



# **PlayDay Safeguarding policy and procedures**

**Date: 14/03/2025**

**Sign by: Sam Norris**

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**Review Date: on- going**

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#### 1.1

PlayDay Nursery is committed to Safeguarding all children, young people and vulnerable adults that we come into contact with. Safeguarding the welfare of the child is the paramount consideration in every situation. All staff and volunteers are expected to share this commitment. Safeguarding children is vital for our setting, as part of the legal requirements of our Ofsted registration. Having safeguards in place within our setting not only protects and promotes the welfare of children but also it enhances the confidence of staff, volunteers, parents/carers, management, and the general public. The purpose of this Safeguarding Policy is to achieve a nurturing and child-centred environment where children can have fun and be safe. So, to ensure their safety, we adopt the following Safeguarding policies and procedures.

#### 1.2

This policy is consistent with Every Child Matters framework and operates within the 1989 Children Act, the 2004 Children Act, and the national statutory guidance 'Working Together to Safeguard Children' 2018: <https://www.gov.uk/government/publications/working-together-to-safeguard-children>.

This policy is also consistent with [Keeping children safe in Education which can be found on the Gov website. https://www.gov.uk/government/publications/keeping-children-safe-in-education--2](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)

The procedures we follow have been laid down by children's single point of access <https://www.reading.gov.uk/childrensreferralform>. Early Years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage (EYFS).

### 1.3 Values, Beliefs and Principles

We adhere to the following Safeguarding and Child Protection principles, values and beliefs:

- We believe that children have a right to grow up safe from harm, and the safety and well-being of the children is always our paramount concern.
- Children will be listened to and respected.
- All children, young people and vulnerable adults have an equal right to protection from abuse, regardless of their age, race, religion, ability, gender, language, background or sexual identity.
- Disabled children and children with behavioural difficulties are particularly vulnerable to abuse.
- Working in partnership with other agencies and sharing information appropriately is essential in promoting the welfare of children.
- Partnership working with parents appropriately means that outcomes are generally better for children.
- The most vulnerable children are safer in an environment which offers effective Safeguarding. It's possible that workers who are safeguarding children may only have one small piece of the jigsaw, and proactive Safeguarding may expose the full extent of any abuse.
- Safeguarding measures must acknowledge the 'child's world' and how individual children give meaning to their experience. Workers must avoid making assumptions about this experience and avoid making judgments based on their own stereotypes or prejudices. This policy focuses on a child centred approach to promote a more effective safeguarding system than when adult's interests dominate.
- The Equality Act 2010 puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.

### 1.4 Responsibilities and Leadership

This policy applies to staff, trainees, volunteers, visitors, and parents using our nursery. We expect services delivered Welfare Requirement – Safeguarding and promoting children's welfare Every Child Matters

Staff responsible for **Child Protection**:



Sam Norris – Manager

Acheya Wheeler – Deputy Manager

Chloe Baldock – Third in Charge / Bears Room Lead

Rachel Hallcup – Deputy Manager @ Milestone Playday

**All staff in the setting are responsible for safeguarding.**

During opening hours, a member from the safeguarding/child protection team will always be on site.

## **2. Prevention**

### **2.1 Safer Recruitment**

PlayDay acknowledges that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy, we will ensure that people working with our children are safe to do so.

2.1 (i) Staff Recruitment at PlayDay Nursery is made safer by carrying out the following procedures:

Step 1 – Planning Recruitment:

As soon as the need for recruitment is established, the nursery manager will advertise the job and wait to receive applicants. A timetable for recruitment should be created allowing sufficient time to make all the relevant checks at each stage of the selection process.

Step 2 – Job Description & Person Specification: The job description and person specification should refer to Safeguarding.

Step 3– Candidate Pack: The candidate pack will include a copy of the nursery Safeguarding Policy. Candidates will be asked to use the setting Application Form, containing: Full and former names, DOB, current address, NI number, Academic/ vocational qualifications, full chronological employment history (disclosing any gaps and reasons for leaving). Personal CV's will not be accepted nor will other versions of application forms.

They will also be asked to do an employee disclosure and barring declaration and consent form.

Step 5 – Selection: The panel (Director, Manager, and deputy) will scrutinise the application forms for breaks in service, reasons for leaving etc. Suspicious gaps etc. would not automatically bar a candidate from short-listing but the panel would make further checks, including supplementary interview questions and/or requests for clarification from the candidate prior to the interview.

Step 6 – Notification of interview: In the invitation to interview letter candidates will be asked to bring 2 forms of ID, including drivers' licence and/or passport and proofs of address e.g., utility bill, proof of entitlement to work in UK (if not UK citizen).

Step 7 – Taking References: Two references will be taken prior/ after interview depending on what the candidate has put on application. Should references contain disciplinary information or Safeguarding concerns omitted by the candidate, the invitation to interview will be withdrawn. The selection panel will have access to the references prior to the interview and may ask supplementary questions about information contained within them. Generic or pre-written references will not be accepted.

Step 8 – The selection process: The formal interview will contain a range of Safeguarding questions, with supplementary questions used to further assess a candidates understanding/ motivations and reasoning regarding Safeguarding issues. Supplementary interview questions may relate to concerns/ queries about information given in initial application.

