

## Safeguarding Children and Child Protection

(Including managing allegations of abuse against a member of staff)

### **Safeguarding and Child Protection**

Here at Churchdown Day Nursery we believe safeguarding and Child Protection is everyone's concern, and thus through this policy it is our intention to ensure that all who access the nursery are aware of the many types and implications of child protection that can occur and how these influence every element of the provision we provide as well as to outline the ways in which Child Protection matters must be managed in order to ensure the best possible outcome for all children within our care, as well as for students and siblings who may be associated with the setting.

In order to develop this policy we have taken guidance from Gloucestershire Safeguarding Children Board, as well as drawing on both local and national government legislations.

The key legislative frameworks that have influenced this policy are:

- Working Together to Safeguard Children (2013)
- Children's Act (1989 & 2004)
- Keeping Children Safe in Education (2014)
- Data protection Act (1998)
- Childcare Act (2006)

Here at Churchdown Day Nursery Ltd, due to the type of care we provide we recognise that our staff are well placed to observe outward signs of abuse therefore the nursery 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.
- Ensure that children know that they are able to approach an adult and communicate any concerns with them.
- Ensure we include opportunities for children to develop skills in order to stay safe.

In order to do this we will ensure that all staff are aware of the many types of abuse that can occur and the procedures that must be followed when a concern is raised.

### **Types of Abuse**

#### **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, DSL, 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 a DSL/ Manager.

#### **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 starvation, poisoning, 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.

### **Sexual abuse.**

Action needs to 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 symptoms may also 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 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 about abuse they may be experiencing; the procedure stated later in this document under 'recording abuse suspicions' will be followed.

### **Emotional abuse**

Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse, on 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 constant basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or development 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.

## **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, arriving at nursery in the same nappy they went home in or a child having an illness that is not 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.

## **Child Sexual Exploitation**

According to the UK National Working Group for Sexual Exploited Children and Young People child sexual exploitation is defined as

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person and persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/ mobile phones without immediate payment or gain. In all cases, those exploiting the child/ young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Signs that a child may be suffering Sexual Exploitation include

- Going missing for periods of time or regularly coming home late;
- Regularly missing school or education or not taking part in education;
- Appearing with unexplained gifts or new possessions;
- Associating with other young people involved in exploitation;
- Having older boyfriends or girlfriends;
- Suffering from sexually transmitted infections;
- Mood swings or changes in emotional wellbeing;
- Drug and alcohol misuse; and
- Displaying inappropriate sexualised behaviour.

Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

### **Honour Based Violence**

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and /or community.

Although children within the nursery are unlikely to be the victim of honour based violence, it is possible that they may be witness to it within their family or community.

### **Forced Marriage**

A Forced Marriage is a marriage in which one or both spouses do not (or in the case of some adults with support needs, cannot) consent to the marriage and duress involved. Duress can include physical, psychological, financial, sexual, emotional pressure.

### **Female Genital Mutilation**

Female Genital Mutilation includes all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

Female Genital Mutilation in the UK is against the law under the Female Genital Mutilation Act 2003 and is a serious form of child abuse, and as such carries a penalty of 14 years in prison. It is also an offence to take a female child out of the UK for that purpose or to arrange it.

When FGM has occurred after January 2004 the police will need to be informed.

### **Anti-bullying including cyberbullying**

See also bullying and harassment policies.

### **Domestic violence**

Seeing, hearing or knowing of a parent being abused is traumatic for children and can have long-term damaging emotional and psychological effects. Wherever Domestic Violence is suspected in a home where a child is resident, we have a duty under Gloucestershire Safeguarding Children's Board to refer this information to Social Care services, who have a duty to investigate.

### **Drugs**

If we have reason to believe that a child is being cared for or being exposed to drugs or illegal substances we would refer to other agencies, such as health visitors and the local authority children's helpdesk for further advice and support.

If an adult we believed to be under the influence of any substance was to attend the setting to collect a child we would refuse entry and inform the local Police.

We will not allow a child to leave the premises with someone we believe to be under the influence of any kind.

### **Gangs and Youth Violence**

If we have reason to believe that a child or siblings of a child attending the nursery are being subjected to gang violence we would follow local authority guidance and refer the matter for further support and guidance.

### **Mental Health.**

If we suspect that a child within the setting is suffering from a mental health condition we would refer to our SEND policies.

If we believe that a child is being cared for by someone who was experiencing a mental health condition, we would liaise with partner agencies such as the health visitor to ensure correct help and support was available for the family.

