

# **RAMILLIES HALL NURSERY AND HOLIDAY CLUB**



## **SAFEGUARDING AND CHILD PROTECTION POLICY AND PROCEDURES**

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## 1. OUR COMMITMENT

At Ramillies Hall Nursery, we follow the policy and procedures as set out by Stockport Safeguarding Children Partnership. The local area procedure and further advice is available from [www.safeguardingchildreninstockport.org.uk](http://www.safeguardingchildreninstockport.org.uk). This policy is applicable to all staff, parents/carers and children in the Nursery and is available on the website.

This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#).

No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt and restorative action. In line with this understanding, any adult working or volunteering in the Nursery community has a responsibility to recognise when a child or young person may be in need or be vulnerable in some way, and to respond to this recognition in a timely and appropriate way.

### **Safeguarding Definition**

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

*("Working Together to Safeguarding Children" 2018)*

We are committed to safeguarding and promoting the welfare of all children, in line with the duty placed on us. We expect and require all staff and volunteers to share this commitment. We strongly believe that all children have the right to feel safe and to be protected from physical, sexual, emotional abuse and neglect.

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- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

### **Children includes everyone under the age of 18.**

We have a clear commitment to supporting families. We aim to work well in partnership with parents/carers and any other appropriate agencies to promote the welfare of our children. We recognise that all adults, including temporary staff and volunteers, have a full and active part to play in protecting our children from harm, and that the child's welfare is our paramount concern.

Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, fears about sharing information will not be allowed to stand in the way of the need to promote the welfare and protect the safety of our children.

**References in this document to "the Nursery" include the Holiday Club.**

## 2. CONTACT DETAILS

Ramillies Hall Nursery has a designated team who are responsible for co-ordinating safeguarding issues and for liaising with other services. These are as follows:

1. **Mrs Lindsey Vincent** – (Nursery Manager and Early Years Department Joint Leader) - Designated Safeguarding Lead (DSL)
2. **Mrs Maria Royal** (Deputy Nursery Manager) – Deputy Safeguarding Officer (DSO).

**Safeguarding is everyone's responsibility.** If at any point there is a risk of immediate serious harm to a child a referral should be made to Children's Social Care immediately. **Anyone (staff, parent or child) can make a referral.** For Ramillies Hall Nursery, a concern about a child should be reported immediately to Stockport Children's Social

Care (Children's Services) Tel: 0161 217 6028 or 6024 out of hours 0161 718 2118. Any allegations against an adult working with children should immediately be reported to the Stockport Designated Officer (LADO): Tel 0161 474 5657.

Where reasonably possible, the Nursery will hold more than one emergency contact number for each child. This will enable us to make contact with a responsible adult when a missing child is identified as a welfare and/or safeguarding concern.

### 3. POLICY STATEMENT

Although this policy refers to Safeguarding this also includes Child Protection. Safeguarding is promoting and protecting the welfare, health and development of all children and Child Protection refers to the procedures we use for children at risk of significant harm or who have been harmed.

As part of our commitment to and compliance with safeguarding legislation and guidance, we also refer to:

- Working Together to Safeguard Children;
- COVID-19: safeguarding in schools, colleges and other providers May 2020
- Statutory Framework for the Early Years Foundation Stage;
- Guidance for safer working practice for staff working in education settings;
- [Greater Manchester Safeguarding Policies and Procedures;](#)
- [Preventing and tackling bullying advice;](#)
- [Sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges;](#)
- What to do if you are worried a child is being abused;
- 2018 Childcare Disqualification Regulations
- 'Information Sharing'
- 'Prevent Counterterrorism and Security Act'.

The [Childcare \(Disqualification\) and Childcare \(Early Years Provision Free of Charge\) \(Extended Entitlement\) \(Amendment\) Regulations 2018](#) (referred to in this policy as the "2018 Childcare Disqualification Regulations") and [Childcare Act 2006](#), which set out who is disqualified from working with children.

There is a condensed Part one in Annex A of KCSIE 2021. This may be appropriate for those staff who do not work directly with children.

#### 3.1. Supporting Documents

This policy should be read in conjunction the following documents:

1. Behaviour Management Policy
2. Missing Child Policy
3. Child Sexual Exploitation Guidance
4. Data Protection Policy
5. E-safety Policy
6. Female Genital Mutilation (FGM) Guidance
7. Health and Safety Policy
8. Physical Handling Policy
9. Prevent Duty Policy
10. Risk Assessment Policy
11. Safer Recruitment Policy
12. Special Educational Needs Policy
13. Staff Behaviour Policy
14. Mobile Phones, IT Devices, Social networking and Camera Policy
15. Whistleblowing Policy

### 4. AIMS OF THIS POLICY

The Nursery will follow up any concerns they may have in relation to safeguarding. The Nursery considers at all times what is in the best interests of the child.

The Nursery will take all reasonable measures:

1. To establish and maintain an ethos where children feel secure;
2. To ensure the relevant staffing ratios are met, where applicable;
3. To make sure each child in the Early Years Foundation Stage is assigned a key person;
4. To create an environment where the children's voices are heard and early intervention can be put in place as soon as a problem or concern emerges.
5. To ensure that children recognise when they are at risk and how to get help when they need it.
6. To ensure that children know that there are adults in the Nursery who they can approach if they are worried or are experiencing difficulties.
7. To ensure that we practise safer recruitment in checking the suitability of staff and volunteers to work with children and young people in accordance with guidance given in "Working Together to Safeguard Children", including reporting to the Disclosure and Barring Service (DBS) any person who has left and is unsuitable to work with children. (See Safer Recruitment Policy)
8. To ensure that staff feel able to raise concerns and that they feel supported in their safeguarding role.
9. To ensure that staff are given the opportunity to contribute to and shape safeguarding arrangements and child protection policy.
10. To ensure that all staff undergo safeguarding training (including familiarity with the guidance given in Working Together to Safeguard Children) both as part of their induction and on a schedule to be determined in consultation with the Local Safeguarding Children Partnership (LSCP), to protect each child from any form of abuse, whether from an adult or another child.
11. To be alert to signs of abuse both in the Nursery and from outside.
12. To be alert to the changes in behaviours of our children.
13. To deal appropriately with every suspicion or complaint of abuse.
14. To work in consultation with parents and children when making referrals, unless there is reasonable ground to believe that a child may be at risk of significant harm. In such cases, consent is not required to make a referral.
15. To design and operate procedures which promote this policy and which, so far as possible, ensure that staff and others who are innocent are not prejudiced by false allegations.
16. To support children who have been abused in accordance with his/her agreed child protection plan.
17. To promote the educational achievement of any children who are looked after and to put in place safeguarding responses for children who may go missing from educational settings.
18. To be alert to the medical needs of children with medical conditions.
19. To operate robust and sensible Health and Safety procedures.
20. To take all practicable steps to ensure that Nursery premises are as secure as circumstances permit.
21. To raise awareness of and operate clear and supportive policies on drugs, alcohol and substance misuse.
22. To review and develop procedures to deal with any other safeguarding issues which may be specific to individual children in our Nursery or in our local area.
23. To have regard to guidance issued by the Secretary of State for Education in accordance with Sections 157 and 175 of the Education Act 2002 and associated Regulations.

Every complaint or suspicion of abuse from within or outside the Nursery will be looked into and will be referred to an external agency such as the Children's Social Care Team of the local authority, the child protection unit of the police (CPU) or the NSPCC in accordance with the procedures published by Stockport Local Safeguarding

Children Partnership (LSCP). The Nursery will also comply with the procedures of other Local Authorities in which families may reside.

Although we follow Stockport procedures, there may be occasions when referrals need to be made to the Designated Officers of other Local Authorities. In the Safeguarding and Child Protection Policy and Procedures we have used the acronym LADO for these instances.

## 5. THE DESIGNATED SAFEGUARDING LEADS

The Nursery has appointed senior members of staff to be responsible for matters relating to safeguarding and promoting the welfare of children (Designated Safeguarding Leads). These members of staff have sufficient status and authority to deal with any safeguarding issues that may arise.

The main responsibilities of the Designated Safeguarding Leads are:

1. To co-ordinate the safeguarding procedures in the Nursery.
2. To take lead responsibility for safeguarding and child protection.
3. To be the first point of contact for parents, children, staff and external agencies in all matters of safeguarding and child protection.
4. To refer all cases of suspected abuse to the Local Authority Children's Social Care.
5. In cases where children may be in need of additional support to undertake appropriate inter-agency assessment in accordance with local processes including completion of an EHA, leading and attending Team Around the Child (TAC) meetings and attending meetings for children on child protection plans.
6. To maintain an ongoing training programme for all employees, volunteers and temporary supply/agency staff to ensure they are made aware and kept up-to-date of the safeguarding procedures.
7. To monitor the keeping, confidentiality and storage of records in relation to safeguarding and, for children moving settings, to arrange the secure transfer of records and confirmation of receipt.
8. To liaise with Children's Social Care Teams or other authorities.
9. [www.npcc.police.uk/documents/Children and Young people/When to call the police guidance for schools and colleges.pdf](http://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf). This should help designated safeguarding leads understand when they should consider calling the police and what to expect when they do.

**The DSLs have job descriptions.**

They will:

1. Advise and act upon all suspicion, belief and evidence of abuse reported to them, including historical abuse allegations (which should be reported to the police).
2. The DSL will keep the Nominated Person, Alexandra Poole informed of all actions unless she is the subject of an allegation.
3. Liaise with the Children's Social Care Team and other agencies on behalf of the Nursery.

**If the relevant Designated Safeguarding Lead is unavailable, her duties will be carried out by the other Designated Safeguarding Leads who have all received appropriate training. If the allegation is against one of the Directors, Nursery Manager or Designated Safeguarding Lead, this should be reported directly to the Stockport Designated Officer (LADO).**

All of the above post-holders have the status and authority within our management structure to carry out the duties of the role. The DSLs have overall responsibility for safeguarding matters, and to liaise with outside agencies where appropriate.

