



# Child Protection and Safeguarding Policy and Procedure

## Little Tinkers Nursery and Preschool

This policy was adopted on 25.11.2020

This policy is due for review on 25.11.2021 (Or sooner if legislation dictates.)

### Key contacts

Role	Name	Contact details
Designated Safeguarding Lead	Stacy Schulmeyer	01825 830772
Deputy Designated Safeguarding Lead	Ellen Hanna	01825 830772
Local Authority Designated Office (LADO and Assistant LADO)	Consultation via the online portal <a href="#">here</a>	
Referrals into Early Help and Social Care	Single Point of Advice	01323 464222 <a href="mailto:0-19.SPoA@eastsussex.gov.uk">0-19.SPoA@eastsussex.gov.uk</a>
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# Child Protection and Safeguarding Policy

## 1 INTRODUCTION

- 1.1. **Safeguarding children is everyone's responsibility. Everyone who has contact with children and families has a role to play.**
- 1.2. Safeguarding and promoting the welfare of children is defined as
  - Protecting children from maltreatment
  - Preventing impairment of children's mental and physical health or development
  - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
  - Taking action to enable children to have the best outcomes
- 1.3 Child protection is the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
- 1.4 Our children's welfare is our paramount concern. We will ensure that our staff will safeguard and promote the welfare of pupils and work together with other agencies to ensure that our setting has robust arrangements to identify, assess and support those children who are suffering or likely to suffer harm.
- 1.5 The use of technology has become a significant component of many safeguarding issues. Our Nursery has a separate E-Safety Policy which covers this area of work. Although children do not have access to the internet while at the setting, there is a link to the NSPCC online safety and Digiduck on our website.
- 1.6 Our nursery is a community and all those directly connected, staff, volunteers (Age Concern and Shedders), parents, families and pupils, have an essential role to play in making it safe and secure.
- 1.7 Within this document the term 'staff' should be broadly read as any adult working within the nursery, whether directly employed or providing a contracted service.

## 2 OUR ETHOS

- 2.1 At Little Tinkers nursery and preschool we aim to provide **every** child with a wide variety of experiences and opportunities **every** day.
- 2.2 We believe that our nursery should provide a caring, positive, safe and stimulating environment that promotes the social, physical, emotional and moral development of the individual child.
- 2.3 We recognise the importance of providing an environment within our nursery that will help children feel safe and respected. We recognise the importance of enabling children to talk openly and to feel confident that they will be listened to.
- 2.4 We recognise that all adults within the nursery have a full and active part to play in protecting our children from harm.
- 2.5 We will work with parents to build an understanding of the nursery's responsibilities to ensure the welfare of all children, including the need for referrals to other agencies in some situations.

### 3 SCOPE

- 3.1 In line with the law, this policy defines a child as anyone under the age of 18 years.
- 3.2 This policy applies to all members of staff in our nursery, including all permanent staff, apprentices, contractors and external service or activity providers.

### 4 THE LEGAL FRAMEWORK

- 4.1 Section 175 of the Education Act 2002 places a duty on governing bodies of maintained nurseries and further education institutions (including sixth-form colleges) to make arrangements for ensuring that their functions relating to the conduct of the nursery are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the nursery. **Section 157 of the same Act places a similar duty on non-maintained and independent educational establishments, including free nurseries and academies.**
- 4.2 Under section 10 of the Children Act 2004, all maintained nurseries, further education colleges and independent nurseries, including free nurseries, academies and **early years providers**, are required to cooperate with the local authority to improve the well-being of children in the local authority area.
- 4.3 Under section 14B of the Children Act 2004, the East Sussex Safeguarding Children Partnership (ESSCP) can require a nursery, college or **early years provider** to supply information in order to perform its functions. This must be complied with.
- 4.4 Under section 40 of the Childcare Act 2006, early years providers registered on the Early Years Register and nurseries providing early years childcare, must comply with the welfare requirements of the Early Years Foundation Stage
- 4.5 This policy and the accompanying procedure have been developed in accordance with the following statutory guidance and local safeguarding procedures:
- *Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children, July 2018*
  - *Keeping Children Safe in Education: Statutory Guidance for Nurseries and Colleges, September 2020*
  - *Pan-Sussex Child Protection and Safeguarding Procedures*
  - *Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018*
  - *Statutory Framework for the Early Years Foundation Stage, April 2017*

### 5 ROLES AND RESPONSIBILITIES

- 5.1 The nursery's lead person with overall responsibility for child protection and safeguarding is the Designated Safeguarding Lead (DSL). At our nursery the DSL is Stacy Schulmeyer. To ensure that there is cover for this role; we have one deputy DSL. She is: Ellen Hanna. The DSL's responsibilities are described in Appendix A.
- 5.2 The DSL is also Deputy Manager and the role of DSL will be explicit in their job description. This person will have the appropriate authority and be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children. The DSL's lead responsibility will not be delegated.

- 5.3 The nursery has a Designated Member of staff who is responsible for promoting the educational achievement of children who are looked after. At our nursery the Designated person is Stacy Schulmeyer.
- 5.4 The case manager for dealing with allegations of abuse made against staff members is the Nursery Manager. The case manager for dealing with allegations against the nursery manager is the DSL. The procedure for managing allegations is detailed in Appendix B.
- 5.5 The Nursery Manager will ensure that the policies and procedures adopted by the setting are fully implemented, and resources and time are allocated to enable staff to discharge their safeguarding responsibilities.
- 5.6 The Leadership team is collectively responsible for ensuring that safeguarding arrangements are fully embedded within the nursery's ethos and reflected in the Nursery's day-to-day practice.
- 5.7 All staff members and external providers know how to recognise signs and symptoms of abuse, how to respond to pupils who disclose abuse and what to do if they are concerned about a child.

## **6 SUPPORTING CHILDREN**

- 6.1 Our nursery will support all pupils by:
- ensuring the content of the curriculum includes social and emotional aspects of learning;
  - ensuring a response to online safety, enabling children and parents to learn about the risks of new technologies and social media and to use these responsibly; links are available on the website ( [littletinkers.info](http://littletinkers.info) ).
  - ensuring that safeguarding is included in the curriculum to help children stay safe, recognise when they do not feel safe and identify who they might or can talk to;
  - providing pupils with appropriate adults (key person) to approach if they are in difficulties;
  - supporting the child's development in ways that will foster security, confidence and independence;
  - encouraging development of self-esteem and self-assertiveness while not condoning aggression or bullying;
  - liaising and working together with other support services and those agencies involved in safeguarding children;
  - monitoring children who have been identified as having welfare or safeguarding concerns and providing appropriate support.
  - ensuring that all staff are aware of the early help process, and understand their role in it, including acting as the lead professional (key person) where appropriate.
  - ensuring that all staff understand the additional safeguarding vulnerabilities for certain groups of children or, and how to address them.
- 6.2 Additional vulnerabilities and characteristics can include:
- Looked after children
  - Previously looked after children
  - Care leavers
  - Children with special educational needs or disabilities
  - Young carers
  - Children showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
  - Children frequently go missing from care or from home
  - Children at risk of modern slavery, trafficking or exploitation;

- Children in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse
- Children misusing drugs or alcohol themselves;
- Children who have returned home to their family from care;
- Children showing early signs of abuse and/or neglect;
- Children at risk of being radicalised or exploited;
- Privately fostered children

6.3 Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for children with SEND being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

To address these additional challenges our nursery will ensure that these children receive additional monitoring and pastoral support.