We would ensure that the parent/ carer was spoken to throughout the process and made aware of the intention to help and support.

### **Private Fostering.**

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more.

Where we are aware of a private fostering arrangement we would be liaising with partner agencies and the local children and families helpdesk.

### **Radicalisation.**

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.

If we believe that a family or child within the nursery is becoming radicalised we would seek further advice and guidance from the local children and families helpdesk.

### **Sexting.**

Sexting is whereby an individual sends sexually explicit photographs or messages via mobile phone.

If an individual is discovered 'sexting' whilst on the nursery premises the matter will be immediately referred to LADO and advice sought.

### **Trafficking.**

Is where individual(s) trade in illegal items. This can be anything from drugs to humans. If we suspect that a child or family who are associated with the

nursery are involved in trafficking we would seek further advice from Children and families helpdesk/ local police.

### **Medication.**

See policies and procedure on health/ illness and medicines.

### **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.

### **Roles and Responsibilities of Designated Safeguarding Lead (DSL)**

Here at Churchdown Day Nursery Ltd, we have 2 designated safeguard leads these are [Bev Bishop](#) and [Adam Wells](#).

The roles and responsibility of these DSL are:

- To ensure procedures where abuse is suspected/ disclosed are followed and information documented.
- To ensure that procedures covering alleged child abuse by members of staff are followed should any allegations against staff be made.
- To maintain logs and records of safeguarding issues.
- Ensure all staff have current and relevant training and are kept up to date with any changes to procedure.
- Share information with other agencies and attend any meetings that may result.

### **The referral process**

Here at Churchdown Day Nursery Ltd we are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'what to do if you are worried a child is being abused' (HMG 2006).

#### *Responding to suspicions of abuse*

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- When children are suffering from physical, sexual or emotional abuse or may be experiencing neglect, this may well be demonstrated through things they say (direct or indirect) or through changes in their appearance, their behaviour, or play.
- Where such evidence is apparent, the child's key person makes a dated record of the details of their concern and discusses what to do with the designated person.
- The DSL will then make a decision as to what action to be taken, and will store all information in the safeguarding file.
- If there are more than one instance of a suspicion of abuse the DSL will develop a chronology to be able to track any trends in incidents and to allow them to report a full case history to Social Care if required.
- We refer concerns to the local authority children's safeguarding board and co-operate fully with any subsequent investigation. NB in some cases this may mean police or other agencies identified by the Local Safeguarding Children's Board.
- We take care not to influence the outcome either through the way we talk to the child/ren or by asking questions of them.
- We use detailed procedures and reporting formats when making a referral to Children's Safeguarding Board or other appropriate agencies.

#### *Recording suspicions of abuse and disclosures*

- Where a child makes comments to a member of staff that gives cause for concern (disclosure), observe signs or signals that give cause for concern,

such as significant changes in behaviour, determination in general well-being; unexplained bruising, marks or signs of possible abuse or neglect, that member of staff:

1. Listens to the child, offers reassurance and gives assurance that s/he will take action;
  2. Does not question that child;
  3. Makes a written record (and body maps) that forms an objective record of the observation or disclosure that includes:
    - \*The date and time of the observation or disclosure;
    - \*The exact words spoken by the child as far as possible;
    - \*The name of the person to whom the concern was reported, with date and time; and
    - \*The names of others present at the time.
- Information is shared with the DSL.
  - The DSL will decide if a referral/ a conversation in principle or continued logging is required.
  - These records are signed and dated and kept in the safeguarding file which is kept securely and confidentially.
  - A chronology will be developed in order that a full case history can be presented if required.

#### *Making referral to the local Safeguarding Children's Board*

At Churchdown Day Nursery Ltd we have a three stage referral model to ensure all relevant information is passed on to the relevant agencies.

1. Discuss any suspicions with the Designated Safeguarding Leads in setting (Bev Bishop/ Adam Wells).
2. Make a referral to the children and families helpdesk on **01452 426565**. Once a referral is accepted, a Multi-agency referral form (MARF) must be completed. This instigates an Initial Assessment of the situation.

Prior to making a referral, it is good practice for the referrer, usually but not exclusively the Designated Safeguarding Officer, to discuss the situation with the family of the child/ren and where possible seek their agreement to the referral.

However, this only applies where such discussion and agreement seeking will not place the child at increased risk of significant harm.