Step 9 – Making a conditional offer: Once a candidate has been selected, a conditional offer will be made based on the following background checks: References (checked prior to interview), verification of identity, Disclosure and Barring Service (DBS) certification (processed by BCC), criminal record self-disclosure (although declaration of spent convictions will not automatically bar a candidate), verification of qualifications and professional status. For non-UK residents, DBS certification alone will not be sufficient and additional checks will be sought from the candidate's country of origin. Above checks MUST be carried out before the successful candidate is allowed to begin work.

2.1 (ii) Supply and Bank Staff: Supply teachers/staff and temporary staff are subject to the same level of vigilance. Supply agencies must provide evidence that all Safeguarding checks have been completed. Where a supply teacher or temporary staff member is employed by the School and Centre directly, a new DBS check will be completed prior to the teacher/practitioner working within the setting.

2.1 (iii) Parents and Volunteers: We value volunteers and encourage parents/carers to become involved in supporting the setting. Any parent/carer or volunteer with access to children, and without direct supervision from a member of staff, will be expected to provide two satisfactory references. They do not necessarily need a DBS check if the manager decides that they are always supervised, so not in a regulated activity (i.e., close, and unsupervised contact with children).

2.1 (iv) Students: Students will be expected to give their college as a reference, to ensure that they are suitably placed within the organisation. Students above 16 years old will be expected to have a satisfactory DBS check. Students will be able to start a placement with us prior to receiving the outcome of the DBS check, subject to staff carrying out a risk assessment, and students at no time having unsupervised contact with children. The placement will be offered pending a satisfactory DBS check and will be subject to a probationary period as agreed with their supervisor. Students will only be allowed to accompany children to the toilet or change their nappies or clothes with a member of staff.

2.1 (v) Monitoring: Although we are committed to Safer Recruitment procedures, we must continue being vigilant after a member of staff/volunteer/student has started working within our setting and staff must know the procedures and channels open should concerns arise (See Whistle Blowing Policy). All staff and volunteers will be required to be DBS checked every 3 years and will sign up for the update service. Staff will be expected to attend training to keep up to date and informed on Child Protection issues.

## 2.2 Effective Practice Welfare Requirement

We aim to establish and maintain an ethos where children feel secure and are encouraged to communicate and are responded to. We will ensure all children have effective means of communication with more than one adult and we provide opportunities for individual or small group discussions about thoughts and feelings in an atmosphere of trust, acceptance, and tolerance. Staff and volunteers should ensure that all children make good progress in our Nursery, recognising that



ineffective Safeguarding can lead to underachievement. The delivery of the EYFS promotes Personal, Social, Health and Emotional development in all children and should ensure that children are both listened to and encouraged to talk about their feelings. Children should be taught how to recognise risks, how to respond to them, and an awareness of whom they can turn to for help. We will include in the curriculum, activities and opportunities which will equip children with the skills and knowledge they need to fulfil their potential.

### 2.3 Environment

The environment should always be planned in ways which minimise the risks to children e.g., physical layout and surroundings, clear roles for everyone, supervising people. Concerns about children's welfare will always be taken very seriously.

### 2.4 Staff guidelines

Where possible, staff and volunteers should always try to ensure they are working with a minimum of two children. All staff and volunteers will be DBS certificated, to be renewed every 3 years. We will enable all our staff and those who work here to make informed and confident decisions regarding Safeguarding. We expect staff and volunteers to have read, understood and adhere to the Safeguarding policy and related procedures. Staff MUST keep their personal mobile phones/cameras upstairs and never on the nursery floor. They can be taken out and used upstairs in the staffroom, but must not be used where children are present. If staff need to be contacted in emergency situations this must be done through the work phone. No images of children are to be used for any publicity without parental permission. Only the child's first name should be used in picture captions. Staff and volunteers should be made aware of Safeguarding practice during Induction, staff meetings, locality meetings and other training opportunities. Effective practice in staff teams should be ensured with effective recruitment, training, supervision and appraisal procedures. The safeguarding leads should discuss ongoing matters relating to effective Safeguarding practice.

### 2.5 Training and support

All staff will be given Safeguarding and Child Protection training by Reading Borough Council and retrained if there are significant changes in policy. All staff will receive a refresher Safeguarding and Child Protection training every year. They will have clear roles and expectations of their behaviour and conduct at work. Staff will have additional opportunities to speak about Safeguarding concerns through their Supervision sessions (statutory requirement of the EYFS). These sessions will promote 'a culture of mutual support, teamwork and continuous improvement which encourages the confidential discussion of sensitive issues' (EYFS). Safeguarding, and concerns about other staff will be a standing agenda item for all supervision sessions. Selected frontline staff will also receive training on the Thresholds document (CSPOA) to aid in assessing a child's additional needs and deciding how those needs should be met and co-ordinate service provision. Records of staff should be kept updated in the Safeguarding and Child Protection Training Log. We are committed to helping parents/carers understand their responsibility for the welfare of all children. Parents/carers should be made aware of our commitment by including a 'Safeguarding Statement' in the Parent Pack, which is also displayed in rooms. The full safeguarding policy will be available on request. Before children start in our setting, parents/carers will be asked for a list of adults who can collect their child. They will also need to provide a password so that staff can verify their identity. Parents/carers will need to say who is collecting their child when they bring them in. Where possible, any Safeguarding concerns should be discussed with parents/carers and the safeguarding

