



Safeguarding & Child Protection

This policy is written in conjunction with the policy guidance outlined within the Local Authority and Doncaster Deaf Trust Safeguarding and Child Protection Policy – Children and Young People. A copy of the full School/College Safeguarding and Child Protection Policy – Children and Young People is available on request from the Nursery Designated Safeguarding Lead (Natalie Allison) or via the Early Years Nursery Manager.

The Governing Body and staff of Doncaster Deaf Trust take as our first priority the responsibility to safeguard and promote the welfare of our children, minimise risk and to work together with other agencies to ensure rigorous arrangements are in place within our trust to identify, assess, and support those children who are suffering harm and to keep them safe and secure whilst in our care. The Governing Body will ensure the Designated Safeguarding Lead and Deputy Designated Lead have a job description in line with Keeping Children Safe in Education 2020 with dedicated time and support in place for the DSL to fulfill this duty.

This Policy is required under the *Early Years Foundation Stage Statutory Framework – Safeguarding and Promoting Children’s Welfare* and is based on the guidance *Working Together to Safeguard Children*.

“Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and families and their carers has a role to play in safeguarding children. In order to fulfill this responsibility effectively, all professionals should make sure their approach is child centered. This means that they should consider, at all times, what is in the best interests of the child.

Keeping Children Safe in Education (KCSiE) DfE September 2020

Safeguarding is about more than child protection. Child Protection is specifically about protecting children and young people from suspected abuse and neglect. Safeguarding is a much wider concept, it includes everything an organisation can do to keep children and young people safe. This includes minimising the risk of harm and accidents, and actively taking steps to deal with safety concerns and to enable all children to have the best outcomes.

Safeguarding and promoting the welfare of children is defined for the purposes of this policy 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 have the best outcomes.

(Working Together to Safeguard Children 2018 HM Government)

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

This policy details how safeguarding children standards will be achieved and the procedures to follow if any form of child abuse was suspected. Through their day to day contact with children and direct work with families, staff at Little Learners have a crucial role to play in noticing indicators of possible abuse or neglect and referring them to the Doncaster Children's Trust One Front Door. This also involves understanding serious case reviews and how to improve practice to prevent children from falling through the gaps.

We will ensure that the child protection guidelines outlined by the Local Safeguarding Children Board (LSCB) are achieved by:

- The careful selection and recruitment of staff; all staff must obtain an enhanced Criminal Records Bureau Disclosure check and reference checks for every member of staff. Staff will not begin their employment to work with any children before a clear check is obtained.
- The provision of a safe environment that conforms to regulations laid down by the Children's Act 1989/2004 and Childcare Act 2006.
- All staff to complete Safeguarding Children training, to be updated as necessary.
- Clear Child Protection Procedures.
- Ensuring that a lead practitioner is identified to be responsible for Safeguarding Children.

Policy guidance, legal frameworks and the definition of safeguarding can be found within the following documents:

Children and Social Work Act 2017
 Safeguarding Vulnerable Groups Act 2006
 The Statutory Framework for the Early Years Foundation Stage (EYFS) 2019
 Working Together to Safeguard Children, 2018
 Childcare Act 2006
 Children Act 1989 / 2004
 The Prevent Duty 2015
 Keeping Children Safe in Education 2020
 What to do if you're worried a child is being abused 2015
 Counter Terrorism and Security Act 2015

Our Designated Safeguarding Lead is: **Miss Natalie Allison - Early Years Assistant Manager**

Our 2nd Designated Safeguarding Lead: **Mrs Sharon Hawksworth – Business Manager**

The nominated Child protection/Safeguarding Governor is Sue Dumican Contact 01302 386700 sdumican@hotmail.com

The Executive Principal is Alexis Johnson. Contact 01302 386722 ajohnson@ddt-deaf.org.uk

Natalie Allison is designated to take the lead responsibility for safeguarding children within the setting and to liaise with local statutory children's services and agencies. The designated Safeguarding Lead is also the first point of contact for external agencies that are pursuing Child

Protection investigations and co-ordinates the settings representation at Child Protection conferences and Core Group meetings including the submission of reports for conferences. The DSL will ensure that every member of staff and person working on behalf of the nursery understands part 1 and annex A of KCSIE 2020, knows the name of the designated person and their role and is aware that they have an individual responsibility to refer any Safeguarding concerns. Sharon Hawksworth will deputise in Natalie Allison's absence or in the event that an allegation is made that is not appropriate for Natalie Allison to be involved with.

Little Learners Day Nursery will:

- Ensure it has a senior Designated Safeguarding Lead (DSL) who has undertaken appropriate Safeguarding (Child Protection) training.
- Ensure that designated staff will take advice from a Safeguarding (Child Protection) specialist when managing complex cases.
- The DSL will liaise with the LADO/Children's and young people's safeguarding team before investigating any allegations involving actual or suspected abuse of a child within 24 hours of disclosure and follow up referral in writing, using the Doncaster Children's Trust referral and response forms.
- All Little Learners staff will pass any observations leading to suspicion of abuse, or information received about abuse, immediately to the Designated Safeguarding Lead or deputy Designated Safeguarding Lead.
- In the case of serious injury or allegation, the DSL will contact the Children's Service's Trust Multi Agency Access point without delay..
- If the allegation of abuse is against the deputy or designated safeguarding person, the Nursery Manager will speak with the LADO/Children and young people's safeguarding team to discuss the next steps.
- If the allegation is against the Nursery Manager, the Chair of Governors should be contacted immediately and advice from the LADO/Doncaster Council: Children and Young People's Safeguarding team sought within 24 hours. If the allegation is against the Nursery Manager and the Chair of Governors the LADO/Doncaster Council: Children and Young people's Safeguarding Team will be contacted. No member of staff will conduct their own investigation or pass on information to the alleged perpetrator. In all allegations the LADO/Children's and Young People's Safeguarding team will advise on the action to take by calling 01302 737748.
- The emergency social services team should be contacted outside normal working hours 01302 796000. All staff will contact the LADO immediately to report any 'high level' concerns that meet the threshold for LADO and complete the DCST secure referral form. With these cases, the Doncaster Council Safeguarding Service does not need to be informed.
- All staff are aware of the signs of Child Sexual Exploitation and to seek advice without delay.

CE Referral pathway:

Professionals to refer concerns for advice and guidance through the CSE team direct – 01302 737200. Referral to Children's services 01302 737748.

