

***The Tin Drum Nursery Ltd***  
***Eastdene, 32 Redland Grove, Bristol BS6 6PR, Tel. 0117-924-7175***  
***Email: [info@tindrumnursery.co.uk](mailto:info@tindrumnursery.co.uk)***

## **Safeguarding Children Policy and Procedure (Child Protection)**

EYFS: Section 3 Safeguarding and Welfare requirements
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At The Tin Drum Nursery we work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form.

Our setting considers that the welfare of the child is paramount and it is the duty of all staff and volunteers under HM Government's Working Together to Safeguard Children 2018 to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well-being of children and protect them from abuse

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children's health and development. In our setting we strive to protect children from the risk of radicalisation and we promote acceptance and tolerance of other beliefs and cultures (please refer to our inclusion and equality policy for further information). Safeguarding children is everybody's responsibility. All staff, students, any supply staff and visitors are made aware of and asked to adhere to, the policy.

This policy works alongside these other specific policies to cover all aspects of Child Protection:

- Online Safety
- Human Trafficking and Modern Slavery
- Prevent Duty and Radicalisation
- Domestic Violence, Honour Based Violence (HBV) and Forced Marriages
- Looked After Children
- Monitoring staff behaviour
- Social Networking
- Mobile Phone and electronic device use
- Safe recruitment of staff
- Disciplinary procedure
- Grievance
- Promoting positive behaviour

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

*(Definition taken from the HM Government document 'Working together to safeguard children 2018).*

## **Policy intention**

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
- Ensure all staff are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take
- 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
- Promote tolerance and acceptance of different beliefs, cultures and communities
- Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate.

Practitioners have a duty to protect and promote the welfare of children. Due to many hours of care we are providing, staff will often be the first people to sense that there is a problem. They may well be the first people in whom children confide about abuse. The nursery has a duty to be aware that abuse does occur in our society. The Tin Drum Nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the Nursery Principal at the earliest opportunity.

## **Legal framework and definition of safeguarding**

- Children Act 1989 and 2004
- Childcare Act 2006 (amended 2018)
- Safeguarding Vulnerable Groups Act 2006
- Children and Social Work Act 2017

- The Statutory Framework for the Early Years Foundation Stage (EYFS) 2017
- Working Together to Safeguard Children 2018
- Keeping Children Safe in Education 2021
- Data Protection Act 2018
- What to do if you're worried a child is being abused 2015
- Counter-Terrorism and Security Act 2015.
- Inspecting Safeguarding in Early years, Education and Skills settings 2021
- Prevent Duty 2015
- Domestic Abuse Act 2021

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

The nursery aims to:

- Keep the child at the centre of all we do, providing sensitive interactions that develops and builds children's well-being, confidence and resilience. We will support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships.
- Ensure staff are trained right from induction to understand the safeguarding and child protection policy and procedures, are alert to identify possible signs of abuse (including the signs known as softer signs of abuse), understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children through bullying or discriminatory behaviour.
- Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND), isolated families and vulnerabilities in families; including the impact of toxic trio on children and Adverse Childhood Experiences (ACES's).
- Ensure that all staff feel confident and supported to act in the best interest of the child; maintaining professional curiosity around welfare of children and share information, and seek the help that the child may need at the earliest opportunity.
- Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures, including thorough annual safeguarding newsletters and updates.
- Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by Bristol City Council.
- Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest.
- Keep the setting safe online, we refer to 'Safeguarding children and protecting professionals in early years settings: online safety considerations and use appropriate

filters, checks and safeguards, monitoring access at all times and maintaining safeguards around the use of technology by staff, parents and visitors in the setting.

- Ensure that staff identify, minimize and manage risks while caring for children.
- Identify changes in staff behaviour and act on these as per the Staff behaviour Policy.
- Take any appropriate actions relating to allegations of serious harm or abuse against any person working with children or living or working on the nursery premises including reporting such allegations to Ofsted and other relevant authorities including the local authority.
- Ensure parents are fully aware of our safeguarding and child protections policies and procedures when they register with the nursery and are kept informed of all updates when they occur.
- Regularly review and update this policy with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by Bristol City Council.

### **Implementation and Monitoring**

- The Registered Person will appoint a Child Protection Officer. The Child Protection officer is Jo Cunningham . The child protection officer will receive appropriate safeguarding and child protection training to equip them with the knowledge to provide effective support.
- One role of the Child Protection Officer will be to identify or ensure there is a member of staff to take the lead responsibility for safeguarding children within the setting and liaising with local statutory children's services as appropriate. This person will be the **Designated Safeguarding Lead (DSL)**. The DSL must attend an advanced inter-agency child protection training course, which must be updated at least every 2 years (in Bristol this is run by the Keeping Bristol Safe Partnership – KBSP);
- The Child Protection Officer
- will receive reports from the DSL of any occasions where there are concerns or issues of Child Protection
- All staff and volunteers are to undertake child protection training, which will be updated every 3 years. There will also be in-house updates and refreshers at monthly staff meetings.
- The Child Protection policy will be part of the induction for all staff and volunteers
- All staff and volunteers will be aware of how to support children to understand and recognise risk
- The setting will review this policy annually to ensure it is up to date and is being implemented correctly
- If the DSL is uncertain about concerns about a child, they should contact Families in Focus
- Staff and volunteers working with children must maintain an attitude of 'it could happen here.'