lead should seek agreement to making referrals. All staff are aware of our concerns book and any safeguarding concerns go into this book and is checked weekly by safeguarding lead. This book is in the office in both settings where all staff can access. We have a duty of care to share Child Protection and Safeguarding information with the knowledge of the parent/carer, unless to do this would place the child at increased risk of significant harm. Parents/carers will be informed that it is our practice to share information and that this will be transferred to their child's receiving school. No adults are to use mobile phones in groups. This particularly includes camera phones and video. If any adults need to use a phone, then they need to inform a practitioner that they are leaving the room. No images of children are to be used for any publicity without parental/carer permission. Only the child's first name should be used in picture captions.

2.6 Visitors Reception staff need to ask visitors to sign in/out. Staff need to ensure that visitor's phones/cameras are stored in the visitor's phone bin on entry in the nursery. No parent or visitor is allowed a mobile phone on the nursery floor.

### 2.7 e-Safety

e-Safety encompasses Internet technologies and electronic communications such as mobile phones and wireless technology. It highlights the need to educate professionals, parents/carers and children about the benefits and risks of using new technology and provides safeguards and awareness for users to enable them to control their online experiences. e-Safety depends on effective practice at several levels:

- Responsible ICT use by all staff and service users; made explicit through policies.
- Sound implementation of e-Safety policy in both administration and curriculum, including secure network design and use.
- Safe and secure broadband, including the effective management of content filtering.

#### 2.7 (i) Internet

The purpose of Internet in the Nursery is to raise educational standards, to promote achievement, to support the professional work of staff and to enhance management information and administration systems. Internet use is a necessary tool for learning. It is an essential element in 21st century life for education, business, and social interaction. Access to the Internet is therefore an entitlement for staff and parent/carers who show a responsible and mature approach to its use. Our Nursery has a duty to provide quality Internet access.

The Manager will ensure that the use of Internet derived materials by staff and parents/carers complies with copyright law. Staff and parents/carers should be taught to be critically aware of the materials they are shown and how to validate information before accepting its accuracy. The Nursery will work to ensure filtering systems are as effective as possible.

2.8 (ii) Email Staff and parents/carers must immediately tell the Manager if they receive offensive e-mail. E-mail sent to external organisations should be written carefully and authorised before sending, in the same way as a letter written on headed paper. The forwarding of chain letters is not permitted.

#### 2.7 (iii) Mobile Phones



No adults are to use personal mobile phones in the nursery. This particularly includes camera phones and video. If any adults need to use a phone, then they need to leave the centre/group and inform a practitioner that they are leaving the room.

#### 2.7 (iv) Social Networking

PlayDay block/filter access to social networking sites and newsgroups unless a specific use is approved. Staff will be advised never to give out personal details of any kind which may identify the child. Staff and parents/carers should be advised not to place nursery photos on any social network space.

#### 2.7 (v) Managing emerging technologies

Emerging technologies will be examined for educational benefit and a risk assessment will be carried out by the Manager before use is allowed.

#### 2.7 (vi) PlayDay website

The contact details on the website will be the address, e-mail, and telephone number. Personal information will not be published. The Director and Manager will take overall editorial responsibility and ensure that content is accurate and appropriate.

2.7 (vii) Publishing children's images and work Photographs that include children will be selected carefully and will be appropriate for the context. Parents/carers and children's full names will not be used anywhere on the Website, particularly in association with photographs. Written permission from parents/carers will be obtained before photographs of children are published on the Centre website. Work can only be published with the permission of parents/carers.

2.7 (viii) Information system security Centre ICT systems capacity and security will be reviewed regularly. Virus protection will be installed and updated regularly. Security strategies will be discussed with manager as necessary.

#### 2.7 (ix) Protecting personal data

Personal data will be recorded, processed, transferred, and made available according to the Data Protection Act 1998. 2.8 (x) Assessing risks the nursery will take all reasonable precautions to prevent access to inappropriate material. However, due to the international scale and linked Internet content, it is not possible to guarantee that unsuitable material will never appear on a Nursery computer. We cannot accept liability for the material accessed, or any consequences of Internet access

2.7 (xi) Handling e-Safety Complaints within accordance with Child Protection procedures. Parents/carers will be informed of the complaint's procedure.

2.7 (xii) Parents/carers info Parent/carers attention will be drawn to the e-Safety Policy in newsletters, the Parent Pack and on the website.

#### 2.7 (xiii) Monitoring

The Manager will monitor the use of computer systems, including access to websites, the interception of e-mail and the deletion of inappropriate materials where it believes unauthorised use of computer system may be taking place, or if the system may be being used for criminal purposes or for storing unauthorised or unlawful text, imagery or sound.

### 3. Early Help

#### 3.1 Definition

PlayDay aims to provide both universal and targeted services to meet the various individual needs of families in the locality. Providing early help is more effective in promoting the welfare of children than reacting later. Children in need of Early Help are defined as those children who are not attaining one or more of the Five Outcomes for Children:

- Stay safe
- Be healthy
- Enjoy and achieve
- Make a positive contribution
- Economic well-being - but whose circumstances do not reach Child Protection thresholds.

