate and secure written records of referrals/concerns;
- obtain access to resources and attend any relevant or refresher training courses.

Raising Awareness

- ensure the nursery’s child protection policy is updated and reviewed annually, and work with the Organisation regarding this;
- ensure that a copy of the child protection policy is available for parents to view on request, and that they are alerted to the policy and the fact that referrals may be made, for example by text in the nursery’s prospectus
- where children leave the establishment, ensure their child protection file is copied and sent to the new establishment.

Records of concerns and complaints

- maintain and monitor child protection records, including monitoring and acting upon individual and patterns of concerns or complaints, in accordance with section on “Records and Monitoring” below.

Records and Monitoring

13. Well-kept records are essential to good child protection practice. All staff are clear about the need to record and report concerns about a child or children within our nursery. The Designated Senior Person for Child Protection is responsible for such records and for deciding at what point these records should be passed over to other agencies.
14. Records relating to actual or alleged abuse or neglect are stored apart from normal child or staff records. Normal records have red markers to show that there is sensitive material stored elsewhere. This is to protect individuals from accidental access to sensitive material by those who do not need to know.
15. Child protection records are stored securely, with access confined to specific staff, i.e. the Designated Persons for Child Protection, Manager, and the Assistant Manager. Records are kept for all time.
16. Child protection records are reviewed regularly to check whether any action or updating is needed. This includes monitoring patterns of complaints or concerns about any individuals and ensuring these are acted upon.
17. Transfer: When children transfer nursery their records are transferred. If there is child protection material, this is transferred separately and direct to the relevant member of staff in the receiving nursery, with any necessary discussion or explanation. A record is kept of the date of such transfer of sensitive files and of the person to whom they are transferred.

Attendance at safeguarding Conferences

18. A safeguarding conference should be attended by the Designated Senior Persons or the Manager. The person attending will ensure they are fully briefed on any issues or concerns and produce a written report when required. Once a child is on the Register, the designated Senior Person will ensure that the child is monitored regarding their nursery attendance, welfare and presentation.
19. Core Groups may meet regularly between conferences, and if held in nursery may include other relevant staff eg the key worker.

SUPPORTING PUPILS AT RISK

20. Our nursery recognises that children who are abused or who witness violence may find difficult to develop a sense of self-worth and to view the world in a positive way. This nursery may be the only stable, secure and predictable element in the lives of children at risk. While at nursery, their behaviour may still be challenging and defiant.

It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

This nursery will endeavour to support pupils through:

- The curriculum to encourage self-esteem and self-motivation.
- The nursery ethos which promotes a positive, supportive and secure environment and which gives all children and adults a sense of being respected and valued.
- The implementation of nursery behaviour management policies.
- A consistent approach, which recognises and separates the cause of behaviour from that which the child displays. This is vital to ensure that all children are supported within the nursery setting.
- Regular liaison with other professionals and agencies who support the pupils and their families.
- Support (where required) by our learning mentor.
- A commitment to develop productive, supportive relationships with parents, whenever it is in the interests of the child to do so.
- The development and support of a responsive and knowledgeable staff group, trained to respond appropriately in safeguarding situations.

Safe Nursery, Safe Staff

21. In order to ensure a safe nursery and safe staff, every person who works in this nursery in a professional capacity:

- has an induction meeting with the Manager when he emphasises the fact that members of staff should avoid being alone with a child; should never intimately examine a child and should never pick up a child or sit a child on his/her knee
- is given direct access to the Designated Senior Person to discuss or share any concerns and be given advice
- on appointment is subject to an enhanced clearance by the Criminal Records Bureau and further checks may be made with a previous employers/college
- is made fully aware of the high profile of this Safeguarding Policy in our nursery
- is made aware that, in order to protect a family's privacy, it may not always be necessary for the Designated Senior Person to reveal all the information about a family

Volunteers should be aware that the Manager will satisfy him/herself of the suitability of volunteers to assist in nurseries.

Use of Nursery Premises by Other Organisations

22. Where services or activities are provided separately by another body, using the nursery premises, the Organisation will seek assurance that the body concerned has appropriate policies and procedures in place in regard to safeguarding children and child protection.

PROFESSIONAL CONFIDENTIALITY

23. Confidentiality is an issue that needs to be discussed and fully understood by all those working with children, particularly in the context of safeguarding. The only purpose of confidentiality in this respect is to benefit the child. A member of staff must never guarantee confidentiality to a child nor should they agree with a child to keep a secret.

Staff will be informed of relevant information in respect of individual cases regarding safeguarding on a “need to know basis”. Any information shared with a member of staff in this way must be held confidentiality to themselves.

The Manager or Designated Senior Person will discuss the need for confidentiality during the induction programme for staff and governors (including students and volunteer staff).

Where there is cause for concern about a child, under the safeguarding procedures, a referral is made to Social Services and Education Welfare office. A discussion with the duty social worker will precede any referral to discuss whether it is appropriate. If it does not endanger the child, we will inform the parents/carers of the referral, and this will also be discussed with the duty social worker.

Other Relevant Policies

24. The Organisation’s legal responsibility for safeguarding the welfare of children goes beyond pure child protection. The duty is now to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports a range of other policies, for instance:

- Behaviour
- Attendance
- Special Educational Needs
- Education Visits
- Health and Safety
- Sex Education
- Equal Opportunities
- Toileting/Intimate care
- E-safety
- Extended nursery activities
- Use of images
- Child Sexual Exploitation

The above list is not exclusive but when undertaking development or planning of any kind the nursery will consider safeguarding aspects.

Recruitment and Selection of Staff

25. The nursery’s processes conform to the DfE Guidance “*Safeguarding Children: Safer Recruitment and Selection in Education Settings*” (June 2008). If the nursery is asked to provide references for a member of staff about whom there have been concerns about child protection/inappropriate conduct, then advice will be sought from the LA’s Access & Welfare Service. Gaps in an applicant’s employment history will be followed up and also if the applicant’s last nursery is not given as a point for references.

Child Sexual Exploitation

26. The nursery has in place arrangements which reflect the importance of recognising and tackling child sexual exploitation. Policies and procedures are in place and child sexual exploitation is highlighted regularly. Staff and governors are directed to the **Risk Indicators Guidance Sheet for Practitioners**. The Head and Assistant Head have completed training on Child Sexual Exploitation. Regular updates are given to staff and governors concerning issues around CSE.