When the setting is in operation, the Designated Safeguarding Lead or one of the deputies will be available during opening hours for staff to discuss safeguarding concerns. We will endeavour to organise adequate and appropriate cover arrangements for any out of hours activities.

The DSLs ensure they are up to date with new initiatives and current issues in safeguarding and child protection. It is the responsibility of the Designated Safeguarding Leads to ensure all members of staff in the Nursery are aware and reminded regularly and annually who these key post-holders are. This is supported by posters displayed around the Nursery. They will also ensure that the staff within the Nursery receive on a regular basis, information which enables them to identify safeguarding and child protection matters and respond appropriately.

Although these Designated Safeguarding Leads and Officers are the primary points of contact for members of staff, as they have had additional training and have links with the relevant authorities, **members of staff can and should contact the Stockport Children's Social Care or the Police directly if they have any concerns that any child is at immediate risk of serious harm.**

If any member of staff feels that the Designated Safeguarding Staff have not responded appropriately to any safeguarding concerns raised, it is important to discuss these concerns with Alexandra Poole, who, if appropriate, will take the relevant action. **Alternatively, anyone (staff, parent or child) can make a referral directly to Stockport Children's Social Care.**

## 6. DUTY OF EMPLOYEES AND VOLUNTEERS

Every employee and volunteer is under a general legal duty:

1. To safeguard and promote the welfare of children.
2. To have due regard to the need to prevent children from being radicalised and drawn into terrorism.
3. To read, ensure they have understood and follow the Safeguarding and Child Protection Policy and Procedures, Behaviour Management Policy, Staff Behaviour Policy and 'Working Together to Safeguard Children'.
4. To know how to access and implement the procedures, independently if necessary.
5. To keep a sufficient record of any significant complaint, conversation or event.
6. To report any matters of concern to the relevant Designated Safeguarding Lead.
7. In exceptional circumstances, such as in an emergency or a genuine concern that appropriate action has not been taken, to speak directly to Children's Social Care.
8. To undertake appropriate training regularly. Training will be in line with the advice from Safeguarding Children in Stockport Team.
9. To take medical advice if they are taking medication which may affect their ability to care for children and ensure any personal medication is securely stored at all time.
10. To be prepared to whistle-blow where there are concerns about the conduct of colleagues or volunteers in respect of their handling of children.

### 6.1. Staff Training

All members of staff are trained in Child Safeguarding issues as part of their induction process and receive regular on-going training in line with the Safeguarding Children in Stockport.

1. All staff will receive regular refresher training, at appropriate intervals, as and when required, (at least annually), to keep up with any relevant safeguarding and child protection developments. This is provided by Safeguarding Children in Stockport or NoodleNow [www.elearning.noodlenow.co.uk](http://www.elearning.noodlenow.co.uk). We will consult with Safeguarding Children in Stockport to determine the most appropriate schedule, level and focus of training.
2. The Designated Safeguarding Leads receive training every two years and participate in regular sessions, at appropriate intervals, as and when required, (at least annually), to keep up with any developments relevant to their role. Training and updates for DSLs will be provided throughout the academic year.
3. Support material and the Safeguarding Children in Stockport policies and procedures are available on the [www.safeguardingchildreninstockport.org.uk](http://www.safeguardingchildreninstockport.org.uk). An additional good source of advice is provided on the NSPCC website [www.nspcc.org.uk](http://www.nspcc.org.uk).
4. On a regular basis, staff will be asked to confirm they are able to locate the Policy & Procedure relating to Safeguarding and Child Protection, and that they have read and understood their responsibilities as outlined within each of these documents. Staff are encouraged to raise any queries they have in regards to the Safeguarding and Child Protection Policies and Procedures.



5. A record of staff training is kept, which identifies those who have attended the training and received updates.
6. All staff including temporary supply/agency staff and volunteers, are provided with induction training that includes: Safeguarding and Child Protection Policy, Procedure and Staff Guidelines, Staff Behaviour Policy, the identity of the Designated Safeguarding Lead, A copy of 'Working Together to Safeguard Children' which must be read by all new and existing staff.
7. All staff have been made aware of all Nursery policies and procedure and their location.
8. All staff who have contact with children and families will have supervisions which will provide them with support, coaching and training, promote the interests of children and allow for confidential discussions of sensitive issues.

## 6.2. Staff Protection

It is possible to reduce situations in which allegations can occur and help protect staff by promoting good practice. The Staff Behaviour Policy provides the standards of professional conduct expected of all staff. Staff should always be open and public when working with children. Members of staff, who are also parents, should be very mindful of their professional obligations within the social and domestic context.

## 6.3. Use of Mobile Phones, IT Devices and Cameras

1. Parents, Visitors and Children are not permitted to take photographs or recordings of a child on their own cameras, mobile phones, tablets or other personal devices unless permission is granted by the parents/carers of all the children.
2. The staff are not permitted to take photographs or recordings of a child on their own cameras, mobile phones, tablets or other personal devices. (See Mobile Phone, IT Devices, Social networking and Camera Policy).
3. The use of personal mobile phones is only permitted within the Staff Room and Offices. They must not be used in any other area on the premises.

## 6.4. Online Safety (E-Safety)

With the increase in online technologies, we recognise that it is of paramount importance to safeguard children online. Children are taught about safeguarding, including online safety.

It is vital that children are safeguarded from potentially harmful and inappropriate online material. An effective approach to online safety empowers the Nursery to protect and educate children and staff in their use of technology and establishes mechanisms to identify, intervene in, and escalate any concerns where appropriate.

The range of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- **content:** being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- **contact:** being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes'.
- **conduct:** personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- **commerce** - risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your children or staff are at risk, please report it to the Anti-Phishing Working Group (<https://apwg.org/>).

When planning and implementing policies and procedures, online safety should be a constant and interrelated theme. This will include considering how online safety is reflected as required in all relevant policies and considering online safety whilst planning any training, the role and responsibilities of the designated safeguarding lead and any parental engagement.

UKCIS has recently published its 'Education for a connected world framework'. The framework aims to support the development of the curriculum and is of particular relevance to PSHE education and Computing. It is designed, however, to be usable across the curriculum and beyond and to be central to safeguarding and online safety. It covers early years through to age 18.

In ensuring that Nursery data storage and computer systems are safe, the Nursery also takes account of guidance offered by the National Cyber Security Centre (NCSC).

<https://www.ncsc.gov.uk/guidance/early-years-practitioners-using-cyber-security-to-protect-your-settings>.

## 6.5. Whistleblowing

Whistleblowing is the disclosure or communication of information about possible malpractice by individuals or the Nursery. Disclosure can either be internal within the Nursery or external to an outside agency.

We have a culture of safeguarding, raising concerns, valuing staff and reflective practice, where all staff and parents can speak up without fear of harassment, victimisation, discrimination or disadvantage. Any investigation into allegations of potential malpractice will not influence or be influenced by any disciplinary or other procedures that already affect the member of staff or parent. (See Whistleblowing Policy).

## 6.6 Use of Reasonable Force

There are circumstances when it is appropriate for staff to use reasonable force to safeguard children and young people. The term 'reasonable force' covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. 'Reasonable' in these circumstances means 'using no more force than is needed'. The use of force may involve either passive physical contact, such as standing between the children or blocking a child's path.

see Physical Handling Policy

# 7. SIGNS OF AND FORMS OF ABUSE

(These may be present separately or in combination)

## 7.1. Identifying Forms of Abuse

All professionals working in educational establishments have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help and support they need. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

**7.1a. Abuse** is any form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional setting or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware that these children's experiences, can impact on their mental health, behaviour and education.

**Some of the following signs might be indicators of abuse or neglect:**

1. children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
2. children with clothes which are ill-fitting and/or dirty;
3. children with consistently poor hygiene;
4. children who make strong efforts to avoid specific family members or friends, without an obvious reason;
5. children who don't want to change clothes in front of others;
6. children who are having problems at Nursery, for example, they appear to be tired and hungry;

7. children who talk about being left home alone, with inappropriate carers or with strangers;
8. children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
9. children who are regularly missing;
10. children who are reluctant to go home;
11. children with poor attendance and punctuality, or who are consistently late being picked up;
12. parents who are dismissive and non-responsive to practitioners' concerns;
13. parents who collect their children from Nursery when drunk, or under the influence of drugs;
14. children who are concerned for younger siblings without explaining why;
15. children who talk about running away; and
16. children who shy away from being touched or flinch at sudden movements.

**7.1b. Physical Abuse** is a form of abuse which 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.

**Some of the following signs may be indicators of physical abuse:**

1. children with frequent injuries;
2. children with unexplained or unusual fractures or broken bones; and
3. children with unexplained:
  - bruises, lacerations, abrasions, scars;
  - burns, scalds thermal injuries;
  - bite marks;
  - bladder issues.

**7.1c. Emotional Abuse** is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Some of the following signs may be indicators of emotional abuse:**

1. children who are excessively withdrawn, fearful, or anxious about doing something wrong;
2. parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
3. parents or carers blaming their problems on their child; and
4. parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

**7.1d. Sexual Abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Some of the following signs may be indicators of sexual abuse:**

1. children who display knowledge or interest in sexual acts inappropriate to their age;
2. children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
3. children who ask others to behave sexually or play sexual games; and

4. children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

**7.1e. Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE).** Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. While age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. More information include definitions and indicators are included in Annex A.

**7.1f. (i) Child Sexual Exploitation (CSE)** is where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

**Some of the following signs may be indicators of sexual exploitation:**

1. children who appear with unexplained gifts or new possessions;
2. children who associate with other young people involved in exploitation;
3. children who have older boyfriends or girlfriends;
4. children who suffer from sexually transmitted infections or become pregnant;
5. children who suffer from changes in emotional well-being;
6. children who misuse drugs and alcohol;
7. children who go missing for periods of time or regularly come home late.