6.4 Children who have a social worker due to safeguarding or welfare needs may be vulnerable to further harm due to experiences of adversity and trauma, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and positive mental health. Our nursery will identify the additional needs of these children and provide extra monitoring and pastoral support to mitigate these additional barriers.

6.5 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. Where it is known that children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can impact on their mental health, behaviour and education. Our nursery will identify the additional needs of these children and provide extra monitoring and pastoral support to mitigate these additional barriers. Where necessary, referrals will be made to mental health professionals for further support.

6.6 Our nursery takes a trauma informed approach to supporting children, considering their lived experience, and factoring this into how we can best support them with their welfare and engage them with their learning.

## **7 CHILD PROTECTION AND SAFEGUARDING PROCEDURE**

7.1 We follow a structured procedure in line with Pan-Sussex Child Protection and Safeguarding Procedures and Keeping Children Safe in Education: 2020, which will be followed by all members of the nursery community in cases where there are welfare or safeguarding concerns. This is detailed in Appendix B.

7.2 In line with the procedures, the Children's Social Care Single Point of Advice (SPoA) will be contacted as soon as there is a significant concern, or where level 3 support is required.

7.3 The names of the DSLs will be clearly advertised in the nursery, with a statement explaining the nursery's role in referring and monitoring welfare and safeguarding concerns.

7.4 We will ensure that all parents and carers are aware of the responsibilities of staff members to safeguard and promote the welfare of children and act in the best interests of children by

publishing the policy and procedures on our website and by referring to them in our introductory materials. They are also available in the main entrance.

## **8 THE MANAGEMENT OF SAFEGUARDING**

- 8.1 We have structures and systems in place, such as regular meetings between the Nursery Manager and DSL to ensure that the DSL has oversight of areas of nursery organisation which may not fall within their remit, but may impact upon effective safeguarding such as behaviour, attendance, medical needs/first aid, SEND and bullying. Information from all of these areas will be factored into safeguarding decision making for individual children.
- 8.2 We will ensure that the DSL is kept informed of any incident of physical intervention with a child and will be aware of behaviour plans for specific children. (See Behaviour Policy for further information).
- 8.3 We will ensure that the DSL is kept informed of attendance patterns, and where there are concerns for individual children the response to this will be considered within the context of safeguarding.
- 8.4 We will ensure that the DSL is kept informed of arrangements for first aid and children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child. (See Medicines Policy and Appendix C for further information).
- 8.5 Systems are in place to ensure that hate incidents, e.g. racist, homophobic, transphobic gender or disability-based bullying, are reported, recorded and considered under safeguarding arrangements by the DSL. (See Behaviour management Policy for further information).

## **9 REPORTING CONCERNS AND RECORD KEEPING**

- 9.1 All safeguarding and welfare concerns, discussions and decisions made will be recorded in writing and kept in line with the ESSCP Keeping Records of Child Protection and Welfare Concerns Guidance.
- 9.2 We will continue to support any pupil leaving the setting about whom there have been concerns by ensuring that all appropriate information, including welfare and safeguarding concerns, is forwarded under confidential cover to the pupil's new setting as a matter of priority, and within 5 working days. (ESCC best practice is that this should be actioned within five working days).
- 9.3 When a pupil is due to transfer to another setting the DSL will consider if it would be appropriate to share any information with the new setting or nursery in advance of the pupil leaving. For example, information that would allow the new setting or nursery to continue supporting victims of abuse and have that support in place for when the child arrives.
- 9.4 When a new pupil joins our nursery, and there is a record of safeguarding or welfare concerns, the nursery manager will ensure that this information is shared appropriately with the DSL, the Special Education Needs Coordinator (SENCO) as necessary.

## **10 SAFER WORKFORCE AND MANAGING ALLEGATIONS AGAINST STAFF AND VOLUNTEERS**

- 10.1 Our nursery has robust safer recruitment procedures to help prevent unsuitable people from working with children.
- 10.2 All individuals working in any capacity at our nursery will be subjected to safeguarding checks in line with the statutory guidance *Keeping Children Safe in Education: Statutory Guidance for Nurseries and Colleges*, September 2020.
- 10.5 Every job description and person specification will have a clear statement about the safeguarding responsibilities of the post holder.
- 10.7 The Nursery Manager and the DSL are responsible for ensuring that records are up to date.
- 10.8 We have a procedure in place to handle allegations against members of staff in line with *Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges*, September 2020. This procedure is detailed in Appendix B.

## **11 STAFF INDUCTION, TRAINING AND DEVELOPMENT**

- 11.1 All new members of staff will be given an induction which includes the following:
- Issue and explain the safeguarding and child protection policy
  - Issue and explain the behaviour policy
  - Issue and explain the staff behaviour policy/code of conduct and will be given a copy of the Staff Handbook
  - Issue and explain the policy/guidance which includes the safeguarding response to children who go missing from education
  - Explain the role of the DSL and share the identities of the DSL and all DDSL
  - Issue Part One and Annex A of *Keeping Children Safe in Education* September 2020
  - Child protection and safeguarding training (including online safety)
  - All new members of staff are expected to read the above-mentioned documents and to sign an acknowledgement of this.
- 11.2 The induction and ongoing training of staff will include the following key aspects:
- Staff understand the difference between a safeguarding concern and a child in immediate danger or at risk of significant harm.
  - Staff are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned.
  - When concerned about the welfare of a child, staff should always act in the best interests of the child.
  - Staff understand that children's poor behaviour may be a sign that they are suffering harm or that they have been traumatised by abuse.
  - Staff understand that children who have a social worker may be educationally disadvantaged and face barriers to attendance, learning, behaviour and positive mental health.
  - Staff understand that mental health issues for children may be an indicator of harm or abuse, or where it is known that a child has suffered harm or abuse this may impact on their mental health, behaviour and education.
  - Staff understand that safeguarding incidents and/or behaviours can be associated with factors outside the nursery and/or can occur between children outside of these environments. All staff, but especially the DSL (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.