### **Designated Safeguarding Team**

All staff have a safeguarding duty. However, the management and leadership team with

specific safeguarding responsibilities are:

**Designated Safeguarding Lead**

Jo

**Deputy Designated Safeguarding Lead**

Sarah

**Recognising Abuse**

Recognising abuse is one of the first steps in protecting children and young people and there could be signs or behaviour that makes you feel concerned. All staff should be alert to the following situations and types of behaviour in children:

- Becoming excessively aggressive, withdrawn or clingy
- Seeming to be keeping a secret
- Significant changes in children's behaviour
- Deterioration in children's well-being
- Unexplained bruising, marks or signs of possible abuse or neglect
- Unreasonable fear of certain people or places
- Acting out in inappropriate way, perhaps with adults, other children, toys or objects
- Children's comments which give cause for concern e.g. inconsistent explanations of bruising, injuries or burns
- Self-harm
- Sexually explicit language or actions
- Being upset, withdrawn or angry after using the internet or texting;
- Children who go missing, particularly on repeat occasions

**Vulnerability**

**Vulnerability considerations raised by the Equality Act 2010 and Keeping Children safe in Education 2022**

In relation to safeguarding and promoting the welfare of children, our setting will consider how we are supporting children regarding protected characteristics – including disability, sex, sexual orientation, gender reassignment and race.

Some children may be more vulnerable to abuse for a range of reasons, so staff need to be alert to these.

- Disabled children. Staff should be vigilant regarding possible signs of abuse relating to disabled children and not automatically assume that signs relate to their impairment
- SEND/children with behavior issues
- Looked after children/children in care
- Homelessness
- Children with allocated social workers or family support worker
- Young carers
- Parents/carers or prison
- Mental health
- Children isolated and unsupported for a range of reasons

This list is not exhaustive and vulnerability is a changing situation which can affect any child.

Every child will have a named key worker and when needed they will work together with the DSL or Inclusion lead to ensure the child is supported. If needed, a written support plan will be put in place.

**Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child and their circumstances.**

**If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.**

### **Definitions of Abuse**

Child Abuse is any action by another person – adult or child – that causes significant harm to a child.

### **Types of abuse and particular procedures followed**

Abuse and neglect are forms 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 within a family, institution or community setting by those known to them or more rarely, a stranger. This could be an adult or adults, another child or children.

*What to do if you're worried a child is being abused, advice for practitioners (2015) and Working Together to Safeguard Children (2018)*

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

### **Indicators of child abuse**

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

Emotional states:

- Fearful
- Withdrawn
- Low self-esteem.

Behaviour:

- Aggressive

- Oppositional habitual body rocking.

Interpersonal behaviours:

- Indiscriminate contact or affection seeking
- Over-friendliness to strangers including healthcare professionals
- Excessive clinginess, persistently resorting to gaining attention
- Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour towards parents or carers
- Lack of ability to understand and recognise emotions
- Very young children showing excessive comforting behaviours when witnessing parental or carer distress.

The 1989 Children Act recognizes four categories of abuse:

- **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, or failure to prevent physical injury. Signs of physical abuse may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arm and legs, back, wrists, ankles, ears and face. Many children will have cuts and grazes from normal childhood injuries - these should also be logged on an accident form or accident prior to arrival form and discussed with the nursery principal or room leader.

Fabricated illness is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g. through poisoning, starvation, 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** – involves forcing or enticing a child 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 the 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 (see peer on peer abuse).

A child can indicate sexual abuse through words, play, drawing, had an excessive pre-occupation with sexual matters, or had an inappropriate knowledge of adult sexual behavior or language. This may include acting out sexual activity on dolls/toys or in the role play are 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 particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

If a child is being sexually abused staff may observe both emotional and physical symptoms.

Emotional signs:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Personality changes such as becoming insecure or clingy
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer
- Becoming worried about clothing being removed
- Suddenly drawing sexually explicit pictures or acting out actions inappropriate for their age
- Using sexually explicit language.

Physical Signs:

- Bruises
- Bleeding, discharge, pains or soreness in their genital or anal area
- Sexually transmitted infections
- Pregnancy

Any concerns about a child or family will be reported to the children's social care team.



- **Emotional Abuse** – the persistent emotional maltreatment of a child as to cause severe 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 in so far as they meet the needs of another person. It may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), 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, though it may occur alone.

Signs and indicators may include:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Overreaction to mistakes
- Extreme fear of any new situation
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression
- Appear unconfident or lack self-assurance.

Action will be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, cause by a persistent or severe ill treatment or rejection. Children may also experience emotional abuse through witnessing domestic abuse and alcohol and drug misuse by adults caring for them. In England, The Domestic Abuse Act 2021 recognises in law, for the first time, that children are victims if they see, hear or otherwise experience the effects of domestic abuse.

- **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 as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
  - a) Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
  - b) Protect a child from physical and emotional harm or danger
  - c) Ensure adequate supervision (including the use of inadequate care-givers)
  - d) Ensure access to appropriate medical care or treatment
 It may also include neglect of, or unresponsiveness to a child’s basic emotional needs.

### **The Prevent Duty/Radicalisation**

Under the Counter-Terrorism and Security Act 2015 we have a duty to safeguard at risk or

vulnerable children under the Counter-Terrorism and Security Act 2015 to have “due regard to the need to prevent people from being drawn into terrorism and refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It's a gradual process so young people who are affected may not realise what's happening.