**It is important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.**

Children and young people are considered to be more vulnerable to abuse through sexual exploitation if they have experience of:

1. violence/domestic abuse;
2. being 'Looked After';
3. being a refugee/asylum seeker;
4. a pattern of homelessness;
5. substance misuse by parent/carer/child;
6. learning disabilities, special needs;
7. mental health issues;
8. homophobia/transphobia;
9. being estranged from family;
10. death or illness of a significant person in the child's life;
11. being financially unsupported; and/or

12. being emotionally neglected.

Staff should be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

In assessing whether a child or young person is a victim of sexual exploitation, or at risk of becoming a victim, careful consideration should be given to the issue of consent. It is important to bear in mind that:

1. a child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
2. sexual activity with a child under 16 is also an offence;
3. it is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them;
4. non-consensual sex is rape whatever the age of the victim;
5. if the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore, offences may have been committed.

#### 7.1f. (ii) Child criminal exploitation (including involvement with county lines)

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) from any background under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

#### 7.1f. (iii) Serious Violence

Staff should be aware of the indicators, which may signal children are at risk from, or are involved with serious violent crime.

These may include:

- increased absence from school/Nursery
- a change in friendships or relationships with older individuals or groups
- a significant decline in performance
- signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries.
- Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as:

- being male
- having been frequently absent or permanently excluded from school

- having experienced child maltreatment
- having been involved in offending, such as theft or robbery.

Advice is provided by the Home Office: <https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence> and <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

Where concerns are raised, immediate advice will be sought from the Safeguarding Unit (0161 474 5657). This may lead to a sexual exploitation meeting being held at the Safeguarding Unit or a Child Protection referral through MASSH (0161 217 6028).

**7.1g. Neglect** is the persistent failure to meet a child's basic and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Some of the following signs may be indicators of neglect:**

1. children who are living at home that is indisputably dirty or unsafe;
2. children who are left hungry or dirty;
3. children who are left without adequate clothing, e.g. not having a winter coat/unsuitable clothing;
4. children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
5. children who are often angry, aggressive or self-harm;
6. children who fail to receive basic health care; and
7. parents who fail to seek medical treatment when their children are ill or are injured.

Children have said that they need:

1. vigilance: to have adults notice when things are troubling them;
2. understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon;
3. stability: to be able to develop an ongoing stable relationship of trust with those helping them;
4. respect: to be treated with the expectation that they are competent rather than not;
5. information and engagement: to be informed about and involved in procedures, decisions, concerns and plans;
6. explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;
7. support: to be provided with support in their own right as well as a member of their family;
8. advocacy: to be provided with advocacy to assist them in putting forward their views.

**Anyone with a concern that a child is being abused or at risk of harm must share their concerns with the DSL, without delay.**

## **7.2. Recognising possible abuse**

1. The signs of child abuse are not always obvious, and a child might not tell anyone what is happening to them. Children might be scared that the abuser will find out, and be worried that the abuse will get worse or they might think that there is no-one that that can tell or that they won't be believed. Sometimes children don't even realise that what is happening is abuse.
2. We recognise that safeguarding issues can arise out of many different circumstances and that while some children may already have suffered or be suffering harm, others may be at risk of suffering harm in the future and therefore the Nursery will need to take steps to prevent this from occurring. The latter may include securing additional support, such as early help intervention, for the child from external agencies.
3. A child may suffer because of the actions or inactions of an adult or adults or another child or children.

4. Children can be harmed in a number of different ways. Abuse can be physical, sexual and emotional, or it can take the form of neglect. The Nursery will have measures to identify the signs of abuse and address issues arising as a result.
5. From serious case reviews it has become apparent that most cases of child abuse have either occurred within the child's own family or by someone they know and with whom they have formed a relationship.
6. All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.
7. All victims of abuse should be taken seriously, kept safe and never be made to feel like they are creating a problem for reporting abuse, sexual violence or sexual harassment.

For more information, see **Guidance to identify possible signs of abuse** NSPCC website [www.nspcc.org.uk](http://www.nspcc.org.uk)

## 8. SPECIFIC SAFEGUARDING CONCERNS

Some specific safeguarding concerns are detailed below. This list is not exhaustive.

### 8.1. Extra-Familial Harm

Safeguarding incidents and/or behaviours can be associated with outside factors. All staff, but especially the designated safeguarding lead (or deputy) should be considering the context within which such incidents and/or behaviours occur. Where there are concerns about external factors, assessments of the child should be made to consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children may be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence. Children's social care assessments should consider such factors so it is important that as much information as possible is provided as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

### 8.2. Mental Health

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders. As staff are with the children on a day-to-day basis, they are well placed to observe and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Immediate action should be taken if a member of staff is concerned about a child's mental health that is also a safeguarding concern.

Mental health professionals have defined these as:

1. emotional disorders e.g. phobias, anxiety states and depression;
2. conduct disorders e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
3. hyperkinetic disorders e.g. delay disturbance of activity and attention;
4. developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
5. attachment disorders e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
6. other mental health problems include eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.

**Any member of staff who is worried about the mental health of a child should refer it to the attention of the Nursery Manager so that the most appropriate support can be provided.**

More information can be found in <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools>. Public Health England has produced a range of resources to promote positive health, wellbeing and resilience among children. See <https://riseabove.org.uk> for links to all materials.



### 8.3. Self Harm

Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

**Any member of staff who is aware that a child is self-harming must share the information with the DSL immediately, so that the most appropriate action can be taken.**

### 8.4. Substance Misuse

Children affected by their other's drug misuse will have early access to support through the Nursery's 'Early Help' offering and through referral to local drug and alcohol services.

**Refer safeguarding concerns in relation to Mental Health, Self-Harm or Substance Misuse to the Nursery Manager to ensure the most appropriate action is taken without delay.**

### 8.5. Domestic Violence or Abuse

Domestic Violence is characterised by inter-personal violence and with effect from March 2013, defined by the Home Office as follows:

Domestic violence and abuse is any incident, or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

1. Psychological;
2. Physical;
3. Sexual;
4. Financial;
5. Emotional.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support. Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Where a member of staff or volunteer is involved in an incident outside of Nursery, which did not involve children. However, this could have an impact on their suitability to work with children. For example, if a member of staff is involved in domestic violence at home even though no children were involved, consideration should be given as to what triggered these actions and could a child in the Nursery trigger the same reaction, therefore being put at risk.

The definition includes Honour Based Abuse, Female Genital Mutilation (FGM) and Forced Marriage and is clear that victims are not confined to one gender or ethnic group. HBV and FGM are dealt with in more detail in the next section.

The definition does not cover violence by an under 16 year old against another family member. Where the perpetrator is over 18 and the victim is under 18, consideration of the need for a child protection investigation to be undertaken would still be required, but the national definition allows any abuse between 16-17 year olds to be considered as domestic abuse.

**Anyone with a concern that a child is the victim of, or witnessing domestic abuse, must share their concerns with the Nursery Manager, without delay.**

### 8.6. Honour Based Abuse

So-called 'honour based' abuse encompasses crimes which have been committed to protect 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 HBV are abuse, regardless of the motivation and should be handled and escalated as such. If staff have any concerns in relation to HBV they must speak to the DSL immediately.



**8.6a. Faith Abuse** is where certain kinds of child abuse are linked to faith or belief. This includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or multi murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

Child abuse can also occur in culture or faith contexts in general, this can include female genital mutilation, forced marriage, excessive physical punishment or abuse relating to gender, sexuality, ethnicity, nationality, disability or other differences recognised within social or cultural beliefs. Abuse in any culture or faith context is not acceptable and is child abuse.

## 8.7. Female Genital Mutilation (FGM)

Female Genital Mutilation is the non-medical, partial or total removal of the external female genital organs. This procedure is typically carried out on young girls, although it can happen later. FGM is illegal in the UK and particularly affects girls and women from Africa. Since 1985 it has been a serious criminal offence under the *Prohibition of Female Circumcision Act* to perform FGM or to assist a girl to perform FGM on herself. The *FGM Act 2003* tightened this law to criminalise FGM being carried out on UK citizens overseas. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Female Genital Mutilation occurs mainly in Africa and, to a lesser extent, in the Middle East and Asia. Although it is believed by many to be a religious issue, it is a cultural practice. There are no health benefits. Communities particularly affected by FGM in the UK include girls from: Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan. In the UK, FGM tends to occur in areas with larger populations of communities who practice FGM, such as first-generation immigrants, refugees and asylum seekers. FGM can occur anywhere in the UK.

Key Points:

1. It is not a religious practice;
2. It occurs mostly to girls aged from 5-8 years old, but up to around 15;
3. It has been a criminal offence in the UK since 1985;
4. It has been an offence since 2003 to take girls abroad;
5. Criminal penalties include up to 14 years in prison.

The *Serious Crime Act 2015* strengthened further the legislation on FGM and now includes:

1. The right to anonymity for victims;
2. The offence of failing to protect a girl aged under 18 from the risk of FGM;
3. The provision of FGM Protection Orders (FGMPO); and
4. The duty of professionals to notify personally the Police when they discover that FGM appears to have been carried out on a girl under 18.

Reasons for this cultural practice include:

1. Cultural identity – an initiation into womanhood;
2. Gender identity – moving from girl to woman – enhancing femininity;
3. Sexual control – reduce the woman's desire for sex;
4. Hygiene/cleanliness – un-mutilated women are regarded as unclean.

Risk Factors include:

1. Low level of integration into UK society;
2. Mother or sister who has undergone FGM;
3. A visiting female elder from the country of origin;
4. Being taken on a long holiday to the family's country of origin;
5. Talk about a 'special' event or procedure to 'become a woman'.

High Risk Time:

Staff should be made aware that this procedure often takes place in the Summer, as the recovery period after FGM can be 6 – 9 weeks. Although it is difficult to identify girls before FGM takes place, where girls from these

high-risk groups return from a long period of absence with symptoms of FGM, advice will be sought from the Police or Social Services by the DSL.

Post FGM symptoms include:

1. Difficulty in walking, sitting or standing;
2. Spending longer than normal in the bathroom or toilet;
3. Unusual behaviour after a lengthy absence;
4. Reluctance to undergo normal medical examinations;
5. Asking for help, but may not be explicit about the problem due to embarrassment or fear.