It is important that children in need of Early Help receive this support in a timely fashion to prevent the escalation into abuse and to lessen the risk of harm or impairment. By providing support and information to all families we aim to prevent families reaching crisis point by identifying families that are struggling at an early stage.

#### 3.2 Early Help Procedures

Staff must ensure that they are recognising signs and symptoms of need of Early Help and responding appropriately to adult's and children's disclosure of need of Early Help. Staff must record signs and symptoms and disclosure of children in need of Early Help. Concerns should be recorded and shared appropriately. Staff must report a need for Early Help to the Family Support Lead and discuss the options for the family. Options could include carry on recording incidents and take no further action at the present time; further discussion with parents/carers and devising and providing a plan for Early Help within the setting; and/or organising extra support with other professionals. As well as offering support in nursery, we can deliver a range of targeted and universal groups for families and children as well as individual support in their own homes. We also signpost families to other agencies where appropriate (i.e., Family support). If staff are clear that they have done all they can in terms of Early Help but feel that the child and parent/carers still need more than they can provide, they must contact the children's single point of access. Alternatively, when making a request for Early Help, it is possible for staff to fill in an online Request for Help form found through the following <https://brighterfuturesforchildren.org/cspoa-form/> (note: in contrast, Child Protection concerns must ALWAYS be phoned through to Children's single point on the same day.) If the child is deemed in need of Early Help by children's single point, the Early Help Coordinator will oversee and coordinate a Single Assessment Framework (SAF) for the family to supply them with extra services (this replaces the CAF process). The Centre may be asked to fill in a SAF on behalf of the Early Help Team. The nursery should receive a response about what action is to be taken in terms of Early Help within 10 days from the children's single point of access. If you do not receive this, the referral will need to be chased. The SAF is a key part of delivering frontline services that are integrated and

focused on the needs of children and young people. The SAF is a standardised approach to assessing a child's additional needs and deciding how those needs should be met. The SAF will promote more effective, earlier identification of additional needs, particularly in universal services. It is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers, and environmental factors on their development. Practitioners will then be better placed to agree, with the child and family, about what support is appropriate. The CSPOA will also help to improve integrated working by promoting co-ordinated service provision. If the staff member is not happy with the response children's single point of access the referral should be taken to a higher authority within the Team. Children's Single point of access 01189373641 Emergency Duty Team 01344786543 (out of hours)

#### 4. Child Protection

##### 4.1 Purpose

PlayDay nurseries considers its duty of staff and volunteers to protect children and young people who they meet from abuse. The management team will work closely with staff to ensure effective implementation of this Child Protection Policy and Procedures, thus ensuring the safety of children. This is part of our Safeguarding children procedure.

##### 4.2 Definitions

Child Protection is defined as: 'Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.' Working Together to Safeguard Children 2013 We recognise that we have an explicit duty to safeguard children who are in need, or who may suffer significant harm as defined in the Children Act 1989 and 2004, and the Education Act 2002. 'Working Together to Safeguard Children' (2013) recognises 4 categories of abuse:

- Physical Abuse.
- Sexual Abuse.
- Emotional Abuse.
- Neglect.

These are defined as:

- (i) Physical abuse May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child, Fabricated and Induced Illness Syndrome (FIIS). Physical abuse also includes Female Genital Mutilation (FGM) – see 4.13.
- (ii) Sexual Abuse Includes forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g., rape, buggery) or non-penetrative acts (kissing, rubbing, masturbation touching on outside of clothing. Sexual abuse need not necessarily involve a high level of violence, nor is solely perpetrated by adult males. Sexual abuse Includes grooming by the Internet.
- (iii) Emotional Abuse The persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It involves

conveying to children that they are worthless/unloved, inadequate, or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; the exploitation or corruption of children; overprotection or preventing a child taking part in normal social activities; serious bullying (includes cyber bullying); seeing or hearing the ill treatment of another person, not giving the child opportunities to express their views; deliberately silencing them or making fun of what they say or how they communicate.

- (iv) Neglect The persistent failure to meet a child's basic physical needs and/or psychological needs, likely to result in the serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing; or neglect of, or unresponsiveness to, a child's basic emotional needs. Includes the impact on the unborn child of maternal substance abuse and failure to ensure adequate supervision including the use of inadequate care-givers.

4.3 How to recognise child abuse – Signs and Symptoms Recognising abuse is the most important duty that staff undertake to ensure that they are protecting children from abuse. Staff are not responsible for diagnosing or investigating child abuse. However, we do have a clear responsibility to be aware of, and alert to signs that all is not well with a child in our care. Not all concerns about children relate to abuse; there may well be other explanations. It is important that staff at PlayDay keep an open mind and consider what they know about the child and the child's circumstances. Set out below are some of the possible signs which may help staff recognise if a child is being abused. Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree. If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

(i) Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for appropriate activities e.g., changing wet clothes
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact – shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him listen').
- Fear of suspected abuser being contacted Bruising in a baby who has no independent mobility is very uncommon and it may be an indicator of physical abuse.