Radicalisation is a form of harm. The process may involve:

- Being groomed online or in person
- Exploitation, including sexual exploitation
- Psychological manipulation
- Exposure to violent material and other inappropriate information
- The risk of physical harm or death through extremist acts

It is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Staff will be trained to recognise possible signs.

Our setting can also build the children and their families' resilience to radicalisation by promoting Fundamental British values of: democracy; the rule of law; individual liberty; mutual respect for and tolerance of those with different faith and beliefs and for those without faith or by discussing human rights so enabling children to challenge extremist views.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist or extremist ideology, as with managing 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. It is important to take action if staff observe behaviour of concern. The Police Prevent Team can give advice on 01278 647466 or by ringing 101 and asking for the Prevent team.

Any concerns about a child will be referred through First Response or the Police. The concern may then be dealt with through usual safeguarding procedures or referred to the Channel process. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Channel refers to panels operating in England and Wales, while PMAP operates in Scotland.

The programme uses a multi-agency approach to protect vulnerable people by:

- identifying individuals at risk
- assessing the nature and extent of that risk
- developing the most appropriate support plan for the individuals concerned

**Channel info:** [channelsw@avonandsomerset.pnn.police.uk](mailto:channelsw@avonandsomerset.pnn.police.uk)

If a child is at risk of extremism, the Counter Extremism Group must be contacted on [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk) or on 020 7340 7264

We have a Prevent Duty and Radicalisation policy in place. Please refer to this for specific details.

## **Other recognised categories of abuse:**

### **Child-on-child abuse**

Children can abuse other children. This is generally referred to as child-on-child 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; harmful sexual behaviours, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sharing nudes or semi nudes and initiation/hazing type violence and rituals. It is important that all victims are taken seriously and offered appropriate support. Keeping Children Safe in Education 2022, part five, provides information and guidance on managing cases of child-on-child sexual violence and sexual harassment. Other areas of child-on-child abuse will be dealt with in line with existing policies e.g. anti-bullying or behaviour management

### **Historical Abuse**

There may be occasions when a child will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

### **Domestic Abuse**

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 family partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial and emotional. Children can be victims of domestic abuse. Exposure to domestic abuse and/or violence can have a serious, long lasting impact on children. Staff will need to treat them sensitively, record their concerns and consider contacting First Assessment Service.

### **Female Genital Mutilation (FGM)**

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation (Female Genital Mutilation Act 2003). Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs). An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means

of protecting actual or potential victims from FGM under civil law.

It's helpful to have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the KBSP website Communities page [www.bristolsafeguarding.org](http://www.bristolsafeguarding.org)

All agencies have a statutory responsibility to safeguard children in terms of protecting girls from FGM and identifying children who have already survived the procedure. It is important that staff are aware of what FGM is and the signs to look out for in girls at risk of the practice. All staff will receive appropriate FGM training as part of their induction.

For more information please go to the Keeping Bristol Safe Partnership FGM Safeguarding Guidance, in the Honour Based Violence section: <https://bristolsafeguarding.org/policies-and-guidance/honour-based-violence/>

Being able to identify girls who are at risk needs a sensitive approach.

The KBSP has created an FGM referral risk assessment for professionals to consider the risks of girls from FGM. [fgm-referral-risk-assessment-2018.pdf \(bristolsafeguarding.org\)](https://bristolsafeguarding.org/fgm-referral-risk-assessment-2018.pdf)  
If used, a record of the outcome must be kept.

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example;

- The child has changed in behaviour after a prolonged absence from the setting
- The child has health problems, particularly bladder or menstrual problems
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable

If a girl is at immediate risk of FGM taking place, it is a significant child protection issue and must be reported to the Police and/or First Response.

You have a statutory duty to report if a girl under 18 informs you they have had FGM or if you see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to First response and/or the police.

When FGM has taken place, the Children's Social Care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and the family will be supported to access appropriate health care if needed. Legal action may be considered.

Advice may be sought from BAND, Families in Focus or First response.

For more information on this topic, see the online South west Child protection procedures, NSPCC or, locally KBSP. Contact details are in the appendix.

### **Breast ironing/flattening**

Breast ironing also known as "breast flattening" is the process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear, or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage.

Breast Ironing/Flattening is a form of physical abuse and can cause serious health issues such as:

- Abscesses
- Cysts
- Itching
- Tissue damage
- Infection
- Discharge of milk
- Dissymmetry of the breasts
- Severe fever.

Any concerns about a child or family, will be reported to the children's social care team in the same way as other types of physical abuse.

### **Child sexual exploitation (CSE)**

*Keeping Children Safe in Education (2021)* describes CSE as: 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. 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. 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).

Signs and indicators may include:

- Physical injuries such as bruising or bleeding

- Having money or gifts they are unable to explain
- Sudden changes in their appearance
- Becoming involved in drugs or alcohol, particularly if you suspect they are being supplied by older men or women
- Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)
- Using sexual language that you wouldn't expect them to know
- Engaging less with their usual friends
- Appearing controlled by their phone
- Switching to a new screen when you come near the computer
- Nightmares or sleeping problems
- Running away, staying out overnight, missing school
- Changes in eating habits
- Talk of a new, older friend, boyfriend or girlfriend
- Losing contact with family and friends or becoming secretive
- Contracting sexually transmitted diseases.