Longer term problems include:

1. Difficulty in urinating or incontinence;
2. Frequent or chronic vaginal, pelvic or urinary infections;
3. Menstrual problems;
4. Kidney damage and possible failure;
5. Cysts and abscesses;
6. Pain when having sex;
7. Infertility;
8. Complications during pregnancy and childbirth;
9. Emotional and mental health problems.

**All staff should speak to the Nursery Manager with regard to any concerns about female genital mutilation (FGM).**

**Help is available through the NSPCC FGM Helpline: 0800 028 3550.**

## 8.8. Breast Ironing

Staff have been made aware of an act of abuse performed on young girls (from around the age of 9 years old) in which their breasts are ironed, massaged and/or pounded, burned with heated objects or covered with an elastic belt to prevent or delay the development of their breasts. Where such abuse is suspected or disclosed staff will follow safeguarding and child protection systems.

## 8.9. Forced Marriage

There is a clear difference between a 'forced marriage' and an 'arranged marriage'. Arranged marriages have worked well in society for many years. An arranged marriage is when families of both spouses take a leading role in arranging the marriage, but the choice whether or not to accept the arrangement remains with the prospective spouses. A forced marriage is when one or both parties do not consent to the marriage, and people are forced into marriage against their will. Forced marriage is an abuse of human rights. Both physical and emotional abuse may be used to coerce people into the marriage. In Law, both parties to a marriage must validly consent to the marriage, the minimum age a person is able to consent to a marriage is 16. A Forced Marriage Protection Order can be obtained from a Family Court in order to protect victims, both adults and children from a potential forced marriage or people who are already in a forced marriage. The *Anti-Social Behaviour, Crime and Policing Act (2014)* makes it a criminal offence to force someone to marry.

This includes:

1. Taking someone overseas to force them to marry (whether or not the forced marriage takes place).
2. Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not).

Breaching a Forced Marriage Protection Order is also a criminal offence. Young people, especially girls who are forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally, often leading to depression and self-harm. These factors can contribute to impaired social development, limited career and educational opportunities, financial dependence and lifestyle restrictions.

Staff may become aware of a child because they appear anxious, depressed and emotionally withdrawn, with low self-esteem. They may have mental health issues and display behaviours such as self-harming, self-cutting or anorexia. Sometimes they may come to the attention of the Police, having been discovered shoplifting or taking drugs or alcohol. Often, a child's symptoms can be exacerbated in the periods leading up to the holiday season.

What to do if you have concerns: Forced marriage is a criminal offence and if this is also happening to a child under the age of 18, it is considered to be child abuse. If you suspect that a child may be forced to marry, then you must share your concerns with the DSL who will make appropriate contact with Children's Social Care Services or the Police. The Forced Marriage Unit can also be contacted for advice and help in making the referral on 0207 008 0151 or email [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk).

**Anyone with a concern about a child at risk or suffering from HBV must share their concerns with the DSL, without delay.**

The DSL will take the most appropriate course of action and with due regard to legal and statutory guidance and in consultation with the Nursery Manager and External Agencies.

### 8.10. Private Fostering

A private fostering arrangement is when a child under the age of 16 (18 if they have a disability) goes to live with someone who is not a close relative for 28 days or more. This is a private agreement between a parent and other adult and private foster carers may be from the extended family such as a cousin or great aunt, a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family. It is not private fostering when a child is living with a close relative such as a parent, grandparent, brother, sister, uncle or aunt (whether blood related or through marriage).

Privately fostered children could include:

1. children or young people who are sent to this country for education, health care by their birth parents from overseas;
2. teenagers living with a friend's family because they do not get on with their own family;
3. children living with a friend's family because their parents' study or work involves unsociable hours, which makes it difficult to use ordinary day care or after school care;
4. children staying with another family because their parents have divorced or separated;

The DSL will notify the Local Authority of a private fostering arrangement that comes to their attention, where they are not satisfied that the Local Authority has been or will be notified of the arrangement by the parent or carer.

Some of these arrangements may be recent; some may have been in existence for some time as the parent and carer may not be aware that it is a private fostering arrangement, and so were not aware of the need to inform the Local Authority.

For comprehensive guidance on private fostering see Children Act 1989 Private fostering

### 8.11. Human Trafficking (See Child Criminal Exploitation 7.1f)

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise from within peer groups, or more widely from within the local community. These threats can take a variety of different forms from online safety, exploitation, sexual, by criminal gangs and organised crime groups to the influences of extremism leading to radicalisation and trafficking.

### 8.12. Radicalisation and Extremism

The Prevent Strategy, published by the Government in 2011, is part of a larger counter-terrorism strategy, CONTEST. The aim of the Prevent Strategy is to reduce the threat to the UK from terrorism. While it remains rare for children and young people to become involved in terrorist activity, young people from an early age can be exposed to terrorist and extremist influences or prejudiced views. There have been occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation. As with other forms of safeguarding strategies, early intervention is always preferable.

Staff at Ramillies Hall Nursery will uphold and promote the fundamental principles of British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.

Ramillies Hall Nursery will fulfil its obligations and statutory duty under *The Counter-Terrorism and Security Act (2015)* and the statutory *Prevent Guidance (2015)*, to have due regard to the need to prevent people from being drawn into terrorism.

### 8.13. Useful Definitions

**8.13a. Extremism** is defined as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. It also covers calls for the death of members of our Armed Forces.

**8.13b. Radicalisation** is defined as the act or process of encouraging extremist views or actions in others, including forms of extremism leading to terrorism.

### 8.13c. Signs of Radicalisation and Extremism

There is no such thing as a 'typical extremist', those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity. Children may become susceptible to radicalisation through a range of social, personal and environmental factors. It is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. Children and young people are susceptible at times of change, crisis or transition. It is vital that staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

1. Identity Crisis – the child is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
2. Personal Crisis – the child may be experiencing family tensions; a sense of isolation and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
3. Personal Circumstances – migration; local community tensions and events affecting the child's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
4. Unmet Aspirations – the child may have perceptions of injustice; a feeling of failure; rejection of civic life;
5. Experiences of Criminality – which may include involvement with criminal groups, imprisonment and poor re-settlement/re-integration;
6. Special Educational Needs – the child may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism. Equally, not all targets are 'vulnerable' for these reasons. Extremists often target individuals who are:

1. mentally robust;
2. intelligent open minded – seekers;
3. empathetic;
4. altruistic.

### More critical indicators could include:

Physical or Circumstantial Indicators:

1. Tattoos, marks, tags, graffiti etc.
2. Change in friendship group
3. Absence
4. Significant changes to appearance and/or behaviour
5. Change of routine
6. Accessing violent extremist websites, especially those with a social networking element
7. Possessing or accessing violent extremist literature
8. Experiencing a high level of social isolation resulting in issues of identity crisis
9. Excessive phone use – long periods of listening without interacting

10. Unplanned, unexplained absenteeism/truancy
11. Lie convincingly
12. Identify as victors not victims

#### Verbal Indicators:

1. Fixated on a subject
2. Closed to new ideas or conversations
3. Change in language/use of words
4. Asking inappropriate questions
5. 'Scripted speech'
6. Saying inappropriate things – racist language, a call to action
7. New language – uses cult jargon
8. Justifying the use of violence to solve societal issues

#### Emotional Indicators:

1. Agitated – want to be somewhere else/addicted to their new family
2. Withdrawn and secretive – especially over internet use
3. New found arrogance/have a sense of superiority
4. Depressed/low mood
5. Short tempered
6. Become agitated, aggressive or withdrawn if challenged about their beliefs
7. Show reduced emotions – lose sense of humour

## 9 Peer on Peer Abuse

Staff should recognise that children are capable of abusing their peers. We create an ethos of good behaviour where everyone is valued for who they are, where children treat each other with respect because they know that this is the right way to behave. Staff model the way to treat others and reinforce positive behaviour in everyday life. Children are taught and encouraged to ask for help and share any concerns that they have about themselves or others.

Abuse is abuse and will not be tolerated or passed off as 'banter' or 'part of growing up'. This is most likely to include, but not limited to, **bullying** (including cyberbullying), **sexually harmful behaviour and sexting**, and **initiation/hazing type violence and rituals**.

**9.1 Bullying (including cyberbullying):** Under the Children Act 1989 a bullying incident should be addressed as a child protection concern, when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'. Where this is the case, a member of the safeguarding team will report their concerns to the relevant Local Authority Children's Social Care Services.

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically (hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm) or emotionally. Bullying can take many forms (for instance, cyberbullying via text messages on the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences.

Stopping violence and ensuring immediate physical safety is our first priority, but we recognise that emotional bullying can be more damaging than physical. Staff should recognise bullying as a safeguarding issue and a potential child protection issue.

**9.2 Sexual Harassment** - Child on child sexual harassment is 'unwanted conduct of a sexual nature' that can occur online and offline.

Sexual harassment is likely to:

1. violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Sexual harassment can include:

1. sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
2. sexual “jokes” or taunting;
3. physical behaviour, such as: deliberating brushing against someone, interfering with someone’s clothes (Staff need to consider when any of the above crosses a line into sexual violence - it is important to talk to and consider the experience of the victim), and displaying pictures, photos or drawings of a sexual nature; and
4. upskirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
5. online sexual harassment, which might include: non-consensual sharing of sexual images and videos and sharing sexual images and videos (both often referred to as sexting); inappropriate sexual comments on social media; exploitation; coercion and threats. Online sexual harassment may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

At Ramillies sexual harassment will not be tolerated, to ensure that inappropriate behaviours are not normalised and so prohibit an environment that may lead to sexual violence.

**9.3 Harmful sexual behaviours** involves one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to fully penetrative sex with other children or adults (*Rich 2011*).

Harmful sexual behaviours can occur online and offline and can occur simultaneously between the two. Harmful sexual behaviours should be considered in a child protection context. They can occur online and face to face (both physically and verbally) and are never acceptable. Whilst any report of sexual violence or sexual harassment should be taken seriously, staff should be aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys.

