

SAFEGUARDING & CHILD PROTECTION

This policy should be implemented alongside advice documented within the ‘Working Together to

Safeguard Children’ document.

We at Little Adventurers support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children’s health and development. Safeguarding is a much wider subject than the elements covered within this single safeguarding policy, therefore this document is used in conjunction with the other nursery policies and procedures.

Little Adventurers will work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect and to be safe from any abuse in whatever form.

To this end we will:

• Create an environment to encourage children to develop a positive self-image

• Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development

• Provide a safe and secure environment for all children

• Always listen to children.

Little Adventurers has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the manager, Jenni Cummings, or in her absence the deputies, and Abbey Wood-Dobby at the earliest opportunity.

Designated Safeguarding Officer

If you have any doubts that any child is being harmed, or is at risk of harm, you should instantly share this information with the designated child protection officer Jenni Cummings.

You may be asked to record your concerns or provide further information.

Designated safeguarding officer

1. Jenni Cummings /Manager

2. Kayleigh Dunn / Deputy Manager

Staff Training and Understanding

At Little Adventurers we will ensure all staff are trained to understand our safeguarding policy and procedure, and that all staff have an up-to-date knowledge of safeguarding issues. Training will be made available to enable staff to identify signs of possible abuse and neglect at the earliest opportunity and respond in a timely and appropriate way. Signs staff will be aware to look for may include: -

• Significant changes in children’s behaviour

• Deterioration in children’s general well-being

• Unexplained bruising, marks or signs of possible abuse or neglect

• Children’s comments which give cause for concern

• Any reason to suspect neglect or abuse outside the setting, for example in the child’s home

• Inappropriate behaviour displayed by other members of staff and any other persons working with the children. For example; inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their usual role and responsibilities or inappropriate sharing of images.

This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse or neglect.

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

WHO CAN WE CONTACT IF WE SUSPECT A CHILD IS AT RISK OF HARM?

Safeguarding concerns should be passed to the DSO and she will refer to the appropriate agency. If your safeguarding / child protection concern relates to the DSO, or if you, feel she has not dealt with your concern satisfactorily, you must ring the relevant agency listed below and report your concern.

**If we suspect a child is being harmed or is at risk of being harmed.**

Phone Gateshead Council's Children's Services (in confidence) on:

**0191 433 2653** (office hours: **Monday - Thursday 9am** - 5pm and **Friday 9am - 4.30pm**)

**0191 477 0844** (out of hours, at night, at weekends and bank holidays)
The Emergency Duty Team will help with personal or family problems that reach a crisis at these times. All calls go through to the Gateshead Care Call Service where a telephone operator takes all the calls. This service is the contact point for all council services out of hours. If the phone isn't answered straightaway, please be patient as they will be dealing with another call.

**In an emergency always call 999.**

**Accusations and allegations relating to staff members only.**



**If we suspect that a family is displaying extremist behaviour; if we think a family are being drawn into committing acts of terrorism.**

If you're a professional who's worried about a young person or vulnerable adult at risk of being radicalised, complete the <https://www.gateshead.gov.uk/media/41442/National-Prevent-Referral-Form-2024/pdf/Prevent_National_Referral_Form_2024_u4quge2jwlzi.pdf?m=1717510669173>

and send it to fimunorth@ctpne.police.uk

If you're worried that a friend or family member is at risk of being radicalised, you can call the Prevent Advice Line on 0800 011 3764 in confidence, to share your concerns with specially trained officers. Advice and guidance is available on the ACT Early website. You can also make a Prevent referral on the Northumbria Police website.

<https://www.northumbria.police.uk/advice/advice-and-information/t/prevent/prevent/beta/prevent-team-referral/>

For general advice and information about Prevent at Gateshead Council, email prevent@gateshead.gov.uk or you can call Northumbria Police on 101.

In an emergency, always call 999.

National Police Prevent Line: 0800 0113764

**In an extreme situation whereby a child may be in immediate and significant danger.**

**POLICE**

**Non emergency – 101**

**Emergency – 999**

Contact numbers checked and correct October 2024

The nursery aims to:

• Ensure that children are never placed at risk while in the charge of nursery staff

• Ensure that confidentiality is maintained at all times

• Ensure that all staff are alert to the signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed including by other children i.e. bullying, discriminatory behaviour

• Ensure that all staff are familiar and updated regularly with child protection issues and procedures

• Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur

• Keep the child at the centre of all we do

• Regularly review and update this policy with staff and parents where appropriate.