All staff have been directed to the LSCB website CSE procedures. The procedure contains appendices which can also be accessed and printed off separately - as tools for practitioners. These are:

- CSE Multi-agency Pathway
- CSE Initial Screening Tool
- CSE Risk Assessment Tool
- CSE Risk Indicators Guidance Sheet for Practitioners
- Barnardos 'Puppet on a String' Report 2011 - Models of activity in the spectrum of Sexual Exploitation
- Multi-agency Safety Plan

All frontline practitioners working with children and young people need to be aware of this procedure and know where to find it, plus the associated materials and tools.

So-Called Honour-Based Violence (HBV)

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead.

FEMALE GENITAL MUTILATION (FGM)

Female Genital Mutilation (FGM) is child abuse and illegal. As of 31st October 2015, all regulated professionals including qualified teachers or persons who are employed or engaged to carry out teaching work in nursery are required to report cases of FGM to the Police. This is a personal duty and cannot be transferred to anyone else. The new mandatory reporting duty related to a disclosure that FGM has already happened and this should be reported to the Police on 101. Where a girl discloses information that identifies her as at risk of FGM, professionals should follow the normal safeguarding procedures.

YOUTH PRODUCED SEXUAL IMAGERY (SEXTING)

We have a duty of care towards our children and an obligation to support them in being safe in the online world as well as the physical world.

There are a number of definitions of sexting but for the purposes of this policy sexting is simply defined as:
Images or videos generated

- by children under the age of 18, or
- of children under the age of 18 that are of a sexual nature or are indecent.

These images are shared between young people and/or adults via a mobile phone, handheld device or websites with people they may not even know.

Sexting or youth produced sexual imagery does not refer to one single activity: it can have multiple facets and activities, be connected to sexual pleasure and be linked to a 'normal' part of sexual development; however,

something that transpires online can quickly spiral out of control as it becomes freely available in the public domain. It can then be transferred, forwarded, downloaded, uploaded and shared.

Any situations involving our children and youth produced sexual imagery are taken seriously as potentially being indicative of a wider safeguarding or child protection concern or as being problematic sexual behaviour. The understanding of children and young people around the potential implications of taking and/or sharing youth produced sexual imagery is likely to be influenced by the age and ability of the children involved. In some cases children under 13 (and indeed older) may create youth produced sexual imagery as a result of age appropriate curiosity or risk-taking behaviour or simply due to naivety rather than any sexual intent.

We follow the guidance and principles in the document, 'Sexting in Nurseries & Colleges: Responding to incidents and safeguarding young people.'

All incidents involving youth produced sexual imagery will be responded to in line with the nursery's safeguarding and child protection procedures;

When an incident involving youth produced sexual imagery comes to the attention of the nursery community:

- The incident is referred to the DSL as soon as possible and recorded using the usual safeguarding recording system.
- The DSL should hold an initial review meeting with appropriate nursery staff
- There should be subsequent interviews with the young people involved (if appropriate)
- Parents/carers should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm
- At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.

Any direct disclosure by a young person should be taken very seriously. A young person who discloses they are the subject of sexual imagery is likely to be embarrassed and worried about the consequences. It is likely that disclosure in nursery is a last resort and they may have already tried to resolve the issue themselves.

Securing and handing over devices to the police

If any devices need to be seized and passed onto the police then the device(s) should be confiscated and the police should be called. The device should be turned off and placed under lock and key until the police are able to come and retrieve it. See government guidance, ['Searching, screening and confiscation at nursery'](#).

9 PEER ON PEER ABUSE

Children and young people may be harmful to one another in a number of ways which would be classified as peer on peer abuse.

Types of abuse

There are many forms of abuse that may occur between peers and this list is not exhaustive;

- Physical abuse e.g. (biting, hitting, kicking, hair pulling etc.)
- Sexually harmful behaviour/sexual abuse e.g. (inappropriate sexual language, touching, sexual assault etc.)
- Bullying (physical, name calling, homophobic etc.)
- Cyber bullying
- Youth Produced Sexual Imagery (Sexting)
- Initiation/Hazing
- Prejudiced Behaviour

We constantly develop appropriate strategies in order to prevent the issue of peer on peer abuse rather than manage issues in a reactive way.

We recognise that peer on peer abuse can and will occur in any setting even with the most stringent of policies and support mechanisms. In which case it is important to continue to recognise and manage such risks and learn how to improve and move forward with strategies in supporting our pupils to talk about any issues and through sharing information with all staff.

We support this by ensuring that our nursery has an open environment where pupils feel safe to share information about anything that is upsetting or worrying them. This is strengthened through a strong and positive PHSE/SMSC curriculum that tackles such issues as prejudiced behaviour and gives children an open forum to talk things through rather than seek one on one opportunities to be harmful to one another.

Expected action taken from all staff

Although the type of abuse may have a varying effect on the victim and initiator of the harm, we follow simple steps to help clarify the situation and establish the facts before deciding the consequences for those involved in perpetrating harm.

It is important to deal with a situation of peer abuse immediately and sensitively. It is necessary to gather the information as soon as possible to get the true facts around what has occurred as soon after the child(ren) may have forgotten. It is equally important to deal with it sensitively and think about the language used and the impact of that language on both the children and the parents when they become involved. For example; we do not use the word perpetrator, as this can quickly create a 'blame' culture and leave a child labelled.

All staff are trained in dealing with such incidents, talking to children and instigating immediate support in a calm and consistent manner. Staff are not prejudiced, judgemental, dismissive or irresponsible in dealing with such sensitive matters.

All incidents are recorded and shared with the designated safeguarding lead. Information is shared appropriately with parents/carers.

Further detail is within our Behaviour Policy.

Prevent

Radicalisation / Extremism

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Extremism is defined by the Government in the Prevent Strategy as: "Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs." Prevent Duty (DfE 2015)

The Prevent Duty

Departmental advice for nurseries and childcare providers

- Subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, to have due regard to the need to prevent people from being drawn into terrorism;
- Duty is known as the Prevent Duty.

What it means for nurseries

- Essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified;
- Part of our wider safeguarding duties;
- Build resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views;

- nursery's provide safe space where children and staff can understand the risks associated.

Risk Assessment

- nursery's are expected to assess the risk of children being drawn into terrorism;
- Demonstrate both a general understanding of the risks affecting children in the area and specific understanding of how to identify individual children who may be at risk and what to do to support them;
- Need to be aware of the increased risk of online radicalisation – social media and the internet;
- Staff should be alert to changes in children's behaviour;
- Children may display different signs or seek to hide their views;
- MUST take action when they observe behaviour of concern;
- Should have clear procedures in place (in the safeguarding policy);

Channel Programme

- Focuses on providing support at an early stage;
- Is a mechanism for nurseries to make referrals;
- An individual's engagement with the programme is entirely voluntary;
- An online general awareness training module on Channel is available;
- For referrals and advice call 101, extension 800296;
- Complete the paper referral form and email to prevent@leeds.gov.uk
Or contact Phone: 0113 395 4141

Partnership working

- Local Safeguarding Children Boards (LSBCs) are responsible for coordinating what is done by agencies for the purposes of safeguarding.