- In the case of poorly explained serious injuries or where behaviour concerns arouse suspicion, the DSL will consult with the One Front Door/DCST Referral and Response Professional Advice Lines 01302 737777. If out of hours, the emergency Doncaster Children's Services Trust social care out of hours team can be contacted – 01302 796000 – after 5.00pm and before 8.30am Monday to Friday and weekends.
- The DSL will keep records on file in a secure locked filing cabinet or secure ICT system and share concerns following information sharing protocols.

- In the event of unexplained/sudden child death DSCB DCDOP procedures will be followed at http://doncasterscb.proceduresonline.com/chapters/p_cdop.html.
- Following any serious untoward incidents (SUI) or where 'near miss' situations occur the DSL will contact Doncaster Council Learning Provision Service, this covers health and safety related incidents where safeguarding is compromised. Notification of near miss situations can also be emailed to sarah.stokoe@doncaster.gov.uk
- The nursery has an emergency plan in place to respond to unforeseen circumstances , e.g. staff/child unexpected death, site security threats, floods, storms etc.
- The nursery will follow the Doncaster Council emergency procedures for hoax emails/threats and notify relevant officers should any email threats be made.
- Governors and senior leaders/DSL will continually review all policies required by law.

Responsibilities of the Designated Safeguarding Lead (also referred to as DSL)

- The named DSL from the Nursery Management Team has lead responsibility and management accountability for child protection and is supported by the deputy safeguarding lead. They are both responsible for coordinating all child protection activity.
- The Designated staff will ensure all staff involved in direct casework of vulnerable children have access to regular safeguarding supervision.
- The Designated staff will have a working knowledge of how local authorities conduct a child protection conference (ICPC) and a child protection review (RCPC) and be able to attend and contribute to these effectively when required to do so.
- Where a staff member has concerns about a child, the DSL will act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- The Designated staff will liaise with the nursery manager to inform him/her of issues, especially ongoing enquiries under section 47 of the Childcare Act 1989 and police investigations.
- Child protection information will be dealt with in a confidential manner, staff will be informed of relevant details should the DSL them having the knowledge of a situation will improve their ability to meet the needs of an individual child/family.
- If the child moves to another setting, children's records will be transferred in a secure manner, for example by hand. A record will be kept of the child's name, the name of the setting they are transferring to with a signature obtained from the setting. With due regard to their confidential nature, child protection records will be forwarded by hand to the DSL at the new setting with a signed receipt of file transfer obtained for audit purposes.
- For audit purposes a note of all pupil records transferred or received should be kept in either paper or electronic format. This will include the child's name, date of birth, where at to whom the records have been sent and the date sent or received.
- The Designated staff will obtain access to resources and attend any relevant or refresher training courses.
- The Designated staff will encourage a culture of listening to children amongst all staff.
- The Designated staff must follow GDPR policy and procedure.
- Designated staff must learn from serious case/practice reviews and lessons learned, know when to challenge consent and lack of engagement, understand case escalation and local procedures to challenge systems that may be failing, in the best interest of the younger person.

All adults working within the nursery are made aware of their responsibility to take necessary steps to safeguard and promote the welfare of children. This is clearly outlined during our staff

induction process and supported by further training from the Doncaster Early Years Team and in-house training sessions. All training is carried out externally every three years and internally as necessary. The designated safeguarding lead will ensure that every member of staff and person working on behalf of the nursery

- Understand part 1 and annex A of KCSIE 2019
- Knows the name of the designated safeguarding lead and his/her responsibility
- Have an individual responsibility to refer Safeguarding (Child Protection) concerns.
- Will ensure that staff will receive training at the point of induction so that they know:
 - Their personal responsibility/code of conduct
 - DSCB child protection procedures and know how to access them
 - Understand the definitions of abuse, physical abuse, emotional abuse, sexual abuse and neglect.
 - The need to be vigilant in identifying cases of abuse at the earliest opportunity
 - How to support and respond to a child who discloses significant harm (either actual or likely)

All staff are aware that safeguarding is everybody's responsibility. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that what is in the best interests of the child should be considered at all times.

We believe that we have a duty to act quickly and responsibly to any concerns raised. If a child is in immediate danger or is at risk of harm, a referral will be made to children's social care and/or the police without delay.

All providers must inform Ofsted, without delay, of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises, this includes allegations relating to harm or abuse committed on the premises or elsewhere. A senior member of the management team should be informed immediately of any concern regarding a child, they will then take the necessary steps in order to fully investigate and refer this concern. Any provider, who, without reasonable cause, fails to comply with this requirement, commits an offence and can face 5 years imprisonment.

A child protection agency such as the LSCB must also be informed, without delay, of allegations of abuse as above.

All providers must ensure that any concerns regarding children within the setting are appropriately reported.

Staff are informed of the procedures to be followed should an allegation be made and posters are situated throughout the nursery for information for outside agencies and parents to follow as guidance if they themselves suspect abuse or have concerns regarding a child's welfare.

Recognising Concerns

It is important that staff and practitioners within the setting have the knowledge to recognise when things are starting to go wrong and have the knowledge to act appropriately to these concerns. Staff must be aware of the following when observing the children within their care: -

- Significant changes in behaviour.
- Deterioration in general well-being.
- Unexplained bruising, marks or signs of possible abuse or neglect.
- The comments children make which give cause for concern about their safety or welfare.

- Frequently being absent or arriving late or being collected late (reference to Attendance Policy – Unauthorised Absence)

Furthermore staff must also have the knowledge and expertise to recognise any change in staff behaviours that may be a cause for concern, these may include: -

- Unusual/uncharacteristic reference to sexually explicit language or media.
- Frequent requests to undertake toileting duties.
- Frequent requests to undertake activities on a solitary basis with children.
- Any other concerning behaviours regarding staff members.
- Dramatic changes in the child's imaginative play.

Definitions of Abuse

Physical Abuse

Definition:

Actual or likely physical injury to a child, or failure to prevent physical injury or suffering to a child. This may involve hitting, shaking, throwing, burning or scalding, poisoning, drowning, suffocating or otherwise causing physical injury to a child. Including fabrication of symptoms or deliberately causing illness in a child.