(ii) Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way, inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genital, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child-minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

(iii) Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly etc.)
- Overreaction to mistakes
- Extreme fear of new situations
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

(iv) Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing

- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone. Staff need to be sensitive to signs of abuse, particularly in children with limited or non-verbal communication. Statistically disabled children and children with behavioural difficulties are more vulnerable to significant harm. Staff should be especially vigilant regarding signs relating to disabled children and not automatically assume that any of the above relates to their impairment. The quality of relationships staff develop with children is vital in helping to understand unexplained changes in behaviour and /or personality. Small as well as more obvious unexplained changes may indicate a cause for concern. Staff should be made aware of any children who have a social worker and be extra vigilant. Children with a Child Protection Plan who have two days of two consecutive absences without a satisfactory explanation need to report this to the safeguarding lead.

Single Point Access Tel Number out of hours 01344 351 999

Tel 01189 373641

#### 4.4 Dealing with an Emergency

In some instances, staff or volunteers may be the first people to recognise that the child may need immediate attention resulting from child abuse. This may need to be your first action. Depending on the circumstances you may need to:

- Telephone for an ambulance or the police (dial 999)
- Ask a doctor to call;
- Ask the parent to take the child to the doctor or the hospital at once;
- Offer to take the parent and child to the hospital/surgery/clinic for immediate medical attention as appropriate;

Having taken the necessary emergency action, any suspected abuse must be reported to the safeguarding lead as soon as practicable. If the abuse implicates the manager the concerns should be discussed with the next tier of line management/ Director. If necessary, report the disclosure yourself to the LADO and OFSTED. A record of an account of the emergency must be written retrospectively when it is possible to do so.

#### 4.5 What to do if abuse is disclosed

When a child discloses abuse, the member of staff should take the following action:

- Stay calm.
- Listen to what the child / young person is actually saying.

- Reassure them that they have done the right thing by telling you.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. Explain that you are obliged to inform other people.
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it will have to be passed on to the appropriate agencies.
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use the body map, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.
- Record as soon as possible and use the actual words used by the child.
- Keep all records factual. Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely.
- Do not interrogate the child, or push for more information. Ensure that any questions asked are open, not leading closed questions. Do not ask the child / young person to repeat what they have told you, to another staff member or get a member of staff to also listen in.
- Discuss your concerns with the safeguarding lead. If the allegations implicate the Safeguarding lead, the concerns should be discussed with the next tier of line management.
- If necessary, report the disclosure yourself to the LADO and OFSTED.
- The person to whom the disclosure was made should ensure that the child who has disclosed the information is informed about what will happen next, so they can be reassured about what to expect. There may be occasions when a child will disclose abuse which occurred in the past, termed historical abuse. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

#### 4.6 Recording

Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event into context, and giving the date, time and location. Records should be: clear, use straightforward language, concise, accurate, contemporaneous, dated, presented chronologically, written to differentiate between facts, opinion, judgments and hypothesis, written to show emphasis by underlining and with a mind that the subject of a record does have the right in law to request access to them at any stage. Judgments made, actions and decisions taken, and who agreed and who is responsible should be carefully recorded. Your records should cover these basic facts:

- What you saw: when and where (this includes the position of any bruises or marks that you have seen on the child, trying to indicate size, colour and shape recorded on the body map)
- What you said: when, where and who to
- What was said to you: when, where and who by
- What you thought and why you thought it

- What you did; and
- Any other relevant information Find out (if possible) if there have been any previous concerns. It is important to compile an up-to-date case record of important events (a chronology) and also to monitor (and record if appropriate) the child's behaviour for as long as necessary. All hand written records will be retained, even if they are subsequently typed up in a more formal report. Written records of concerns about children should be kept, even when there is no need to make a referral immediately. All records must be seen by the child protection lead before being filed. All records relating to Child Protection concerns will be kept in a secure place (locked cabinet) and will remain confidential. Confidentiality must be maintained and information relating to individual children/families will be shared with staff on a strictly need to know basis. Parents/carers must submit a written request to access their child's file/records.

#### 4.7 Reporting Abuse and Record Keeping

All concerns, discussions and decisions made, and the reasons for those decisions, SHOULD be recorded in writing. We have a concerns book, which all staff can write any safeguarding concerns on and are checked regularly by Management. If it's a child protection concern all staff members will speak to DS regarding this.

It is appropriate to seek support from the Designated safeguarding lead of the setting, as to how to deal with situations and confirm appropriate action to take. Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse must therefore report their concerns to the safeguarding lead. If the abuse implicates the Manager, the concerns should be discussed with the next tier of line management – director or LADDO. If necessary, staff should report the disclosure themselves to the LADO and OFSTED. Staff should discuss the appropriate action to be taken with the safeguarding lead. The discussion should explore any known reasons/factors which may have caused a change in the child's behaviour (i.e., change in the family set-up, death of a family member etc), or other factors surrounding the direct disclosure (if relevant).

