

Safeguarding and Child Protection Policy

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1. Policy Introduction and Statement

1.1 Definition of Safeguarding

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- Safeguarding is everyone's responsibility; for services to be effective each professional and organisation should play their full part.
- A child-centred approach; for services to be effective they should be based on a clear understanding of the needs and views of children.

As a nursery we have a legal duty under Section 11 of the Children Act 2004 to ensure we safeguard and promote the welfare of all children in our care. Working Together to Safeguard Children 2023', defines safeguarding as:

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

'Working Together to Safeguard Children' defines children as being "aged 18 years and under and up to 25 years old if a person has a disability or special educational need". We must be mindful of this within our own staff team including apprentices, volunteers, or young parents of nursery children.

The welfare of the children in our care is paramount. Children learn and develop best when they are healthy, safe and secure. It is important that the staff in the nursery respond quickly to any concerns they may have regarding a child's safety or welfare. Staff have a duty to report concerns. You do not need to decide as to whether a child is being abused; that is the role of other agencies, but you do need to act if you have any concerns.

1.2 Our Intent, Implementation and Impact

Our Intent: Is to have clear, understandable procedures, processes, guidance, and advice for everyone who holds a position of trust within any of our settings.

Our Implementation: As per the 'Working Together to Safeguard Children' Document, we will:

- Provide a safe and secure environment in which children can thrive and develop, and where all aspects of their welfare will be protected.
- Minimise the situations in which the abuse of children might occur.
- Train staff to be vigilant for the signs of abuse.

- Immediately trigger our child protection procedures at any indication that a child is suffering abuse.
- Work alongside our Local Authority Safeguarding Team/Partnership to ensure that these procedures are consistent.

In recruiting staff, we will follow a systematic selection process designed to assess the applicant's suitability both for the post and to work with children. The Disclosure, Barring Service (DBS) checks will be made, and two references obtained for all potential staff and volunteers.

Our Managers and Deputy Managers will have undertaken Safer Recruitment Training as part of their roles as Designated Safeguarding Leads for the Nursery. Staff will be issued with a Role Guide/ Job Description detailing the expectations of the role that they will be undertaking. Staff will sign up to following all the Nursery's Policies and Procedures. Staff will be issued with a contract and 'Code of Conduct/Minimum Standards' document which they will agree, sign and return.

All staff will complete an Annual Health Questionnaire and Suitability Declaration and be made aware of their responsibility to inform Management immediately of any changes to their suitability to work with children. Staff will undertake an induction programme during their probationary period.

There is a named Designated Person for Safeguarding for the setting (Manager is the lead with the Deputy Manager and sometimes one other as additional lead in the Manager's absence) all of whom will have accessed both Local Authority Designated Safeguarding Lead training (usually requiring updating every 2 years but check with your Local Authority and follow their guidelines for this). Every staff member completes a company approved safeguarding training course as part of their induction and updates it annually.

Our Impact – Vigilant, qualified, well-informed and well-trained staff. Children thrive in a safe and secure environment, fostering a culture of support, confidentiality, and robust information sharing.

2. Roles and Responsibilities

2.1 Designated Person (Designated Safeguarding Lead)

The Designated Safeguarding Lead is the person appointed to take lead responsibility for child protection issues in the nursery. The lead responsibility for safeguarding and child protection rests with the Nursery Designated Safeguarding Lead (DSL).

The Designated Safeguarding Lead poster (Appendix 3) will be displayed in all staff toilets, the staff room, and on the parents' notice board.

The manager is to take lead responsibility for safeguarding within the nursery and will be a Designated Safeguarding Lead (DSL).

In each nursery there will be a 'Deputy Designated Safeguarding Lead' – Deputy DSL – this is usually the nursery Deputy Manager. It is our expectation that in every nursery at least 3 people will have the necessary, up-to-date training to fulfil the role of DSL in the absence of the Manager. This is usually The Nursery Manager, The Nursery Deputy Manager and the Nursery Third in Charge or a competent Room Leader.

The designated person/people will attend specialist Designated Lead Safeguarding & Child Protection training, updated every 2 years through their local authority and will be responsible for liaising with Local Authority Statutory Children's Services/ Local Safeguarding Partners as appropriate. All assigned DSLs must undertake local authority training as soon as it becomes available but may use the online training provider's training in the interim.

In addition to formal training, the DSL should keep knowledge and skills up to date via online training, e-bulletins, opportunities to network with other DSLs, and attend locally arranged briefings. These opportunities should be taken up at least once a year but more regularly if possible

The Designated Safeguarding Lead will ensure that all documentation, including Appendix 1, Appendix 2, and Appendix 3, is displayed appropriately and prominently.

The Designated Safeguarding Lead (DSL) will be responsible for:

- Working with the staff team to ensure safeguarding is at the heart of the nursery ethos and that all staff are supported in knowing how to recognise and respond to known or suspected concerns of abuse. This will be achieved through manager daily checks, safeguarding spot checks, regular training, and monitoring/supervision.
- Liaise with their Company DSL and Nominated Individual, as well as Deputy Company DSL and assist in dealing with ongoing investigations, disciplinary hearings, and potential police investigations. Information share with relevant agencies.
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral, liaising with the Nursery Managers and any relevant agencies.
- Act as a source of support, advice, mentoring, coaching, and expertise for staff.
- Refer cases of suspected abuse to Children's Social Care, and support staff who have raised concerns about a child or have made a referral to Children's Social Care.
- Refer cases of concerns or allegations made against staff to the Company DSL and LADO – Local Authority Designated Officer.
- Where there are concerns about radicalisation, to make referrals to the Channel programme and offer support to other staff who have concerns about radicalisation.