Indicators of Physical Abuse

Visible Injuries:

- Injuries to the child that cannot be explained or explained unconvincingly.
- Injuries which are inadequately treated or remain untreated.
- Injuries on the body where accidental injuries are unlikely, such as cheeks, chest or thighs.
- Bruising which reflects a hand print or finger marks or the use of an implement such as a belt buckle, hairbrush etc.
- Cigarette burns.
- Human bite marks.
- Broken bones (particularly spinal fractures in children under the age of two).
- Scalds, especially those with upward splash marks where hot water has been deliberately thrown over the child, or 'tide mark's' – rings on the child's legs or body where the child has been made to stand or sit in very hot water.
- Bruises on non-mobile babies.

Behavioural Indicators:

- A child may be reluctant for their parents to be contacted.
- Aggressive behaviour or severe temper outbursts.
- Running away or showing fear of going home.
- Flinching when approached or touched.
- Covering arms and legs, even in hot weather and where there are no religious or cultural reasons for doing so.
- Depression or moods which are out of character.
- Unnatural compliance with parents or carers.
- Watchfulness towards parents or carers.
- Hurting or bullying others, including their pets.

Neglect

Definition:

Persistent or severe neglect, or failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, includes organic failure to thrive. Neglect may in turn indicate other areas of abuse that are cause for concern. At Little Learners we will endeavour to support families where ever possible.

Physical Indicators of Neglect:

- Being constantly hungry and sometimes stealing food from others.
- Being in an unkempt state, frequently dirty or having strong body odour.
- Loss of weight or being constantly under or over weight.
- Being dressed inappropriately for the weather conditions.
- Untreated medical conditions – not being taken for medical treatment for illnesses or injuries.
- Looking sad and false smiles.

Behavioural Indicators of Neglect:

- Being tired all the time.
- Frequently being absent from the setting or attending late.
- Failing to keep medical or hospital appointments.
- Having few friends.
- Being bullied.
- Being left alone or unsupervised on a regular basis inappropriate to the child's age or stage of development.
- Compulsive stealing or scavenging, especially for food.

Emotional Abuse

Definition:

Emotional abuse, sometimes referred to as psychological abuse, is the actual or likely severe adverse effect on the emotional and behavioural development of a child, caused by persistent or severe emotional ill treatment or rejection. This form of abuse is usually the most difficult form of abuse to define and to measure. Forms of emotional abuse can include: Rejection, Isolation, Terrorisation, Ignoring and Corruption.

Parental Behaviour Indicators of Emotional Abuse:

- A child may appear clean and physically cared for but be emotional neglected.
- The parent's or carer's attitude to the child may be characterised by coldness, hostility or disinterest.
- They may resort to making a scapegoat of or humiliating the child and give them responsibilities that are not age appropriate.
- They may give the impression the child can never please or may have expectations which are inappropriate, excessive or unrealistic.

Physical Indicators of Emotional Abuse:

- Child may be delayed in their physical development. Child may not reach their developmental milestones or they may appear underweight or lethargic. Sensitivity is essential in these areas as there may be a medical reason for this so medical advice is essential.

Behavioural Indicators of Emotional Abuse:

- Pressure to over-achieve.

- Delays in intellectual development.
- Over-reaction to mistakes.
- Low self-esteem.
- Sudden speech disorders.
- Social isolation.
- Compulsive stealing.
- Rocking, thumb-sucking, hair-twisting.

Sexual Abuse

Definition:

Actual or likely sexual exploitation of a child, this involves forcing or enticing a child or young person to take part in or witness sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may include physical contact or non-contact activities such as involving children in looking at or in the production of pornographic materials, or encouraging the children to behave in sexually inappropriate ways.

Physical Indicators of Sexual Abuse:

- Pain, itching, bruising or bleeding in the genital or anal areas.
- Any sexually transmitted disease.
- Recurrent genital discharge or urinary tract infections without apparent cause.
- Stomach pains or discomfort when the child is walking or sitting down.
- Female genital mutilation.

Behavioural Indicators of Sexual Abuse:

- Sudden or unexplained changes in behaviour.
- An apparent fear of someone.
- Running away from home.
- Nightmares or bedwetting.
- Self-harm, self-mutilation or attempts at suicide.
- Eating problems such as anorexia or bulimia.
- Sexualised behaviour.
- Sexual drawings or language.
- Telling other children or adults about the abuse.
- Fear of or having a worrying reaction to, being videoed or having photographs taken.

Child Sexual Exploitation (CSE)

CSE is a type of abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol and may also be groomed online.

Indicators of children being sexually exploited:

- Going missing for period of time

- Regularly coming home late
- Regularly missing school or education
- Appearing with unexplained gifts or new possessions
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections
- Mood swings or changes in emotional well-being
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour

A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if that person holds a position of trust or authority in relation to the young person. No consensual sex is rape (whatever the age of the victim). If the person is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18.

We will be aware of the possibility of child sexual exploitation (CSE) and the signs and symptoms this may manifest as. If we have concerns we will follow the same procedures as for other concerns and we will record and refer as appropriate. As this mainly happens with older children we will have heightened awareness in our out of school facilities.

CE referral pathway

Professionals to refer concerns for advice and guidance through CSE Team Direct Number 01302 737200

Female Genital Mutilation (FGM)

From October 2015, the FGM Act 2003 introduced a mandatory reporting duty for all regulated health and social care professionals and teachers in England and Wales. This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child and any other siblings involved. It is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

As we have a holiday club facility for children of a school age this may be an area of abuse we could come across. Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicaemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If there are concerns about a child relating to this area, contact to children's social care team will be made in the same way as other types of physical abuse. The mandatory reporting means that as a setting we have a duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18, we will ensure this is followed in our setting.

The professionals must make a report to the police, if, in the course of their duties:

- They are informed by a girl under the age of 18 that she has undergone an act of FGM.
- Or
- They observe physical signs that an act of FGM may have been carried out on a girl under the age of 18
- Or
- They have suspicion that a girl may about to undergo and act of FGM.

If there is suspicion that FGM has happened, even if it is not recent, help and advice will be sought: FGM helpline 0800 028 03550.