### **Child Criminal Exploitation (CCE)**

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.

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. 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 school or education or do not take part in education.

If staff have any concerns regarding CSE or CCE, they will be reported following our safeguarding reporting procedures.

### **Child Criminal Exploitation and County Lines**

The National Crime Agency (NCA) describe county lines as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of ‘deal line.’ Customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

Offenders will often use 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 schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes.

Signs and indicators to be aware of include:

- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things (e.g. clothes, jewellery, cars etc.)
- Missing from home or schools and/or significant decline in performance
- New friends or relationships with those who don't share any mutual friendships with the victim or anyone else
- May be carrying a weapon
- Receiving more texts or calls than usual
- Sudden influx of cash, clothes or mobile phones
- Unexplained injuries
- Significant changes in emotional well-being
- Young people seen in different cars/taxis driven by unknown adults

- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries
- Gang association or isolation from peers or social networks.

### **Cuckooing**

Cuckooing is a form of county lines crime in which drug dealers take over the home of a vulnerable person in order to criminally exploit them as a base for drug dealing, often in multi-occupancy or social housing properties. Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside the home; windows covered or curtains closed for long periods, family not being seen for extended periods; signs of drug use or an increase in anti-social behaviour at the home. If we recognise any of these signs, we will report our concerns as per our reporting process.

If staff have any concerns regarding county lines/cuckooing they will be reported in the usual way.

### **Online Safety**

We take the safety of our children very seriously and this includes their online safety. Please refer to the Online Safety policy for further details.

### **Modern Slavery/trafficking/children from abroad**

Please refer to our Modern Slavery and Child Trafficking policy for detail on how we keep children safe in this area.

### **Adult sexual exploitation**

As part of our safeguarding procedures we will also ensure that staff and students are safeguarded from sexual exploitation.

### **Up skirting**

Up skirting involves taking a picture of someone's genitals or buttocks under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual. This is a criminal offence and any such action would be reported following our reporting procedures.



### **Child abuse linked to faith or belief (CALFB)**

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
- Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
- Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

### **Safer Options and Contextual safeguarding-**

As young people grow and develop they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

As part of our safeguarding procedures we will work in partnership with parents/carers and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns.

**ACES and Trauma Informed Practice** – Adverse Childhood Experiences (ACES) are stressful experiences during childhood that directly harm a child or affect the environment in which they live. Recognising and understanding the impact of trauma informs an approach to building resilience.

Information on these topics can be found at:

<https://bristolsafeguarding.org/children/i-am-a-professional/>

<http://www.proceduresonline.com/swcpp/bristol/contents.html>

In addition, safeguarding action may be needed to protect children against:

- Racist, disability and homophobic or transphobic abuse
- Gender-based violence/violence against women and girls
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content e.g. sexting and accessing pornography
- Gang activity or youth violence
- Teenage relationship abuse
- Substance abuse
- Poor parenting
- Homelessness
- Forced marriage

## **Reporting Procedures**

All staff have a responsibility to report safeguarding/child protection concerns and suspicions of abuse. These concerns will be discussed with the designated safeguarding lead (DSL) as soon as possible.

- Staff will report their concerns to the DSL **Jo Cunningham** (in the absence of the DSL they will be reported to the Deputy DSL) **Sarah Gilbert**
- Any signs of marks/injuries to a child or information a child has given will be recorded and stored securely
- For children who arrive at nursery with an existing injury, a form will be completed along with the parent's/carers explanation as to how the injury happened. Staff will have professional curiosity around any explanations given, any concerns around existing injury's will be reported
- If appropriate, any concerns/or incidents will be discussed with the parent/carer and discussions will be recorded. Parents will have access to these records on request in line with GDPR and data protection guidelines.
- If there are queries/concerns regarding the injury/information given, then the following procedures will take place:

The designated safeguarding lead will:

- Contact First Response to report concerns and seek advice immediately, or as soon as it is practical to do so. If it is believed a child is in immediate danger, we will contact the police. If the safeguarding concern relates to an allegation against an adult working or volunteering with children then the DSL will follow the reporting allegations procedure (see below)
- Record the information and action taken relating to the concern raised
- Speak to the parents (unless advised not to do so by LA children's social care team)
- The designated safeguarding lead will follow up with the Local Authority children's social care team if they have not contacted the setting within the timeframe set out in Working Together to Safeguarding Children (2018). We will never assume that action has been taken.

Keeping children safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to the DSL or deputy DSL they should call First Response, the Police or the NSPCC and report their concerns anonymously.

### **Responding to a spontaneous disclosure from a child**

If a child starts to talk openly to a member of staff about abuse they may be experiencing, then staff will:

- Stay Calm
- Listen to what the child/young person is actually saying;
- Reassure them that they have done the right thing by telling you;
- Ask open questions e.g. Can you tell me why you are upset? Can you tell me what is frightening you? Can you tell me why you don't want to go home today? Open questions enable you to gain information and clarification;
- Don't ask leading questions. This could lead a child to say something or agree with you wrongly. A closed question is: Are you afraid to go home because your mum will hit you?
- Do not ask the child/young person to repeat what they have told you to another worker or committee member. If the matter is to be investigated further, this will be done by trained professionals;
- Do not promise the child that this information can be kept secret as subsequent disclosure could then lead to the child feeling betrayed;
- If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next it is ok to say that you don't know, but that you can be there to support them if they want;
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use a body map or draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour;
- Record this as soon as possible on the setting's Disclosure form and use the actual words used by the child;
- Keep all records factual. Be aware of not making assumptions or interpretations of what the child/young person is telling you. Store all records securely;