- Refer cases to the police where a crime has been or may have been committed, including disclosures of recent or historical undergoing of FGM – Female Genital Mutilation.
- Understanding the local referral and assessment process for early help and intervention.
- Knows about child protection case conferences and reviews and can contribute to these effectively when required.
- Ensuring that all staff have access to and understand the safeguarding policy.
- Being aware of the needs of any vulnerable children i.e., those with special educational needs, including a child in need, a child on a child protection plan or a looked after child.
- Keeping detailed, accurate and secure records of concerns and referrals.
- Understanding the role of the nursery in terms of the Prevent Duty where required.
- Understanding the role of the nursery in terms of the FGM where required.
- Encouraging a culture of listening to children and taking account of their wishes and feelings.
- Providing regular briefings and updates at staff meetings to help ensure that everyone is kept up to date on latest policy developments and reminded of their responsibilities.
- Ensuring staff have induction training covering child protection, an understanding of safeguarding issues including the causes of abuse and neglect and can identify the signs and indicators of abuse, and to respond to any disclosures made to them appropriately and quickly.
- Networking with the Local Authority team for both safeguarding children and families (social services) and safeguarding children – allegations against staff LADO – Local Authority Designated Officer.

Company DSL and CEO: Sinead Johnson

Tel: 07534 799850

Email: Sinead.johnson@chalknurserygroup.co.uk

Deputy Company DSL and Head of Early Years: Urszula Caban

Tel: 07547 672270

Email: urszula@kateyshouse.co.uk

Operations Manager, Martina Neale also has company DSL training and is available for support or advice in the event of either of the individuals names above being unavailable. The Company CEO, Sinead Johnson is the Ofsted Nominated Individual.

2.2 Suitable Persons and Safer Recruitment

2.2.1 Suitable Persons

All staff MUST know and implement the nursery's procedures and should have an up to date understanding of safeguarding children's issues. In house training MUST be delivered during the first week of induction with annual refresher training alongside, spot check questions and quizzes. It is also good practice for staff to undertake Local Authority delivered safeguarding training periodically or the training sessions available online.

2.2.2 Safer Recruitment

The Nursery Manager MUST ensure that all procedures that are in place for the safe recruitment of staff are followed including using the Recruitment Policy and DBS Policy Guidance. Those in charge of recruitment at Nursery MUST have undertaken Safer Recruitment Training - this will be the Nursery Manager and Deputy Manager as a minimum.

The Manager MUST make sure that the following are obtained before a staff member can start work at the nursery:

- A completed Self disclosure statement form (Appendix 5) and confirmation that the staff member is not disqualified from working with children.
- A completed Health Declaration (Appendix 6), which includes disclosed information.
- Two references - If verbal references are taken up then these MUST be followed up with a request for written references. Written references can be on headed or addressed paper or from a legitimate email address but MUST contain; contact details for the person giving the reference, information about in which capacity the employee worked with them, details of the employment including job title, how long they were employed and the details of the setting. If concerns arise regarding gaps or the authenticity of the reference, they must be addressed with a follow-up phone call and discussed with the company DSL.
- A Disclosure, Barring Service check (Enhanced DBS) completed at nursery (those on the update service will have this checked and recorded) The original certificate must be seen by the Manager when recording the information.
- Completed application form.
- Interview notes using the set interview questions from the formal interview that they have attended – interviews will be conducted by a minimum of two people – one of whom at least MUST have undertaken Safer Recruitment training.
- Evidence of identity, taken from 2 of the following: passport or driving licence, confirmation of home address such as a bank statement or utility bill, national insurance number, birth, or marriage certificate. Where it is applicable, the candidates Right to Work must be checked.

- Copies of qualification certificates – Originals MUST be seen, and copies taken – and checked against the approved list to ensure the validity
<https://www.gov.uk/guidance/early-years-qualifications-finder>

2.3 Disqualified Persons and Ongoing Suitability

2.3.1 Disqualified Persons

The law disqualifies some people from registering as a childcare provider. It also prevents such people from being employed or involved in childcare.

A person may be disqualified due to several reasons, including:

- Grounds relating to the care of children including own children.
- Offences against children
- Offences against adults
- Inclusion on the list held by the disclosure and barring service

[Safeguarding Vulnerable Groups Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2006/26)

- Having registration refused or cancelled – this does not apply to a person whose registration as a childminder or childcare provider is cancelled in England for non-payment of the fee after 1 September 2008.

The offences include those committed overseas that, had the offence been committed in the UK, would disqualify that person from registration, regardless of how the offence is described in the law of the other country.

Please see 5.1a Disqualification under the Childcare Act 2006:

[Disqualification under the Childcare Act 2006 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/disqualification-under-the-childcare-act-2006)

2.3.2 Ongoing Suitability

Staff must inform the Nursery Manager immediately if there is any reason their suitability to work with children status may have changed because they have become disqualified. Failure to do so will result in disciplinary action being taken.

The suitability of staff is also checked at supervision and appraisal meetings by the Line Manager and all staff and apprentices must complete an Annual Health Declaration and Suitability Declaration.