Fabricated and/or Induced Illness

The following are indicators that should alert any professional to concerns that a child is suffering, or at risk of suffering Significant Harm as a result of having Illness Fabricated or Induced (FII) by their carer:

- A carer reporting symptoms and observed signs that are not explained by any known medical condition;
- A carer reporting to professionals that a diagnosis has been made by another professional when this is not true, and giving conflicting information to different professionals;
- Missed appointments especially if the appointments are not leading in the desired direction for the carer;
- Physical examination and results of investigations that do not explain symptoms or signs reported by the carer;
- The child having an inexplicably poor response to prescribed medication or other treatment, or intolerance of treatment;
- Acute symptoms that are exclusively observed by/in the presence of the carer;
- On resolution of the child's presenting problems, the carer reporting new symptoms or reporting symptoms in different children in sequence;
- The child's daily life and activities being limited beyond what is expected due to any disorder from which the child is known to suffer, for example, partial or no school attendance and the use of seemingly unnecessary special aids;
- Objective evidence of fabrication - for example, the history of events given by different observers appearing to be in conflict or being biologically implausible (such as small infants with a history of very large blood losses who do not become anaemic, or infants with large negative fluid balance who do not lose weight); test results such as toxicology studies or blood typing; evidence of fabrication or induction from covert video surveillance (CVS);
- The carer expressing concern that they are under suspicion of FII, or relatives raising concerns about FII;
- The carer seeking multiple opinions inappropriately.

A characteristic of FII in the child is a discrepancy between the findings of the professional and signs and symptoms reported and/or observed. In diagnosed organic illness the professional may observe a lack of usual response to proven effective treatment (i.e. a child who suffers from asthma). It is this puzzling disparity that alerts the professional to the potential for harm to the child particularly where over time the child is repeatedly presented with a range of signs and symptoms or reported symptoms and found signs are not seen to begin in the absence of the carer:

- FII may be manifest in a child in a number of ways. Fabrication of signs of illness may include false reporting of current symptoms or a fabrication of previous medical history. In addition to false reporting; falsification of letters, documentation and hospital charts and physical interference with specimens such as urine or stool samples may also be seen. Induction of illness can be achieved by a variety of means including, but not limited to, administration of household substances to induce vomiting, salt poisoning, withholding or over administration of medications, withholding of nutrition or intentional suffocation;
- FII is relatively common in children who have an existing medical diagnosis including children with disabilities and developmental difficulties. This may be in the form of exaggeration of symptoms or unexpected responses to medications or treatment. Statistics show that disabled children are at increased risk of abuse. FII can easily remain unappreciated in children who already have existing health care needs;
- The needs of the child and the potential for significant harm must always be the first priority; however it is important to consider what secondary benefit the parent/carer may receive by presenting their child to services in this way. This can take many forms. It is important to note that the exaggeration or falsification of conditions, existing or otherwise, may be perpetrated in an attempt to retain or qualify for financial aid in the form of disability living allowance.

The presenting signs and symptoms need **careful evaluation** for a range of possible causes. Professionals must remain **open minded** to all possible explanations. When dealing with their concerns for a child, a child may present for medical/health attention with unusual and puzzling symptoms that are not attributable to any organic disease and yet which do not involve deliberate fabrication or deception.

Concerns that a child's illness may be fabricated or induced are most likely to come from health professionals. However, any agency in contact with a child may become concerned, for example a parent may disclose their child suffers from seizures however the nursery staff may not observe this in the setting. It is essential that a paediatrician is involved in the assessment of FII. However the paediatrician will almost always need the help of social care and other agencies in gathering information needed to confirm or refute the diagnosis. The paediatrician will play a key role in the collation and interpretation of health information / evidence for non-health professionals.

Further information can be sourced at:

<https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>

Peer on peer abuse

We are aware that peer on peer abuse does take place and therefore have an awareness of this when working with the children, particularly the older ones in the afterschool club. This may take the form of bullying, emotional abuse, sexual abuse or physically hurting another child. We will report this in the same way we do for adults abusing children and will take advice from appropriate bodies in this area.

Breast ironing

Breast ironing also known “breast flattening” is the process where young girls’ breast are ironed or pounded down with the use of hard 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 girls will be protected from rape, abduction, harassment and early forced marriage. Although due to their age it is unlikely to happen to children in nursery, we will ensure any signs of this in young adults or older children are followed up using the usual safeguarding referral process.

Domestic abuse/Honour Based Violence/Forced Marriages

We look at these areas as a child protection concern. Please refer to the policy for guidance on this.

You should make a referral to One Front Door if/when:

- a) a child makes a clear allegation of abuse to a practitioner;
- b) a child has sustained an injury and there is professional concern about how it was caused;
- c) a non-mobile infant has sustained an injury **without an adequate accidental explanation**;
- d) a member of the public has made a clear, detailed, allegation that someone has abused a child;
- e) professional concern exists about abuse or neglect, despite no allegation being made;
- f) because of suspected neglect or emotional abuse there is concern that a child is suffering or is likely to suffer significant harm;
- g) an allegation has been made that a child under 13 has been involved in penetrative sex or other intimate sexual activity;
- h) there are concerns a child under 18 is being sexually exploited;
- i) concern exists about a child having contact with a person who may pose a risk, or potential risk, to children;
- j) a child has been abandoned on the nursery premises;
- k) a child is being harmed through seeing or hearing the ill-treatment of another for example through domestic abuse;
- l) there are any other circumstances which suggest that a child is suffering or is likely to suffer significant harm;
- m) further concerns have arisen in relation to an open case to children's social care;
- n) either an adult or a child makes historical allegations of abuse;
- o) There are suspicions of fabricated or induced illness;
- p) concerns of significant harm have risen for a child receiving a service as a child in need;
- q) further concerns have arisen of increased or additional risk to a child currently on the list/register of children who have a child protection plan;
- r) a child has been made the subject of an [Emergency Protection Order](#) or police protection;
- s) concerns have arisen for a child who is the subject of a supervision order or [Care Order](#).

Procedure for making a referral.