• Children will be supported by offering reassurance, comfort and sensitive interactions. Activities will be devised according to individual circumstances to enable children to develop confidence within their peers.

TYPES OF ABUSE AND THE SYMPTOMS TO LOOK OUT FOR (3.4, 3.6)

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

The signs and indicators listed below may not necessarily indicate that a child has been abused but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

**Physical Abuse**

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning; where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries – these should also be logged and discussed with the nursery manager or room leader.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the nursery owner, or in her absence, the manager.

Procedure:

• All signs of marks/injuries to a child, when they come into nursery or occur during time at the nursery, will be recorded as soon as noticed by a staff member

• Little Adventurers now produce ‘Body maps’ for all children, where injuries occurring at home are marked and dated. This enables us to gain an ongoing view of injuries over time.

• The incident will be discussed with the parent at the earliest opportunity if appropriate

• Such discussions will be recorded and the parent will have access to such records

• If there appears to be any queries regarding the injury, the Local Safeguarding Children’s Board (LSCB) in the local authority will be notified.

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g. through poisoning, starvation or inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Procedure:

• At the point when a member of staff first feels that there may be an instance of fabricated illness, this should be shared with the DSO.

• Further instances should be shared with DSO, who will record the details.

• The matter may be referred to the LCSB

**Emotional Abuse**

Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Procedure:

• The concern should be discussed with the DSO

• The concern will be discussed with the parent

• Such discussions will be recorded, and the parent will have access to such records

• A Common Assessment Framework (CAF) may need to be completed

• The matter will be referred to the LCSB

**Neglect**

Action should be taken under this heading if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation and failure to seek medical treatment when required on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child’s growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child’s needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Procedure:

• The concern will be discussed with the parent (where appropriate)

• Such discussions will be recorded, and the parent will have access to such records

• A CAF may need to be completed

• The matter may be referred to the LCSB

**Sexual Abuse**

Action needs be taken under this heading if the staff member has witnessed occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive pre-occupation with sexual matters, or had an inappropriate knowledge of adult sexual behaviour or language.

This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g., for nappy changes.

The physical symptoms may include genital trauma, discharge, and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child’s behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

If a child starts to talk openly to an adult about abuse they may be experiencing; the procedure stated later in this document under ‘recording abuse suspicions’ will be followed.

Procedure:

• The adult should reassure the child and listen without interrupting if the child wishes to talk

• The observed instances will be detailed in a confidential report

• The observed instances will be reported to the DSO

• The matter may be referred to the LCSB

**Other forms of abuse to be aware of**

FEMALE GENITAL MUTILATION (FGM)

The practice, traditional in some cultures, of partially or totally removing the external genitalia of girls and young women for non-medical reasons. It is illegal in many countries.

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is a form of child abuse.

It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

Forms of FGM

There are four main types of FGM:

Type 1 (clitoridectomy) – removing part or all of the clitoris.

Type 2 (excision) – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).

Type 3 (infibulation) – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.

Other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area.

FGM is often performed by traditional circumcisers or cutters who do not have any medical training.

However, in some countries it may be done by a medical professional.

Anaesthetics and antiseptics aren't generally used, and FGM is often carried out using knives, scissors, scalpels, pieces of glass or razor blades.

FGM often happens against a girl's will without her consent and girls may have to be forcibly restrained.

Effects of FGM

There are no health benefits to FGM and it can cause serious harm, including:

• constant pain

• pain and/or difficulty having sex

• repeated infections, which can lead to infertility

• bleeding, cysts and abscesses

• problems passing urine or incontinence

• depression, flashbacks and self-harm

• problems during labour and childbirth, which can be life-threatening for mother and baby

Some girls die from blood loss or infection as a direct result of the procedure.

FGM and sex

FGM can make it difficult and painful to have sex. It can also result in reduced sexual desire and a lack of pleasurable sensation.