- Staff know how best to respond to a child who makes a disclosure of abuse or harm.
- If staff are unsure, they should always speak to the DSL or deputy DSL.
- If staff have any concerns about a child's welfare, they should act on them immediately.
- Staff should not assume a colleague or another professional will take action.
- The DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from SPoA. In these circumstances, any action taken should be shared with the DSL (or deputy) as soon as is practically possible.

11.3 The DSL will undergo updated safeguarding and child protection training every two years. In addition to this their knowledge and skills will be updated regularly, and at least annually, to keep up with developments relevant to the role.

11.4 All staff members of the nursery will receive appropriate safeguarding and child protection training (whole-nursery training) which is regularly updated. The DSL will provide briefings to the nursery on any changes to safeguarding and child protection legislation and procedures and relevant learning from local and national serious case reviews as required, but at least annually.

11.5 Staff members who miss whole nursery training will be required to undertake other relevant training to make up for it, e.g. by joining another nursery's whole-nursery training, or receiving 1:1 training from the DSL. The DSL will be responsible for arranging this.

11.6 The nursery will maintain accurate records of staff induction and training (CPD).

## 12 CONFIDENTIALITY, CONSENT AND INFORMATION SHARING

12.1 We recognise that all matters relating to safeguarding and child protection are confidential.

12.2 The Nursery Manager or the DSL will disclose any information about a pupil to other members of staff on a need-to-know basis, and in the best interests of the child.

12.3 All staff members are aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

12.4 All staff members have a professional responsibility to share information with other agencies in order to safeguard children, following the correct protocols.

12.5 All our staff members who come into contact with children will be given appropriate training to understand the purpose of information sharing in order to safeguard and promote children's welfare.

12.6 **We will ensure that staff members are confident about what they can and should do under the law.** This is covered in greater detail in Appendix B.

## 13 INTER-AGENCY WORKING

13.1 We will develop and promote effective working relationships with other agencies, including agencies providing early help services to children, the police and Children's Social Care.

13.2 We will ensure that relevant staff members participate in multi-agency meetings and forums, including child protection conferences and core groups, to consider individual children.

13.3 We will participate in safeguarding practice reviews (previously known as serious case reviews), other reviews and file audits as and when required to do so by the ESSCP. We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.

#### **14 CONTRACTORS, SERVICE AND ACTIVITY PROVIDERS AND WORK PLACEMENT PROVIDERS**

14.1 We will ensure that contractors and providers are aware of our nursery safeguarding and child protection policy and procedures. We will require that employees and volunteers provided by these organisations use our procedure to report concerns.

14.2 We will seek written notification that employees and volunteers provided by these organisations and working with our children have been subjected to the appropriate level of safeguarding check in line with Keeping Children Safe in Education: Statutory Guidance for Nurseries and Colleges, September 2020. If assurance is not obtained, permission to work with our children or use our nursery premises may be refused.

14.3 When we commission services from other organisations, we will ensure that compliance with our policy and procedures is a contractual requirement.

14.4 When the nursery place a pupil with an alternative provision provider, the nursery continues to be responsible for the safeguarding of that pupil. The nursery will obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the nursery would otherwise perform in respect of its own staff.

#### **15 WHISTLEBLOWING AND COMPLAINTS**

15.1 We recognise that children cannot be expected to raise concerns in an environment where staff members fail to do so.

15.2 **We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of safeguarding and child protection, which may include the attitude or actions of colleagues. If necessary, they will speak with the Nursery Manager, or with the Local Authority Designated Officer (LADO). Should staff not feel able to raise concerns they can call the NSPCC *what you can do to report abuse dedicated* helpline on 0800 028 0285.**

15.3 We have a clear reporting procedure for children, parents and other people to report concerns or complaints, including abusive or poor practice.

#### **16 SITE SECURITY**

16.1 All access areas into the buildings are covered by CCTV cameras.

16.2 All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting concerns that may come to light.

16.3 We check the identity of all visitors and volunteers coming into the nursery. Visitors are expected to sign in and out in the visitors' log. Any individual who is not known or identifiable will be challenged for clarification and reassurance.

16.4 The nursery will not accept the behaviour of any individual, parent or anyone else, that threatens nursery security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the nursery site.

## **17 QUALITY ASSURANCE**

- 17.1 We will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits of welfare concern and safeguarding files and records by the DSL
- 17.2 We will complete a self-assessment audit of the nursery's safeguarding arrangements at frequencies specified by the ESSCP and using the audit tool provided by the Standards and Learning Effectiveness Service for this purpose.
- 17.3 The nursery's senior management will ensure that action is taken to remedy without delay any deficiencies and weaknesses identified in safeguarding and child protection arrangements.

## **18 POLICY REVIEW**

- 18.1 This policy and the procedures as with all others, will be reviewed every academic year (or sooner if legislation dictates.) All other linked policies will be reviewed in line with the policy review cycle.
- 18.2 The DSL will ensure that staff members are made aware of any amendments to policies and procedures.

## APPENDIX A

# The role of the Designated Safeguarding Lead

### 1 Managing referrals

1.1 The designated safeguarding lead will:

- Refer cases of suspected abuse or harm to East Sussex children's social care as required.
- Support staff who make referrals to East Sussex children's social care.
- Refer cases to the Channel programme where there is a radicalisation concern as required.
- Support staff who make referrals to the Channel programme.
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required.
- Refer cases where a crime may have been committed to the Police as required, using the NPCC-[When to call the police](#) guidance to inform this decision.
- Liaise with agencies providing early help services and coordinate referrals from the nursery to targeted early help services for children in need of support. Monitor any cases referred to early help and consider referral to children's services where the situation does not improve.
- Registered early years settings must notify Ofsted, or the childminder agency with which they are registered, of any serious accident, illness, or injury to, or death of, any child while in their care and of the action taken. Notify the Early Years Improvement Team who will provide further advice and guidance.

### 2 Work with others

2.2 The designated safeguarding lead will:

- Liaise with the Nursery Manager to inform them of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- As required, liaise with the "case manager" and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member.
- Liaise with staff on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies.
- Act as a source of support, advice and expertise for all staff.
- Cooperate with Children's Social Care for enquiries under section 47 of the Children Act 1989.
- Attend, or ensure other relevant staff members attend, child protection conferences, core group meetings and other multi-agency meetings, as required.
- Liaise with other agencies working with the child, share information as appropriate and contribute to assessments.
- Play a pivotal role in multi-agency safeguarding arrangements.

### 3 Training

3.1 The designated safeguarding lead (and any deputies) will undergo training to provide them with the knowledge and skills required to carry out the role. This training will be updated at least every two years.