- Anyone who may have any suspicions that a child is the subject of any form of abuse must report immediately to the designated safeguarding person (2nd designated person if unavailable) who will then take steps considered necessary to ensure the safety of the child in question and of any others who may be at risk.
- The person reporting to the designated safeguarding person must gather information of what their concerns are, complete any body maps to identify any marks to the child and provide their name, signature and any other information they may have.
- The designated safeguarding person will quickly and effectively, depending on the nature of the concern, make a decision as to whether parents will be contacted to provide a plausible explanation or whether to make a referral to One Front Door Doncaster Children's Services referral and response team. At Little Learners Day Nursery we will endeavour to be open and honest with parents from the onset of any concerns, where possible. We believe that doing this, results in better protection for the child. However, there may be cases where it is not appropriate to discuss concerns with parents/carers before referral. These cases may be that:
 - discussion would put a child at risk of significant harm

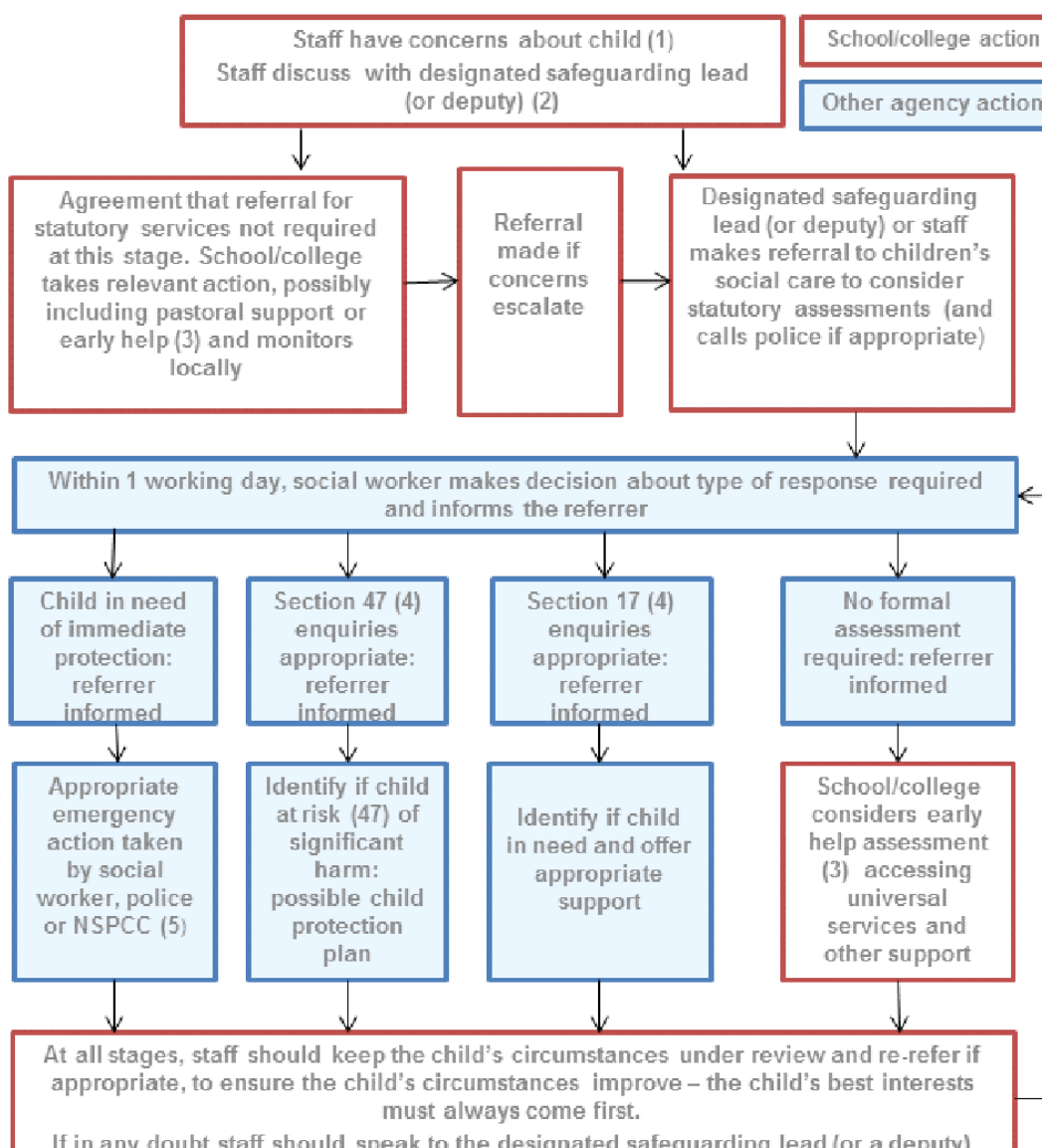
- there is evidence to suggest that involving the parents/caregivers would impede the police investigation and/or children's social care enquiry
- sexual abuse is suspected
- organised or multiple abuse is suspected
- fabricated or induced illness is suspected
- to contact parents/caregivers would place you or others at risk
- discussion would place one parent at risk of harm e.g. in cases of domestic abuse
- it is not possible to contact parents/caregivers without causing undue delay in making the referral

Where it is believed there is immediate risk of significant harm the police should be contacted on 999 (dialling 9 for an outside line).

Otherwise any other concerns relation to children will be reported using an online form. This can be located on the Doncaster Children's Services trust website.

Working Together (2018) and Keeping Children Safe in Education (2018) provides a diagram to show the expected response to raising any safeguarding concerns.

See table below



COVID19

From 20th March parents were asked by the government to keep children from early years settings and schools at home where possible, in response to the recovery of the coronavirus pandemic. During this period, Little Learners Day Nursery remains operational to care for only children of key workers critical to the COVID19 response and vulnerable children who absolutely needed to attend. Vulnerable children include those who have a social worker/looked after by the Local Authority and those children with EHC plans. Children with EHC plans will be risk assessed in consultation with parents and the local Authority, they may decide that the child's needs can be safely met at home.

Little Learners Day Nursery continues to work with and support children's social workers and the local authority virtual school head for looked after children to help protect vulnerable children. The lead practitioner for this will be Natalie Allison the DSL (designated safeguarding lead)/Sharon Hawksworth (deputy safeguarding lead). The optimal scenario is to have the DSL or deputy DSL on site at all times. Should this not be possible (due to unforeseen circumstances) the DSL or deputy will be available via phone, email or online video and a senior leader will assume responsibility for coordinating safeguarding onsite in liaison with the DSL. It will be clearly highlighted to staff daily who they can refer to for safeguarding concerns.

Reporting a concern

Where staff have a concern about a child, they should continue to follow the process outlined in this policy; report all information to the DSL or deputy DSL in person where possible or make contact with them at home. The DSL will take the necessary action to protect the child. Where required a referral form to Doncaster Children's Services Trust will be completed and submitted. Staff are reminded that they need to report their concern immediately. Where staff are concerned about an adult working with children, they should report the concern to the safeguarding coordinator at the time who will inform the nursery manager/HR Phil Carter. This should be done verbally and followed up by email.