Staff Training

- Importance of Prevent Awareness training;
- DSL needs to undertake Prevent Awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

IT Policies

- nursery's should ensure suitable filtering is in place;
- Important role to play in equipping children to stay safe online.

Resilience to radicalisation

- Safe environment;
- PSHE – used to teach children to recognise and manage risk, make safer choices, and recognise when pressure from other threatens their personal safety and wellbeing;
- Develop effective ways of resisting pressures – when, where and how to get help;
- Encourage children to develop positive character traits – resilience, determination, self-esteem and confidence;
- Citizenship – equips them with the knowledge, skills and understanding to prepare them to play a full and active part in society;
- Explore political and social issues, to weigh evidence, to debate and make reasoned arguments;
- Democracy, government and how laws are made and upheld;
- Diverse national, regional, religious and ethnic identities in the UK and the need for mutual respect and understanding;
- Develop pupil's critical thinking.

Signs to look for include:

- Changing how they dressed or their appearance;
- Losing interest in friends or activities not associated with a particular ideology;

- Behaviour becoming focused on an extreme idea or cause;
- Identity crisis;
- Personal crisis;
- Personal circumstances;
- Unmet aspirations;
- Experiences of criminality;
- Special educational need;
- Being in contact with extremist recruiters;
- Accessing violent extremist websites;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and / or behavior;
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis;

**Each nursery must have a Single Point of Contact (SPOC)
At Hope Spring Nursery this is Head – Usman Iqbal**

The Counter-terrorism and Security Act 2015 now imposes a duty on a wide range of bodies including all nurseries. Compliance will be monitored through various inspection regimes such as Ofsted that will be looking to see that organisations have assessed the level of risk and that staff are appropriately trained to look out for signs of radicalisation.

Also nurseries will be monitored to ensure they are aware of the process for making referrals to Channel, the panel that reviews and refers individuals to programs to challenge extremist ideology.

Referrals

**For referrals and advice call 101, extension 800296;
Complete the paper referral form and email to: prevent@leeds.gov.uk**

Although a police team, their role is to support early intervention so that vulnerable children or adults do not end up facing criminal sanctions.

Statutory guidance has been published and is available here:
<https://www.gov.uk/government/publications/prevent-duty-guidance>

We aim to build children resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making. At Hope Spring Nursery we actively promote the spiritual, moral, social and cultural development of children and, within this, fundamental British values.

SUPPORTING VULNERABLE PUPILS AT RISK

Special consideration should be given to safeguarding and protecting children that may have additional vulnerabilities, for example children that are looked after or those with special educational needs (SEN) and disabilities. Additional barriers can exist to the recognition of abuse and neglect which can include:

- assumptions that indicators of possible abuse such as behavior, mood and injury relate to the child's disability without further exploration;
- vulnerable children can disproportionately be impacted by things like bullying – without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers

The nursery will endeavour to support vulnerable pupils through:

- Their ethos which promotes a positive, supportive and secure environment; giving children a sense of being valued.
- Their behavior policy aimed at supporting vulnerable children in nursery. All staff will agree a consistent approach which focuses on the behavior of the offence committed by the child; working to support children in developing positive behavior.
- Liaison with other appropriate agencies which support the child.
- Developing supportive relationships.
- Recognition that children living in difficult home environments are vulnerable and are in need of support and protection.
- Monitoring child welfare, keeping accurate records and notifying appropriate agencies when necessary.
- Allowing designated staff opportunity to attend face to face Safeguarding in Nursery briefings/ LSCB multi-agency training. (For example Prevent, Child Sexual Exploitation guidance, domestic violence, drugs / alcohol substance misuse etc.)
- Ensuring information is transferred safely and securely when a child with a Safeguarding Record transfers to another nursery. Also notifying Key workers or social workers where a child leaves the nursery (as appropriate)
- Following Leeds City Council's procedures for [Child Sexual Exploitation](#) including using the CSE Risk Assessment Toolkit as necessary.

NURSERY CHILD PROTECTION PROCEDURES

1. What Should Staff/Volunteers Do If They Have Concerns About A Child or Young Person in Nursery?

Education professionals who are concerned about a child's welfare or who believe that a child is or may be at risk of abuse should pass any information to the Designated Safeguarding Lead (**DSL**) in nursery; this should *always* occur as soon as possible and certainly within 24 hours.

The Designated Safeguarding Lead is: Shahida Hussain

It is the senior colleagues who are responsible for taking action where the welfare or safety of children or young people is concerned. If staff are uncertain about whether their concerns are indeed 'Child Protection' then a discussion with their DSL/line manager will assist in determining the most appropriate next course of action:

Staff should never:

- Do nothing/assume that another agency or professional will act or is acting.
- Attempt to resolve the matter themselves.

What should the DSL consider right at the outset?

- Am I dealing with 'risk' or 'need'? (By definition, a child at risk is also a child in need. However, what is the *priority/ level and immediacy* of risk / need and consider the Children's Needs and Response Framework?)
- Can the level of need identified be met:
 - In or by the nursery or by accessing universal services/without referral to the MASS or other targeted services?
 - By working with the child, parents and colleagues?
 - By completion of a CAF with parents/carers/child & other professionals
- What resources are available to me/the nursery and what are their limitations?
- Is the level of need such that a referral needs to be made to the Multi Agency Screening Service requesting that an assessment of need be undertaken? (**Section 17 Child in Need referral**)
- Is the level and/or likelihood of risk such that a Child Protection referral needs to be made (i.e. a child is suffering or is at risk of suffering significant harm)? (**Section 47 Child Protection referral**)
- What information is available to me: Child, Parents, Family & Environment?
- What information is inaccessible and, potentially, how significant might this be?
- Who do/don't I need to speak to now and what do they need to know?
- Where can I access appropriate advice and/or support?
- If I am not going to refer, then what action am I going to take? (e.g. time-limited monitoring plan, discussion with parents or other professionals, recording, etc)

2. Feedback to Staff Who Report Concerns to the Designated Safeguarding Lead

The Designated Safeguarding Lead will decide which information needs to be shared, when and with whom. The primary purpose of confidentiality in this context is to safeguard and promote the child's welfare.