3.2 The DSL will undertake Prevent awareness training.

3.3 In addition to the formal training set out above, their knowledge and skills will be refreshed (this might be via e-bulletins, meeting other DSLs, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and statutory intervention, including the East Sussex continuum of need and the SPOA referral arrangements.

- Have a working knowledge of how East Sussex children's social care conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to, and understands, the nursery's safeguarding and child protection policy and procedures, especially new and part time staff.
- Organise whole nursery safeguarding and child protection training for all staff members regularly; provide updates at least annually. Ensure staff members who miss the training receive it by other means, e.g. by joining another nursery's training.
- Are alert to the specific needs of children in need, those with special educational needs and young carers.
- Can keep detailed, accurate, secure written records of concerns and referrals which are in line with ESSCP; *Keep Records of Child Protection and Welfare Concerns*
- Understand and support the nursery with regards to the requirements of the Prevent duty and can provide advice and support to staff on protecting children from the risk of radicalisation.
- Can understand the unique risks associated with online safety (including when children are online at home) and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at nursery or college.
- Can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the nursery may put in place to protect them.
- Maintain accurate records of staff induction and training.

## 4 Raise Awareness

### 4.1 The designated safeguarding lead will:

- Ensure the nursery's safeguarding and child protection policies are known, understood and used appropriately.
- Ensure the nursery's safeguarding and child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing bodies regarding this.
- Ensure the safeguarding and child protection policy is available publicly and parents are aware that referrals about suspected abuse or neglect may be made and the role of the nursery in this.
- Link with the ESSCP to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.
- Help promote stronger educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing, or have experienced with teachers and nursery leadership staff.
- This will include ensuring that the nursery, and staff, know who these children are, understand their academic progress and attainment and maintain a culture of high aspirations for this cohort; supporting teaching staff to identify the challenges that children in this group might face and the additional academic support and adjustments that they could make to best support these children.
- Ensure that staff understand that children who have a social worker due to safeguarding or welfare needs may need this help due to abuse, neglect and complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning behaviour and positive mental health.

- Where children need a social worker, this should inform decisions about safeguarding (for example, responding to unauthorised absences or missing education where there are known safeguarding risks) and promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).
- Ensure that staff are aware that 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.
- Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.
- 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 of how these children's experiences, can impact on their mental health, behaviour and education.
- If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

## **5 Child protection file**

- 5.1 Where children leave the nursery the DSL will ensure their safeguarding and child protection file is transferred to the nursery as soon as possible (ESCC best practice is that this should be actioned within five working days). This should be transferred separately from the main pupil file, ensuring secure transit, and confirmation of receipt should be obtained. Receiving nurseries should ensure key staff such as DSLs and SENCOs are aware as required.
- 5.2 In addition to the safeguarding and child protection file, the DSL will also consider if it would be appropriate to share any information with the new nursery in advance of a child leaving. For example, information that would allow the new educational establishment to continue supporting victims of abuse and have that support in place for when the child arrives.

## **6 Availability**

- 6.1 The DSL or a deputy will always be available (during nursery hours) for staff in the nursery to discuss any safeguarding concerns.

## **7 Quality Assurance**

- 7.1 Monitor the implementation of and compliance with policy and procedures, including periodic audits of child protection and welfare concerns files (at a minimum twice a year).
- 7.2 Complete a self-assessment audit of the nursery's safeguarding arrangements at frequencies specified by the ESSCP and using the audit tool provided by ESCC/SLES for this purpose
- 7.3 Provide regular reports, to the governing body detailing changes and reviews to policy, training undertaken by staff members and the number of children with child protection plans and other relevant data.
- 7.4 Take lead responsibility for remedying any deficiencies and weaknesses identified in safeguarding and child protection arrangements.

## APPENDIX B

# Child Protection and Safeguarding Procedure

## 1 DEFINITIONS

- 1.1 **Children** are any people who have not yet reached their 18th birthday; a 16-year-old, whether living independently, in further education, in the armed forces or in hospital, is a child and is entitled to the same protection and services as anyone younger.
- 1.2 **Child protection** is part of safeguarding and promoting the welfare of children and refers to activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm.
- 1.3 **Early help** means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years to teenage years.
- 1.4 **Harm** is ill treatment or impairment of health and development, including impairment suffered from seeing or hearing the ill treatment of another.
- 1.5 **Safeguarding** is the action we take to promote the welfare of children and protect them from harm.
- protecting children from maltreatment;
  - preventing impairment of children's mental or physical health and 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.

## 2 CATEGORIES OF ABUSE

- 2.1 **Abuse:** a 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 or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.
- 2.2 **Physical abuse:** 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.
- 2.3 **Emotional abuse:** 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 from 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.

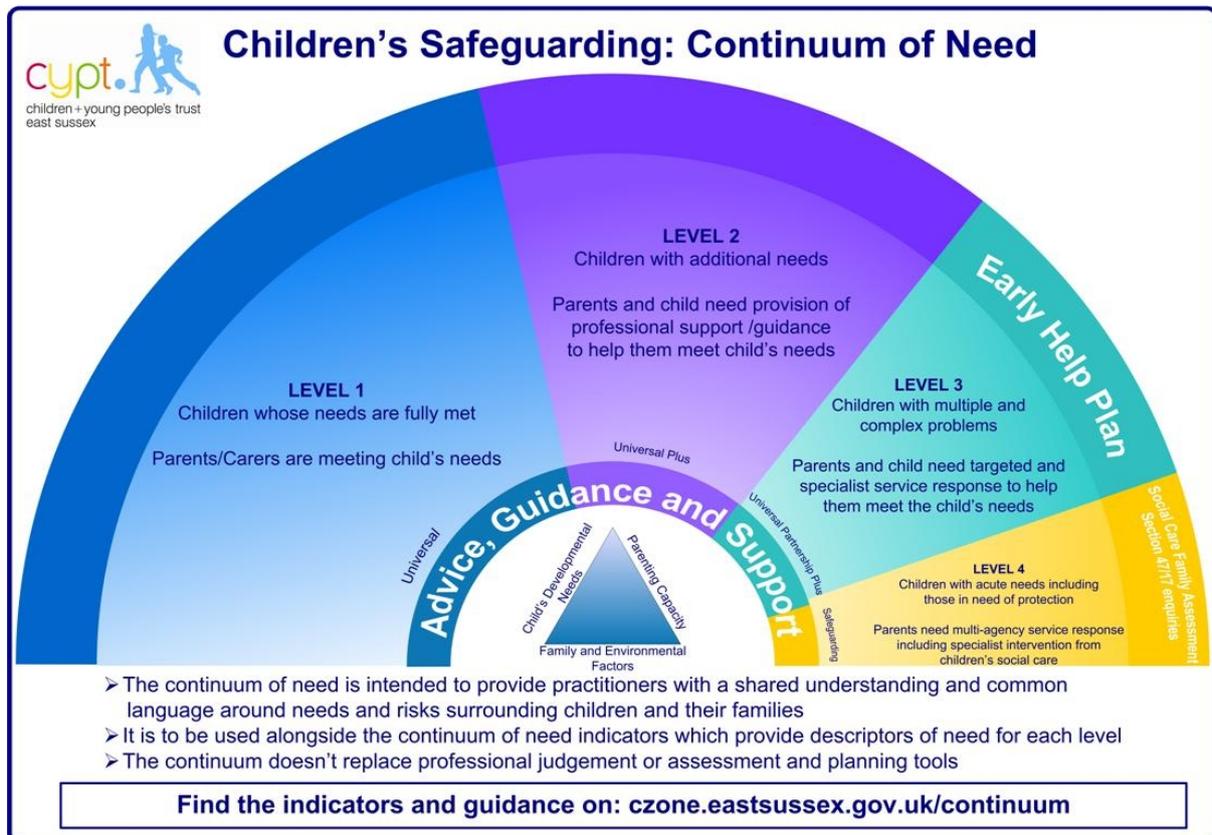
- 2.4 **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for 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 in 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- 2.5 Child sexual exploitation is also sexual abuse; it involves children and young people receiving something, for example accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It could take the form of grooming of children, e.g. to take part in sexual activities or to post sexual images of themselves on the internet.
- 2.6 **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, 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.
- 2.7 Depending on the age and capacity of the child, staff should be aware of possible self-neglect, e.g. where a child may not be following medical guidance or taking medication as prescribed. Where this is the case this should be raised as a safeguarding concern.