The safeguarding lead may need:

- Accurate factual description of the child's behaviour and/or appearance without comment or interpretation.
- Body maps – if recording marks/bruises that have been noticed. Two people need to view marks/bruises, then agree and sign these maps. Annotate the maps with brief descriptions, positioning and sizes.
- Exact words spoken by parent/carer if asked to explain child's behaviour/appearance. Any observation must be objective and factual, and disclosures offered by the child listened to and recorded without verbal or physical intervention or assumptions and judgements made by staff members. Possible options for action could be:

A. Carry on recording incidents and take no further action at the present time. If it is decided that a referral should not be made, it is important to monitor the child's behaviour closely and carefully record any concerns. Concerns may also be discussed with other agencies as appropriate.

B. Discuss with parents/carers

The child's parents/carers should be seen at the earliest opportunity to ascertain if there is a known reason for a change in behaviour (e.g., a change in family make-up, death of family member, pet).

Staff should remember that if abuse is taking place, it is often not the parents/carers but other family members or friends who are causing it. Parents/carers are often the last to know. Staff should aim to ask the parents/carers for an explanation in the majority of cases. Staff need take no further action in terms of referring unless the discussion throws up more concerns. They do need to record the discussion, including why they are not referring further. If staff have concerns that either the child or the parent/carer needs more support, but concerns do not reach Child Protection thresholds, they must make arrangements to provide the parent/carers with extra support and get consent to do so. If, after discussion with the parents/carers, staff feel that the child is in need of Child Protection, the following options can be pursued.

Inform parents/carers that you will be referring to Children's single point of access (or Social Care if they already have a social worker), because you believe the child to be at risk, IF STAFF BELIEVE DOING SO PUTS THE CHILD OR THEM AT NO FURTHER RISK. Telling the parent/carer that you are going to report your concern (or, in an emergency, that you have reported your concern) Children's first point of access (or Social Care if they already have a social worker) can be difficult, especially if staff have a close relationship with the child's parent/carer. Staff may feel unsure, uncertain about reporting the matter, nervous about how the parent will react or worried whether what they have seen is really child abuse or not. Nevertheless, staff should aim to tell the parents/carers that they are concerned. It is good practice to explain that injuries to children, particularly small children, must be investigated. It is important to make the parents/carers understand that there is a Safeguarding Policy in place which must be followed. Tell the parent/carer that the Safeguarding Policy is designed to provide protection for children and help for parents.

D. Discuss with Children's first point of access (or Social Care if they already have a social worker), without informing the parent/carers, IF STAFF BELIEVE DISCUSSING WITH A PARENT/CARER WILL PUT A CHILD OR THEM AT FURTHER RISK. Staff may also contact children's first point of access and discuss the family without giving contact details of the family. This is called an 'Anonymized Referral'. Any member of staff or volunteer can contact refer to an outside agency to discuss any concerns they have and seek guidance before actually reporting any Child Protection issues. They will be required to identify themselves as professionals. During the course of a call, you may be asked to supply identifying information of the family in order to keep a child safe.

#### E Contact the Emergency Services

Staff may feel, after discussion, at this stage it is appropriate to contact the emergency services. Whatever the course of action decided upon on reporting a concern, staff must record the details of the meeting and any action agreed.

#### 4.8 Referring

Referral means sharing information about concerns with outside agencies. If staff are concerned about the welfare of the child, information must be passed on to the appropriate agency. It is important to remember that if you report concerns, you are not reporting the parents/carers – you are reporting to protect the welfare of the child. A child can be referred to CSPoA, or the emergency services, or to other services. Inform parents/carers that you are going to report your concerns (see above 4.7 Reporting). This might not always be possible and should not put the child or yourself at risk. When you report an incident, agencies will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why. If the child has an allocated Social Worker (the details of which will be recorded on the child's membership form) the suspected abuse/information should be directed to them. Where the referral focuses on disability issues, the

Disabled Children Duty Social Worker should be contacted. If the child is placed for adoption, all enquiries or now information should be directed to the child's allocated Social Worker and, in their absence, if the matter is urgent, to the Duty Social Worker for their team. The procedure for manager allegations against foster carers applies in full. The children's single point Team should be telephoned on the same day staff have the concern on 01189373641. Staff should have the following details to hand:

- Name and job title of the staff member, and reasons for the call.
- Name, date of birth, address of nursery and children's centre, language spoken, any disability, present whereabouts, siblings of child.
- Name, address, phone number, present whereabouts of parents/carers.
- All available information about the incident or situation, which has led to the concern: whether it is emotional/physical/sexual abuse or neglect, or any combination of these. • Details of any account given by the child or any other persons.
- Details of the family GP, or any other professionals known to be working with the family, such as a Social Worker, Physiotherapist or Health Visitor.
- Details of any members of the child's extended family or community who are significant to the child.
- Details of any other person known to be living in or a regular visitor to the child's home.
- Information about any previous incidents or causes for concern that are relevant to this referral.
- Any discussion about the concerns with the parent/carers, if appropriate.
- Any discussion with the child, if appropriate.
- The explanation or comment the child or his/her parent/carer may have made.
- If staff haven't discussed with parents/carers, why not?
- Who else has concerns?
- How long the concerns have been going on.
- What staff think could be happening to the child.
- What action has been taken already, and why it hasn't worked.
- Any other information.
- Staff should make a note of who they spoke to, and date and time.