2.3.3 Waiving Disqualification

In some cases, the law allows Ofsted to consider granting consent to waive the disqualification. If this applies to a potential staff member, the Company Designated Safeguarding Lead must be aware and they will consider and make the final decision. A waiver MUST be obtained prior to any member of staff who is disqualified being employed or working in any capacity in the setting.

Please see reasons that a waiver may be granted and the process for obtaining one

[Applying to waive disqualification: early years and childcare providers - GOV.UK](https://www.gov.uk/guidance/applying-to-waive-disqualification-early-years-and-childcare-providers)
(www.gov.uk)

2.3.4 Students, Volunteers, staff covering from other settings and Agency Staff

The Nursery Manager must ensure that any students, volunteers, or agency staff have had an appropriate DBS check. It is not sufficient to accept the word of the agency or college. The Nursery Manager must see the original DBS certificate. Any agency staff, volunteers or students working in the nursery must have undertaken the Agency Induction as a minimum before starting work in a room. Any student or volunteer will have their own file at nursery which will include emergency contact details and identity check information alongside induction paperwork. Any volunteers will undertake a full induction.

2.4 DBS Checks

DBS Checks MUST be obtained and MUST at least be in process before a staff member's employment can commence. In the case of a Nursery Manager or Deputy Manager, a DBS application must be complete, or they must be on the Update Service and a physical copy of their DBS seen by a Nursery Manager or Operations Manager BEFORE they can start and be counted as a DSL.

Where an offence or caution of any type shows on a DBS, this must be discussed with Company DSL & Nominated Individual, Sinead Johnson or a Deputy Company DSL (Urszula Caban) in her absence, they will make the final decision on that person's suitability

2.4.1 Persons without a DBS Check:

If a staff member already has a current DBS and is subscribed to the Disclosure and Barring Service (DBS) Update Service, then they may start at the nursery. We will always apply for a new DBS when staff join us unless they are already on the update service – which will be checked on joining and then annually. Staff, who are awaiting a DBS clearance MUST not be left unsupervised with children. The Nursery Manager must ensure that all staff are made aware of any un-cleared staff.

2.4.2 Employment of persons under 17 years of age

In some circumstances the Nursery Manager may have in permanent employment a staff member or apprentice who is 16 or 17 years of age. In the eyes of the law these staff members are still considered children/ young people until their 18th birthday. 16- and 17-year-olds in the setting (including students on placement) are covered by the Safeguarding & Child Protection Policy regarding their well-being and safety as well as all HR procedures.

Students aged 17 years who are on long term placements MAY be included in the ratios if the provider (Manager and Operation Manager) is satisfied they are 'competent and responsible'.

2.5 Staff Training

Basic child protection training will be provided for all staff in house, initially within the first week of induction, then in training sessions or staff meetings refreshed annually. Staff may also access training through the Local Authority Training but must have completed the nursery training. The company Safeguarding Training Presentation and quiz, along with Online Safety Training will be delivered at induction and then at least annually to ensure that staff are up to date.

The safeguarding spot check questions will be used to support and check in on knowledge levels throughout the year. Any updates to this training through the year will be delivered at staff meetings and identified in the meeting minutes – there should always be a safeguarding/child protection element in each staff meeting to keep this top of the agenda for the team.

The Designated Person must undertake higher level Safeguarding, DSL training & Child Protection Training through the Local Authority. In the interim period, if this training is not readily available then the online in-house training must be completed, ensuring this is kept current within the requirements of both the Local Authority and the Company – a minimum of every 3 years. The manager must ensure a log of statutory training is recorded on the Single Central Record/Suitability Database, which will be viewed by OFSTED at an inspection.

2.5.1 Safeguarding Training for Staff Members Who Are Child Protection Survivors

It is a statutory requirement for all staff members to access safeguarding training, as managers you must be mindful of staff members' personal experience of safeguarding and child protection. Managers must be sensitive to this and look out for signs where staff members may still be finding it difficult to deal with their own safeguarding/child protection experiences.

Sometimes this can lead to staff avoiding safeguarding training or becoming distressed when attending the training. All staff members must access safeguarding training, but for those who find it difficult to deal with, must be supported to do so. Online training maybe the best solution for anyone who finds group training difficult.

Staff members can be encouraged to talk to the trainers in advance of the training so they are aware of the issues and can be supported throughout the training. With the staff member's permission and if they prefer, the nursery manager could discuss concerns with the safeguarding trainers in advance of the training.

Staff members who have personal experience of child protection and require further support can contact: National Association for People Abused in Childhood (NAPAC) – Survivors helpline on 0800 085 3330.

3. Safeguarding Awareness and Procedures

3.1 Responding & Reporting & Early Help

The Nursery Designated Person MUST familiarise staff with the safeguarding & child protection procedures regularly; usually in a staff meeting, during their induction, at supervisions/ appraisals and through annual Safeguarding Training sessions and spot check questions. They are also responsible for ensuring adequate induction of all new staff in safeguarding & child protection.

A child protection issue may come to your attention in several ways including but not limited to:

- A child may make a direct allegation or disclosure.
- A child may make a comment which suggests abuse.
- A child may have bruises or marks which do not have a satisfactory explanation.
- A child's behaviour may suggest the possibility of abuse.
- Something about an adult's behaviour may suggest that he or she is not a suitable person to care for children.