- Discuss your concerns with the DSL. If the disclosure involves a member of staff, follow the staff allegation section;
- If appropriate, inform parents/carers that you are going to report your suspicions / concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, First Response will ask you if the parent / carer has been informed. If you haven't, they will want to know the reasons why;
- The DSL must report the disclosure to the appropriate agency. In most cases this will be First Response, who will triage the call (see Appendix A). You can contact First Response by phone or if it is at the Families in Focus (previously called early Help) level, by using the online form (see First Response link in 'further information');
- First Response will assess the call and pass you onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child protection issue or Families in Focus (level 2 Escalating, Target support/ Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child. (Level 1 Plus Additional Support Universal Services);
- Once the referral has been made and if appropriate, you can tell the child what is going to happen and what to expect.

Any disclosure will be reported to the nursery manager or DSL and will be referred to the local authority children's social care team immediately, following our reporting procedures.

### **Recording Suspicions of Abuse and Disclosures**

Staff should make an objective record of any observation or disclosure, supported by the nursery manager or designated safeguarding lead (DSL). This record should include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure, location
- Exact words spoken by the child (word for word) and non-verbal communication
- Exact position and type of any injuries or marks seen
- Exact observation of any incident including any concern was reported, with date and time; and the names of any other person present at the time
- Any discussion held with the parent(s) (where deemed appropriate).

These records should be signed by the person reporting this and the Manager, dated and kept in a separate confidential file. Where there are a number of concerns, an overview timeline will be put at the front of the child's safeguarding file, giving an at a glance record of all concerns.

If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure details must be logged accurately. It is not the nursery's role to investigate, it is the role of statutory services to complete this.

Staff involved in a safeguarding case may be asked to supply details of any information/concerns they have with regard to a child. The nursery expects all members of staff to cooperate with the local authority children's social care, police, and Ofsted in any way necessary to ensure the safety of the children.

Staff must not make any comments either publicly or in private about the supposed or actual behaviour of a parent, child or member of staff.

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited or neglected, and/or they may not recognise their experiences as harmful. It is important to maintain professional curiosity and to speak to the DSL if you have concerns about a child.

### **What to do if it is an Emergency**

If you think a child is in immediate danger or a criminal act has taken place you should telephone the police on 999. In all other circumstances, you need to refer the matter to First Response.

In a medical emergency, your first action may need to be one of the following;

- Telephone for an ambulance, or;
- Ask the parent to take the child to the hospital at once, or;
- Take the child yourself.

The child is the legal responsibility of the parent/carer and they must be involved as soon as practical., unless to do so would put the child at immediate risk of harm. Having taken the necessary emergency action it is important that you make immediate contact with First Response. If it is out of office hours, contact the Emergency duty team.

### **Informing parents**

Parents are normally the first point of contact. If suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the LSCB does not allow this. This will usually be the case where the parent or the family member is the likely abuser, or where a child may be endangered by this disclosure. In these cases the investigating officers will inform parents.

### **Confidentiality**

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The Law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the

welfare of the child.

All information that has been collected on any child will be kept locked and secure and access will be limited to appropriate staff, management and relevant agencies.

In the event of an investigation, it is essential that no information on child protection concerns relating to a child are disclosed inappropriately. Any such disclosures could have serious consequences for both the child concerned and any investigation.

If uncertain about what information may be shared, take advice or refer to HM Government's Information Sharing, Advice for practitioners.

- Whilst parents / carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child or yourself at risk;
- It is very important that only those who need to know, actually know, to avoid any rumor and gossip that could affect the child, parent / carer and the group.

### **Support to families**

- The nursery takes every step in its power to build up trusting and supportive relations among families, staff and volunteers within the nursery
- The nursery continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interest of the child.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate under the guidance of the KBSP with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

### **Staffing and volunteering**

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

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

- ~ We provide adequate and appropriate staffing resources to meet the needs of children
- ~ Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- ~ All staff have an enhanced DBS and sign up to the DBS Update Service upon starting employment (if not already signed up) . DBS Update Service checks will be carried out on a monthly basis to ensure the suitability of the adults caring for the children.
- ~ We abide by Ofsted requirements in respect of references and suitability checks for staff and volunteers, to ensure that no disqualified person or unfit person works at the nursery or has access to children
- ~ We ensure we receive at least two written references BEFORE a new member of staff commences employment with us
- ~ All students will have enhanced DBS disclosures conducted on them before their placement starts
- ~ Volunteers, including students, do not work unsupervised
- ~ We give staff members, volunteers and students regular opportunities during supervisions and having regular opportunities to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life which may affect their suitability to work with children.
- ~ We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
- ~ We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery, so that no unauthorised person has unsupervised access to the children
- ~ All contractors/external workers will be enhanced DBS checked and the principal will request this before allowing the access to the nursery. All visitors/contractors will still be accompanied whilst on the premises especially when in the areas the children use
- ~ All staff have access to a whistle blowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- ~ All staff will receive regular supervision meetings where opportunities will be made available to discuss child protection training and any needs for further support
- ~ The deployment of staff within the nursery allows constant supervision and

support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be placed into action to ensure the safety of the child and the adult.