### 3 RECOGNITION – WHAT TO LOOK FOR

- 3.1 Staff members should refer to the detailed information about the categories of abuse and risk indicators in the <https://sussexchildprotection.procedures.org.uk/page/contents> for further guidance.
- 3.2 In an abusive relationship, the child may:
- appear frightened of their parent(s)
  - act in a way that is inappropriate to their age and development, although full account needs to be taken of different patterns of development and different ethnic groups
  - however, they may also not exhibit any signs of stress/fear
- 3.3 In an abusive relationship, the parent or carer may:
- persistently avoid child health services and treatment of the child's illnesses
  - have unrealistic expectations of the child
  - frequently complain about or to the child and fail to provide attention or praise
  - be absent
  - be misusing substances
  - persistently refuse to allow access on home visits by professionals
  - be involved in domestic violence and abuse
  - be socially isolated
- 3.4 Serious case reviews, now known as safeguarding practice reviews, have found that parental substance misuse, domestic abuse and mental health problems, if they coexist in a family could mean significant risks to children. Problems can be compounded by poverty, frequent house moves or eviction.

## 4 SAFEGUARDING CHILDREN CONTINUUM OF NEED

- 4.1 The Safeguarding Children Continuum of Need has been developed so that everyone working with children in East Sussex has a common language for understanding the needs and risks surrounding children and their families. It is important that all members of staff are familiar with it.
- 4.2 The Continuum of Need shows that a child's or family's additional needs can be on a range from one to four, and that needs can shift from early help to child protection and back to preventative early help. It covers children whose needs are increasing as well as children whose needs are decreasing after Children's Social Care involvement. The Continuum of Need will help practitioners to identify the right level of support for the child in the least intrusive way while keeping the child safe.



### 4.3 The Continuum of Need identifies four levels of need.

#### Level 1:

- children who are achieving expected outcomes
- their needs are met by their parents and by accessing universal services such as health and education
- they do not have additional needs

#### Level 2:

- children with additional needs
- parents need professional support or guidance to help them meet their children's needs
- extra support can usually be provided by agencies that already know the family, e.g. their pre-nursery, nursery or college or NHS community services such as Health Visiting

#### Level 3:

- children with multiple and complex needs
- children and parents need targeted early help or specialist services to meet the children's needs
- needs are met through multi-agency support and the use of Early Help Plans

#### Level 4:

- children with acute needs, including those in need of protection
- children and parents need multi-agency responses which include specialist intervention from Children's Social Care through the family assessment process

4.4 By referring to the Continuum of Need and indicators, the nursery can identify when assessment and support for a child and family need 'stepping up' to a referral to Social Care and when the needs of a child and their family have been reduced enough for them to be 'stepped down' to early help services.

4.5 When assessing cases of possible neglect the ESCC Neglect Matrix will be used. This tool mirrors the Continuum of Need, but with greater focus upon potential indicators of neglect mapped across each of the four levels of need.

## **5 WHAT ACTION TO TAKE IF YOU HAVE CONCERNS ABOUT A CHILD**

5.1 When concerned about the welfare of a child, staff should always act in the best interests of the child.

5.2 If staff are unsure, they should always speak to the DSL or deputy DSL.

5.3 If staff have any concerns about a child's welfare, they should act on them immediately.

5.4 Staff should not assume a colleague or another professional will take action.

5.5 The DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from SPoA. In these circumstances, any action taken should be shared with the DSL (or deputy) as soon as is practically possible.

## **6 DEALING WITH A DISCLOSURE MADE BY A CHILD**

6.1 If a child discloses that he or she has been abused or experienced harm in some way, the member of staff or volunteer should follow this guidance.

- Listen to what is being said without displaying shock or disbelief.
- Only ask questions when necessary to clarify.
- Accept what is being said.
- Allow the child to talk freely – do not put words in the child's mouth.
- Reassure the child that what has happened is not his or her fault.
- Do not promise confidentiality – it may be necessary to refer the child to Children's Social Care.
- Stress that it was the right thing to tell.
- Do not criticise the alleged perpetrator.
- Explain what has to be done next and who has to be told.
- Inform the DSL without delay.
- Complete the child protection incident/welfare concern form and pass it to the DSL. Personalise: CPOMS or paper etc
- Dealing with a disclosure from a child and safeguarding issues can be stressful. Consider seeking support for yourself and discuss this with the DSL.

## **7 DISCUSSING CONCERNS WITH THE FAMILY AND THE CHILD**

7.1 In general we will always discuss any concerns the nursery may have with the child's parents. They need to know that we are worried about their child. However we will not discuss our concerns if we believe that this would place the child at greater risk or lead to loss of evidence for a police investigation.