#### *Informing parents/carers*

- Parents/carers are normally the first point of contact.
- If a suspicion of abuse is recorded, parents/carers are informed at the same time the report is made, except where the guidance of the Local Safeguarding Board does not allow this.
- This will usually be the case where the parent/carer is the likely abuser. In these cases the investigating officers will inform parents.

#### *Liaison with other agencies*

- On occasion it may be necessary for us to share information with other agencies to discuss concerns. This is always undertaken in a confidential manner. If once information has been shared there appears to be other information that may suggest a family is facing difficulties or an abuse may be occurring a joint decision will be made to either have a discussion in principle or to log a concern.
- We work with the Local Safeguarding Children's Board guidelines.
- We have procedures for contacting the local authority on child protection issues, including maintaining a list of names, addresses and telephone

numbers of social workers, to ensure that it is easy, in any emergency, for the setting and social services to work well together.

- We notify Ofsted of any incidents or accidents or any changes in our arrangements that may affect the well-being of the children.
- Contact details for NSPCC are also kept on file.
- If a referral is made to the local authority social care department, we act within the area's Safeguarding Children and Child Protection guidance in deciding whether we must inform the child's parent/carer at the same time.

### **Escalation Policy**

Occasionally situations arise when workers within one agency feel that the decision made by a worker from another agency on a child protection or child in need case is not a safe decision.

Disagreements could arise in a number of areas, but are most likely to arise around: Levels of need Roles and responsibilities; The need for action; Communication;

In these instances the safety of individual children is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child.

All workers should feel able to challenge decision-making and to see this as their right and responsibility in order to promote the best multi-agency safeguarding practice.

This policy provides workers with the means to raise concerns they have about decisions made by other professionals or agencies by:

- a) Avoiding professional disputes that put children at risk or obscure the focus on the child
- b) Resolving the difficulties within and between agencies quickly and openly
- c) Identifying problem areas in working together where there is a lack of clarity and to promote the resolution via amendment to protocols and procedures.

Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard children. Resolution should be sought within the shortest timescale possible to ensure the child is protected.

Disagreements should be resolved at the lowest possible stage. However if a child is thought to be at risk of immediate harm, discretion should be used as to which stage is initiated.

### Stages of the Policy

At all stages of the process, actions and decisions must be recorded in writing and shared with relevant personnel, to include the worker who raised the initial concern.

In particular this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued. It may be useful for individuals to debrief following some disputes in order to promote continuing good working relationships.

**Stage One** Any worker who feels that a decision is not safe or is inappropriate should initially consult a supervisor/manager to clarify their thinking in order to identify the problem, and be specific as to what the disagreement is about and what they aim to achieve. Initial attempts should be taken to resolve the problem at the lowest possible level. This would normally be between the people who disagree. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.

**Stage Two** If the problem is not resolved at stage one the concerned worker should contact their supervisor/manager within their own agency who should raise the concerns with the equivalent supervisor/manager in the other agency. The manager should also notify the GSCB Business Manager, who will keep a record of all ongoing disagreements.

**Stage Three** If the problem is not resolved at stage two the supervisor/manager reports to their respective operations manager or named/designated safeguarding representative. These two managers must

attempt to resolve the professional differences through discussion. The GSCB Business Manager should be advised of any outcome.

**Stage Four** If it is not possible to resolve the professional differences within the agencies concerned the matter should be referred to the Chair of the GSCB, who may either seek to resolve the issue direct, or to convene a Resolution Panel.

The panel must consist of GSCB representatives from three agencies (including the agencies concerned in the professional differences, where possible).

GSCB Contact Details Email: mail@gscb.org.uk Tel: 01452 583629

### **Allegation Management**

Due to the type of care we give, we understand that on occasion there may be allegations of inappropriate behaviour from staff or volunteers within the nursery. Should this arise;

- We ensure that all parents know how to complain on the behaviour and actions of staff or volunteers within the setting, or anyone living or working on the premises, which may include allegations of abuse (see complaints procedure)
- We follow the guidance of the Local Safeguarding Children Boards when responding to any complaints that a member of staff, or volunteer within the setting, or anyone living or working on the premises occupied by the setting has abused a child.
- We respond to any disclosure by children or staff that abuse by a member of staff, or volunteer within the setting, may have taken place, or is taking place, by first recording the details of the alleged incident.
- We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate. We also report any such incidents to Ofsted and what measures we have taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by LADO in conjunction with the police and/or Ofsted.