### **Recognising inappropriate behaviour in staff, volunteers and others**

There is no guaranteed way to identify a person who will harm children. However, there are possible warning signs. These may include:

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

There may be other sources of concern; this is not a conclusive list. If you are concerned about another member of staff or volunteers behaviour you need to pass this on to the DSL.

### **If an allegation against a staff member is made or a member of staff/volunteer is suspected of abuse or inappropriate behavior.**

The allegation should be reported to the DSL (Jo Cunningham), in their absence the Deputy DSL (Sarah Gilbert). If both of these persons are the subject of the allegation then this should be reported to the board of directors. If all members of the board of directors are the subject of the allegation, then this should be reported straight to the LADO.

If an allegation that a member of staff has;

- Behaved in a way that has harmed a child, or may have harmed a child, or;
- Possibly committed a criminal offense against or related to a child, or;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children or;
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The following procedure will be followed:

- The concerns or allegation will be reported to the DSL, or Deputy DSL
- The DSL should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of any child or children;
- The DSL must then contact the Local Authority Designated Officer (LADO) **within**



- **one working day** of receiving the report of the allegation.
- If a child has been injured and/or there is clear evidence of significant harm or risk of significant harm, an immediate referral must be made to the Police, First Response or other emergency services.

### **Local Authority Designated Officer (LADO)**

**Tel; 0117 9037795 or 07795091020**

- The DSL must follow the LADO's advice on how to deal with the allegations against the staff member. **The LADO must be involved. It is imperative that no investigation is made into the allegation until the LADO has been contacted.**
- If the allegation hasn't been made by a parent/carer, the setting should take advice from the LADO on how and when to inform them.
- Once you have notified the Local Authority Designated Officer (LADO) of any allegation against a person who works with children, please complete the following form and return to the relevant email address

LADO Notification form:

<https://>

- The setting is required to inform OFSTED of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days (See Appendix A)
- All recorded information regarding the allegation will be kept in a locked cabinet.

### **Low-Level Concerns**

A low-level concern is a concern, no matter how small, that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work. Where a concern does not meet the harm threshold it will be dealt with under our low-level concerns policy and procedure. Please see our low-level concerns policy.

### **Support to staff and volunteers**

The registered person will fully support all members of staff in following this procedure.

Following an allegation or investigation:

- Staff and volunteers who work with issues of child protection may themselves need support in dealing with the emotional distress this can cause. They can talk to the settings DSL and any of the appropriate agencies listed in Appendix A.
- Staff, volunteers or management members may also be subject to allegations of abusing children in relation to their work for the setting. While support will be offered to these individuals by the setting, we will ensure that the agency dealing with the matter is given all assistance in pursuing any investigation and the Bristol LADO will be informed. The disciplinary procedure may be implemented.

- Staff and volunteers may also experience abuse outside of the work setting. They can talk to the settings DSL or line manager to seek support. E.g. Domestic Abuse

## **Recruitment and Employment of Staff and Volunteers**

Our policy is to provide a secure and safe environment for all children. We follow safer recruitment practices including obtaining references and all staff employed to work with children will have enhanced criminal record checks from the Disclosure and Barring Service (DBS) before being able to carry out intimate care routines or have unsupervised contact with children.

We will obtain enhanced criminal records checks (DBS) for volunteers in the setting. Volunteers and visitors will never have unsupervised access to children.

- All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery. During induction staff will be given contact details for the local authority children's social care team's, the local safeguarding children partnership and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.
- All staff, including the settings Manager and volunteers will be checked by the Disclosure and Barring Service, and will register on the Update Service. All staff DBS statuses will be checked monthly.
- All people connected with the setting must declare all convictions/cautions which may affect their suitability to work with children
- All people connected to the setting must declare their disqualification status
- Two references will be taken up prior to appointment for new staff and volunteers
- The selection and interview procedure of the setting will be adhered to. This must include a full employment history, qualifications, interview and indemnity checks
- Under the Safeguarding Vulnerable Groups Act 2006 we have a duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been had the person not left the setting first) because they have harmed a child or put a child at risk of harm

## **Use of Mobile Phones, Cameras and Online Safety**

The setting is aware of the risks posed by the inappropriate use of mobile phones and cameras in the setting. To manage this appropriately we have separate policies regarding the use of these devices and online safety. Please refer to our separate policies; *Camera &*

*recording device use and Mobile phone & social networking.*

### **Missing Child / Unauthorised Absence**

Children going missing from the setting (through not attending when expected), particularly if this is repeated, or if a child is unexpectedly removed from a setting, can act as a vital sign for a range of safeguarding possibilities. This may include abuse and neglect, sexual abuse or exploitation and criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, risk of forced marriage, family crisis or other issues that could affect the health and well-being of a child.

Although the children are not in compulsory education, we believe that we have a responsibility to follow up on unauthorised absences to ensure that the child and family are safe and well, which forms part of our safeguarding commitment. Particular care will be taken where there are known vulnerabilities and also when the family might otherwise be isolated (e.g. summer holidays).

To manage this appropriately we have a separate policy regarding children going missing from childcare or unauthorised absence.