There are different factors that must be considered where there are concerns about harmful sexual behaviours. The ages and the stages of development of the children are critical factors. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years’ difference in age or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature.

For more detailed advice on harmful sexual behaviours contact Rape Crisis or the Survivors Trust. Also, see NSPCC: Harmful sexual behaviour, and NICE guidance for advice on developing interventions, working with families and carers and multi-agency working.

Harmful sexual behaviours can, in some cases, progress on a continuum. Addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Children displaying harmful sexual behaviours have often experienced their own abuse and trauma. It is important that they are offered appropriate support.

**Advice on signs, indicators and effects of harmful sexual behaviours is available here:**

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/signs-symptoms-effects/>

**The Brook sexual behaviours traffic light tool can help when considering harmful sexual behaviours.**

<https://www.brook.org.uk/our-work/using-the-sexual-behaviours-traffic-light-tool>

#### **9.4 Sexting (YPSI)**

Many professionals consider sexting to be ‘sending or posting sexually suggestive images, including nude or semi-nude photographs via mobile phones or the internet. Young people are more likely to interpret sexting as ‘writing and sharing explicit messages with people they know’. Similarly many parents think of sexting as flirty or sexual text messages rather than images.

The types of incidents that this advice covers are:

1. Person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18

2. A person under the age of 18 shares sexual imagery created by another person under the age of 18 or an adult
3. A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18

An immediate referral will be made to police and/or children's social care if:

1. The incident involves an adult;
2. There is reason to be believed that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent;
3. What we know about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent;
4. We have reason to believe a child or children are at immediate risk of harm owing to the sharing of imagery.

## 10 CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM EARLY HELP

Staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

## 11. HELPING CHILDREN TO KEEP SAFE

It is the duty of staff to ensure that children learn how to keep themselves safe.

Safe use of electronic equipment and access to the internet. The latest resources promoted by the DfE can be found at:

[The Safer Internet Centre](#)  
[CEOP's Thinkuknow](#)

## 12. STAFF RECRUITMENT

The Nursery will follow the statutory Safer Recruitment procedures, which are designed to ensure the suitability of employees or prospective employees to work with children. At least one of the persons who conducts an interview will have completed safer recruitment training.

This policy extends to volunteers undertaking regulated activities and requires all individuals concerned to undergo Enhanced DBS and other relevant checks to ensure that their suitability to work with children is properly established before they are able to commence work. For those in teaching and/or management positions, the Department for Education's Secure access portal must be checked to ensure that the applicant is not subject to a prohibition order. The Nursery has a Single Central Register of staff and volunteers, which will be compliant with statutory guidance and ensure that appropriate checks are undertaken.

**Refer to the Safer Recruitment Policy**

## 13. PROCEDURES

### 13.1. Initial Concern / Early Help

If a member of staff has any concerns about a child they must complete a note of concern (Appendix 1) and Skin Map (Appendix 2) where appropriate, and immediately raise the matter with the Designated Safeguarding Lead, who will decide whether to make a referral to Children's Social Care or other appropriate agencies (specialist or early help services). It is important to note that any staff member can make a referral to Children's Social Care.

It is important that children receive the right help at the earliest opportunity in order to address risks and prevent issues escalating.

A member of staff who hears a disclosure or is concerned about the welfare of a child must:

1. Be vigilant in observing the changes in behaviour to the children;
2. Listen carefully to the child and keep an open mind. Staff should not take a decision as to whether or not the abuse has taken place;
3. Respond to specific concerns at an early stage and report these concerns immediately to the DSL.
4. Reassure the child but not give a guarantee of absolute confidentiality. The member of staff should explain that they need to pass the information to the relevant Designated Safeguarding Lead who will ensure that the correct action is taken. Although it is important to take the child's wishes and feelings into account when determining what action to take, ultimately the child's best interests and welfare that is most important.
5. Not ask leading questions, that is, a question which suggests its own answer
6. Keep a sufficient written record of the conversation. The record should include the date, time and place of the conversation and the essence of what was said and done by whom and in whose presence. The record should be signed by the person making it and should use names, not initials. The record must be kept securely and handed to the Designated Safeguarding Lead.

### 13.2. Safeguarding records

These should include:

- details of how the concern was followed up and resolved
- a note of any action taken, decisions reached and the outcome.

All Safeguarding records will be filed securely, in a locked cabinet.

**No attempt should be made by staff to conduct an investigation into cases of suspected abuse.** Social Care and the police are responsible for undertaking investigations; inappropriate actions by others may negate or contaminate evidence.

### 13.3. Reporting

All suspicion or allegations of abuse must be reported to the relevant Designated Safeguarding Lead. The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

- If there is at any point a risk of immediate serious harm to a child, a referral should be made to Children's Social Care or police. **Anybody can make a referral.**
- If anyone other than the designated safeguarding lead makes the referral they should inform the designated safeguarding lead, as soon as possible.
- If it is a child who notices or suspects a safeguarding issue then he/she should report the incident to a member of staff who then reports this directly to the Designated Safeguarding Lead. At the point of referral, a note of concern form should be completed and dated.
- If it is a member of staff who notices or suspects, they should complete the appropriate paper work and report this directly to the Designated Safeguarding Lead.
- If a child makes allegations against another member of staff, they must be reported in the same way, regardless of understandable feelings of shock or disbelief.

Once a matter has been reported, confidentiality **must** be maintained. **Do not** discuss any safeguarding concerns and fears with children, child's parents or other staff members.

In circumstances when a child is thought to be 'missing' from Nursery grounds, parents, and where appropriate the police, will be contacted as a matter of urgency.

Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law do not prevent, limit, the sharing of information for the purposes of keeping children safe. They provide a framework to ensure that personal information about living individuals is shared appropriately. This includes allowing practitioners to share information without consent. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children. Please refer



to the Seven Golden Rules set out in <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice> and <https://www.gov.uk/government/publications/data-protection-toolkit-for-schools> These document supports staff who have made the decision to share information.

If unsure who to contact, use <https://www.gov.uk/report-child-abuse-to-local-council> to find the relevant local children's social care contact number.

If a report is determined to be unsubstantiated, unfounded, false or malicious, the designated safeguarding lead should consider whether the child and/or the person who has made the allegation is in need of help or may have been abused by someone else and this is a cry for help. In such circumstances, a referral to children's social care may be appropriate.

If a report is shown to be deliberately invented or malicious, the Nursery Manager should consider whether any disciplinary action is appropriate against the individual who made it as per their own behaviour policy.

**It is important that the designated safeguarding lead (and their deputies) are clear about the local process for referrals and follow that process.**

### 13.4. Preserving Evidence

All evidence (for example scribbled notes, mobile phones, clothing, computers) must be safeguarded and preserved. These would be potentially disclosable to both prosecution and defence lawyers in a court case.

When technology is involved, such as cyberbullying, sexting etc., we will retain the evidence provided by the young person and/or their family (e.g. screen shots/emails/text messages) and use it to support the 'note of concern'. However, we do not search mobile phones or computers to gain further information. Instead we seek advice from the police via the Public Protection and Investigation Unit (0161 856 9931) about gathering evidence.

### 13.5. Action by the Designated Person

The action to be taken will take into account:

1. The procedures published by Stockport Local Safeguarding Children Partnership (LSCP) or other Local Safeguarding Boards as appropriate.
2. The nature and seriousness of the suspicion or complaint. Where a child has suffered or is at risk of suffering serious harm this will always be referred to the Children's Social Care Team immediately and without further investigation. Where a child is in need this will also be referred to Children's Social Care Team. Where an allegation involves a potential criminal offence the matter will be reported to the Police.
3. The wishes of the child who has made the allegation, provided that the child is of sufficient understanding and maturity and properly informed. However, there may be times when the situation is so serious that decisions may need to be taken that override a child's wishes.
4. The wishes of the child's parents, provided they have no interest which is in conflict with the child's best interests and that they are properly informed. Again, it may be necessary, after all appropriate consultation, to override parental wishes in some circumstances. If the relevant Designated Safeguarding Lead is concerned that disclosing information to parents would put a child at risk, he or she will take further advice from the relevant professionals before making a decision to disclose.
5. Duties of confidentiality, so far as applicable.
6. The lawful rights and interests of the Nursery community as a whole including its employees and its insurers.

If there is room for doubt as to whether a referral should be made, the relevant Designated Safeguarding Lead may consult with the Children's Social Care team or other appropriate professionals possibly on a no names basis without identifying the family. However, as soon as sufficient concern exists that a child may be at risk of significant harm, a referral will be made immediately, without delay. If the initial referral is made by telephone, the relevant Designated Safeguarding Lead will confirm the referral in writing depending on the requirements of the Local Children's Safeguarding Board (LSCB) procedures.

### 13.6. External Agencies

**Any person can make a referral to the Children's Social Care Team or to the police.**

Whether or not the Nursery decides to refer a particular allegation to the Children's Social Care Team or the police, the person making the allegation will be informed in writing of their right to make their own referral to the Children's Social Care Team or the Police Public Protection Investigation Unit (PPIU) and will be provided with contact names, addresses and telephone numbers, as appropriate.

At the end of any discussion about a child, the referrer and the Children's Social Care social worker should be clear about timescales and any proposed action and who will be taking it, or if no further action will be taken. The outcome should be recorded by the referrer on the relevant forms including the Referral Form.

Children's Social Care should make a decision within **one working day** of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up within **three** working days should information on the referral not be forthcoming, making contact with the relevant manager in the Children's Social Care Team.

If after a referral the child's situation does not appear to be improving the DSL (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

If early help is appropriate the DSL should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.

This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.

If early help and or other support is appropriate the case should be kept under constant review and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving.

### 13.7. Time scales

It is in everyone's interest to resolve cases as quickly as possible consistent with a fair and thorough investigation.