4. Making Referrals to the Social Services (Guidance for the Designated Safeguarding Lead)

(i) Child In Need/Section 17 Referrals

The DSL should look with other services as part of the Early Help Strategy to complete a Common Assessment Framework (CAF).

- This is a request for assessment/support/services and, as such, you ***must obtain the consent*** of the parent(s) (and child/young person where appropriate), this should be identified on the CAF
- Where a parent/child/young person refuses to consent, you should make clear your ongoing plans and responsibilities in respect of support, monitoring etc, and the possibility of a Child Protection referral at some point in future if things deteriorate or do not improve. (This is not about threats or saying that this is inevitable but about openness and transparency in dealings with parents).

(ii) Child Protection

Use the multi-agency referral form for referrals to the Multi Agency Screening Service where it is considered that a child may be at risk of or suffering significant harm.

- You ***do not require the consent*** of a parent or child/young person to make a Child Protection referral
- A parent should, ***under most circumstances, be informed*** by the referrer that a Child Protection referral is to be made. The criteria for not informing parents are:
 - (a) Because this would increase the risk of significant harm to a child/(ren), to another member in the family home or to a professional; or
 - (b) Because, in the referrer's professional opinion, to do so might impede an investigation that may need to be undertaken;
 - (c) Because there would be an undue delay caused by seeking consent which would not serve the child's best interests.

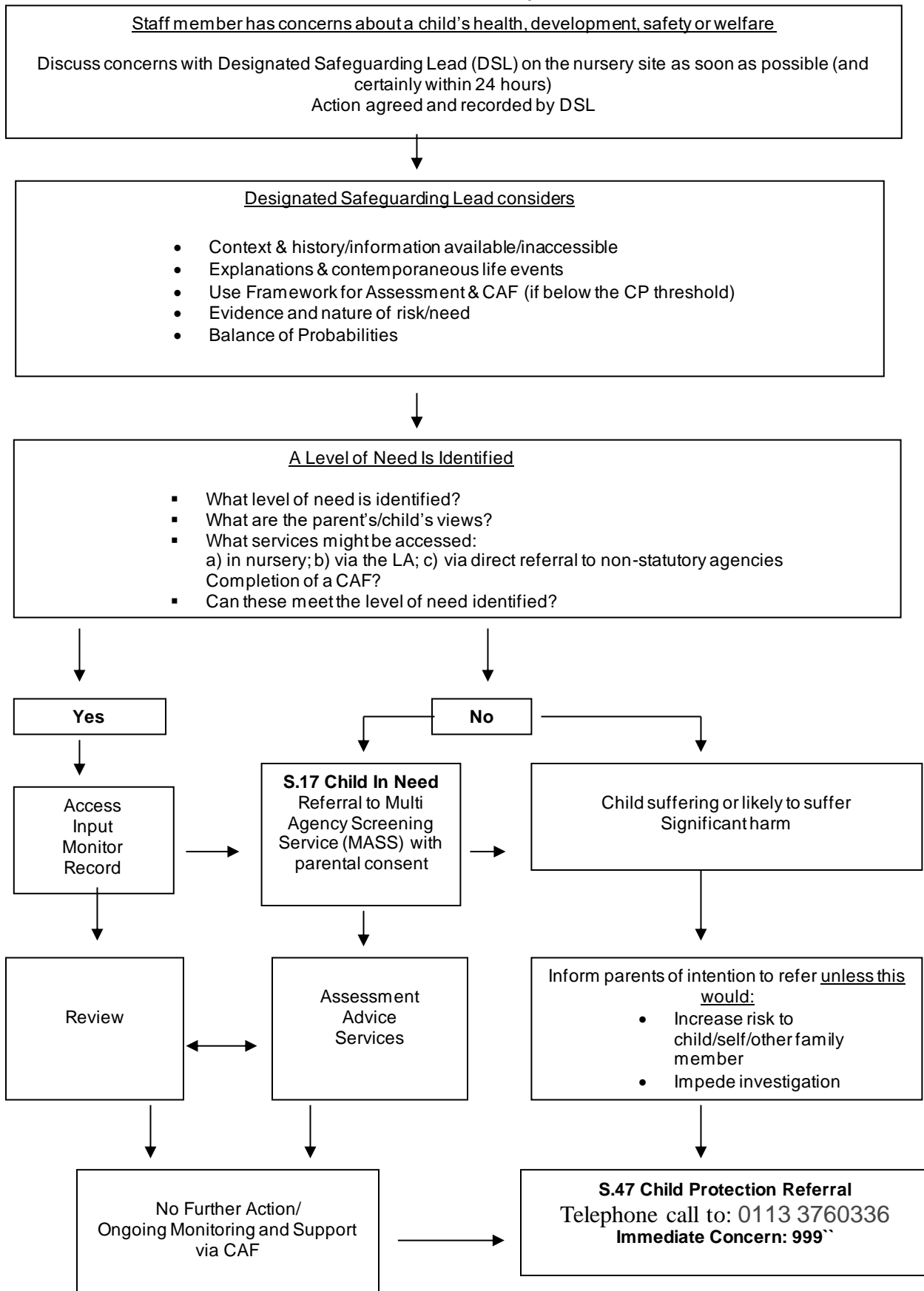
See the LSCB Multi-Agency Safeguarding Children procedures on the LSCB website for the occasions when parents/carers should not be informed.

Fear of jeopardising a hard won relationship with parents because of a need to refer is **not** sufficient justification for not telling them that you need to refer. To the contrary, this lack of openness will do little to foster ongoing trust, particularly as the source of referrals will be disclosed to parents except in a limited number of circumstances. If you feel that your own or another adult's immediate safety would be placed at risk by informing parents then you should seek advice and/or make this clear on the referral or in any telephone contact with the Multi Agency Screening Service.

The Social services Responses to Referrals and Timescales

Social Services has 24 hours within which to make a decision about a course of action in response to a referral. If you do not receive any (same day) verbal feedback following an urgent Child Protection referral, and where this places nursery / a child/(ren) in a vulnerable position.

APPENDIX 18: TAKING ACTION ON CHILD WELFARE/PROTECTION CONCERNS IN NURSERY



The Designated Safeguarding Lead in Nursery is: Tel / Room
The Deputy DSL is Tel / Room

APPENDIX 2: TALKING AND LISTENING TO CHILDREN

If a child wants to confide in you, you **SHOULD**

- Be accessible and receptive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure children that they are right to tell;
- Tell the child that you must share the information;
- Make sure that the child is ok ;
- Make a careful record of what was said (see *Recording*).