Safeguarding Training

DSL training is highly unlikely to take place whilst there remains the threat of the covid 19 virus due to social distancing guidelines. For this period, a DSI or deputy who has been trained will continue to be classed as a DSL or deputy. All practitioners have completed safeguarding children training and have read Keeping Children Safe in Education part 1 September 2020.

Supporting children in nursery

Little Learners Day Nursery is committed to ensuring the safety and well being of all its children and families and will continue to be a safe space for children to attend and flourish. The nursery manager will ensure appropriate staff are onsite, that staff to child ratio's are maintained to maximise safety. We will refer to the Government guidance for education and childcare settings on how to implement social distancing where appropriate and continue to follow advice on handwashing and hygiene to limit the risk of the spread of COVID 19.

Action Concerning Allegations Against Staff

In cases where abuse of a child/young person by a member of staff is suspected or alleged, the designated Safeguarding Lead and nursery manager must be informed immediately. If the allegation is against the designated Safeguarding Lead, the 2nd Designated Safeguarding Lead must be informed immediately. The Designated Safeguarding Lead/Nursery Manager will inform the Executive Principal of the Trust immediately and the incident will be fully investigated. Where a concern is identified regarding the conduct of an adult towards a child or children it is for the nursery manager to determine whether a referral to the LADO is required. If one or more of the criteria set out above are met a referral must be made within **one working day** using the referral form (Appendix 1)

If low level advice is required at the initial stage the Education Safeguarding service can be contacted. EducationSafeguarding@doncaster.gov.uk

If the criteria set out above are met to make a direct LADO referral the LADO will also be able to provide advice on any further actions or steps that may need to be considered before a strategy meeting is convened.

It is the responsibility of the nursery manager to make the referral.

Any member of staff who fails to report any concerns which have been disclosed to them, must be aware of the risks imposed on themselves in not doing so. Investigations by the management team will be carried out and appropriate action will be taken towards staff members who fail to safeguard the children in their care.

The nursery must inform Ofsted, without delay, of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises, this includes allegations relating to harm or abuse committed on the premises or elsewhere.

If the nursery, without reasonable cause, fails to comply with this requirement, it commits an offence.

A child protection agency such as the DSCB must also be informed, without delay, of allegations of abuse as above.

The nursery ensures that any concerns regarding children within the setting are appropriately reported.

Advice and support can also be sought from the Local Authority Designated Officer with regards to allegations made against staff members that may not meet the criteria for a referral.

Contacts

Jim Foy – LADO, Mary Woollett Centre, Danum Road, Doncaster, DN4 5HF

Tel: **01302 737748** or **01302 737332**

Email: **Jim.Foy@dcstrust.co.uk** or **LADO@doncaster.gcsx.gov.uk**

Doncaster Safeguarding Children Partnership (DSCP) Procedure for Allegations Against Staff, Carers and Volunteers can be found at:

http://doncasterscb.proceduresonline.com/chapters/p_alleg_staff_vols.html

Confidentiality

At Little Learners Day Nursery, every effort is be made to ensure that confidentiality is maintained for all concerned. Information is handled and disseminated on a **need to know** basis only. This may include the following people:

- the Safeguarding Lead
- the parents of the person who is alleged to have been abused
- the person making the allegation
- social services/police
- Room Coordinator/Key person of the child

Early Help Enquiry ‘One Front Door’

The Early help Enquiry through One Front Door (EHOFD) has been established to improve communication, information sharing; and to support more effective delivery of services where there is a need for multi-agency response.

The EHOFD is a multi-disciplinary team with two main functions:

- Providing information, advice and guidance to professionals who have queries about children who may need a coordinated early help response.
- Screening all early help enquiries

The form asks for:

- The name, email address and telephone number of the person completing the form.
- If the person completing the referral is contacting on behalf of an organisation or as a professional and if they work for customer services in Doncaster Council.
- Information about the organisation such as the address
- Consent – The referral and information sharing request may not be processed without a parent/carers consent. This is outlined as when local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard.
- Information about the all children and young people in the family – name, gender, ethnicity, date of birth, language
- Information about all other people in the family and their relationship to the children.
- Contact details for the family
- Information about other agencies which may be working with the family
- Details for the request – *what are you worried about? What is working well? What needs to change and what would help to make this change happen? On a scale of 1 to 10 how worried are you about the child?*
- Answers to some questions so that the referral can be assigned to the right person and to ascertain whether the referral is for Early Help or Social Care based upon the criteria.

Once the form is submitted it goes to ‘one front door’ and there will be two responses. In order for the form to be processed it must be completed in full and consent must be provided – only if a child would be put at risk can a form be submitted without consent.

Children with/require an Early Help Assessment

Early Help is a tool to enable early and effective assessment of children and their families who need additional services or support from a range of services. The child and family will have universal needs such as education, immunisations, access to GP’s etc however there maybe times where families require further support in areas such as housing, managing children’s, behaviour, finances etc. Professionals working with these families may identify the need for these additional services; they will then approach the family to offer a channel to this help through an Early Help Assessment. From this the appropriate action will be taken by the professional best suited to put the actions into place.

In addition to the Early Help Enquiry ‘One Front Door’ DSL’s will also liaise with Early Help Coordinators to ensure early help assessments are supported, implemented and reviewed. The Early Help Coordinators will support TAF (team around the family) and Lead Professional roles.

Confiding

What to do if a child confides in you: -

- Don’t put a child off even if the time is not convenient to you – they may feel that you do not want to listen and choose not to tell you again.
- Find a place where you can listen in privacy.

- Be clear from the start that you cannot keep the information they share with you confidential. Explain clearly that it is something that you will have to share with another person so that they can help.
- Try to stay calm and be reassuring. You may feel shocked by what you have been told but try to keep a clear head and listen carefully to the details that are being relayed.
- Ensure that you do not ask leading questions. Keep your responses brief, slow and gentle.
- Avoid criticising the alleged perpetrator personally.
- Don't assume that they are the only child involved.
- Record what you have heard and refer it to the designated child protection officer immediately.