Talk to your GP or another healthcare professional if you have sexual problems that you feel may be due to FGM, as they can refer you to a special therapist who can help.

In some cases, a surgical procedure called a deinfibulation may be recommended, which can alleviate and improve some symptoms.

FGM is illegal in the UK.

It is an offence to:

• perform FGM (including taking a child abroad for FGM)

• help a girl perform FGM on herself in or outside the UK

• help anyone perform FGM in the UK

• help anyone perform FGM outside the UK on a UK national or resident

• fail to protect a girl for whom you are responsible from FGM

Procedure

• Report suspicions to on duty child protection officer immediately

• On duty child protection officer to refer reports for concern to safeguarding children’s board immediately.

BREAST IRONING

Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's breasts, using hard or heated objects, to try to make them stop developing or disappear. It is mostly practiced in parts of Cameroon, where boys and men may think that girls whose breasts have begun to grow are ready for sex. Some reports suggest that it has spread to the Cameroonian diaspora, for example to that in Britain. The most widely used implement for breast ironing is a wooden pestle normally used for pounding tubers. Other tools used include leaves, bananas, coconut shells, grinding stones, ladles, spatulas, and hammers heated over coals.

Breast ironing is extremely painful and can cause tissue damage. There have been no medical studies on its effects. However, medical experts warn it might contribute toward breast cancer, cysts and depression or perhaps interfere with breastfeeding later. Other possible side-effects reported by GIZ include breast infections, the formation of abscesses, malformed breasts and the eradication of one or both breasts. The practice ranges dramatically in its severity, from using heated leaves to press and massage the breasts, to using a scalding grinding stone to crush the budding gland. Due to the range of this activity, health consequences vary from benign to acute.

Procedure

• Report suspicions to on duty child protection officer immediately

• On duty child protection officer to refer reports for concern to safeguarding children’s board immediately.

Domestic Violence & Forced Marriage

The UK’s cross-government definition of domestic abuse is:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse

between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This abuse can encompass but is not limited to

✓ psychological

✓ physical

✓ sexual

✓ financial

✓ emotional.

The Serious Crime Act 2015 section 76 created a new offence of “controlling or coercive behaviour in an intimate or family relationship”.

The Domestic Violence, Crime and Victims Act 2004 extended provisions to help stop domestic abuse and created the new offence of "causing or allowing the death of a child or vulnerable adult". This Act was amended in 2012 by the Domestic Violence, Crime and Victims (Amendment) Act 2012 to include 'causing or allowing serious physical harm (equivalent to grievous bodily harm) to a child or vulnerable

adult'.

Where domestic abuse is taking place in a child’s home the child is at risk of harm, whether they witness the violence or not. This may take the form of physical abuse, sexual abuse, emotional abuse or neglect. At we ensure that if there are any signs or symptoms that domestic abuse may be occurring and we act without haste and follow our main safeguarding / child protection policy

Signs may include:

• Visible signs of injury on the adult being abused

• Changes in behaviour of the adult(s) and child – e.g. the abused adult may become withdrawn, show low levels of self-esteem

• One adult being visible worried about what their partner may say in a certain situation (e.g. if the child has become dirty or injured at nursery)

• One adult becoming scared of their partner

• Adults becoming isolated from their friends or family

• Signs of abuse in the child (as per the main safeguarding policy).

As part of our duty to keep children safe we will follow the safeguarding reporting procedure and we provide support leaflets and numbers for females and males who may be experiencing domestic abuse.

Honour based Violence

‘Honour' based violence (HBV) is a type of domestic abuse which occurs in the name of so called ‘honour'. Some families believe that certain actions bring shame on the family and may react with punishment. This may be rejecting a forced marriage, having a relationship not approved by the family, wearing the wrong clothing or wearing makeup. This can happen in families from a variety of cultures and countries and also happens within the UK.

Signs of HBV may include changes in behaviour of the person undergoing the violence, changes in how they dress or act and also in comments they make.

If signs of HBV are present in a parent or staff member within the nursery then we will act and follow our safeguarding policy to keep children safe in the environment as well as seeking support for the adult involved.