3.1.1 Responding to a child protection issue – A concern about a child or their family

You should not try to investigate whether a child has been abused. This is the responsibility of social workers or the police. Carrying out an investigation could jeopardise a police investigation.

If you have a concern about a child, then you should:

- Report this to the Designated Safeguarding Lead or the person in charge of the nursery IMMEDIATELY or as soon as reasonably practicable to do without putting the child/children in any more danger.

Where a child makes a disclosure to a member of staff, that member of staff MUST:

- Offer reassurance to the child.
- Listen and observe without probing or questioning.
- Ensure that all information is recorded and ready for referral on the Reporting disclosures and concerns form (Appendix 5) or the forms provided by your Local Authority.

3.1.2 Reporting Concerns

The Designated Safeguarding Lead or the person in charge of the nursery must contact those responsible at the Local Authority immediately. (Their names, role and contact details are displayed on the Safeguarding Useful contacts SPA/LADO poster (Appendix 1) available both in the staff room and on the Parents Noticeboards)

They will need to know the following information:

- The child's name, address, and date of birth
- The child's GP
- The child's and parents' ethnic origin
- Whether the child's parents/ carers speak English, or the language spoken at home (in case an interpreter is needed)
- The contact details for the parents
- Details of parental rights
- The date and time of the observation or disclosure
- Details of what prompted your concern.
- Details of any bruises or marks
- The EXACT WORDS spoken by the child in the case of a disclosure.
- Details of anyone else who has been told of your concerns.
- Any action you have taken.

Following the telephone call, you may be asked to follow this up in writing completing a referral.

- Normally tell the parents unless by doing so we put the child or adult at greater risk of harm.
- If you are advised to contact the parents, then make a record of the conversation that you have with the parents.
- Contact the Company DSL on the day that the concern is raised/allegation is made.
- Where Sexual Abuse is suspected you MUST keep the child's nappies after changing – these may be needed to support a Police investigation.

It is important to remember that child abuse does happen. It occurs within all cultural, ethnic, and religious communities and across all demographics. You must always be alert to the possibility of it, and remember if an allegation is made keep calm, be reassuring and report it immediately.

3.1.3 Early Help

All staff should be prepared to identify children who may benefit from Early Help. Early Help means providing support as soon as a problem emerges at any point in a child's or young person's life.

In the first instance staff should discuss Early Help requirements with the nursery Designated Safeguarding Lead. Staff may be required to support other agencies and professionals in an Early Help Assessment. This could include identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment.

If Early Help is appropriate the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate. This may be referred to as a Team Around the Family (TAF) or Team Around the Child (TAC) approach.

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

The nursery should work with social care, the police, health services and other agencies to promote the welfare of children and protect them from harm. This includes providing a coordinated offer of Early Help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.

3.1.4 Recording, reporting, and investigating an allegation about a member of staff

An allegation may be made against a member of staff by a child, a parent, a member of the staff team, visitor or other professional.

Any allegations made against staff **MUST** be taken seriously even if there is a doubt about the allegation's validity, or it is made anonymously.

The Manager or designated person **MUST** report the concern, following the procedure below:

1. Write down exactly what was said to you, including the date, time, and the name of the person who raised the concerns. Ensure that all information is recorded accurately and is ready for referral on the Designated Safeguarding Lead Record of Disclosure and Concerns form (Appendix 4).
2. Before contacting anyone; remove the staff member from contact with children (this could be in the staff room to undertake paperwork duties or the office) but do not yet disclose to them what the concern/ issue is.

Contact the following people immediately:

- The Local Authority Designated Officer following their procedure for referrals by telephone – Reports to LADO **MUST** be made on the day that the allegation is made

(Day 1) The Company DSL must be informed on the same day as the allegation is made. They will then guide or assist with the contact to LADO.

Actions you may need to take:

You will be advised by Your Company DSL/Deputy Company DSL and the Local Authority Designated Officer what you need to do. You may be advised to:

- Tell the staff member that an allegation has been made against them.
- Not to tell them the nature of the allegation.
- Suspend the person to safeguard everyone involved in the allegation. If you do so you must do so 'without prejudice' (Suspension is not automatic and will depend on a risk assessment being undertaken). Contact hr Inspire for support with the suspension process. Provide the staff member with a copy of the safeguarding policy so that they can remain informed on the process.
- Inform the parent of the allegation if they do not already know. If you have been unable to speak with a LADO on the day of the Allegation and are waiting for a call back, you MUST still report the allegation to the parents, if doing so does not put the child at further risk.
- Co-operate with the police and other agencies involved.
- Inform Ofsted of the allegation – Your Company DSL/ Company Deputy DSL will be the person that does this. Reports to Ofsted must be made within 14 Days.

The Local Authority or Police may conduct their own investigation – if this happens you will be asked to supply information and may have to attend conference meetings and, in extreme cases, appear in court.

Lesser allegations may come back to be investigated at nursery level. You must work with the senior team to conduct these investigations. It is important to liaise with the LADO & Ofsted to let them know the outcome:

- The allegation is not upheld, and no further action or sanction is given – a risk assessment may be undertaken to protect that staff member or the situation/ incident.
- Staff member to be issued a sanction with further training and support.
- If the allegation is founded the member of staff may be dismissed and Ofsted informed.
- We must make a referral to DBS if a staff member is dismissed under the area of Safeguarding or if any of the criteria in the DBS referral are met (Your DSL will inform DBS supported by the Nursery Manager)

Outcomes are defined as follows:

- Substantiated: there is sufficient evidence to prove the allegation.

- Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive.
- False: there is sufficient evidence to disprove the allegation.
- Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

3.2 Making a DBS Referral

If an allegation is made, we may need to make a DBS referral. Seek advice from the LADO about when to make a DBS referral.

The Nursery Manager and Company DSL will pull together the information required to make a DBS referral. Follow the guidance provided to complete the referral which can be found on:

[DBS paper referral form guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/db-paper-referral-form-guidance)

Taken from the DBS Guidance Document:

The power to refer can be used when an organisation thinks a person has either:

- harmed or poses a risk of harm to a child or vulnerable adult.
- has satisfied the harm test; or
- has received a caution or conviction for a relevant offence and;
- the person they're referring is, has or might in future be working in regulated activity and;
- the DBS may consider it appropriate for the person to be added to a barred list.

4. Areas of Abuse

4.1 Main Areas of Abuse

An easy acronym for remembering the 4 main areas of abuse:

PENS – Physical, Emotional, Neglect, Sexual

The reason that these are the 'main' identified areas of abuse is that with all other types of abuse, one or multiple of these headings will apply. For example, Cyberbullying is a type of abuse but will most certainly have an emotional impact.

4.2 Physical Abuse

Physical abuse 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.

Signs and Symptoms - Unexplained injuries or burns, improbable explanations for injuries, refusal to discuss injuries, untreated injuries, fear of parents being contacted & medical help, withdrawn, self-destructive/aggressive behaviour, injuries on uncommon sites of the body (which are ears, shoulders, back, trunk of body including chest and stomach, upper arms, genitals, upper thighs, hands, and feet)

REMEMBER: 'No Cruising = No Bruising' – Bruising on a non-mobile child or baby would be a huge cause for concern and may indicate physical abuse, which must always be reported immediately.

4.3 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capability, as well as overprotection, and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, 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 Symptoms: Low self-esteem, physical, mental & developmental delays, withdrawn, sudden speech disorders, overreaction to mistakes, self-mutilation, fear of new situations, chronic running away, difficulty making friends, disclosure of bullying.

4.4 Neglect

Neglect is defined as 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 because 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), Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs and Symptoms - Dirty skin, hair, nails and clothes, constant hunger, failure to thrive, low self-esteem, no friendships, untreated medical problems, compulsive stealing or scavenging, inadequate supervision, poor teeth.

4.5 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts (such as masturbation, kissing, rubbing and touching outside of clothing).

They may include non-contact activities, such as involving children in looking at or in the production of sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways or grooming in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males; women also commit acts of sexual abuse, as can other children.

Signs and Symptoms: Distress at toileting or when the nappy is changed, bruises, marks or bleeding from genitals, overt sexual behaviour, child appears withdrawn, bothered or worried by something, child isolates themselves from social groups, hints about secrets, reluctant to undress, unexplained infections or pregnancies, disclosure.

4.6 FGM – Female Genital Mutilation

Female genital mutilation (FGM) comprises of procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It results in both short and long term physical and mental health problems. It is illegal to carry out FGM in the UK and it is illegal to take a girl or woman abroad for it. FGM is child abuse. If you have concerns that a girl is at risk or has recently undergone FGM you should follow normal safeguarding reporting procedures and make a referral.

A short training video on FGM is available on

[Free FGM Training Online | Recognising & Preventing FGM Free Course | Virtual College \(virtual-college.co.uk\)](https://www.virtual-college.co.uk)

Signs and Symptoms: This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. You may know of a mother or sister who has undergone FGM, Girls who are withdrawn PSHE, you may hear of a visiting female elder from the country of origin, child may be taken on a long holiday to the family's country of origin, there may be talk about a 'special' event or procedure to 'become a woman'.

There may be obvious physical signs like unusual appearance of the vagina which may be noticed during intimate caregiving. The child may have frequent urine infections or appear to be in pain when toileting.

4.7 Prevent Duty, Radicalisation/Extremism

It is essential that staff identify any children, family or other staff member who may be vulnerable to radicalisation & extremism and know what to do when they are identified. As with other safeguarding risks staff should be alert to changes in children's, family or other staff members behaviour. If you are concerned that a child

is vulnerable to radicalisation your Area Manager should be informed and a referral made to the Channel programme.

- A general awareness raising training module on Prevent Duty and Channel: <https://www.elearning.prevent.homeoffice.gov.uk/>
- Website for further support information [Report possible terrorist or extremist activity | Action Counters Terrorism - Report possible terrorist or extremist activity](#)

Signs to be aware of: Changes in behaviour, mood, interactions, and general wellbeing. Young people may start to share strong opinions that sound extreme. Disengagement with activities that once interested them, changes in friend groups.

4.8 Child Sexual Exploitation

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power, or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection, or status.

Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care, and education at some point.

4.9 Grooming

Grooming is when someone builds an emotional connection with a child or young person to gain their trust for the purposes of sexual abuse or exploitation. Staff should be aware of grooming and can find out more from the grooming fact sheet and documents in the appendices.

Signs and Symptoms: Children who appear with unexplained gifts or new possessions, children who associate with other young people involved in exploitation, children who have older boyfriends or girlfriends, children who suffer from sexually transmitted infections or become pregnant, 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, children who regularly miss school or education don't take part in education, children who are secretive or seem anxious or nervous in their behaviour and perhaps use older or unusual language.