- 7.2 If we make a decision not to discuss our concerns with the child's parents or carers this will be recorded in the child's safeguarding file with a full explanation for our decision.
- 7.3 It is important to consider the child's wishes and feelings, if age appropriate, as part of planning what action to take in relation to concerns about their welfare.
- 7.4 When talking to children, we will take account of their age, understanding and preferred language, which may not be English. It is also important to consider how a disabled child may need support in communicating.
- 7.5 How we talk to a child will also depend on the substance and seriousness of the concerns. We may need to seek advice from Children's Social Care or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised.
- 7.6 If concerns have arisen as a result of information given by a child, we will reassure the child but not promise confidentiality.
- 7.7 We will discuss our concerns with the parents and seek their consent to making a referral to Children's Social Care, unless we consider that this would place the child at increased risk of significant harm.
- 7.8 We do not need the parents' consent to make a referral if we consider the child is in need of protection, although parents will ultimately be made aware of which organisation made the referral.
- 7.9 If parents refuse to give consent to a referral but we decide to continue, we will make this clear to Children's Social Care.
- 7.10 If we decide to refer a child without the parents' consent, we will record this with a full explanation of our decision.
- 7.11 When we make our referral, we will agree with Children's Social Care what the child and parents will be told, by whom and when.

## **8 EARLY HELP FOR CHILDREN AND FAMILIES**

- 8.1 Most parents can look after their children without the need of help other than from their family or friends. However, some parents may need additional help from our nursery or other services such as the NHS. Providing help early is more effective in promoting the welfare of children than reacting later.
- 8.2 Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for the children identified in part 6 of the main policy document..
- 8.3 Our nursery will work together with other agencies to provide a coordinated offer of early help, in line with *Working Together to Safeguard Children July 2018* and local guidance, to any child who needs it.
- 8.4 We will pool our knowledge within the nursery and with other agencies about which families or children need additional support in a range of ways so that we can work out how best to help them. We will use the East Sussex Safeguarding Continuum of Need tool to identify what level of need the child or their family has.
- 8.5 We will work closely with targeted early help services and Children's Social Care if we feel families need more support and input, or children are at risk of harm, and we will continue to provide support if other services are also needed.

- 8.6 We will talk to the family about referral to a targeted early help service and explain that there may be a need to involve other professionals, including talking to a social worker about our concerns. We will seek the family's consent for the referral.
- 8.7 If the family does not consent to an early help service, we will make a judgement about whether the needs of the child will escalate, or the child will become unsafe without help. If our judgement is that the needs or concerns will escalate, then we will contact the Children's Social Care Single Point of Advice for a consultation with a qualified social worker in order to make a shared decision about whether the level of concerns calls for a referral to Children's Social Care.

## **9 CHILDREN'S SOCIALCARE-LED RESPONSES TO CONCERNS ABOUT A CHILD**

- 9.1 Once Children's Social Care has accepted our referral as needing a social-care-led response (Level 4 of the Continuum of Need), we will cooperate with Children's Social Care and the police in any emergency action they take using their legal powers for immediate protection of the child.
- 9.2 We will participate in any multi-agency discussions (strategy discussions), if invited to do so, and share information about the child and their family to plan the response to concerns.
- 9.3 We will ensure that a relevant staff member participates in all initial and review child protection conferences, if we are invited to attend. The staff member will work together with other agencies to discuss the need for and agree to an outcome focused child protection plan and will ensure that the child's wishes and views are considered in their own right in planning.
- 9.4 If we are members of the core group to implement a child protection plan, we will ensure a relevant staff member participates in all core group meetings.
- 9.5 We will ensure that we complete all actions allocated to us as part of the outcome-focused plan, whether a child protection plan or a family support plan, in a timely way.
- 9.6 We will continue to monitor children once their plans are ended to ensure that they are supported and kept safe.

## **10 INFORMATION SHARING AND CONSENT**

- 10.1 It is essential that people working with children can confidently share information as part of their day-to-day work. This is necessary not only to safeguard and protect children from harm but also to work together to support families to improve outcomes for all.
- 10.2 The nursery may have to share information about parents or carers, such as their medical history, disability or substance misuse issues, for investigations of child abuse carried out by Children's Social Care.
- 10.3 We will proactively seek out information as well as sharing it. This means checking with other professionals whether they have information that helps us to be as well informed as possible when working to support children.
- 10.4 The Data Protection Act 2018 and the General Data Protection Regulations 2018 are not barriers to sharing information and do not change duties under safeguarding. They are there to ensure that personal information is managed in a sensible way and that a balance is struck between a person's privacy and public protection.
- 10.5 We should be sharing any concerns we have with parents at an early stage, unless this would put a child at greater risk or compromise an investigation. Parents need to know what our responsibilities are for safeguarding and protecting children and that this involves sharing information about them with other professionals.

- 10.6 We will be clear about the purpose of sharing confidential information and only share as much as we need to achieve the purpose.
- 10.7 We will try to get consent from parents (or the child, if they have sufficient understanding<sup>1</sup>) to share information, if possible. However, we do not need consent if we have serious concerns about a child's safety and well-being. If we decide to share information without consent, we will record this with a full explanation of the decision.
- 10.8 **Consent will not be sought from parents or carers (or the child, if they have sufficient understanding), if:**
- it would place a child at increased risk of harm; or
  - it would place an adult at risk of serious harm; or
  - it would prejudice a criminal investigation; or
  - it would lead to unjustified delay in making enquiries about allegations of significant harm to a child; or
  - required by law or a court order to share information.
- 10.9 **Consent is not necessary** in cases where Children's Social Care are making child protection enquiries under section 47 of the Children Act 1989. Information needs to be shared with Children's Social Care; staff members must make sure to record what information has been shared.
- 10.10 **Consent is necessary**, for:
- Children's Social Care investigations or assessments of concerns under section 17 of the Children Act 1989. Children's Social Care will assume that we have obtained consent from the parents to share information unless we make them aware that there is a specific issue about consent. This must be discussed with a social worker in the Single Point of Advice.
  - Early help (level 3) referrals and assessments. Assessments are undertaken with the agreement of the child and their parents or carers.
- 10.11 Where there is any doubt about the need for seeking consent, advice will be sought from the DSL or from the Children's Social Care Single Point of Advice.
- 10.12 A record will be made of the decision to share information, with or without consent, and the reasons for it. Equally a record will be made of any decision not to share information including the reason for this.

## 11 RECORD KEEPING

- 11.1 Accurate and timely record keeping is an important part of the nursery's accountability to children and their families and will help us in meeting our key responsibility to respond appropriately to welfare concerns about children.
- 11.2 Records will be factual, accurate, relevant, up to date and auditable. They will support monitoring, risk assessment and planning for children and enable informed and timely decisions about appropriate action to take.
- 11.3 All staff members, governors, volunteers, contractors and activity providers will ensure that they record and report safeguarding concerns in line with guidance from the ESSCP Keeping Records of Child Protection and Welfare Concerns Guidance.