### **Non-Mobile Babies**

Injuries in Non-mobile babies are rare and must be further investigated by a paediatrician even if an explanation seems plausible. All non-mobile babies with an injury should be discussed with a hospital or community paediatrician or the Children's Emergency Department. Early Years Settings and Childminders working with non-mobile babies need to follow the KBSP (Keeping Bristol Safe Partnership) "**Addendum to the Multi Agency Guidance for Injuries in Non- Mobile babies**". *\*See appendix #1*

If settings need to use the procedure, it is important that as well as discussing the injury with and/or arranging for the baby to be examined by the Community Paediatrician, settings contact Social Care / First Response to request checks are made on the family. This information will be made available to the Community Paediatrician to help in any risk assessment of the injury. This is not the same as making a referral and parents should be reassured that this is the case, but it is important that they check to see if the baby is already known to Social Care.

### **Please see Nappy Changing Policy and Intimate care Policy**

#### **In addition, safeguarding action may be needed to protect children against:**

- Bullying, including online bullying ( cyber bullying) and prejudice-based bullying
- Racist, disability and homophobic or transphobic abuse
- Gender-based violence/violence against women and girls
- Child Sexual Exploitation and trafficking

- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, e.g. 'sexting' and accessing pornography
- Teenage relationship abuse
- Substance abuse
- Poor parenting
- Homelessness
- Forced marriage

**Information on these topics can be found at:**

[Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](http://www.bristolsafeguarding.org)

<https://www.proceduresonline.com/swcpp/bristol/contents.html>

**Transfer of a Child Protection Safeguarding file from one education setting to another** e.g. from an early years setting to another early years setting or to a school.

- The DSL must inform the receiving setting that the child has a child protection file and that this is going to be transferred for them
- The DSL should pass the original copy of the child protection/ safeguarding file to the receiving setting. This should be delivered separately to the child's main file and be delivered either by hand or by recorded delivery. The parents/ carers of the child must never be used to transfer the child protection file. The transfer must happen within five school days from notification and the setting should record that the transfer has been made.
- The setting should ensure that confidentiality is maintained and the transfer process is as safe as possible.
- If the setting receives a new child that has been attending a previous setting, then the setting should ask the previous setting if the child has a child protection/ safeguarding file.
- If so, once the transfer of the file has been made, the setting should record that the file has been received (receipt) and keep this record for 6 years.
- Settings should keep a copy of the transferred file themselves for a minimum of 6 years and/or until the child reaches their 25<sup>th</sup> birthday.

Please refer to the KBSP document “**Guidance on the Transfer of a Child Protection Safeguarding file to another education setting**”, for full details of what should be in a file, how to transfer it and what records should be retained.

Parents/carers will be made aware that as an education provider we have a duty to share/pass on child protection/safeguarding information to the next education provider.

### **Further Information**

**South West Child Protection Procedures** – provide detailed online information on all aspects of child protection e.g. staff allegations

<https://www.proceduresonline.com/swcpp/>

**Multi Agency Guidance for injuries in non-mobile babies** –

<https://bristolsafeguarding.org/media/flnn0dos/non-mobile-baby-injury-kbsp-policy-reviewed-may-2020.pdf>

**Working Together to Safeguard Children 2018** -

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#history>

**Making a referral to First Response online advice and link to practitioner booklet** –

<https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response>

**Guidance for safer working practice for those working with children and young people in education settings** –

<https://saferrecruitmentconsortium.org>

**Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers 2018**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/information_sharing_advice_practitioners_safeguarding_services.pdf)

**KBSP “Guidance on transfer of a child protection safeguarding file to another educational setting”**

<https://bristolsafeguarding.org/media/myopzmfj/transfer-of-cp-and-safeguarding-file-reviewed-may-2020.pdf>

**Prevent Duty Guidance for England and Wales**

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

**KBSP Threshold Guidance-2018**

<https://bristolsafeguarding.org/media/42802/threshold-guidance-kbsp-edit.pdf>

**EYFS Safeguarding and Welfare Requirements – Child Protection March 2021**

<https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills/inspecting-safeguarding-in-early-years-education-and-skills>

## **Keeping Children Safe in Education 2022**

[Keeping children safe in education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/keeping-children-safe-in-education-2022)

## **KBSP Protocol: Children who Display Harmful Sexual Behaviour**

<https://bristolsafeguarding.org/media/slvjkgfj/final-hsb-protocol.pdf>

## **Safeguarding children and protection professionals in early years settings online safety considerations**

<https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations>

<b>This policy was adopted on</b>	<b>Signed on behalf of the nursery</b>	<b>Date for review</b>
01/09/22		01/09/23

## **Appendix A – Useful contacts**

### **1. Registered Person responsible for Child Protection (Child Protection Officer)**

Name: Jo

## 2. Staff Designated Safeguarding Lead and Deputy Designated Safeguarding Lead

Name: Jo

Name: Sarah

## 3. Referral Agencies

- **First Response – 0117 9036444**

The place to call if you are concerned about a child or young person or think they need some help. Calls to First Response may result in direct referral to a Social Work Team or to Early Help and/or advice and guidance being given about services to help families.