Single point of access should use the answers to help them fill in a 'Request for Help' form. They should formally acknowledge the referral within 1 working day and let you know what they have decided to do as a result. If you have not heard anything after 3 working days, take the referral to a higher authority within the Team and tell the worker what you are doing. Out of hours referrals should be made to the Emergency Duty Team on 01344 786543. It may be appropriate to contact the Police directly.

4.9 Support to Staff, volunteers, or students as a result of dealing with disclosure or reporting your concerns, you may feel angry or upset. It is important that you can work this through. Management fully supports all members of staff in following this procedure and if you wish, you should talk to the Safeguarding and Child Protection lead.

4.10 Allegations against a member of staff, volunteer or student Staff, volunteers or students may also be subject to allegations of abusing children. While support will be offered, the staff will ensure that the investigating agency concerned is given all assistance in pursuing any investigation. The Disciplinary Procedure may be implemented. The following signs and symptoms may mean that staff, volunteers or students are involved in abuse:

- Paying an excessive amount of attention to a child or groups of children
- Providing presents, money or having favourites
- Seeking out vulnerable children, e.g.: disabled children
- Trying to spend time alone with a particular child or group of children on a regular basis
- Making inappropriate sexual comments
- Sharing inappropriate images
- Being vague about where they have worked or when they have been employed
- Encouraging secretiveness

If it appears that a member of staff, volunteer or student has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may have indicated the he or she is unsuitable to work with children, then the following procedures must be followed: Concerns must be recorded and reported to the safeguarding lead. They will then take steps to ensure that during the remainder of the working day that the person concerned is not left in sole charge of the children or any child. At the earliest opportunity. The safeguarding lead should contact the Designated Officer within the Early Years and Childcare Service, unless that is the person about whom there is an allegation. If this is the case, concerns should be reported to an alternative senior manager. The safeguarding lead should make a signed and dated written record of their concerns, observations or the information they have received to pass on to the Designated Senior Officer, and maintain confidentiality and guard against publicity while an allegation is being considered or investigated and follow local information sharing protocols. The Designated Officer will then contact the Local Authority Designated Officer (LADO) to ask for advice and how to proceed and to give details of concern. The manager may make contact directly with the LADO, as appropriate. The setting should then follow the LADO's advice on how to deal with allegations against staff. OFSTED should be informed of any allegations of abuse against a member of staff, or volunteer, or any abuse that is alleged to have taken place on the premises or during a visiting or outing. While support should be offered to the involved, the staff and will ensure that the agencies concerned are given all assistance in pursuing any investigation. If it appears that the manager is responsible for Safeguarding and Child Protection, has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children, then staff should contact the LADO directly. If appropriate, Social Services and/or the Police will be informed by the LADO. Relevant evidence and information will be given by the Nursery if required. Proven

allegations may be deemed as gross professional misconduct and in line with Reading Council Disciplinary Procedures could lead to immediate termination of employment. Playday's nursery will fully support all members of staff, student, or volunteer in following this procedure following an allegation or investigation. Support will be offered to the person where an allegation has been made, the Management Team will ensure that the agencies concerned are given all assistance in pursuing any investigation.

LADO – 0118 9372684 - [LADO@brightfuturesforchildren.org](mailto:LADO@brightfuturesforchildren.org)

#### 4.11 Confidentiality and appropriate disclosure of information

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child. All information that has been collected on any child will be kept locked and secure and confidential between those concerned. Access will be limited to the appropriate staff, management, and relevant agencies. In the event of an investigation, it is essential that no information on Child Protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation. Parents/carers have the right to see any records kept on their child. This might not always be possible and should not put the child or staff at risk. It is very important that only those who need to know, know, to avoid rumour and gossip that could affect the child, parents/carers, and the setting.

#### 4.12 Peer on Peer Abuse

All Staff are aware that children can abuse other children. This may include:

- Bullying
- Physical abuse, such as hitting, biting, hair pulling, anything that may cause physical harm
- Sexual violence, such as penetration and sexual assault
- Sexual Harassment, such as sexual comments, remarks

Children are never unattended or left alone. There is always a member of staff in all areas of the setting.

If any concerns arise this will be dealt with by following our child protection protocol.

Parents and carers will be spoken to regarding the concern, unless to do so would place the child at risk or harm.

#### 4.13 Domestic Violence and Abuse

Domestic violence and abuse (DVA) are the abuse of one person over another who is, or has been, in a relationship. The abuse may be verbal, sexual, physical, emotional, financial, or psychological. Both men and women can be abused or abusers. It occurs in all groups and sections of society and may be experienced differently to, and compounded by racism, sexuality, disability, age, religion, culture, or class. The current government definition describes DVA as: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.'