4.10 Private Fostering

Where children are not cared for by their parent or legal guardian for a period of 28 days or more, we need to signpost them to inform their local authority as this arrangement falls under the term "Private Fostering" each Local Authority has their own team that look after this area. Follow the URL below to the website to find your Local Authority's contact details:

4.11 Faith and Belief Based Abuse including Forced Marriage, Breast Ironing and Witchcraft

Child Abuse linked to faith and/or belief is not confined to one faith, nationality, or ethnic community. Examples have been recorded worldwide among Europeans, Africans, Asians and elsewhere as well as in Christian, Muslim, Hindu, and Pagan faiths among others. Not all those who believe in witchcraft or spirit possession harm children. Data on numbers of known cases suggests that only a small minority of people with such beliefs go on to abuse children.

Child abuse linked to faith or belief can be separated into four areas as follows;

- Abuse that occurs because of a child being accused of witchcraft or of being a witch
- Abuse that occurs because of a child being accused of being 'possessed by spirits' that is, 'spirit possession'
- Ritualistic abuse
- Satanic abuse

The forms the abuse can take include:

- Physical abuse: beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes.
- Breast Flattening: Breast flattening is a practice which involves girls generally aged between 9 – 15 have hot pestles, stones or other implements rubbed on their developing breasts to stop them growing further. Breast ironing is a form of abuse in the UK and it is illegal to carry this practice out. Concerns about breast flattening should be follow normal safeguarding reporting procedures and make a referral.
- Emotional abuse: in the form of isolation {e.g., not allowing a child to eat or share a room with family members or threatening to abandon them}. The child may also be persuaded that they are possessed.
- Neglect: failure to ensure appropriate medical care, supervision, school attendance, good hygiene, nourishment, clothing, or warmth
- Sexual abuse and or sexual exploitation: within the family or community, children abused in this way may be particularly vulnerable to sexual exploitation. Sexual Exploitation for reasons linked to faith or belief, also included Forced Marriage:

Forced Marriage is a criminal offence in the UK. It is against the law to:

- Force someone to marry and/or take someone overseas to force them to marry
- or marry someone who lacks the mental capacity to consent. All staff must have an awareness of Forced Marriage.

You must know how to respond if a disclosure of Forced Marriage is made to you, or if you have concerns around Forced Marriage relating to a child and/or their family member, for example an older sibling, a colleague or student on placement within the nursery. You must make a record of the Forced Marriage disclosure or concern and report this to the Nursery DSL who will report this directly to the Police.

Common factors that put a child at risk of harm include:

- Belief in evil spirits: this is commonly accompanied by a belief that the child could 'infect' others with such 'evil'. The explanation for how a child becomes possessed varies widely, but includes through food that they have been given or through spirits that have flown around them.
- Scapegoating because of a difference: it may be that the child is being looked after by adults who are not their parents (i.e., privately fostered), and who do not have the same affection for the child as their own children.
- Rationalising misfortune: by attributing it to spiritual forces and when a carer views a child as being 'different' because of disobedience, rebelliousness, over-independence, bedwetting, nightmares, illness or because they have a perceived or physical abnormality or a disability; disabilities involved in documented cases included learning disabilities, mental ill health, epilepsy, autism, a stammer, and deafness.
- Changes and / or complexity in family structure or dynamics: Children may become more vulnerable to accusations of spirit possession following a change in family structure (e.g., a parent or carer having a new partner or transient or several partners). The family structures also tended to be complex so that exact relationships to the child were not immediately apparent. This may mean the child is living with extended family or in a private fostering arrangement. In some cases, this may even take on a form of servitude.
- Change of family circumstances for the worse: a spiritual explanation is sought to rationalise misfortune, and the child is identified as the source of the problem because they have become possessed by evil spirits.
- Parental difficulties: a parent's mental ill health appears to be attributed to a child being possessed in a significant minority of cases. Illnesses typically involved include posttraumatic stress disorder, depression, and schizophrenia.

4.12 Infant Oral Mutilation (IOM)

Oral Infant Mutilation involves gouging out the teeth of a toddler/child to prevent common childhood illnesses. IOM is a traditional practice performed, usually by village healers but also by priests and midwives as an accepted remedy for illness.

Infants presenting with diarrhoea and/or fevers are subjected to the removal of unerupted baby teeth as the swelling of the gums is mistakenly thought to indicate the presence of 'tooth worms'. The tooth buds, usually of the eye teeth, are prised out of the gum, without anaesthesia, with unsterile tools such as a bicycle spoke, a hot nail, a penknife etc. Blood loss and shock due to the crude nature of the operation can lead to anaemia.

The unhygienic methods can cause septicaemia, tetanus, transmission of blood-borne diseases such as HIV/ AIDS, and can on occasions be fatal. Long term effects can include eradication and/or malformation of other primary and permanent teeth in the area.

Where the concerns about abuse linked to witchcraft and spirit possession for the welfare and safety of the child or young person are such that a referral to Children's Social Care should be made and the Referrals Procedure must be followed. The same applies where the concerns relate to beliefs about the use of medical interventions or health treatment.

4.13 Bullying including Cyberbullying, Online Safety and Hate Crime

Types of bullying:

- Physical
- Verbal
- Emotional
- Cyberbullying – bullying someone online.

Effects of Bullying:

- Depression
- Anxiety
- Increased feelings of sadness and loneliness
- Changes in sleep and eating patterns
- Loss of interest in activities they used to enjoy
- Health complaints
- These issues may persist into adulthood.