Target timescales are shown below:

1. 80 per cent of cases should be resolved within one month.
2. 90 per cent within three months.
3. All but the most exceptional cases should be completed within 12 months.
4. Where it is clear immediately that the allegation is unsubstantiated or malicious, they should be resolved within one week.
5. If the allegation does not require formal disciplinary action, the employer should take appropriate action within three working days.
6. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

## 14. ARRANGEMENTS FOR DEALING WITH SAFEGUARDING CONCERNS OR ALLEGATIONS OF ABUSE AGAINST STAFF; INCLUDING VOLUNTEERS AND TEMPORARY SUPPLY/AGENCY STAFF

### 14.1. Safeguarding Concerns or Allegations against staff:

Our procedures follow the guidance in 'Working Together to Safeguard Children':

1. If a child or his/her parent informs a member of staff about abuse by another member of staff or a volunteer working in the Nursery, the person receiving that information should pass it to Nursery Manager.
2. Parents or carers of a child or children involved should be told about the allegation as soon as possible if they do not already know of it. However, where a strategy discussion is required, or police or children's social care services need to be involved, the DSL will not do so until those agencies have been consulted and have agreed what information can be disclosed to the parents or carers.

3. If the allegation is against one of the Directors, Nursery Manager or Designated Safeguarding Leads, this should be reported directly to the Stockport Designated Officer.
4. Any referrals concerning a member of staff, including the Directors, Nursery Manager or DSLs will be made without them being informed, unless advised otherwise by the LADO.
5. If an employee of Ramillies Hall Nursery has concerns about a member staff or volunteer in the Nursery, they should immediately tell the Nursery Manager (unless the Nursery Manager is the subject of the allegation).
6. Designated Safeguarding Lead will not undertake investigation of any claims made without prior consultation with the Local Authority Designated Officer (LADO) and, in the most serious cases, the police. Any suspicions of abuse will be referred to the appropriate local agency within 24 hours, all unnecessary delays should be eradicated. The rights of individual members of staff to be informed and protected will be upheld. The quick resolution of an allegation against a member of staff or volunteer will be a high priority and all unnecessary delays will be avoided. Suspension will not be an automatic response to an allegation. Full consideration will be given to all the options, subject to the need to ensure:
  - a. The safety and welfare of the children or child concerned.
  - b. A full and fair investigation.
  - c. That advice is sort from the LADO and/or police where necessary.

**If there is risk of immediate serious harm to a child, anybody can make a referral to Children's Social Care.**

The Nursery will promptly report to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned. It would not be appropriate to reach a settlement/compromise agreement. Any settlement/compromise agreement that would prevent the Nursery from making a DBS referral even though the criteria for referral are met, would be a criminal offence.

The Nursery Manager / Nominated Person will also report to Ofsted as soon as reasonably practicable, but at the latest, **within 14 days**, any allegation of serious harm or abuse by any person, living, working, or looking after children at the premises (whether that allegation relates to harm or abuse committed on the premises or elsewhere), or any other abuse which is alleged to have taken place on the premises, and of the action taken in respect of these allegations.

**The Nursery will not undertake their own investigation of allegations without prior consultation with the LADO, or in the most serious cases, the police, so as to not jeopardise statutory investigations.** In borderline cases, discussions with the LADO will be held informally and without naming the Nursery or individual.

If there has been a substantiated allegation against a member of staff, the Nursery should work with the LADO to determine whether there are any improvements to be made to the Nursery's procedures or practices to help prevent a similar event in the future.

The Nursery has a duty of care to its employees. We will provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. It is essential that any allegation of abuse made against a member of staff or volunteer in a Nursery is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

## **14.2. Low-level concerns**

A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the Nursery may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and
- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children;
- having favourites;

- taking photographs of children on their mobile phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- using inappropriate sexualised, intimidating or offensive language.

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is ultimately intended to enable abuse.

It is crucial that any such concerns, including those which do not meet the harm threshold are shared responsibly and with the right person, and recorded and dealt with appropriately. Ensuring they are dealt with effectively should also protect those working in the Nursery from potential false allegations or misunderstandings.

Low-level concerns about a member of staff, supply staff, volunteer or contractor should be reported. Reports about supply staff and contractors should be notified to their employers, so any potential patterns of inappropriate behaviour can be identified. Staff should be encouraged and feel confident to self-refer, where, for example, they have found themselves in a situation, which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

All low-level concerns should be recorded in writing. The record should include details of the concern, the context in which the concern arose, and action taken. The name of the individual sharing their concerns should also be noted, if the individual wishes to remain anonymous then that should be respected as far as reasonably possible.

These records must be kept confidential, held securely and comply with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR). Records should be reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Where a pattern of such behaviour is identified, the Nursery Manager should decide on a course of action, either through disciplinary procedures or where a pattern of behaviour moves from a concern to meeting the harms threshold, in which case it should be referred to the LADO. Consideration should also be given to whether there are wider cultural issues that enabled the behaviour to occur and where appropriate policies could be revised or extra training delivered to minimise the risk of it happening again. It is recommended that this information is retained at least until the individual leaves their employment.

Only substantiated safeguarding allegations should be provided in references. Low level concerns should not be included in references unless they relate to issues which would normally be included in a reference, for example, misconduct or poor performance. It follows that a low-level concern which relates exclusively to safeguarding (and not to misconduct or poor performance) should not be referred to in a reference. However, where a low-level concern (or group of concerns) has met the threshold for referral to the LADO and found to be substantiated, it should be referred to in a reference.

### **14.3. Allegations of Historic Child Abuse**

The abuse of a child is a singularly traumatic experience for the victim and consequently it may not be reported until much later. If the alleged abuse refers to a child or member of staff who is no longer at the Nursery, a note of concern will be completed, given to the DSL who will contact the LADO immediately and will refer the matter to the Police.

## **15. LOOKED AFTER CHILDREN**

The Nursery will ensure that the staff have the necessary skills, knowledge and understanding to keep safe children who are looked after or have been looked after by a local authority.

## **16. CHILDREN POTENTIALLY AT GREATER RISK OF HARM**

### **16.1 Children who need a social worker (Child in Need and Child Protection Plans)**

Children may need a social worker due to safeguarding or welfare needs. This may be because of abuse, neglect or complex family circumstances. If a child experiences adversity and trauma, it can leave them vulnerable to

further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health.

Local authorities should share the fact a child has a social worker, and the designated safeguarding lead should hold and use this information so that decisions can be made in the best interests of the child's safety, welfare and educational outcomes. This should be considered as a matter of routine. There are clear powers to share this information under existing duties on both local authorities and schools and colleges to safeguard and promote the welfare of children.

### **16.2 Where a child needs a social worker**

This should inform decisions about safeguarding (for example, responding to unauthorised absence or missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).

**Improving the educational outcomes of Children in Need of help and protection** contains further information; the conclusion of the review, 'Help, protection, education' sets out action Government is taking to support this.

## **17. SAFEGUARDING CHILDREN WITH SPECIFIC NEEDS**

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Staff should be aware that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

1. Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
2. Children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs.
3. Communication barriers and difficulties in overcoming these barriers.

Children who have suffered or are likely to suffer significant harm should be reported to Children's Social Care immediately whereas children who are in need of additional support from one or more agencies should lead to inter-agency assessment using local processes, including use of the Early Help Assessment (EHA) and 'Team Around the Child' (TAC) approaches. Decisions to seek support for a child in need would normally be taken in consultation with parents and children; however, parental and child consent is not required for a referral when there are reasonable grounds to believe that a child is at risk of significant harm.

## **18. CHILDREN IN NEED OF ADDITIONAL SUPPORT**

Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. The Early Help Assessment (EHA) process and Team Around the Child (TAC)/Team Around the Family (TAF) should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. From August 2016, the Stockport Family Early Help Assessment (EHA) has been phased in, replacing the existing Common Assessment Framework (CAF).

### **18.1. Early Help Assessment (EHA)**

In Stockport, professionals use Stockport's Family Early Help Assessment (EHA).

The EHA assesses the whole family situation and helps to identify the needs of the children and adults in the family. The EHA provides a coordinated response so that families receive the support that they need.

#### **18.1a. Aims and principles**

EHA principles:

1. be simple to complete as a child and family friendly
2. promote a conversation with families, focusing on what they want to achieve
3. allow the family to decide which areas they need support and where they may be struggling

### 18.1b. Consent based process

The assessment will be completed with child/family and used as an assessment of strengths and needs. A support plan will be developed with the family and all agencies involved and be regularly reviewed.

### 18.1c. Using the EHA

Early help is about engaging a child/young person, parent or family in a conversation about how to get things going well again.

### 18.1d. A whole family approach

All aspects of life — home, work, social/community and health and wellbeing are taken into account:

1. the whole person/whole family situation and what matters most to them is understood
2. the impact of what's not working well on all family members is understood
3. a family's strengths are recognised and built on
4. a person's readiness to change is recognised so that support is offered at the right time
5. practitioners' 'expertise' judgement and advice are recognised
6. the EHA can be used to coordinate support from partners as part of the agreed plan
7. one form can be used for the whole family

### 18.1e. Assessing need

The child/young person/family need to understand and feel comfortable with the purpose which is to help them. Verbal consent will be obtained from the family before starting the assessment.

At the end of the assessment, it will be reviewed with the family and signed consent will be obtained. The Nursery will retain a copy of the signed consent in case it is necessary to evidence it later in the process.

The assessment should:

1. **listen to a child or young person** – an assessment should never be done without talking to them
2. **be voluntary** – if the child, young person or family member doesn't want to take part, you can't force them
3. **focus on the positives** – this is a chance to talk about what a family does well, not just their challenges
4. **lead to a plan** – an assessment should lead to a plan that helps a child, young person or family
5. **be transparent** – the child, young person or family should know what is happening at every point and have given their consent

**If the family will not give verbal or written consent advice will be sought.** If the family will not engage the MASSH will be contacted to discuss concerns and next steps.

They will:

1. support the Nursery when applying a 'team around the family' meeting;
2. offer advice on accessing services, interventions and training.