Forced Marriage

We are aware arranged marriages are part of some cultural practices. We also recognise there is a clear distinction between a marriage in which both parties are willing and able to give an informed consent to, and a marriage which is forced. Forced marriage is a criminal offence. A forced marriage is a marriage in which one or both spouses do not and/or cannot consent to the marriage and duress is involved. If we become aware of a forced marriage occurring, then we will report it to the appropriate body. If the person is under the age of 18 then we will report it to the children’s social care team as this is a child protection issue. We will follow our safeguarding reporting procedure.

Modern Slavery and Human Trafficking

Legislation

The Modern Slavery Act received Royal Assent on 26 March 2015. The act consolidates slavery and trafficking offenses and introduces tougher penalties and sentencing rules.

Background

Child trafficking and modern slavery is becoming a more frequent form of child abuse. Children are recruited, moved, transported, and then exploited, forced to work or are sold on.

Modern slavery is a term that covers:

• Slavery.

• Servitude and forced or compulsory labour.

• Human trafficking.

Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual, and emotional abuse. This policy should be used alongside the following policies to ensure all children, staff, parents, and visitors are fully safeguarded:

• Safeguarding and child protection.

• Whistleblowing.

• Equality and inclusion.

For an adult or child to have been a victim of human trafficking there must have been:

• Action (e.g. recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation).

• Means (threat or use of force, coercion, abduction, abuse of power or vulnerability) There does not need to be “means” for children as they are not able to give informed consent.

• Purpose (e.g. sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs).

Procedure

When a concern is raised about slavery or trafficking then we will follow our safeguarding procedure. If the child (or adult) is at risk of immediate harm then the police will be called, otherwise the local authority will be contacted and the referral process will be followed as per the safeguarding procedure.

Other forms of abuse are familiar with staff and should be spotted and reported, this may include:-

• Bullying, including online bullying

• Racist, disability and homophobic or transphobic abuse

• Gender-based violence/violence against girls & women

• Peer on peer abuse

• Radicalisation and/or extremist behaviour

• Child sexual exploitation and trafficking

• Child criminal exploitation and county lines

• The impact of technology on sexual behaviour

• Teenage relationship abuse

• Substance misuse

• Gang activity and youth violence

• Fabricated or induced illness

• Poor parenting

• Witchcraft

• Toxic trio (Domestic, Substance Misuse and Mental Ill Health)

The above list is not exhaustive.

**Indicators of child abuse**

• Failure to thrive and meet developmental milestones

• Fearful or withdrawn tendencies

• Aggressive behaviour

• Unexplained injuries to a child or conflicting reports from parents or staff

• Repeated injuries

• Unaddressed illnesses or injuries.

• Children’s comments which give cause for concern

RECORD KEEPING

Accurate record keeping is vital to the safeguarding of children.

Little Adventurers uses the following documentation for recording safeguarding concerns.

**Injury at Home Form**

When a child arrives at nursery with a bruise, cut, mark, or any other type of injury.

The form should be filled in by the person noticing the injury and Manager notification will be automatically generated.

**Location -** Blossom

Once complete, stored in Child’s individual profile

**Welfare Incident/ concern form**

When any of the following occur:

-Change in child’s usual behaviour

-Child discloses verbally

-Worrying role play is observed

-Parent behaviour gives cause for concern

-Worries over physical presentation

The form should be requested from the DSO, who will support in filling the form

in if necessary.

**Location:** In office blank proforma (ask DSO on Duty)

Once complete, stored in Child’s individual blossom file

**Chronology Record**

DSO will complete the chronology form.

This form is kept in child folder on our secure system and

provides an overview of all instances of injuries at home / absences / welfare concerns.

**Body Map**

DSO will complete the body map. This is kept with the chronology form and shows dates and locations of all injuries recorded on the ‘injury at home’ forms.

Childs individual folder on secure system

**Why is recording important?**

We have a statutory duty to promote the well-being and safety of every child who attends our setting. This is a whole setting task. Since members of staff have differing roles within the setting, we observe children in a range of settings and activities throughout the day. Children may show or tell us that something is wrong in a variety of ways. We all have an important role to play in helping to identify welfare concerns for children and possible indicators of abuse or neglect at an early stage. For some children a “one off” serious incident or concern will come to your attention, and you will have no doubt that you must immediately record and report this. Most often however it is the accumulation of a few small incidents, events or observations – “the jigsaw” - that provide the evidence that a child is being harmed. It is vital therefore that any concern you have for a child’s welfare however small is recorded and passed to the Designated Safeguarding Lead (DSL).