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<sup>1</sup> Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. All people aged 16 and over are presumed, in law, to have the capacity to give or withhold their consent, unless there is evidence to the contrary.

- 11.4 The DSL will ensure that records are maintained accurately for children with safeguarding concerns and that stand-alone files are created and maintained in line with requirements of the above guidance.

## **12 PROFESSIONAL CHALLENGE AND DISAGREEMENTS**

- 12.1 Working with children and families, and in particular child protection work, is stressful and complex, as well as involving uncertainty and strong feelings. To ensure that the best decisions are made for children, we need to be able to challenge one another's practice.
- 12.2 We will promote a culture within our nursery that enables all staff members to raise, without fear of repercussions, any concerns they may have about the management of safeguarding in the nursery. This may include raising concerns about decisions, action and inaction by colleagues about individual children. If necessary, staff members will speak with the Designated Safeguarding Lead, the Nursery Manager, or the chair of governors.
- 12.3 Cooperation across agencies is crucial; professionals need to work together, using their skills and experience, to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.
- 12.4 If there are any professional disagreements with practitioners from other agencies, the DSL or the Nursery Manager will raise concerns with the relevant agency's safeguarding lead in line with guidance in the Pan-Sussex Child Protection and Safeguarding Procedures
- 12.5 If the nursery disagrees with the child protection conference chair's decision, the DSL or the Nursery Manager will consider whether they wish to challenge it further and raise the matter with Children's Services Head of Safeguarding.

## **13 PROCEDURE FOR MANAGING ALLEGATIONS OF ABUSE AGAINST STAFF**

- 13.1 Within this document the term staff should be broadly read as any adult working within the nursery.
- 13.2 Our aim is to provide a safe and supportive environment which secures the well being and very best outcomes for the children at our nursery. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.
- 13.3 Allegations sometimes arise from a differing understanding of the same event but, when they occur, they are distressing and difficult for all concerned. We also recognise that some allegations are genuine and there are some adults who deliberately seek to harm or abuse children.
- 13.4 We will take all possible steps to safeguard our children and to ensure that the adults in our nursery are safe to work with children. We will always ensure that the procedures outlined in Part 4 of Keeping Children Safe in Education September 2020 and Pan Sussex Procedures are adhered to and will follow the flowchart in Appendix D.
- 13.5 If an allegation is made or information is received about an adult who works in our nursery which indicates that they have behaved or may have behaved in a way that indicates that they may be unsuitable to work with children, the member of staff receiving the information should inform the Nursery Manager immediately. Should an allegation be made against the Nursery Manager, this will be reported to the Deputy Manager. In the event that neither the Nursery Manager nor Deputy Manager are not contactable on that day, the information must be passed to and dealt with by either the member of staff acting as Nursery Manager.

- 13.6 **The Nursery Manager will follow the flowchart in Appendix D. No member of staff or the will undertake further investigations before receiving advice from Single Point of Advice or LADO.**
- 13.7 Any member of staff or volunteer who does not feel confident to raise their concerns with the Nursery Manager or Deputy manager should follow the flowchart in Appendix D and make the appropriate contact direct.
- 13.8 Supporting people:
- The nursery together with Children’s Social Care and the police, if they are involved, will consider the impact on the child concerned and provide support as appropriate.
  - The Nursery Manager will ensure that the child and family are kept informed of the progress of the investigation.
  - Nursery Manager/DSL will be contacted at the earliest opportunity for advice in relation to the investigation of any allegation in line with the Councils’ Disciplinary Policy, where appropriate.
  - The staff member who is the subject of the allegation will be advised to contact their union, professional association or a colleague for support, (depending on the outcome of the safeguarding strategy meeting which is normally chaired by the LADO).
  - Nursery Manager/DSL lead for the organisation will ensure that the staff member is provided with appropriate support, if necessary, through occupational health or welfare arrangements.
  - The Nursery Manager will appoint a named representative to keep the staff member updated on the progress of the investigation; this will continue during any police or section 47 investigation or disciplinary investigation.
  - The legislation imposing restrictions makes clear that “publication” of material that may lead to the identification of the teacher who is the subject of the allegation is prohibited. “Publication” includes “any speech, writing, relevant programme or other communication in whatever form, which is addressed to the public at large or any section of the public”. This means that a parent who, for example, published details of the allegation on a social networking site would be in breach of the reporting restrictions (if what was published could lead to the identification of the teacher by members of the public).
- 13.9 The nursery has a legal duty to refer to the Disclosure and Barring Service (DBS) anyone who has harmed, or poses a risk of harm, to a child, or if there is reason to believe the member of staff has committed one of a number of listed offences, and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. If these circumstances arise in relation to a member of staff at our nursery, a referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from the LADO and/or the Personnel/HR lead for the organisation. In the case of a member of teaching staff, a decision will be made about whether to refer the matter to the Teaching Regulation Agency to consider prohibiting the individual from teaching.

## **14 THE USE OF ‘REASONABLE FORCE’**

- 14.1 There are circumstances when it will be appropriate for staff to use reasonable force to safeguard children. 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 pupils or

blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of the classroom.

- 14.2 When managing incidents of reasonable force and restrictive physical interventions the nursery will consider whether to liaise with the LADO, where it is thought that the physical intervention may lead to an allegation.

## APPENDIX C

### Specific Safeguarding Issues

#### 1 INTRODUCTION

- 1.1 Nursery staff members need to be aware of specific safeguarding issues and be alert to any risks. Specific issues are detailed within Annex A of Keeping Children Safe in Education September 2020 and staff should read this document. Further information about the local procedures in response to these issues can be found within section 8 of the Pan-Sussex Child Protection and Safeguarding Procedures [here](#).
- 1.2 Annex A of Keeping Children Safe in Education September 2020 contains various hyperlinks or references to further sources of information and support with specific safeguarding issues, which have not been duplicated within this appendix.
- 1.3 Within this appendix are the key considerations for specific safeguarding issues, not all of which are listed within Annex A of Keeping Children Safe in Education September 2020.

#### 2 CHILDREN AND THE COURT SYSTEM

- 2.1 Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed.
- 2.2 Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children.
- 2.3 Nurseries need to be mindful of the stress of these situations and signpost parents to external resources where necessary. Equally the impact upon staff of managing these situations also needs to be considered.

#### 3 CHILDREN MISSING FROM EDUCATION

- 3.1 All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future.
- 3.2 The nursery must inform the local authority of any pupil who fails to attend regularly, or has been absent without the nursery's permission for a continuous period of 10 nursery's days or more.
- 3.3 All staff should be aware of the nursery's unauthorised absence and children missing from education procedures.