Prevent Duty

Under section 26 of the Counter-Terrorism and Security Act 2015, all schools, registered early years childcare providers and registered later years childcare providers have “due regard to the need to prevent people from being drawn into terrorism”. This is known as the prevent duty and is part of our wider safeguarding duty.

Young people can be exposed to extremist influences or prejudiced views in particular those via the internet and other social media.

In order to fulfil the Prevent Duty advice and guidance is offered to the nursery as it is essential that staff are able to identify children who may be vulnerable to radicalisation and know what to do when these children are identified. The prevent duty is similar to the protection of children from other harms such as drugs, gangs, neglect, sexual exploitation.

Staff know how to recognise and respond to any behaviour that could link to radicalisation/extremism. Any behaviours of staff or children that may point to radicalisation/extremism are discussed with the DSL immediately. Should the DSL deem it necessary to make a referral to the Local Prevent Officer or children's social care, they will do so immediately and consent from parents will not be sought under the Counter Terrorism Act 2015.

The South Yorkshire Police PREVENT team will also provide a response to any PREVENT related concerns if the Local Prevent Officer is unavailable.

Responding to PREVENT concerns during C19

If the nursery identifies a child or individual who they consider to be at risk of being vulnerable to being drawn into terrorism, they will refer them for a Prevent assessment via Prevent_inbox@southyorks.pnn.police.uk - this remains unaffected and will continue to be monitored Monday - Friday 8am - 4pm. Outside these hours please contact 101 or 999 in the case of an emergency. Practitioners are expected to assess the risk of children being drawn into terrorism. This means being able to demonstrate both a general understanding of the risks affecting children in the area and an understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. The CYPOs and LA Prevent leads can advise and identify local referral pathways and Doncaster Channel/Process.

Effective Early Help around PREVENT relies on all staff to be vigilant and aware of the nature of the risk for children and young people and what support may be available. Staff undertake Prevent awareness training as part of the induction process.

What to do if you witness any concerning behaviour

If you have a concern about a child who may be displaying such behaviour, you should follow the normal safeguarding procedure as outlined above, including discussing this with the safeguarding lead in the nursery, Natalie Allison. In Natalie's absence you must ensure you speak to Sharon Hawksworth. Record anything that you witnessed, and continue to monitor and

observe the child. The safeguarding lead will make a decision as to whether a referral to the local children's and South Yorkshire Police Prevent team. From this a home visit may be made by the police and if required a channel panel meeting may be arranged if the child is believed to be at risk. The focus of this meeting is to provide a multi agency approach to provide support at an early stage to protect individuals who may be vulnerable to being drawn into radicalisation or terrorism.

e-Safety

Little Learners Day Nursery is aware of the growth of internet use and the advantages this can bring. However, it is also aware of the dangers and strives to support children, staff and families in using the internet safely.

Within the nursery we do this by:

- Ensuring we have appropriate antivirus and anti-spyware software on all devices and updating them regularly
- Ensuring content blockers and filters are on our computers and laptops
- Ensure management monitor all internet activities in the setting
- Using approved devices to record/photograph in the setting
- Never emailing personal or financial information
- Ensuring children are supervised using internet devices

Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a carer and a parent for 28 days or more. Close relatives are defined as step parents, grandparents, brothers, sisters, uncles, or aunts (whether full blood, half blood or by marriage). Great grandparents, great aunts, great uncles and cousins are not regarded as close relatives. The law requires that Doncaster Multi Agency Safeguarding Hub should be notified if anyone is looking after someone else's child for 28 days or more. The purpose of their involvement is to support the family; there may be issues such as benefits, housing, immigration or emotional issues.

Dangerous Dogs

Little Learners are committed to protecting children against the risk of injury by dangerous dogs. All settings should undertake a full risk assessment to determine the risk should any dogs be present on the premises. All professionals coming into contact with a family with dogs should emphasise the importance of ensuring babies and young children are not ever left alone with a dog - however familiar the dog is to the family and they should direct the family to useful resources on the RSPCA website if they think it is necessary. All advice should be recorded.

Practitioners should be mindful of

- Families, who experience high levels of aggression and domestic tensions including domestic violence, are more likely to trigger excitement and possible attacks by dogs; these families are less likely to appreciate and anticipate risks and may be less likely to take necessary precautions.
- Very young children living in chaotic or dysfunctional families are likely to be especially vulnerable to attack from animals through lack of supervision and care.

Where an incident occurs involving a dog, including at a child's home, practitioners should collect as much information as possible, including: the dog's name and breed, the owner's personal details and details of the incident. A referral to the One Front Door Doncaster Children's Services Trust Referral and Response Team will be made if any of the following apply: the child injured is under two years of age, the child is under five years of age and

injuries have required medical treatment, the child is over five years and has been bitten more than once by the same dog.

County Lines

The UK Government definitions of county lines and Child Criminal Exploitation (CCE) are: "County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Monitoring Children's Attendance

As part of our requirements under the statutory framework and guidance documents we are required to monitor children's attendance patterns to ensure they are consistent and no cause for concern. Telephone contact is made with any parent/carer whose child fails to attend for a scheduled session or if they have not arrived within an hour of their normal start time. Should the nursery not make contact, a home visit may be required to verify the child's safety and whereabouts. Where a child is part of a child protection plan, or during a referral process, any absences will be reported to Doncaster Children's Services Trust to ensure the child remains safe.

Parents should inform the nursery prior to their children taking holidays or days off, and all sickness should be called into the nursery on the day so the nursery management are able to account for a child's absence.

This should not stop parents taking precious time with their children, but enables children's attendance to be logged so we know the child is safe.

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the designated person, head teacher or chair of governors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Record Keeping

- Any concerns about a child will be recorded in writing within 24 hours. All records will provide a factual and evidence based account and there will be accurate recording of any actions. Records will be signed, dated, and where appropriate, witnessed.
- At no time will a practitioner be asked to or consider taking photographic evidence of any injuries or marks to a child's person, this type of behaviour, this type of behaviour could lead to the staff member being taken into managing allegation procedures.
- Staff will record any minor concerns and pass these onto the DSL, who will add these to a file under the child's name. The DSL will use their professional judgement of concerns and report where necessary.
- If concerns relate to more than one child from the same family in the nursery, a separate file for each child should be created and cross-referenced to the files of other family members. Common records, e.g. child protection conference notes, should be duplicated for each file.
- A chronology will be kept regarding any concerns on the nursery drive within the child's file on the system. At a point where the concerns become significant, an referral to Early

help for support may be submitted with consent from the family. The Designated Safeguarding Lead may if necessary commence a referral through the online One Front Door Doncaster Children's Services Trust Referral and Response team and follow the advice from the response taking the necessary action.