**What is a “welfare concern”?**

As a general rule, anything that you consider unusual or out of the ordinary for the child constitutes a concern. Mostly these will arise in one or more of the following areas:

• The child’s behaviour changes, or a particular behaviour is observed

• The child has a physical injury

• The child tells you something has happened to them

• The child’s physical presentation

• You receive information from or observe unusual behaviour in a parent

Why can’t I just pass on my concern verbally?

It is important that the person who has the concern gives a first-hand account of this so that there is a clear and accurate record of what has been seen, heard etc. A record written by you will ensure that there is no misinterpretation of your concern or that it can be overlooked or forgotten.

What happens to the record once I’ve written it?

One of the main purposes of recording is to make sure that the DSL can respond properly to concerns for children. The DSL will decide what action is necessary in response to your concern. Actions they take will of course depend on how serious and urgent the concern is. These can range however from a decision to keep a close eye on the child, to referring the child to Specialist Children’s Services so that they can undertake an assessment of the child’s safety. The concern form you have completed will be kept by the DSL in a confidential e-file.

**Who will see this? Will parents see my record?**

Information relating to children’s welfare will be shared on a strict “need to know” basis and in line with Gateshead’s Safeguarding Children Procedure that we have a duty to work within.

Neither the parent nor the child has an automatic right of access to child protection records and in most cases, the actual record will not be shared with parents. However, we ask you to write this in a way that if we were asked to release nursery records perhaps by a Court, the record is a fair and factual account of an incident or event.

One of the most common responses by the DSL to concerns raised by staff for children will be to share these with parents with the purpose of working with them to understand and address the issue of concern.

The details of your record therefore may be presented verbally to parents. Sometimes your concern will be one of many. If the DSL is worried that talking to parents might create a risk to any member of staff’s safety, they will not do this but seek the advice of colleagues at Gateshead LA.

**Will the record be destroyed once the issue is addressed or the child leaves school?**

No. Past concerns for children and what happened in response to these can be very important information for staff who may have concerns for the child at a later time. The DfE guide us in the retention and transfer of safeguarding records. The DSL is responsible for passing these on under confidential cover to the DSL in the child’s new school/setting when the child leaves us.

**Children with Special and/or additional needs**

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting high standards of practice and a high level of awareness of the risks of harm and strengthening the capacity of children and families to help themselves.

The available UK evidence on the extent of abuse amongst disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Little Adventurers Nursery and the staff will:-

• ensure that the need for expertise in both safeguarding and promoting the welfare of the child and in relation to disability is recognised and brought together in order that disabled children receive the same levels of protection from harm as non-disabled children

• make clear the critical importance of communication with disabled children including recognising that all children can communicate preferences if they are asked in the right way by people who understand their needs and have the skills to listen to them

• reinforce the right of disabled children and their families to a thorough assessment of their needs and to services, which safeguard and promote the welfare of children and maximise their independence, including appropriate personal, health and social education

• reinforce the importance of an integrated approach to safeguarding and promoting the welfare of disabled children with a sound assessment of the child’s needs, the parents capacity to respond to those needs and the wider family circumstances

• ensure all agencies recognise that safeguarding and promoting the welfare of disabled children depends on effective information sharing, collaboration, shared expertise and understanding between agencies and professionals.

**Recruitment of staff and Volunteers**

It is the policy of the nursery to provide a secure and safe environment for all children. The nursery will therefore not allow an adult to be left alone with a child who has not received their enhanced CRB disclosure clearance.

All staff do basic child protection training within their first month of employment and receive initial basic training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery.