#### 4 CHILDREN WITH FAMILY MEMBERS IN PRISON

- 4.1 Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

## **5 CHILD CRIMINAL EXPLOITATION (CCE)**

- 5.1 CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.
- 5.2 CCE can include children
- being forced to work in cannabis factories
  - being coerced into moving drugs or money across the country,
  - forced to shoplift or pickpocket, or to threaten other young people.
- 5.3 Some of the following can be indicators of CCE:
- children who appear with unexplained gifts or new possessions;
  - children who associate with other young people involved in exploitation;
  - children who suffer from changes in emotional well-being;
  - children who misuse drugs and alcohol;
  - children who go missing for periods of time or regularly come home late; and
  - children who regularly miss nursery or education or do not take part in education.

## **6 CHILD SEXUAL EXPLOITATION (CSE)**

- 6.1 CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.
- 6.2 The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex.
- 6.3 It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).
- 6.4 The above CCE indicators can also be indicators of CSE, as can:
- children who have older boyfriends or girlfriends; and
  - children who suffer from sexually transmitted infections or become pregnant..

## **7 COUNTY LINES**

- 7.1 County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line".
- 7.2 Exploitation is an integral part of the county lines offending model with children and coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including nurseries, further and higher educational institutions, pupil referral units, special educational needs nurseries, children's homes and care homes.
- 7.3 Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid

detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

- 7.4 One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school or work), when the victim may have been trafficked for the purpose of transporting drugs. If a child is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation..

## **8 DOMESTIC ABUSE**

- 8.1 The cross-government definition of 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: psychological; physical; sexual; financial; and emotional.
- 8.2 All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.
- 8.3 Operation Encompass is coordinated by Sussex Police. It helps police and nursery's work together to provide emotional and practical help to children. The system ensures that when police are called to an incident of domestic abuse, where there are children in the household who have experienced the domestic incident, the police will inform the key adult (usually the designated safeguarding lead) in nursery before the child or children arrive at nursery the following day. This ensures that the nursery has up to date relevant information about the child's circumstances and can enable support to be given to the child according to their needs.
- 8.4 When approaching conversations with children or adults about domestic violence and abuse we will do so in line with the ESCC Domestic Abuse Toolkit: Supported Conversations with Young People and their Carers

## **9 HOMELESSNESS**

- 9.1 Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.
- 9.2 In most cases nursery staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17- year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances.

## **10 CHILDREN WITH MEDICAL CONDITIONS**

- 10.1 Children with medical conditions will be supported in accordance with the Medicines Policy and the statutory guidance Supporting Pupils at School with Medical Conditions 2015.
- 10.2 The nursery will ensure that arrangements are in place to support children with medical conditions. These arrangements will be informed through liaison with the parents and medical professionals, where appropriate, and dependent on the age and capacity, the child as well.
- 10.3 Most ongoing conditions will require an individual healthcare plan, unless it is agreed that this would be inappropriate and disproportionate.
- 10.4 The healthcare plan will be shared with staff as necessary, to ensure that staff are aware of what arrangements are in place, as well as any emergency procedures.
- 10.5 Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.
- 10.6 The DSL will consult with Health Professionals and consider further safeguarding actions in the event of:
- concerns about attendance
  - if a medical condition is impacting on a child's ability to participate in normal nursery activities
  - if emergency treatment is being provided regularly
  - If there has been a significant health event at nursery
- 10.7 In respect of health concerns for a child the DSL will give due consideration to the possibility of fabricated or induced illness and perplexing presentations following Pan-Sussex Child Protection and Safeguarding Procedures [here](#).

## **11 SO-CALLED 'HONOUR-BASED' ABUSE INCLUDING FEMALE GENITAL MUTILATION AND FORCED MARRIAGE**

- 11.1 So-called 'honour-based' abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.
- 11.2 If staff have a concern regarding a child that might be at risk of HBA or who has suffered from HBA, they should speak to the designated safeguarding lead (or deputy).
- 11.3 FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.
- 11.4 Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health

and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should **not** be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies.

- 11.5 Staff **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the staff member has good reason not to, they should still consider and discuss any such case with the nursery’s designated safeguarding lead (or deputy) and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the staff member does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, staff should follow local safeguarding procedures.
- 11.6 Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Nurseries and colleges can play an important role in safeguarding children from forced marriage.

## **12 PREVENTING RADICALISATION: THE PREVENT DUTY AND THE CHANNEL PROCESS**

- 12.1 Children are vulnerable to extremist ideology and radicalisation. As with protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a nurseries’ or colleges’ safeguarding approach. Extremism is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces. Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Terrorism is an action that endangers or causes serious violence to a person/people; cause serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.
- 12.2 There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child’s vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).
- 12.3 However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.
- 12.4 All nurseries and colleges are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

- 12.5 The Prevent duty should be seen as part of nursery's wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the Revised Prevent duty guidance: for England and Wales,
- 12.6 Channel is a voluntary, confidential support programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Prevent referrals may be passed to a multi-agency Channel panel, which will discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required. A representative from the nursery or college may be asked to attend the Channel panel to help with this assessment. An individual's engagement with the programme is entirely voluntary at all stages.

### **13 PRIVATE FOSTERING**

- 13.1 Parents and carers often fail to notify nurseries about private fostering arrangements even though they are legally required to notify Children's Services. Often this is because they are unaware of the requirements. They believe that this is a private family arrangement which does not concern anybody else.
- 13.2 Private Fostering definition  
Private fostering occurs when a child under 16 (or 18 if the child is disabled) is cared for and lives with an adult who is not a relative for 28 days or more. This could be a step parent (by marriage or civil partnership), grandparent, step grandparent, brother, sister, uncle or aunt.
- 13.3 Private fostering is a private arrangement made by the parent(s), (or those with parental responsibility) for someone to care for their child because they are unable to do so (permanently or temporarily). This may be due to a number of reasons such as parental ill health, a parent going abroad or in to prison, a child being brought to the UK to study English or the relationship between the child and parent has broken down.
- 13.4 Nursery staff play an essential role in identifying privately fostered children. If you know a child is being privately fostered you should advise the parent/carer that they have a legal obligation to report the arrangement to Children Social Care at least six weeks before it happens or within 48 hours if the arrangement is current having been made in an emergency.
- 13.5 Alert your Designated Safeguarding Lead who will ensure this is followed up with Children Social Care and the arrangement is assessed, approved and monitored.

### **14 PEER ON PEER ABUSE**

- 14.1 Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include, but is not limited to:
- abuse within intimate partner relationships;
  - bullying (including cyberbullying);
  - sexual violence and sexual harassment;
  - physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
  - sexting
  - initiation/hazing type violence and rituals.

# Appendix D

## Managing Allegations Flowchart