You should **NEVER**

- Investigate or seek to prove or disprove possible abuse;
- Investigate, suggest or probe for information;
- Ask leading questions of children/young people
- Confront another person (adult or child) allegedly involved;
- Speculate or accuse anybody;
- Make promises about confidentiality or keeping 'secrets';
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror, etc;
- Offer opinions about what is being said or the persons allegedly involved;
- Forget to record what you have been told;
- Fail to share the information with the correct person (the Designated Safeguarding Lead).

Children with communication difficulties, or who use alternative/augmentative communication systems

- While extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children;
- opinion and interpretation will be crucial (be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court).

Recordings should

- State who was present, time, date and place (using full names and full job designation);
- Be written in ink and be signed by the recorder;
- Be passed to the DSL or Manager immediately (certainly within 24 hours);
- Use the child's words wherever possible;
- Be factual/state exactly what was said;
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.

What information do you need to obtain?

- nursery's have **no investigative role** in Child Protection (Police and Children's Social Care will investigate possible abuse very thoroughly and in great detail, they will gather evidence and test hypotheses – leave this to them!);
- Never prompt or probe for information, your job is to listen, record and share information;

- Ideally, you should be clear about what is being said in terms of **who, what, where and when**;
- The question which you should be able to answer at the end of the listening process is 'might this be a Child Protection matter?';
- If the answer is yes, or if you're not sure, record and share immediately with the Designated Safeguarding Lead/Line manager.

If you do need to ask questions, what is and isn't OK?

- **Never** asked closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?
- **Never** make suggestions about who, how or where someone is alleged to have touched, hit etc e.g. Top or bottom, front or back?
- If we must, use only '**minimal prompts**' such as 'go on ... tell me more about that ... tell me everything that you remember about that '
- Timescales are very important: '**When was the last time this happened?**' is an important question.

What else should we think about in relation to disclosure?

- Is there a place in nursery which is particularly suitable for listening to children e.g. not too isolated, easily supervised, quiet etc;
- We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal;
- Be prepared to answer the 'what happens next' question;
- We should never make face-value judgements or assumptions about individual children. For example, we 'know that [child.....] tells lies';
- Think about how you might react if a child DID approach you in nursery. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity;

APPENDIX 1 : KEEPING CHILDREN SAFE IN EDUCATION (DfE 2018)
Part One: Information for all nursery and college staff
Annex A: Further information

On publication of this Child Protection Policy (July 2018), the May 2018 version of the statutory guidance '**Keeping Children Safe In Education**' available online, has been denoted by DfE as 'for information only'. The guidance commences on September 2018. The DfE have confirmed that this guidance will be updated annually thereafter.

The existing version of the statutory guidance mentions that there will be also be updates likely before September 2016 in respect to the definition of Child Sexual Exploitation and also regulations relating to Children Missing from Education.

The CPSLO Service have therefore decided to provide the hyperlink only to Keeping Children Safe in Education in this policy rather than the document in its entirety, due to likely frequent change in content.

It is **essential** that **all** staff have access to this online document and read Part 1 and Annex , which provides further information on:

- children missing from education
- child sexual exploitation
- ‘honour based’ violence
- FGM mandatory reporting duty
- forced marriage
- preventing radicalisation

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

We highly recommend that staff are asked to sign to say they have read these sections (please see Appendix 2) and should subsequently be re-directed to these online documents again should any changes occur.

Link to Keeping Children Safe in Education:

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

APPENDIX 2: DECLARATION FOR STAFF
Child Protection Policy and Keeping Children Safe in Education (DfE 2018)

Nursery name Academic Year

Please sign and return to(DSP) by/...../.....

I, _____ have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s):

- (1) The Nursery Child Protection Policy
- (2) **Part 1 and Annex A** of 'Keeping Children Safe in Education' DfE Guidance , 2018
- (3) **ALL POLICIES AND PROCEDURES REQUIRED FOR YOUR ROLE.**

I am aware that the DSPs are:

.....

.....

.....

.....

and I able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available ...MAIN OFFICE.....

Signed _____ Date _____

APPENDIX 3: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2018)
Flowchart

Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training , staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead (DSP) .

Question behaviours

- Talk and listen to the views of children, be non - judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice , refer to the HT or principal, if the concerns is about the HT or Principal, report to Chair of Governors. Utilise whistleblowing procedure.

Ask for help

- Record and share information appropriately with regard to confidentiality
- If staff members have concerns, raise these with the school's or college's Designated Safeguarding Lead (DSP)
- Responsibility to take appropriate action, do not delay.

Refer

- DSP will make referrals to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Children's Services

Common Assessment Framework

Nursery staff contribute to assessments along the 'Continuum of Need' (see Appendix 2) and actively support multi agency planning for those children. Staff have an understanding of the *Framework of Assessment of Need* (see below) and make decisions based on a child's development needs, parenting capacity and family & environmental factors.



2.5 Early Help

Early Help is the term used to describe arrangements and services that identify the need for help for children and families as soon as the problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. [Working Together to Safeguard Children \(2018\)](#) identifies the critical features of effective Early Help as:

A multi-disciplinary approach that brings a range of:

- Practice that empowers families and helps them to develop the capacity to resolve their own professional skills and expertise through a "Team around the Child" approach.
- A relationship with a trusted lead professional who can engage with the child and their family, and coordinate the support needed from other agencies
- A holistic approach that addresses the children's needs in the wider family context
- Simple, streamlined referral and assessment process

- Early Help in Leeds City includes both the TAC and Early Intervention process. Signs of Safety is embedded throughout.

2.6 **What is Team Around the Child (TAC)?**

TAC is a shared assessment and planning framework which is in use by a variety of agencies across the county and is employed in similar format throughout the country. It aims to help with the early identification of additional needs of children and young people and promote a co-ordinated multi agency response to meet them. TAC can be used to support children and young people between 0–19 years, including unborn babies and can also be used with consent up to the age of 24 where a young person has a learning difficulty or disability. There are four main stages in setting up a TAC;

- Early identification of needs
- Assessing strengths and needs in a consistent and methodical framework
- Developing and delivering an integrated services
- Reviewing and refining the support arrangements

2.8 The **designated safeguarding lead** acts as the focal point for all matters concerning child protection and safeguarding children and young people. One of the primary tasks is to act as the contact between nursery, the family and other agencies. Incidents of possible child abuse obviously need to be handled with sensitivity and confidentiality consistent with the multi-disciplinary approach. If there is any cause for concern whatsoever it is vital that information is passed to the **designated safeguarding lead** immediately. In the event, following statutory investigation, of concerns proving to be unfounded, staff should not reproach themselves for having raised the issue. In cases of this nature it is always better to be safe than sorry.