• We provide adequate and appropriate staffing resources to meet the needs of children

• Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information

• All enhanced DBS disclosures checks will be updated on a regular basis to ensure the suitability of the adults caring for the children

• We abide by Ofsted requirements in respect of references and suitability checks for staff and volunteers, to ensure that no disqualified person or unfit person works at the nursery or has access to the children

• We ensure we receive at least two written references BEFORE a new member of staff commences employment with us

• All students will have enhanced CRB disclosures conducted on them before their placement starts

• Volunteers, including students, do not work unsupervised

• We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern

• We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery, so that no unauthorised person has unsupervised access to the children

• All visitors/contractors will still be accompanied whilst on the premises, especially when in the areas the children use

• All staff have access to a whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner

• All staff will receive regular supervision meetings where opportunities will be made available to discuss child protection training and any needs for further support. All staff take part in regular safeguarding and child protection professional discussions to promote professional curiosity and upkeep their knowledge.

• The deployment of staff within the nursery allows for constant supervision and support.

**Confidentiality**

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know.

Support to families

• Little Adventurers takes every step in its power to build up trusting and supportive relations among families, staff and volunteers within the nursery

• Little Adventurers continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non- judgmental manner whilst any external investigations are carried out in the best interests of the child

• Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate under the guidance of the LSCB with the provison that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

**Allegations Against Staff**

Any allegations made to any member of staff or student should be reported to the Manager and/or DSO immediately.

This policy is taken from the framework set out be HM Government Document ‘Working Together to Safeguard Children’ 2010 and relates to staff that :-

• Behaved in a way that has harmed or may have harmed a child/ren

• Possibly committed a criminal offence against or related to a child

• Behaved towards a child/ren that is indicative to their unsuitability to continue working with children

The Local Authority Designated Officer (LADO) will be contacted in the case of any allegation made against a member of staff or volunteers/students working with children, within one day. The LADO will be contacted regardless of the allegation or whether it is believed to be malicious or not. The LADO will be contacted regardless of if the complaint is official or not. No attempt will be made to investigate any allegations without first contacting LADO for advice.

Ofsted will be contacted within 14 days, both by the Nursery and LADO informing them of any allegations made. The nursery will work with all parties involved to support the child, staff and parents and any other persons involved.

Clear and consistent records will be kept throughout the investigation of any allegations made. This will be kept in the person’s (who the allegation was made against) personnel file and a copy given to the individual. This will be retained on file, even if the person leaves the company until the person reaches retirement age or for 10 years if that will be longer. This information will be used for future references and provide any clarification for any CRB disclosures where allegations were made. This information will also be used if re-investigation happens if any allegations re-surface.

The LADO will obtain information from the employer and details of the allegation. The discussion will consider if the allegation is false or unfounded.

If the allegation is not unfounded and there is cause to suspect a child has or likely to suffer significant harm the LADO will immediately refer to social care. A strategy meeting will be convened straight away and attended by the LADO and representative of the employer.

If the allegation does not involve a criminal offence, it will be dealt with by the employer. If disciplinary action is not required then appropriate action should be taken within three working days. If a disciplinary hearing is required and can precede without further investigation this should do so within 15 working

days. If further advice is needed by the LADO regarding disciplinary action a report will be received by them within 10 working days. The employer’s decision whether to pursue disciplinary action will be given within 2 working days and the hearing will be held within 15 working days.

Support for persons involved

Parents or carers of the child/ren involved will be told about the allegation as soon as possible and will be kept informed about the progress of the case. The outcome will be shared with the parents/carers where there is not a criminal conviction, including any disciplinary action taken.

In cases where a child may have suffered significant harm or there may be a criminal prosecution, children’s social care, the police will consider the support needed for the child/ren.

The nursery will also keep the person who is subject to an allegation involved and arrange to provide appropriate support while the case is ongoing. External support (e.g., counselling) may be required and will be sought wherever possible.

**Confidentiality**

Confidentiality must be maintained at all times and guard against publicity whilst an investigation is being carried out. Staff will adhere to our strict confidentiality policy. Parents carers will be asked to keep any information shared confidential to protect all children involved.

Resignations or ‘compromise agreement’

If a member of staff resigns immediately after an allegation, this will not prevent the above procedure being carried out.

A compromise agreement by which a person agrees to resign, and disciplinary action will not be perused by the employer will not be taken or considered in the case of allegations. This will not stop a police investigation or the employer reporting such matters to the ISA.

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| This Policy was adopted on: | Signed on behalf of Nursery: | Date to be reviewed: |
| 01/10/2024 |  A.Wood-Dobby | 01/10/2025 |