Children experiencing abuse may be affected in several different ways. Staff will need to treat them sensitively, record their concerns and consider informing Single point of access. We are committed to supporting the wellbeing and safety of children and acknowledge the profound and damaging effects of DVA on them. Children are always affected by living or witnessing DVA. Children may:

- Witness the outcome after the event, by seeing or hearing the violence.
- Be used by the perpetrator to intimidate/blackmail the victim.
- Think that they have triggered the violence.
- Be affected by the physical and emotional effects on the victim. • Get drawn into violence towards the victim.
- Be physically, emotionally, or sexually abused or neglected. We are committed to taking positive action against DVA and to actively support victims and protect children. Staff will be trained in DVA and Hidden Harm (the effect of DVA on children), and one member of staff will be appointed a DVA link for the setting. We will create an environment that raises awareness of DVA and communicates to all parents/carers that it is a safe place to ask for help. Public information posters, leaflets, and stickers on DVA, with key telephone numbers and the name of the link contact staff member, will be displayed in communal areas, toilets, and other places. Staff should be able to recognise the signs of DVA, which include:
  - Victim tries to hide injuries, or minimises their extent or cause, appears frightened, overly anxious, or depressed and/or is submissive or afraid to speak in front of the partner.
  - Partner always attends unnecessarily and may refuse to leave, and/or may be aggressive or dominant.
  - Children showing the signs and symptoms of physical, emotional, sexual abuse and/or neglect. They should not expect there will be a hostile response, as victims say they were glad when someone asked them about their relationships. Staff must always be guided by the need to keep a victim and their children safe, and the fact that everyone who is being abused by someone close to them is the subject of a crime. Staff should never ask about DVA when anybody else is present; this includes partners, children, and other family members. The only exception is when they may need to have a professional interpreter or colleague present. Children or other family members should never be used as interpreters. When using a professional interpreter, staff should check that the specific person is acceptable to the client. Staff should never accept culture or religion as an excuse for DVA. Staff should think of the DVA conversation as the start of the process, not a one-off event, as not all victims are going to open the first time, they realise that staff think they are being abused. A victim might deny or play down DVA as part of a coping mechanism. It's important to take time to put a victim at ease before asking direct questions. Staff should be supportive and express concern, and not accuse or patronize. If they think a victim's injury is inconsistent with their explanation, they should say why they are concerned. Staff should be aware that even if someone is being abused, they may deny it. They should accept 'no' as an answer and continue to be supportive, and discreetly offer a DVA card or leaflet with helpline numbers. They should be prepared to ask again in the future. The conversation should be recorded and reported to the safeguarding lead. If they have serious concerns about a victim's situation, they should refer the case to the MASH (Multi-Agency Safeguarding Hub). If staff and the safeguarding lead have concerns about the safety of the children, the Child Protection policy must be followed.

#### 4.14 FGM Female Genital Mutilation

(FGM), is a form of physical abuse against children. FGM is also known as female circumcision or female genital cutting. FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. FGM is defined by the World Health Organisation as

“all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”. FGM has no health benefits for girls and women and procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth. The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004. It was made illegal to practice FGM in the UK; take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country; and aid, abet, counsel or procure the carrying out of FGM abroad. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood, adolescence, at marriage or during the first pregnancy. However, in most cases FGM takes place between the ages of 5-14 and therefore girls within that age bracket are at a higher risk. The sign that children may be at risk of FGM are as follows:

Child is female, from a culture where FGM is practised, and parents request an extended summer holiday to the country of origin. If staff are concerned that a child is at risk of FGM, they must tell the safeguarding lead. The safeguarding lead must request to meet parents in private and ask them directly if they are seeking to take their daughter abroad to have FGM carried out on her. If the safeguarding lead is dissatisfied with their response and has real concerns that FGM may be imminent, they should refer the matter to Single point of access or to the Police. The parents should be told about the referral only if it is felt that it will not bring further risk to the child.

#### 4. 15 Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

(CSE) Child sexual exploitation is where a young person (or a third person or persons) receives “something” (food, gifts, money, affection) because of them performing, and /or another or others performing on them, sexual activities. (CCE) This abuse can be a criminal activity, children who are trafficked, exploited, and coerce.

Risk indicators include:

- Frequently absent
- Gang affiliation
- Receiving gifts/drugs/money
- Missing and truanting
- Coercive relationships
- Trafficking
- Talking to strangers online
- Found in risky locations If a member of staff feels any children, older siblings or young parents are at risk of CSE then child protection procedures should be followed, and a referral made to First Response.
  - Angry and violent
  - Un explained injuries

#### 4.16 The Prevent Duty



We have a duty to keep children safe from the dangers of radicalisation and extremism. The EYFS focuses on children's personal, social and emotional development and supports children in age-appropriate ways to learn right from wrong, mix, and share with other children and value other views, know about similarities and differences between themselves and others and challenge negative attitudes and stereotypes. Protecting children from the risk of radicalisation is part of our safeguarding duty and should be responded to as such. All staff should receive prevent awareness training.

#### 4.17 Channel

Channel is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. If we have any concerns or believe this may be happening, we will make a referral to multi-agency channel panel, who will discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required. A representative (Designated safeguarding officer) may be asked to attend the Channel panel to help with the assessment.

#### **Key contacts Emergency:**

#### **Children's Single Point Of access:**

**0118 937 3641 (available 9am-5pm) and out of hours 01344 786 543 or send a referral on the website anytime.**

**Web form: <https://brighterfuturesforchildren.org/cspoa-form/>**

**Local Authority Designated Officer (LADO)**

**[LADO@brightfutureforchildren.org](mailto:LADO@brightfutureforchildren.org)**

**0118 9372684**