Part of the role of the Designated Safeguarding Lead is to ensure the implementation of the online safety policy in line with the government guidelines below:

[Safeguarding children and protecting professionals in early years settings: online safety considerations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/safeguarding-children-and-protecting-professionals-in-early-years-settings)

Useful information for parents/carers regarding keeping children safe on the internet can be found on the link below.

[Find The Right Words: How to help keep children safe online \(o2.co.uk\)](https://o2.co.uk)

4.13.1 Hate crimes and hate incidents

In most crimes it is something the victim has in their possession or control that motivates the offender to commit the crime. With hate crime it is 'who' the victim is, or 'what' the victim appears to be that motivates the offender to commit the crime.

A hate crime is defined as 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.'

A hate incident is any incident which the victim, or anyone else, thinks is based on someone's prejudice towards them because of their race, religion, sexual orientation, disability or because they are transgender.

Evidence of the hate element is not a requirement. You do not need to personally perceive the incident to be hate related. It would be enough if another person, a witness or even a police officer thought that the incident was hate related.

Hate crime can fall into one of three main types: physical assault, verbal abuse and incitement to hatred.

Physical Assault

Physical assault of any kind is an offence. If you've been a victim of physical assault, you should report it. Depending on the level of the violence used, a perpetrator may be charged with common assault, actual bodily harm or grievous bodily harm.

Verbal Abuse

Verbal abuse, threats or name-calling can be a common and extremely unpleasant experience for minority groups.

Victims of verbal abuse are often unclear whether an offence has been committed or believe there is little they can do. However, there are laws in place to protect you from verbal abuse.

If you've been the victim of verbal abuse, talk to the police or one of our partner organisations about what has happened. You'll find a list of them on our How to report hate crime page.

Even if you don't know who verbally abused you, the information could still help us to improve how we police the area where the abuse took place.

Incitement To Hatred

The offence of incitement to hatred occurs when someone acts in a way that is threatening and intended to stir up hatred. That could be in words, pictures, videos, music, and includes information posted on websites.

Hate content may include:

- messages calling for violence against a specific person or group.
- web pages that show pictures, videos, or descriptions of violence against anyone due to their perceived differences
- chat forums where people ask other people to commit hate crimes against a specific person or group.

4.14 Peer on Peer Abuse

4.14.1 Definition

There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation etc. This is a matter of professional judgement.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, it may be appropriate to regard a young person's behaviour as abusive if:

- There is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- The perpetrator has repeatedly tried to harm one or more other children; or
- There are concerns about the intention of the alleged perpetrator.

If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether severe harm was caused.

4.14.2 Peer Abuse

In some cases of child abuse the alleged perpetrator could also be a child.

In a situation where child abuse is alleged to have been carried out by another child, the child protection procedures should be adhered to for both the victim and the alleged abuser; that is, it should be considered a childcare and protection issue for both children.

Abusive behaviour which is perpetrated by children must be taken seriously. It is known that some adult abusers begin abusing during childhood and adolescence, that significant numbers will have suffered abuse themselves and that the abuse is likely to become progressively more serious. Early referral and intervention are therefore essential.

4.14.3 Sexual Abuse by Children

Research shows that a large degree of child sexual abuse is perpetrated by teenagers. It is important that behaviour of this nature is not ignored. However, it is also important that the different types of behaviour are clearly identified.

Normal sexual exploration

This could consist of naive play between two children which involves the exploration of their sexuality. This type of behaviour may be prompted by exchanges between children such as: "you show me yours and I'll show you mine". One of the key aspects of this behaviour is the tone of it. There will not be any coercive or dominating aspects to this behaviour. Usually, there is no need for child protection intervention of any kind in this type of situation as this can be supported through discussion with children.

Abuse reactive behaviour

In this situation, one child who has been abused already, acts out the same behaviour on another child.

Sexually obsessive behaviour

An example of this would be excessive masturbation which may well be meeting some other emotional need. Most children masturbate at some point in their lives. However, where children are in care or in families where care and attention is missing, they may have extreme comfort needs that are not being met and may move from masturbation to excessive interest or curiosity in sex, which takes on excessive or compulsive aspects.

These children may not have been sexually abused but they may be extremely needy and may need very specific help in addressing these needs.

Abusive Behaviour by Adolescents and Young People

Behaviour that is abusive will have elements of domination, coercion or bribery and certainly secrecy. The fact that the behaviour is carried out by an adolescent, for example does not make it 'experimentation'. However, if there is no age difference between the two children or no difference in status, power, or intellect, then one could argue that this is indeed experimentation. On the other hand, if the adolescent is aged thirteen and the child is aged three, this gap creates an abusive quality which should be taken seriously.

Prevention

At nursery we will minimise the risk of allegations against other children by:

- Providing developmentally appropriate PSED activities and experiences which develops children's understanding of acceptable behaviour and keeping themselves safe
- Having systems in place for any child to raise concerns with staff, knowing that they will be listened to, believed, and valued

- Delivering targeted work on assertiveness and keeping safe to those children identified as being at risk
- Developing robust risk assessments and providing targeted work for pupils identified as being a potential risk to other pupils

4.14.4 Peer-Produced Sexualised Imagery/Sexting

Please read in conjunction with 'Sexting' in schools: advice and support around self-generated images. (Compass Community 2016) Definition of sexting 'Images of children or videos generated by children under the age of 18, or of children under the age of 18 that are of a sexual nature or are indecent.' (CEOP 2016) These images are shared between young people and/or adults via a mobile phone, hand held device or website with people they may not even know.