APPENDIX 4: INDICATORS OF ABUSE AND NEGLECT

Physical abuse	
<i>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</i>	
Child	
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 nursery
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 -
Parent	Family/environment
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	

Emotional abuse

Emotional abuse is 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 children that they are worthless or unloved, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

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 nursery
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

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

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 nursery
Dry sparse hair	Abnormal voracious appetite at nursery 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 or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.

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 nursery 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.

Appendix 5

INFORMATION/FRONT SHEET

Name:		DOB:	Class/Form:	Ethnicity:	
Home Address:			Telephone: e mail:		
Status of file and dates:					
OPEN					
CLOSED					
TRANSFER					
Any other child protection records held in nursery relating to this child/child closely connected to him/her? YES/NO WHO?					
Members of household					
Name	Age/DOB	Relationship to child	Home work	Contact No	
Significant Others (relatives, carers, friends, child minders, etc.)					
Name	Relationship to child	Address	Tel No		
Other Agency Involvement					
Name of officer/person	Role and Agency	Status of Child i.e. EHAF/ CPP/LAC/CiN	Tel No	Date	

Appendix 6

CONFIDENTIAL

Chronology

Sheet Number:

Complete for all incidents of concern including where a 'logging the concern' sheet has not been completed. If one has been completed then add a note to this chronology to cross reference (significant information may also be added).

Name:		
DOB:		Form:
Date	Information/Details of concerns or contact	Print Name and Signature

Appendix 7

Logging a concern about a child's safety and welfare

Part 1 (for use by any staff)

Pupil's Name:	Date of Birth:	FORM:
Date and Time of Incident:	Date and Time (of writing):	
Name:		
Print	Signature	
Job Title:		
Note the reason(s) for recording the incident.		
Record the following factually: Who? What (if recording a verbal disclosure by a child use their words)? Where? When (date and time of incident)? Any witnesses?		
Professional opinion where relevant (how and why might this has happened)		
Note actions, including names of anyone to whom your information was passed.		
Any other relevant information (distinguish between fact and opinion).		

Check to make sure your report is clear to someone else reading it.
Please pass this form to your Designated Person or Child Protection

Part 2 (for use by Designated Person)

<p>Time and date information received by DP, and from whom.</p>	
<p>Any advice sought by DP (date, time, name, role, organisation and advice given).</p>	
<p>Action taken (referral to MASH/children’s social care/monitoring advice given to appropriate staff/EHAF etc.) with reasons.</p> <p>Note time, date, names, who information shared with and when etc.</p>	
<p>Parent’s informed Y/N and reasons.</p>	
<p>Outcome</p> <p>Record names of individuals/agencies who have given information regarding outcome of any referral (if made).</p>	
<p>Where can additional information regarding child/incident be found (e.g. pupil file, serious incident book)?</p>	
<p>Should a concern/confidential file be commenced if there is not already one? Why?</p>	
<p>Signed</p>	
<p>Printed Name</p>	

Appendix 8

Logging concerns/information shared by others external to the nursery (Pass to Designated Person)

Pupil's Name:	Date of Birth: FORM:
Date and Time of Incident:	Date and Time of receipt of information: Via letter / telephone etc.?
Recipient (and role) of information:	
Name of caller/provider of information:	
Organisation/agency/role:	
Contact details (telephone number/address/e-mail)	
Relationship to the child/family:	
Information received:	
Actions/Recommendations for the nursery:	
Outcome:	
Name:	
Signature:	
Date and time completed:	
Counter Signed by Designated Person	
Name:	
Date and time:	

Appendix 9

Body Map Guidance for nurseries

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

***At no time should an individual key worker/member of staff or nursery be asked to or consider taking photographic evidence of any injuries or marks to a child's person, this type of behaviour could lead to the staff member being taken into managing allegations procedures, the body map below should be used in accordance with recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. MASH or the child's social worker if already an open case to social care.**

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

Ensure First Aid is provided where required and record

A copy of the body map should be kept on the child's concern/confidential file.