- **Families in Focus: North** 0117 3521499; **East/Central** 0117 3576460  
**South** 0117 9037770
- **Disabled Children Team** ( all Bristol) 0117 9038250
- **Emergency Duty Team/Out of Office Hours** 01454 615165
- **Police: Non-emergency** 101  
**Emergency 999**
- **On-Call Consultant Paediatrician** (via BRI Switchboard) 0117 9230000 – non mobile babies

## 4. For Staff Allegations Contact:

- **Local Area Designated Officer** – 0117 9037795 Mobile 07795091020
- **Registered providers must inform Ofsted of any allegation of serious harm or abuse as soon as reasonably practicable, but at the latest within 14 days of the allegations being made**
- **Ofsted Compliance and Investigation Team (For reporting any Child Protection concerns)** 0300 123 1231 or email: [cie@ofsted.gov.uk](mailto:cie@ofsted.gov.uk)
- **Ofsted Whistleblowing hotline** 0300 123 3155

## 5. Support and advice

- **South West Child protection Procedures (online guidance)**  
<https://www.proceduresonline.com/swcpp/>
- **ChildLine** 0800 1111 (open 24 hours)
- **National Association for the Prevention of Cruelty to Children (NSPCC)**  
0800 800 500
- **NSPCC Whistleblowing Hotline** 0800 0280 285
- **NSPCC FGM helpline** 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)
- **Keeping Bristol Safe Partnership (KBSP) (training)** 0117 3532505
- **Police Prevent Team** 01278 647466
- **Channel info** [channelsw@avonandsomerset.pnn.police.uk](mailto:channelsw@avonandsomerset.pnn.police.uk)
- **Refuge National Domestic Abuse Helpline: 0808 2000 247**
- **Next Link (domestic abuse Bristol)** 0800 470 0280/0117 9250680
- **Employers initiative on domestic abuse** <https://www.eida.org.uk>
- **BAND Development and Support Worker- Michelle Smith** 0117 9542164,  
[michelle@bandltd.org.uk](mailto:michelle@bandltd.org.uk)

## Multi - Agency Guidance for Injuries in NON - MOBILE Babies (March 2016)

### **Addendum for Early years settings and Child Minders**

**Infants under the age of one are most at risk of being killed at the hands of another person (usually a carer) than any other age group of child in England and Wales. Non-mobile babies cannot cause injuries to themselves and therefore must be considered at significant risk of abuse. Multi –agency information sharing allows for sensible, informed judgments regarding the child’s safety to be made.**

### **Benign Skin Marks**

When new babies and children join your setting as part of completing their registration, you should ask and record any birth mark or similar benign skin condition; noting the shape, size and location. If any doubt exists about the nature of a skin mark, the babies parents/ carers should be requested to seek a medical opinion from their GP.

When recording the existence of a benign skin mark it is useful to make use of a ‘Bodymap’ diagram.

### **Non mobile babies presenting with an injury**

Due to the significant risk of abusive injury in a non-mobile baby **ALL NON- MOBILE BABIES WITH AN INJURY** should be referred to the on call Consultant Community Paediatrician, even if there is a plausible explanation (Serious injuries/ bleeding refer direct to Emergency Department via 999).

### **Making a referral to the Paediatric service and Social Care.**

Where the professional has identified that a referral should be made to the Community Paediatrician (or Emergency Department if urgent), the baby’s parent/ carer should be informed that a person with parental responsibility will be required to attend with their baby or at the very least provide consent for a medical examination to take place. The Community Paediatrician is responsible for confirming that the baby attends for the medical examination, and the next working day the referrer should also confirm that this has happened. If the parent refuses to take the child for an examination the Community Paediatrician and Social Care should be notified immediately. It is the Early Years professional’s responsibility to contact First Response to provide information about injury and family dynamics if known, and request checks. The Community Paediatrician will ensure that the relevant checks have been undertaken by Social Care and what the findings are.

### **THIS POLICY LINKS IN WITH OUR CHILD PROTECTION AND SAFEGUARDING POLICY.**

Please see table below



<p>Non- mobile babies – probable birth mark or medical problem eg eczema but otherwise well</p>	<p>Non- mobile babies – injury or bruising but well baby</p>	<p>Non- mobile babies with bleeding from nose, mouth and/ or ear or serious injury</p>
<p>Record observation: Include shape, size and location of mark, bruise or injury</p> <p>Discuss with parent/ carer, record any explanation given</p> <p>Ask parent/ carer to see GP for confirmation of what mark is. Then obtain confirmation from parent or GP (via red Parent Help record/ HV/ GP).</p>	<p>Record observation: Include shape, size and location of mark, bruise or injury</p> <p>Discuss with parent/ carer, record any explanation given</p> <p>Contact on- call consultant community Paediatrician (via BRI Switchboard 0117 9230000) to discuss if an examination is required (Same day).</p> <p>Request Social care checks</p>	<p>Call 999 to arrange for an ambulance</p> <p>Record observation: Include any marks or bruising, the shape, size and location</p> <p>Discuss with parent/ carer, record any explanation given</p> <p>Contact Emergency Department or on-call consultant community paediatrician (via BRI switchboard) to advise of injury and that ambulance has been called.</p> <p>Request social care checks</p>
<p>Repeated minor injuries in non mobile babies are extremely concerning</p>	<p>Repeated minor injuries in non-mobile babies are extremely concerning</p>	<p>Repeated minor injuries in non-mobile babies are extremely concerning</p>
<p>If there is an uncertainty about the severity of the injury and where to refer it should be discussed with the on-call Community Paediatrician via BRI Switchboard: 0117 9230000</p> <p>Babies must be seen by a doctor of at least Registrar grade or by a paediatrically trained nurse practitioner, and then reviewed/ discussed with a consultant.</p>		