- The Designated Safeguarding Lead is aware that records are kept for 75 years from date of closure and therefore when a child transitions to school, a copy of the file forwarded will be kept for the retention period.
- If a cause for concern has arisen regarding extremism and radicalisation this will then be reported to the designated safeguarding lead, who will gather more information and observations, if a risk is found they will then report this to the emergency services Prevent Officer. **Contact number 01302 385095.**
- **Staff members are required to follow the Whistle Blowing Policy should they have any concerns regarding a staff member.**

Child protection information will be stored and handled in line with [Data Protection Act 1998](#) principles. Information is:

- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- kept no longer than necessary
- processed in accordance with the data subject's rights
- secure.

Record of concern forms and other written information is stored in a locked filing cabinet.

Child protection information is stored separately from the child's information file.

The Data Protection Act does not prevent nursery staff from sharing information with relevant agencies, where that information may help to protect a child.

The nursery policy on confidentiality and information-sharing is available to parents and children on request.

Children's and parents' access to child protection files

- A child and their nominated representative has the legal right to request access to information relating to them. This is known as a subject access request. Therefore, the Designated staff are mindful that all information should be accurately recorded, objective in nature and expressed in a professional manner.
- The General Data Protection Regulation, which came into force on 25th May 2018 supersedes the Data Protection Act 1998.
- Any child who has a child protection file has a right to request access to it. In addition, the Education Regulations 2005 give parents the right to see their child's school/college records. However, neither the child nor the parent has an automatic right to see all the information held in child protection records. Information can be held if disclosure:
 - ❑ Could cause serious harm or is likely to cause serious harm to the physical or mental health or condition of the child or another person.
 - ❑ Could reveal that the child or another person has been a subject of or may be at risk of child abuse and the disclosure is not in the best interests of the child; or
 - ❑ Is likely to prejudice an on-going criminal investigation; or

- ❑ The information about the child also relates to another person who could be identified from it, or
- ❑ The information has been given by another person who could be identified from it, or
- ❑ The information has been given by another person who could be identified as the source, unless the person has consented to the disclosure or the person providing the information is an employee of the organisation or the Local Authority.

Domestic abuse

All staff are required to complete training which highlights the signs of domestic abuse/violence. They have an understanding that domestic violence is child abuse. They recognise that partnership work is required to support children living in households where domestic abuse is taking place. All staff know how to refer their concerns to the DSL. The One Front Door provides professional advice, and the DSL will liaise with the MAAP service. Domestic abuse training is available at www.domestic.gov.uk/domesticabuse or by contacting Andrea.hamshaw@doncaster.gov.uk . The DSL is available to offer support centres and links with Early Help for parents in need of advice and guidance on domestic abuse/violence. Professional curiosity and an understanding of each family and contextual safeguarding enables a greater shared understanding of possible risks. When in doubt the practitioners will always share concerns and consider adults who pose a risk in the interest of safeguarding, and ensure monitoring and opportunities are taken to refer parents to the DSL.

Operation Encompass

Operation Encompass provides an efficient and confidential channel of communication between police forces and DSL's within education settings. This enables an immediate and discrete recognition of the child's situation, ensuring a secure and sympathetic environment is provided when they arrive at school following an incident whereby the broader effects of abuse can be addressed.

Designated staff have an understanding of Operation Compass and have attended an information briefing. The Trust has signed an agreement as an organisation. <https://www.operationencompass.org/>

Procedure for allegations against staff, carers and volunteers

Local Authorities appoint a designated officer (Local Authority Designated Officer - LADO) to oversee the investigations of allegations and to maintain detailed records of their conduct and the outcomes. The LADO is contactable for general enquiries and the procedures and implementation. The named individual to manage all allegations is the nursery manager Natalie Firth alongside the Human Resources manager. Safer recruitment practices are in place to employ suitable staff along with reference checks in accordance with DBS, DfE procedures and Ofsted. The DSL and nursery manager will ensure that staff have access to appropriate standards and code of conduct guidance through policy and employee handbooks.

Staff Training and Supervision/Appraisals

The setting's policies and procedures are distributed to all new staff. All adults in the nursery receive regular training to raise their awareness of abuse, and to improve their knowledge of Safeguarding procedures that have been agreed locally. The maximum period of time before refresher training must take place for the Designated Safeguarding lead and the deputy, is three years. Staff receive regular updates via staff meetings where safeguarding is an item on the agenda in order to keep their skills and knowledge up to date. All staff have 6 month appraisals and yearly performance management appraisals.

The Safeguarding and Promoting Children’s Welfare Policy is to be used by all persons involved within the setting to include: staff, students, volunteers, parents, carers and agency workers. In support of this policy the complaint procedure can be used for guidance on making a complaint regarding a staff member/parent or other within the setting, see Complaints Policy for full details. For guidelines on confidentiality please refer to the confidentiality policy for full details. Alternatively please find below the contact details for the South Yorkshire Police Department, Social Care, The Local Authority Designated Officer and Ofsted: -

Referral and Response

Telephone: 01302 737777 (Urgent referrals outside office hours 01302 796000)

Doncaster Local Safeguarding Children’s Partnership

Mary Woollett Centre
 Danum Road
 Doncaster
 DN4 5HF
 Telephone: 01302 734747

For DSCP Training Team please contact:

Telephone: 01302 862302

Local Authority Designated Officer – Jim Foy

Telephone: 01302 737745

South Yorkshire Police

Non – Emergency Telephone: 101

Emergency Telephone: 999

Ofsted Telephone: 0300 123 1231

Ofsted Whistleblowing Hotline: 0300 123 3155

DFE Prevent Helpline Non Emergency Telephone: 02073407264

DFE Prevent Concerns Email: counter.extremism@education.gsi.gov.uk

Linked to Early Years Foundation Stage Statutory Framework: Page: 16-20, Section: 3.4 -3.19, Page: 21, Section: 3.21, 3.22

Author:	Natalie Allison	Date:	Feb 2021
Review Date:	Feb 2022	Document Number/Version	