Contact the MASSH on 0161 217 6160 or email [massh@stockport.gov.uk](mailto:massh@stockport.gov.uk)

## 18.2. TAC – Team Around the Child

The TAC process provides a consistent approach for professionals working with children who may need extra help, including children with disabilities. The process is available for children and young people of all ages from 0 to 18.

The underlying principles of the Team Around the Child model are:

1. the child's needs must come first;
2. the child's welfare is everyone's responsibility;
3. all organisations must work together for the benefit of the child;
4. the parents'/carers' rights must be considered and inform the process;
5. the TAC should be 'owned' and driven by the child and their parents/carers.

The Nursery will:

1. discuss concerns with parents/carers;
2. complete and update the appropriate action plan and outcomes as required;
3. convene or take part in the Team Around the Child process;
4. monitor the child's progress and raise the issue to the level of Child Protection if this is necessary.

All the documents to support the Team Around the Child in Stockport can be found at the link

<https://www.stockport.gov.uk/early-help-assessment/overview-early-help-assessment>

## 19. MULTI-AGENCY WORKING

The Nursery will contribute to multi-agency working in line with Working Together to Safeguard Children. The Nursery understands that it has an important role in the safeguarding partner arrangements. We will work with other agencies to safeguard and promote the welfare of children, and protect them from harm.

## 20. SUSPECTED HARM FROM OUTSIDE NURSERY

A member of staff, who suspects that a child is suffering harm from outside the Nursery, should seek information from the child with tact and sympathy using "open" and non-leading questions. A note of concern should be made of the conversation and the matter should be promptly referred to the Designated Safeguarding Lead.

## 21. VISITORS

When receiving visitors onto the Nursery premises, all members of staff must ensure:

1. Their visitor understands and adheres to the Visitors Procedures (these can be sent out in advance). This includes signing in and out of the Nursery Office. (see Visitors Procedures)
2. That all visitors are appropriately supervised whilst on the Nursery premises.

## 22. HIRING OUT OF PREMISES

If the premises are hired out to organisations or individuals, the Nursery will ensure that appropriate safeguarding and child protection policies and procedures are in place.

## 22. SPECIFIC SAFEGUARDING ISSUES

If a member of staff has any concerns that children may be subjected to or involved in any of the following: Female Genital Mutilation (see FGM Guidance), Child Sexual Exploitation (see CSE Guidance), Forced Marriage, Travelling to Conflict Zones they are required to report them to the Designated Lead using the Note of Concern. The Designated Lead will then contact the Stockport Safeguarding Children Unit (0161 474 5657) for further advice and support.

## 23. WHISTLEBLOWING

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them. If the issue is regarding child protection, the NSPCC operates a Whistleblowing helpline (see below in Contact Details for Local Offices).

## 24. INFORMATION FOR PARENTS/CARERS

It is made very clear to all parents/carers that all our staff at Ramillies Hall Nursery are committed to safeguarding and promoting the welfare of children and young people. A statement to this effect is included on our website. We also display our commitment to safeguarding in our entrance hall.

## 25. CONFIDENTIALITY

All Safeguarding records are kept separately from other records and are stored in a locked cabinet. A Safeguarding File Front Sheet form should be completed. The Designated Safeguarding Leads and deputies have access rights to these documents. When necessary they may be shared with other relevant members of staff but this is a decision taken by the Designated Safeguarding Lead. However, they must always be read in Nursery and then placed immediately back in the locked cabinet. **Copies must not be taken.**

Information on safeguarding cases will only be shared within the Nursery with those to whom it is relevant.

## 26. TRANSFER OF RECORDS

When a child leaves the Nursery, the designated safeguarding lead will ensure their child protection file is transferred to the new school as soon as possible, ensuring secure transit, and a confirmation of receipt will be obtained. When receiving files for new children the Nursery will ensure that key staff such as designated safeguarding leads and SENCO, are aware of any issues.

Where it is felt important the DSL will share any information with the new school in advance of a child leaving, so that appropriate support can be put in place.

Files are not sent unless it has been confirmed that the child has taken up their new place. If this confirmation is not received we would retain the file indefinitely.

## 27. ARRANGEMENTS FOR REVIEWING THE POLICY AND PROCEDURES

This document will be reviewed annually by the Nominated Person, Nursery Manager and the Designated Safeguarding Leads. They will also scrutinise the procedures and the efficiency with which duties have been discharged. Any deficiencies or weaknesses in the policy, procedures or arrangements will be remedied without delay.

Written By	Diana Patterson
Reviewed	May 2023 by L Vincent



## 27. CONTACT DETAILS FOR LOCAL OFFICES

### STOCKPORT

Stockport Multi Agency Safeguarding and Support Hub MASSH 0161 217 6028

Safeguarding Children Unit (LADO) 0161 474 5657

Senior Adviser for Safeguarding in Education 0161 474 5657

Out of Hours (emergencies only) 0161 718 2118

The Designated Officer for the local Authority (LADO) at Stockport Safeguarding Unit: Gill Moore Contact details: 0161 474 5656/5657 [gill.moore@stockport.gov.uk](mailto:gill.moore@stockport.gov.uk)

Children's Social Care (MASSH – Multi Agency Safeguarding and Support Hub) 0161 217 6028/24 Emergency out of hours: 0161 718 2118

Senior Adviser for Safeguarding in Stockport and SPOC: Julia Storey 0161 474 5958/5657 07800 618 042

Stockport Prevent Lead: Jason Robinson 07468717971 [jason.robinson@gmp.pnn.police.uk](mailto:jason.robinson@gmp.pnn.police.uk)

National Helpline for Counter Extremism 020 7340 7264 [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk)

Anti Terrorism Hotline 0800 789 321

### ADDITIONAL CONTACT DETAILS

#### Ofsted (Early Years)

Piccadilly Gate, Store Street, Manchester M1 2WD, Tel 0300 123 1231

Our Ofsted reference number is EY 288201

**Disclosure and Barring Service** email: [customerservices@db.s.gsi.gov.uk](mailto:customerservices@db.s.gsi.gov.uk) Tel: 0870 909 0811

Address for Referrals: PO Box 181, Darlington, DL1 9FA, Tel 01325 953795

**CHILDLINE:** 0800 1111

**NSPCC Child Protection Helpline:** 0808 800 5000

**NCPCC Whistleblowing Advice Line:** 0800 028 0285

**Greater Manchester Police Public Protection Investigation Unit (PPIU)** - for consultation about crime-related safeguarding concerns: [stockport.ppiu@gmp.pnn.police.uk](mailto:stockport.ppiu@gmp.pnn.police.uk)

Up-to-date guidance and practical support on specific safeguarding issues can be found on the TES, MindEd and the NSPCC websites.



## RAMILLIES HALL NURSERY



### WHAT TO DO IF YOU ARE CONCERNED THAT A CHILD/YOUNG PERSON IS BEING ABUSED

#### INFORMATION YOU MAY BE ASKED TO PROVIDE

When you make a referral to Social Care (Children's Services) or to the police, you should provide as much of the following information as possible:

- **Child's name, date of birth, address, telephone number and ethnic origin;**
- **Family details** - who lives in the home - and any other significant adults;
- What is causing concern and the **evidence** that you have gathered to support your concerns;
- Any **additional needs** the child and/or family may have including language, disability and communication;
- Clarification of discussion with any family members if a discussion has been appropriate;
- Clarification of any ongoing assistance that you are giving to the family;
- Your name, workplace and contact telephone number.

All Child Protection referral phone calls made to the Multi-Agency Safeguarding & Support Hub (MASSH) to secure a response from Social Care must be supported with written documentation. In Stockport this is through the online Child Protection Referral form.