- Where the management and LADO agree it is appropriate, the owner will suspend the member of staff on full pay, for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect staff as well as children and families throughout the process.
- **Gloucestershire Local Authority now has a Designated Officer for allegations against staff who must be informed if there is an allegation made against a member of staff. They can be reached on 01452 426994.**

### **Safer Recruitment**

Safer Recruitment accredited training has been undertaken by the Office Manager and recruitment and selection procedures are in place that help deter, detect, and reject people who might harm children, or are otherwise considered unsuitable to work with them. We are committed to ensuring that all staff are vetted and subject to DBS disclosures, several followed up references from previous employers, and that all staff are approved by the Independent Safeguarding Authority.

See Employment and Staffing policies.

### **Safer Working Practice**

See Safer Working Practices Policies.

### **Whistle Blowing**

All staff, including supply staff are under a duty to safeguard the children in their care therefore they must report any inappropriate staff behaviour immediately. Whilst we understand that this can be a difficult decision it is extremely important when it comes to the safety of our children. Inappropriate behaviour includes:

- Any act which constitutes a criminal offence.
- Constant breaches of health and safety rules towards other staff members, children, parents and/or members of the public.
- Acts of fraud or corruption.

- Failure to comply with statutory instruments for example ratios.
- Sexual, verbal or physical; abuse towards other staff members, children, and/or parents. This includes any behaviour that any member of staff genuinely finds inappropriate.
- The deliberate concealment of any information which places a child, member of staff or parent at harm.

Staff members may be the first person to recognise when something is wrong and feel reluctant to speak out for fear of seeming disloyal to their colleagues or through fear of reprisals however as adults we must put aside these feelings and protect the most vulnerable members of society. These children need all of us to protect them.

All information received will be dealt with in confidence, at least initially therefore any member of staff raising a concern under this policy can do so without fear of victimisation or harassment. A formal investigation will take place and if that allegation is found to be true then depending upon the nature of the allegation then confidentiality may have to be broken to aid officials in dealing with the matter. Any member of staff who genuinely has concerns about another's behaviour and has made the complaint in "good faith" will not face any disadvantage should that allegation be unfounded. However, if an allegation is malicious or made for personal gain then that member of staff may face disciplinary proceedings.

#### How to raise a concern

All concerns should be brought to the attention of either your room leader or the room leader of the individual concerned. Should the concern relate to a room leader or it has not been resolved to your satisfaction then it should be brought to the attention of the management team. As a last resort it should then be raised with the nursery owners. Staff members can raise their concerns either verbally or in writing, preferably in writing and the statement should provide full details of the allegations and supporting evidence. Whilst staff members are not under a duty to prove their allegations they should be able to support their concerns.

All staff members will be supported during this period and all information received will be treated sensitively.

#### What happens next?

Staff members will be informed what investigations will be carried out along with time scales and will be advised of the findings. Should allegations be found to be true then outside agencies will be involved and you will be expected to fully co-operate with any further investigations.

#### **Multi Agency Public Protection Arrangements (MAPPA)**

Occasionally the nursery may need to be involved in the assessment and management of a high risk offender e.g. where there are concerns about a sex offender having an association of some kind with the nursery or where there are serious concerns about violence against a child/young person.

The multi-agency public protection arrangements ensure the assessment and management of offenders who are required to register as convicted sex offenders, violent offenders who receive a prison sentence of 12 months or more, and other offenders who are assessed as posing a high risk of serious harm.

The assessment of serious harm includes risk to: children, known adults, public, staff, self.

The police, probation and prison service are the lead agencies, with other agencies including CYP/Education settings, having a statutory duty to cooperate.

Multi-agency meetings are convened to share relevant information and produce a plan on how the identified risks can be managed. These meetings are similar in format to child protection conferences, however, the offender will not always be aware that the meetings are taking place and will not be invited to attend.

The multi-agency public protection arrangements are overseen by a Strategic Management Board. Membership includes the Lead for Child Protection from CYP.

#### **MARAC**

MARAC meetings are held in county fortnightly to discuss high level incidences of domestic abuse.

Meetings are held in 4 localities; Cheltenham and Tewkesbury, Gloucester, Forest, Stroud and Cotswolds.

The purpose of MARACs are 'to share information to increase the safety, health and well-being of victims - adults and their children, to construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm.

Under the current MARAC process, should a DSL within the nursery want to know whether a child has been known to a MARAC meeting, it is the responsibility of the DSL to make those enquiries with the Central Referral Unit at Gloucestershire Public Protection Bureau, 01242 247999.