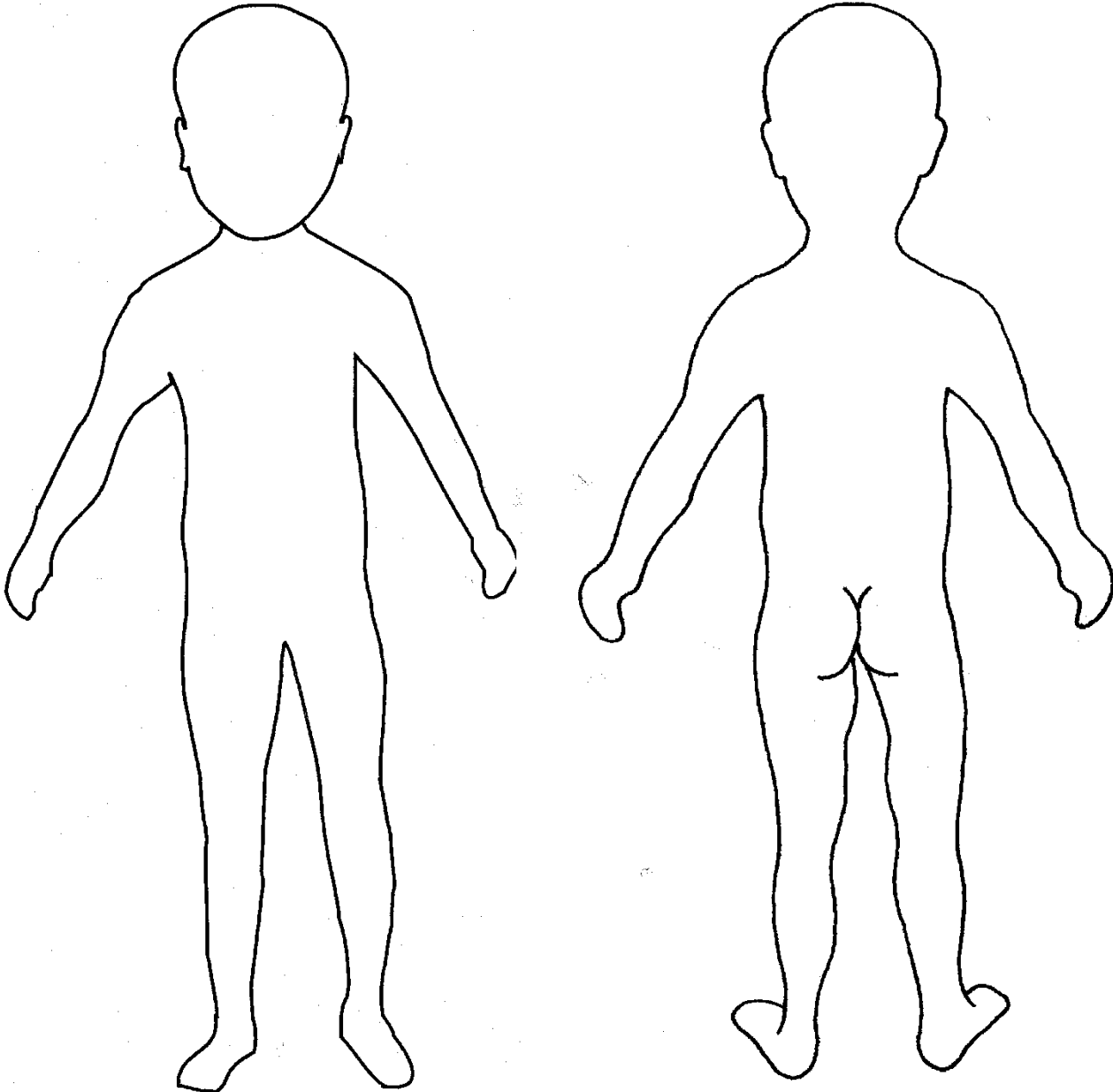
BODYMAP

(This must be completed at time of observation)

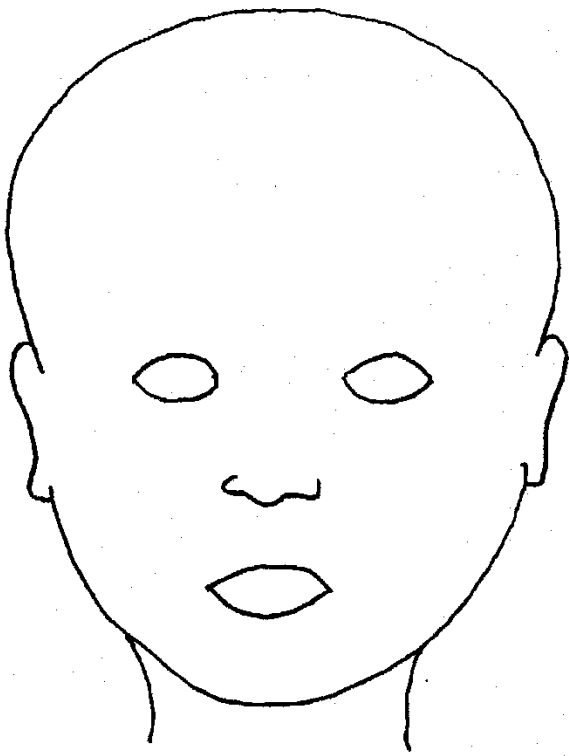
Names for Child: Date of Birth:

Name of Worker: Agency:

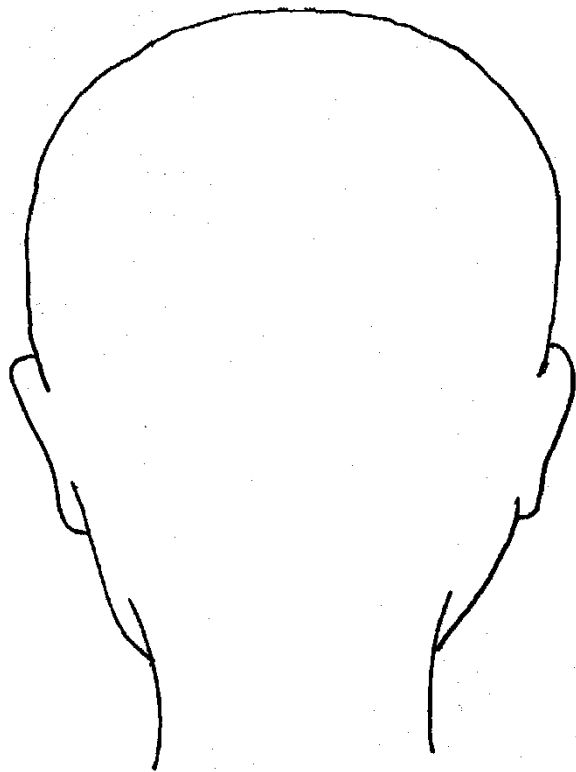
Date and time of observation:



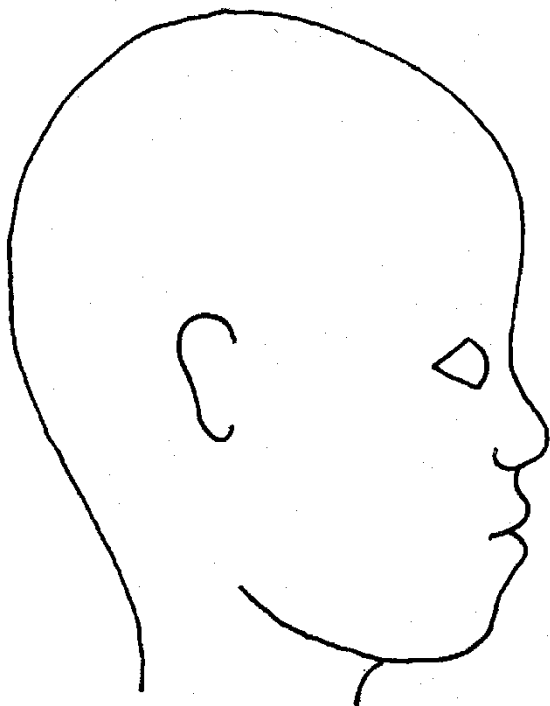
Name of Child: Date of observation:



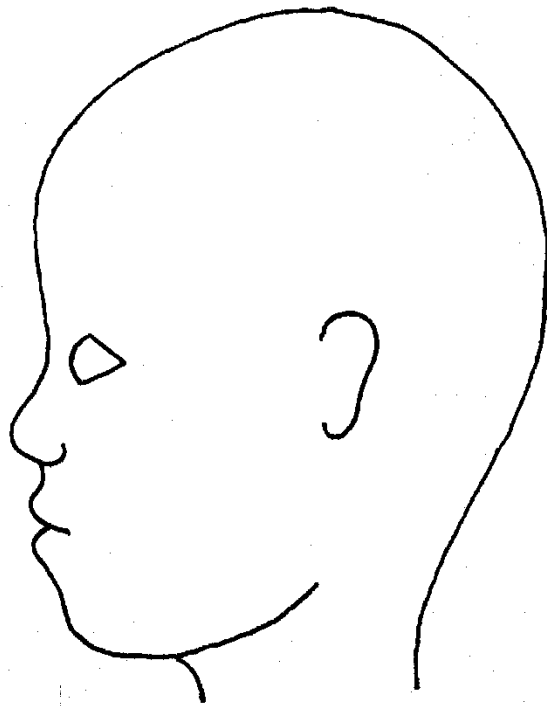
FRONT



BACK

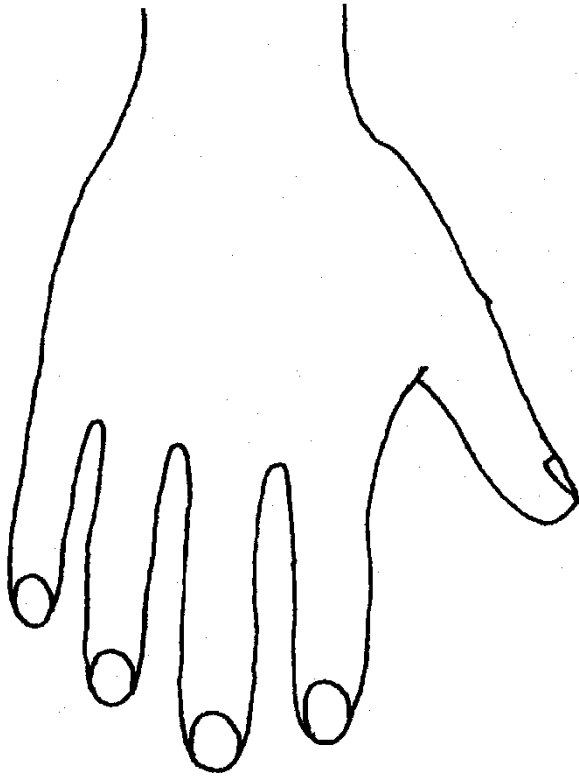


RIGHT

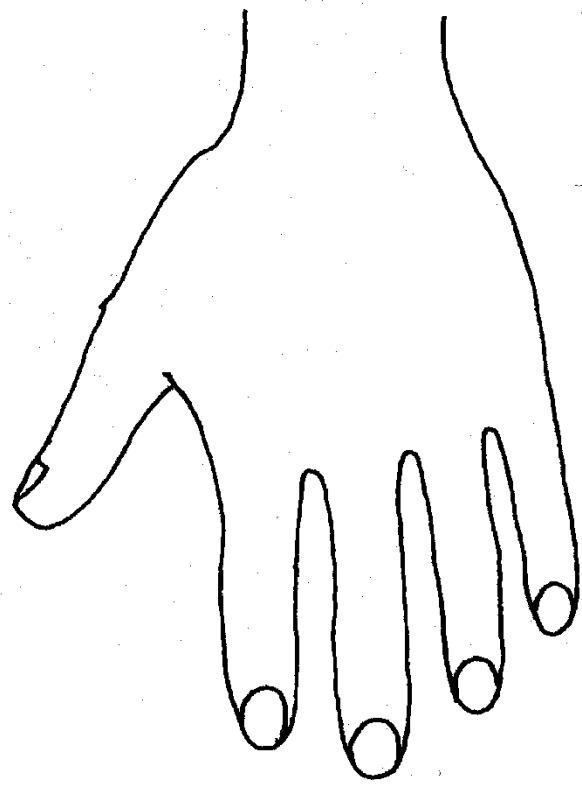


LEFT

Name of Child: Date of observation:



R



L

BACK



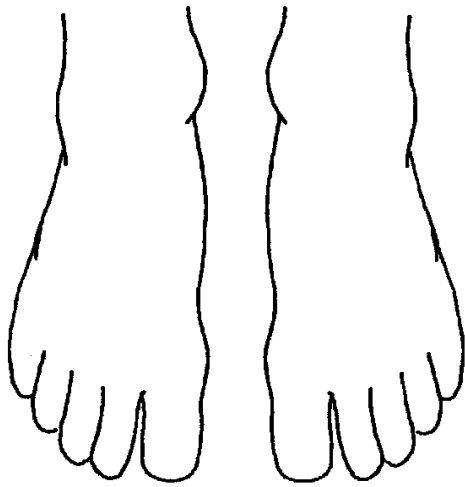
R



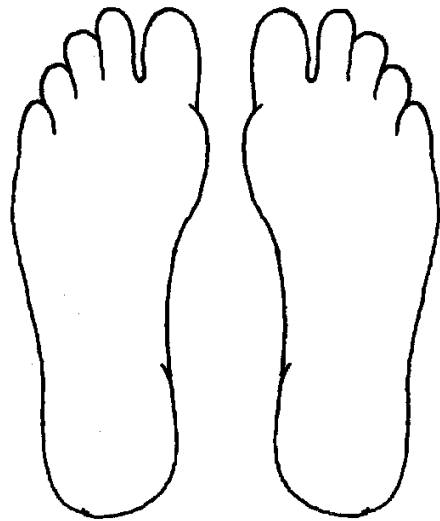
L

PALM

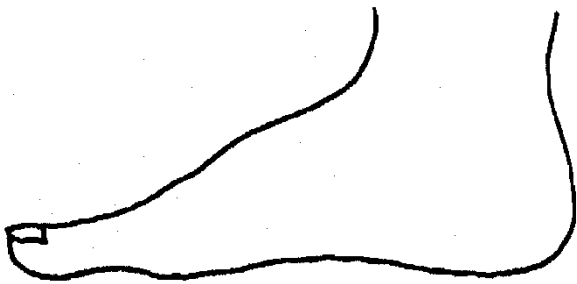
Name of Child: Date of observation:



R TOP L



R BOTTOM L



R

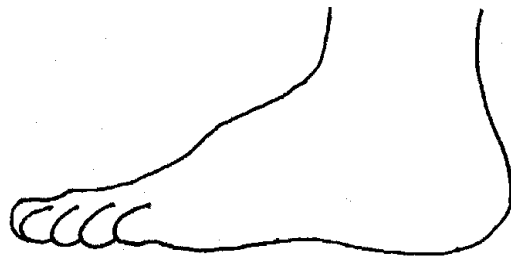


L

INNER



R



L

OUTER

Printed Name and
Signature of worker:

.....

Date:

Time:

.....

Role of Worker

.....

Other information:

.....