**Remember- Anyone in Nursery can make a child protection referral**

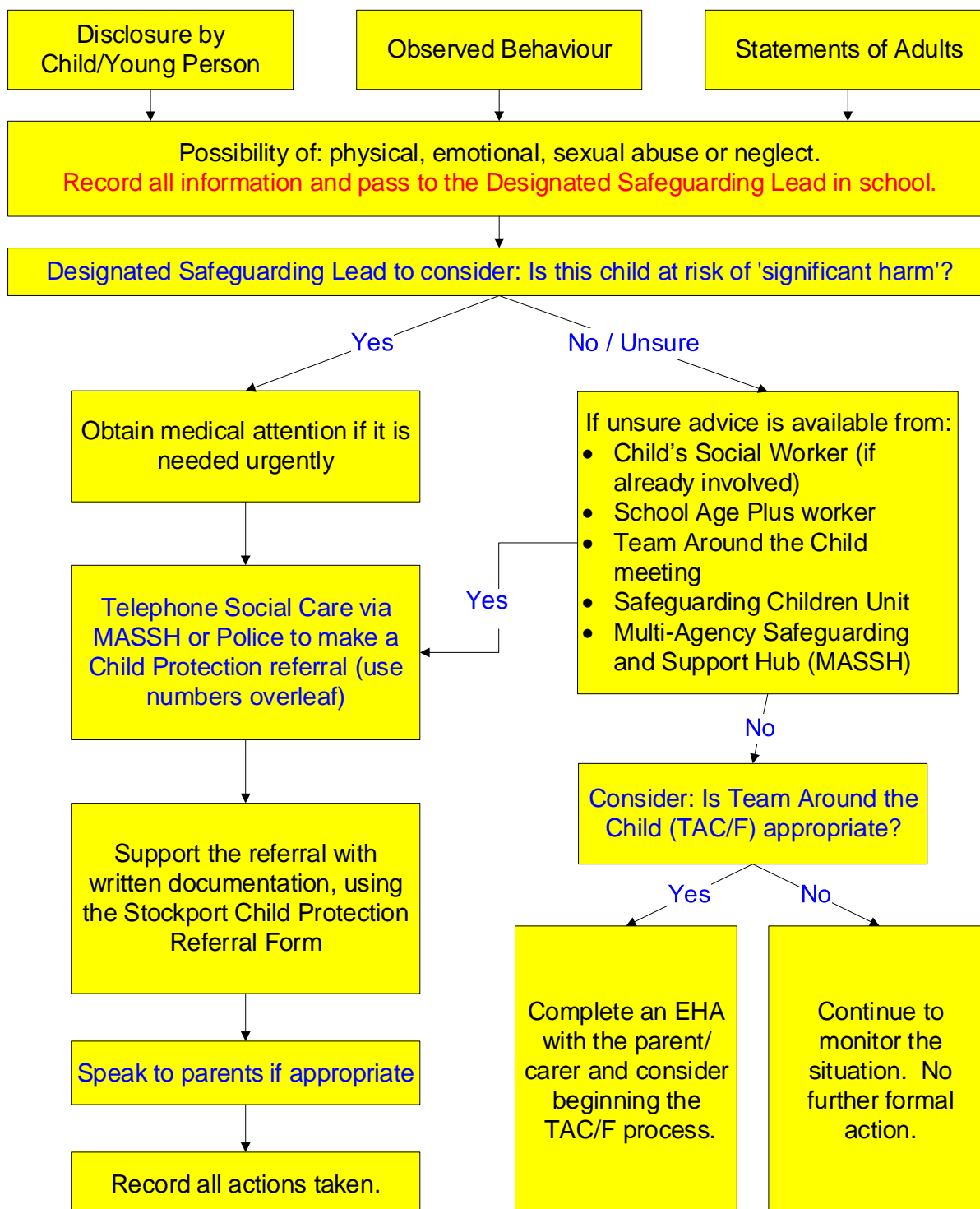
#### INFORMATION & TELEPHONE NUMBERS FOR CONSULTATION AND REFERRAL

Children's Services- child protection referral

- Online (to the MASSH)- <https://www.stockport.gov.uk/contacting-the-massh>
- The Multi –agency Safeguarding and Support Hub (MASSH)  
Monday to Thursday 8.30am to 5.00pm,
- Friday 8.30am to 4.30pm.  
tel. (0161) 217-6028 or 6024.  
Out of hours referrals and advice tel: (0161) 718-2118
- Greater Manchester Police tel:101 (non- emergency) 999 emergency

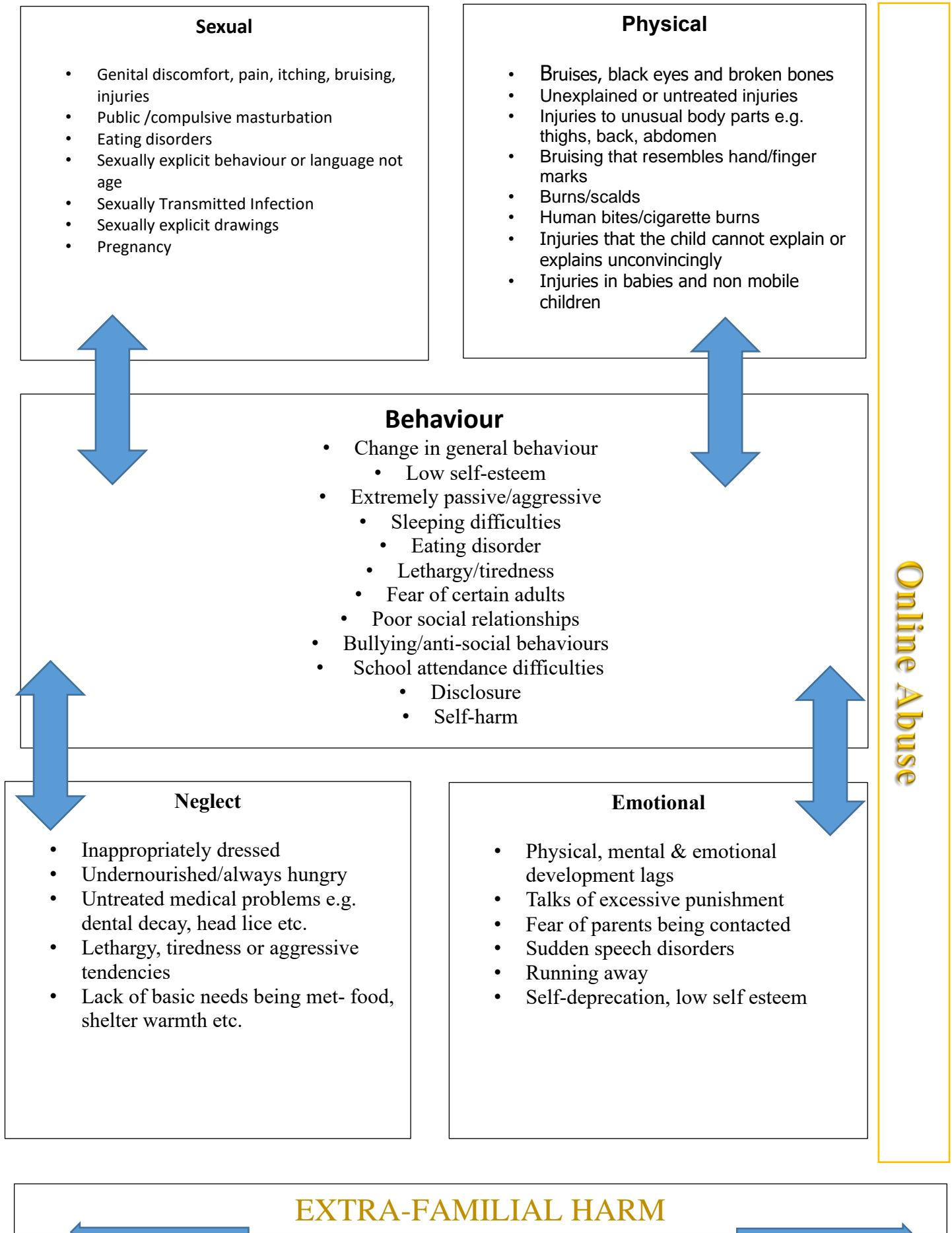
Advice is available from:

- Child's Social Worker (if already involved)
- Safeguarding Children Unit tel. (0161) 474-5657
- The Multi –agency Safeguarding and Support Hub (MASSH)  
tel. (0161) 217-6028 or 6024
- Senior Adviser for Safeguarding in Education tel. (0161) 474-5657



**REMEMBER:** It is not the role of Education to investigate a Child Protection concern. Report the information you have and Social Care and/or the Police will investigate.

Indicators are provided as a guide, concerns and context should be discussed with the DSL





# RAMILLIES HALL NURSERY

## The LADO



### [Greater Manchester procedures online - Allegation management](#)

The process of managing allegations starts where information comes to the attention of a manager that suggests that an adult working with children may have:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates he/she may pose a risk of harm to children.

Concerns or allegations about the behaviour of an adult may be brought to the attention of a manager in a variety of ways. For example:

- An allegation made directly by a child or parent;
- An allegation made by a colleague or member of staff;
- Information from police or local authority social care team;
- Information from a third party or the general public;
- Information disclosed anonymously or online; or
- Concerns generated through an employment relationship.

The procedures allow for consideration of the adult's behaviour at the earliest opportunity when a concern or allegation arises and is brought to the manager/employer's attention.

### **When to contact the Local Authority Designated Officer (LADO)**

It is important to ensure that even apparently less serious allegations are seen to be followed up, and that they are examined objectively by someone independent of the organisation concerned.

Discussion should always take place between the employer and the LADO when the concern or allegation meets the criteria.

Some examples of this may be where an individual has:

- Contravened or has continued to contravene any safe practice guidance given by his/her organisation or regulatory body;
- Exploited or abused a position of power;
- Acted in an irresponsible manner which any reasonable person would find alarming or questionable given the nature of work undertaken;
- Demonstrated a failure to understand or appreciate how his or her own actions or those of others could adversely impact upon the safety and well-being of a child;
- Demonstrated an inability to make sound professional judgements which safeguard the welfare of children;
- Failed to follow adequately policy or procedures relating to safeguarding and promoting the welfare of children;
- Failed to understand or recognise the need for clear personal and professional boundaries in his or her work;
- Behaved in a way in her or her personal life which could put children at risk of harm;
- Become the subject of criminal proceedings not relating to a child;
- Become subject to enquiries under local child protection procedures and/or child subject to [Child Protection Plan](#);
- Behaved in a way which seriously undermines the trust and confidence placed in him or her by the employer.

Colleagues with concerns can contact the LADO on 0161 474 5657.



# **RAMILLIES HALL NURSERY** SAFEGUARDING NOTE OF CONCERN



**This form is to be completed on all occasions when there is cause for concern in relation to the welfare of a child and given to your Designated Safeguarding Lead.**

Child Name:		Class/Group:		Date of Incident:	
DOB:		Reported to:		Date & Time Report Completed:	
<b>Issue:</b> Please record the details of the incident/issue you are concerned about. Include verbatim comments where possible, and write them down promptly. Any witnesses. Please keep the account very factual. If you are reporting a potential incident of physical abuse remember to include a body map if necessary and record clearly marks on the child.					
(Please continue on the back if necessary)					
How did you become aware of the issue? (please circle)		Observation		Disclosure	
Outcome: Please include the outcome of the discussions with parents/carers where this is appropriate					
Signed:				Date:	
Discussed with Designated Safeguarding Lead:		Yes		No	
Form passed to Designated Safeguarding Lead:		Yes		No	
Date passed to Designated Safeguarding Lead:					
<b>To be completed by the Designated Safeguarding Lead</b>					
Further action: (briefly describe)					
No further action	Continue to monitor	Complete EHA	Convene TAC	Refer to Children's Social Care/Police	
Signature of DSL:				Date:	



SKIN MAP – used by **non-medical staff** to assist you in reporting your concerns.  
THIS IS NOT A MEDICAL ASSESSMENT.



Child Name: \_\_\_\_\_

Date marks noticed: \_\_\_\_\_

Recorder by: \_\_\_\_\_

Role: \_\_\_\_\_

Report passed to: \_\_\_\_\_

(Please record the size, shape, location and colour of the mark **if** you have seen something). **Do not ask a child to show you a mark.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