It is important to be aware that young people involved in sharing sexual videos and pictures may be committing a criminal offence. Specifically, crimes involving indecent photographs (including pseudo images) of a person under 18 years of age fall under Section 1 of the Protection of Children Act 1978 and Section 160 Criminal Justice Act 1988. Under this legislation it is a crime to:

- take an indecent photograph or allow an indecent photograph to be taken
- make an indecent photograph (this includes downloading or opening an image that has been sent via email)
- distribute or show such an images
- advertise and possess such images While any decision to charge individuals for such offences is a matter for the Crown Prosecution Service, it is unlikely to be considered in the public interest to prosecute children. However, children need to be aware that they may be breaking the law.

There are many different types of sexting, and it is likely that no two cases will be the same. However, it is important to apply a consistent approach when dealing with an incident to help protect the child/young person, the nursery and yourself. The range of contributory factors in each case needs to be considered to determine an appropriate and proportionate response. When dealing with an incident of sexting the nursery must:

- ALWAYS operate within the context of the nursery safeguarding and child protection policy.
- ALWAYS put the welfare of the child/young person first.
- ENSURE that the nursery environment is supportive so if a sexting incident occurs all involved know where to go to report and seek support.

4.15 Domestic Violence, Parents under the Influence

Any child who is living with domestic violence and abuse is likely to need services to promote their welfare and may need protection. You must display for families any

Local Authority contact numbers which support those suffering from Domestic Violence.

Practitioners who have concerns about Domestic Violence in a family must consider that there is a risk to any child of the household and should report this to the Designated Safeguarding Lead.

On rare occasions it is necessary to act quickly, for example:

- Parents or carers who are considered incapable of taking responsibility of their child due to suspected alcohol (being drunk) or substance abuse.
- Parents or carers who are violent.

You must always intervene when you witness a safeguarding concern, do not ignore it. The easiest way to intervene when you feel an adult is not behaving appropriately towards a child is to ask 'Are you ok? Do you need some help?' you must then report what you have witnessed to your Designated Safeguarding Lead.

In this instance you must not let the child be taken, contact the police or Local Authority Safeguarding Team and then contact your Company DSL,

4.16 Criminal Exploitation including County Lines, Gang Activity, Trafficking and Cuckooing

Criminal exploitation is also known as 'county lines' and is when gangs and organised crime networks are deliberately targeting and exploiting vulnerable children to sell drugs. Often these children are made to travel across counties, and they use dedicated mobile phone lines to supply drugs.

Children are threatened with their lives or the lives of their families and will suffer abuse or violence if they do not comply. The gangs may offer money, food, clothes, and other gifts to the children, but the giving of these gifts will usually be manipulated so that the child feels they are in debt to their exploiter.

Cuckooing is the term used to describe an individual or group that takes over the home of an adult and/or their family, for the purpose of using it for illegal activity.

This could include using the home for county lines drug trafficking, supplying drugs to the local community and other illegal activities.

Some of the following signs may be an indicator of criminal exploitation:

- Returning home late or going missing from home for long periods of time
- Unexplained absence from school or college or work
- Drug use or being found in supply of drugs or unexplained money
- Coming home with injuries or being secretive
- Increasingly disruptive or aggressive behaviour

- Being found in areas away from home
- Using sexual, drug-related, or violent language you wouldn't expect them to know

Please see Criminal Exploitation of children and vulnerable adults: County Lines guidance

<https://www.highspeedtraining.co.uk/hub/what-is-cuckooing/>

<https://www.met.police.uk/advice/advice-and-information/cl/county-lines/>

ACEs – Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g., sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence).

(Bellis et al 2016)

Original ACE study (Fellitti et al 1998) reported a strong relationship between the number of childhood adversities faced and a range of negative outcomes in adult life.

What the ACE study revealed was irrefutable evidence showing that childhood experiences are the most powerful determinants of who we become as adults and, that traumatic childhood experiences – when unaddressed – have a significant graded relationship to the development of the most troublesome health, mental health, and social problems of today.

Adverse Childhood Experiences include:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Household Mental Health Issues
- Household Domestic Abuse
- Household Separation/Divorce
- Household Incarceration
- Household Alcohol or Substance Abuse/Misuse

The more Adverse Childhood Experiences a child experience in their childhood, the higher their ACE's Score.

The higher the ACEs score (number of areas that apply) the more in trauma the person is and the more their future is negatively affected.

Local Children's Safeguarding Team

The following pages contain the contact details for your Local Children's Safeguarding Team (Children's Social Services) and the LADO (Local Authority Designated Officer). These details can also be found on your Safeguarding Contact Poster, displayed around the nursery in the toilet areas, office, staff room and parent notice boards.

Appendices:

- Appendix 1 Useful contact details – SPA & LADO
- Appendix 2 Intervening poster – 'See it, Stop it, Report it'
- Appendix 3 Designated Safeguarding Lead poster
- Appendix 4 Reporting disclosures and concerns form
- Appendix 5 Self disclosure statement
- Appendix 6 Health declaration

Policy Date	17/12/2024	Approved by	Sinead Johnson CEO	Date of next review	17/12/2025
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